Coachella Valley Community Health Survey 2019

Thank You to our Funders

Primary Funder

The 2019 Coachella Valley Community Health Survey is made possible by a multi-year grant from Desert Healthcare District/Foundation which paid for about half of the overall costs across the three-year survey cycle. The Desert Healthcare District/Foundation has been the primary funder of the Coachella Valley Community Health Survey since its inception, and the survey would not be possible without their substantial support each cycle.

Desert Healthcare District/Foundation
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To learn more about Desert Healthcare District/Foundation, please visit www.dhcd.org.

Thank You to our Funders

In addition to the generous grant from Desert Healthcare District/Foundation, this survey and this report would not be possible without the grants and contributions from the following outstanding organizations who have given between June 2018 and January 2020. These funders also helped us to raise awareness of the survey and encouraged their constituents to take the call, which was invaluable support. Funders are presented in descending order of funding amount; in cases where organizations gave at the same level, they are then ordered alphabetically.

Gold
$50,000 and up

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First 5 Riverside

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$10,000 to $49,999

Desert Care Network: Desert Regional Medical Center & JFK Memorial Hospital

University of California, Riverside – Center for Health Disparities Research (NIMHD U54 MD013368)

Inland Empire Health Plan (IEHP)

Kaiser Foundation Hospitals

Riverside County Office on Aging

Riverside University Health System – Public Health

Auen Foundation

California Health Care Foundation – Oakland, CA

City of Coachella

City of Palm Desert

Bronze
$5,000 to $9,999

Desert Oasis Healthcare

City of Cathedral City

City of Desert Hot Springs

City of Indio

City of La Quinta

City of Palm Springs

County of Riverside District 4

Desert AIDS Project

Steve Tobin & Grace Helen Spearman Charitable Foundation

Thank You to our Funders

Friends of HARC
$100 to $4,999

We would also like to thank the "friends of HARC", those generous individuals and organizations who have contributed between $100 and $4,999 since June 2018, presented in alphabetical order by last name/organization name below:

Alzheimer's Association – Coachella Valley

Bill Ballas

Karen Borja

David Brinkman

Dr. Juliet Brosing & Keith LeComte

Dr. Janet Collins

John Epps

Mike Gialdini

Dr. Glen Grayman

Dr. Teresa Hodgkins

Dr. Joel Kinnamon

Dr. Jenna LeComte-Hinely & Braden Hinely

Luz Moreno

Eileen & Howard Packer

Regional Access Project Foundation

Dr. Greer Sullivan

Giving to HARC

As a 501(c)3 nonprofit organization, donations to HARC are tax deductible to the extent allowable by law. If you find the data to be useful in your work, we strongly encourage you to donate to HARC to support our ability to provide this data. HARC's federal employee identification number (EIN) is 20-5719074. You can donate online at HARCdata.org/donate/ or by mailing a check to HARC at 41550 Eclectic Street, Palm Desert, CA 92260.

Partners in Publicity

In addition to our funders listed on the prior pages, HARC would also like to thank the many organizations who helped get the word out about the survey and encourage their constituents to take the call. These organizations helped publicize the survey at no charge because they understand the value of the data to the community. As a result of the dedicated efforts of these partners, more community members agreed to participate thereby improving the quality and accuracy of the data. These partners are listed in alphabetical order below. We apologize if we have inadvertently left any partner out.

ABC Recovery Center
ACT for MS
Agricultural Enforcement Partners (Agricultural Workers Outreach Event)
American Heart Association
Angel View
Borrego Health
Boys & Girls Clubs of Coachella Valley
Boys & Girls Club of Palm Springs
Braille Institute
Carolyn E. Wylie Center
Cathedral City Senior Center
Clinicas de Salud del Pueblo
Coachella Senior Center
Coachella Valley Association of Governments
Coachella Valley Autism Society of America
Coachella Valley Economic Partnership
Coachella Valley Rescue Mission
Coachella Valley Resource Collaborative
Coachella Valley Volunteers in Medicine
Consulado de México en San Bernardino Health Fair
Council of Mexican Federations in North America (COFEM)
CSU San Bernardino, Palm Desert Campus
Desert Arc
Desert Best Friend's Closet
Desert Blind & Handicapped Association
Desert Hot Springs Library
Desert Living with Bryan Gallo on NBC
Desert Medical Imaging
Desert Oasis Chapel
Desert Recreation District
Desert Sands Unified School District
DPSS Family Resource Center in Desert Hot Springs
El Sol Neighborhood Educational Center
Fair Foundation
Family YMCA of the Desert
FIND Food Bank
Galilee Center
HIV+ Aging Research Project – Palm Springs
iHub Radio – The Jeff Hocker Show
Indio Senior Center
Interfaith Alliance
Jewish Family Service of the Desert
Joslyn Senior Center
Ken Alan
K-News Radio: Community Round-up with Gene Nichols
Lund & Guttry LLP
Los Médicos Voladores (The Flying Doctors) Health Fair
Mama's House
Marker Broadcasting with Ralph Squillace
Mecca Library
Mission Lakes Country Club
Mizell Senior Center
Molina Healthcare
Office of Assemblymember Eduardo Garcia
Office of Congressman Raul Ruiz
Office of Supervisor Manuel Perez
OneFuture Coachella Valley
Operation SafeHouse of the Desert
Our Lady of Guadalupe Catholic Church
Our Lady of Soledad Catholic Church
Palm Springs Animal Shelter
Palm Springs Unified School District
Pueblo Unido Community Development Corporation
Radio Remanente
Regional Access Project Foundation
RI International
St. Francis of Assisi Catholic Church
The Community Foundation
The Joey English Show
The Public Record
UC Riverside Palm Desert Center

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- Dr. Greg Gibson, Director of the Survey Research Lab
- Dr. Tim Rose, Data and Project Director

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Contents

INTRODUCTION

HARC, Inc. (Health Assessment and Research for Communities) is a 501(c)3 nonprofit research organization located in Palm Desert, CA.

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 now 2019. This report summarizes the findings from the 2019 survey of the Coachella Valley.

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.

Data from HARC surveys are available on our online searchable database, HARCsearch, at survey.HARCdata.org. HARCsearch allows users to go beyond the data that is presented in this report. Many of the results can be broken down by demographic characteristics such as gender, ethnicity, age, education, and income. Pending the availability of additional funding, special reports that explore the data in-depth will be released by HARC over the next two years.

The Coachella Valley Community Health Survey is just one facet of HARC's work. HARC also provides consulting services to organizations that need data for program planning and decision-making. HARC provides program evaluation, needs assessments, data analysis, client satisfaction surveys, and many other services. All of HARC's work supports healthy, vibrant communities. For more information on these services, please visit www.HARCdata.org/consulting-services/.

Changes to Survey Content

New Topics

Overall, our survey includes many of the same questions each cycle. This allows us to compare trends and changes in our community over time. However, the content for each survey cycle also changes based on input from stakeholders, including data users and funders. This year, the survey incorporated several new topics, including:

Adults:

- Caregiver for someone with Alzheimer's disease or another form of dementia
- Hospitalization for behavioral health issues
- Housing stability
- Loneliness
- Opioid use
- Physical activity other than a regular job
- Recreational marijuana use
- Safe place to walk/bike/hike
- Usage of nutritional support programs (CalFresh and WIC)

Children:

- Adverse childhood experiences (ACEs):
    - Child's parents are divorced/separated
    - Someone in the household has been incarcerated
    - Someone in the household has had a drug or alcohol problem
    - Someone in the household has had a mental illness
- Barriers that made it difficult or prevented children from getting the healthcare they needed, including:
    - Transportation
    - Hours the provider is open
    - Language barriers
    - Taking time off work to take the child
    - Understanding what is covered on insurance
    - Unable to find childcare or homecare
- Water safety/swimming lessons
- Adults discussed racism with child
- Adults discussed social media and sharing of private pictures online with child
- Usage of nutritional support programs (CalFresh and WIC)

Topics Adapted

In consultation with leadership at FIND Food Bank and Desert Healthcare District/Foundation, HARC adapted the existing food insecurity sections slightly. The majority of these food insecurity questions—both in prior cycles and this year—come from the USDA's recommended food insecurity measurement questions.

In an attempt to get more precise estimates for income levels and poverty rates, we asked participants about their household income as an open-ended question, rather than having participants pick a category that best describes their income. Thus, the income and poverty data presented here may not be fully comparable to previous years; compare thoughtfully.

Topics Removed

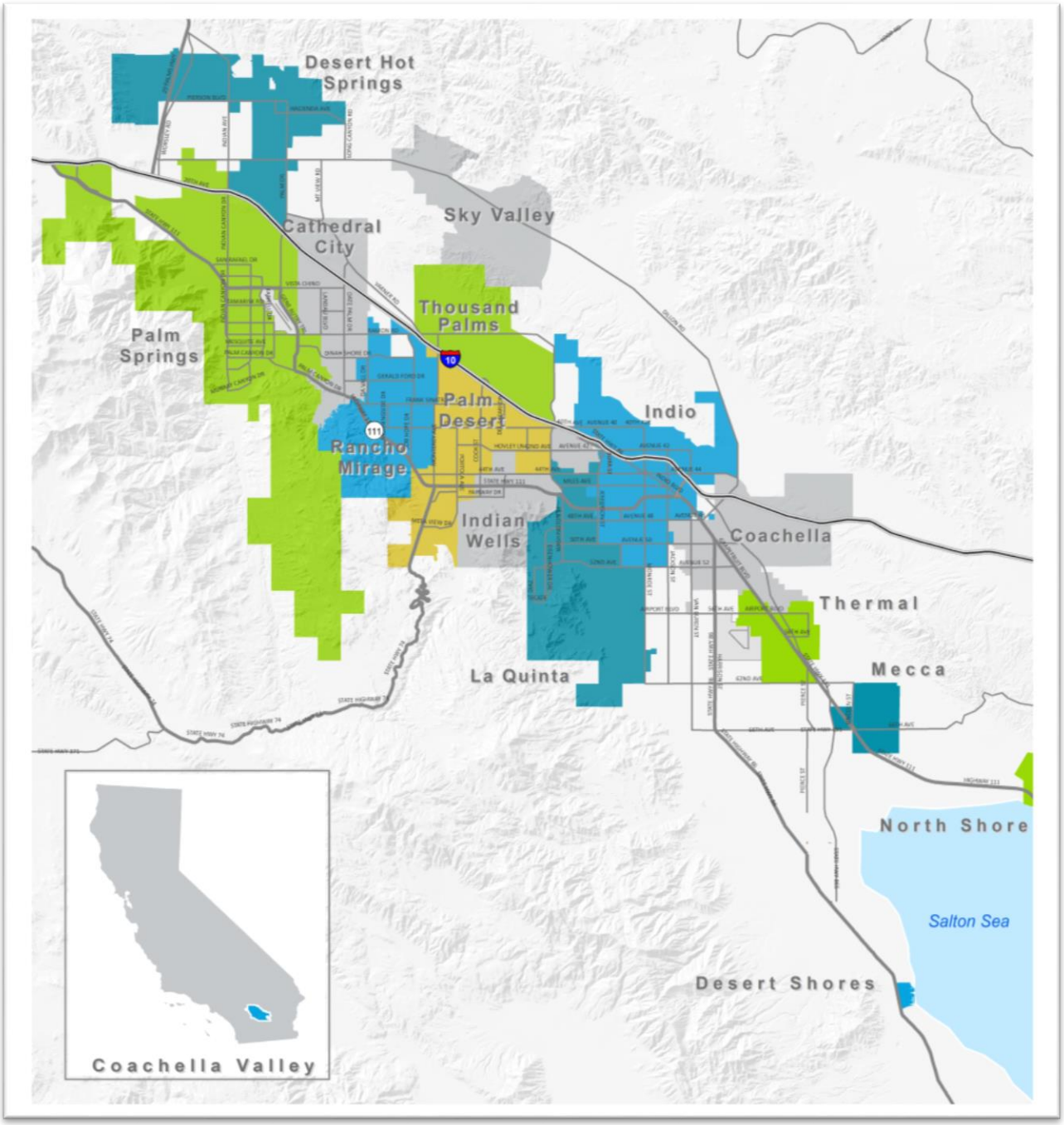
Several topics had to be removed in order to keep the survey length manageable. HARC staff worked with stakeholders and funders to identify which topics were of greatest importance, and to remove the topics that were less commonly used. If you are looking for a topic that was historically included in prior reports and can't find it here, it is likely that that topic was removed this cycle. Please contact HARC staff to let us know if the topic is critical to your work. It may be possible to add it back into the next survey cycle if the need for the information is great. Historical data on many of these topics is still available on HARCsearch, HARC's free online searchable database.

Local Spotlights

This report features "Local Spotlights", highlighting the work that our partners are doing to change lives and improve quality of life in the Coachella Valley. These "Local Spotlights" feature survey funders (at or above the $5,000 level) as well as organizations affiliated with HARC Board Members who generously dedicate their time and resources to HARC.

Geographic Profile

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).



METHODS

Key Methods Facts:

- Random digit dial telephone survey
  - 78% on cell phones
  - 22% on landlines
- Data collection: Jan. to Dec. 2019
- 2,521 completed surveys
  - 2,019 in the adult sample
  - 502 in the child sample
- 17% in Spanish
- 10% response rate
- Average survey length ranged between 25 and 30 minutes

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). The instruments assessed topics such as access to and utilization of healthcare, health status indicators, health insurance coverage, and health related behaviors.

HARC contracted with the Kent State University Survey Research Lab to conduct the 2019 survey. 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 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.

Recruiting Participants

Similar to prior years, HARC engaged in a thorough public relations campaign to encourage community members to answer the call and take the survey. The campaign included paid advertising in English and Spanish in print media, social media, radio, and television, as illustrated in the table to the right. The advertising campaign lasted from February to October 2019.

For the first time, HARC also offered incentives. Each week, one participant was randomly selected to win a $100 Visa card. HARC gave out 43 gift cards during data collection.

Type of Media	Language	Source
Print	English	Desert Mobile Home News
Print	English	Desert Health News
Print	English	Desert Sun
Print	English	The Public Record
Print	Spanish	La Prensa Hispana
Radio	Spanish	La Suavecita 94.7 FM (KLOB)
Radio	Spanish	La Poderosa 96.7 FM (KUNA FM)
Social Media	Both	Facebook
Social Media	Both	Spotify
TV	English	KMIR/NBC Palm Springs
TV	English	KESQ/KPSP/News Channel 3
TV	Spanish	Telemundo/Kunamundo
TV	Spanish	Entravision/Univision

[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

In February, HARC also sent a postcard—in English and Spanish—to households in each of the nine Coachella Valley cities, as well as those in Mecca, North Shore, Thermal, and Thousand Palms. HARC sent out approximately 36,711 postcards: 21,540 to homes and 15,171 to post office (PO) boxes. The postcard informed readers about the survey and encouraged them to take the call, should they receive it.

HARC also worked with many community partners to get the word out that data collection was underway, and to encourage their constituents to take the call. These community agencies helped community members to understand that the survey was legitimate, important to our community, and that they should take the call (partners are listed in the "Partners in Publicity" acknowledgements at the beginning of this report).

Many community members in the Coachella Valley are members of mixed-status families or are undocumented. The current political climate has been causing many of these individuals to have a greater fear of deportation than in previous years, and a lack of trust towards unknown agencies. To address this issue, publicity efforts included door-to-door outreach in the heavily Hispanic neighborhoods by our partner, Communities for a New California Education Fund (CNCEF).

CNCEF uses a *promotoras*-style of work, where community members conduct canvassing in their own neighborhoods. Ten CNCEF canvassers (in teams of two) conducted outreach on eight different weekends, each targeting an area of the Coachella Valley that has high Spanish-speaking populations and low levels of English literacy. When a community member answered the door, they provided them with printed information (in English and Spanish) about the survey, and spent a few minutes talking with them—letting them know that the survey is not conducted by a government agency and that they should feel safe taking the call and answering the questions. For homes where no one answered, CNCEF team members left a door hanger with the information on their doorknob. Over the course of their work, the CNCEF team spoke with individuals at 2,790 homes and left door hangers with information for 3,353 homes, as illustrated in the table below.

A CNCEF canvasser provides handouts to a community member

Date (2019)	Location	Households	
		Spoke to A Resident	No Response (left door hangers)
February 9 & 10	Indio	400	281
February 23 & 24	Coachella	453	547
March 9 & 10	Mecca	574	548
March 23 & 24	Indio	358	562
April 13 & 14	Thermal	178	251
April 27 & 28	Oasis	316	384
May 11 & 12	North Shore	134	138
May 25 & 26	Cathedral City	377	642
Total		**2,790**	**3,353**

Completed Data Collection

Data collection began on January 29, 2019 and ended on December 9, 2019. The final number of participants is very similar to HARC's most recent surveys, as illustrated in the table below.

Year	Completed Adult Surveys	Completed Child Surveys	Total Completed Surveys
2019	2,019	502	2,521
2016	2,018	512	2,530
2013	1,962	509	2,471

Results show that 78.0% of this year's completed surveys were conducted on a cell phone. It is critically important to include cell phone respondents, as the National Health Interview Survey shows that more than half of American homes are cell phone only (57.1%), and cannot be reached by a landline.[1] 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).[2]

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.[3]

HARC strives to improve the cell phone participation each survey. As illustrated in the table below, this year's cell phone completes are substantially higher than prior 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%

Increasing cell phone participants in the sample is an improvement in methodology, as it reflects the significant drop in landline households nationwide and better represents the true population of the Coachella Valley. However, it does present a shift in methods, and thus, readers should keep this in mind when making comparisons to prior years.

Approximately 16.7% of the completed surveys were conducted in Spanish this cycle, according to the preferences of the participants.

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 Ibid.

3 Ibid.

About Weighting

Once data collection was complete, statisticians weighted the sample data to most accurately represent the entire population living in the Coachella Valley. The post-stratification weighting used an iterative proportional fitting (or raking) algorithm. Missing data was imputed using a hot deck method.

The data was weighted based on the U.S. Census Bureau's American Community Survey's five-year estimates (2014 to 2018) 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.[1]

Weighting the data is essential to ensure that the 2,521 survey respondents represent the approximately 430,000 people living in the Coachella Valley. As such, the weighted percentages and population estimates presented in the report represent estimates that are weighted from the 2,500+ respondents to the 430,000+ residents of the region. Most of the tables in this report include "Weighted Percent" and "Population Estimate" columns. The "Population Estimate" refers to the estimated number of people in the population (the Coachella Valley) represented by the survey respondents. The "Weighted Percent" 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.

Specifically, in 2013, seasonal residents made up about 12.0% of the raw data. When weights were applied, this became approximately 25.0% in the final weighted dataset. In 2016, seasonal residents made up about 6.0% of the raw data. Without weighting the seasonal resident data, seasonal residents remained about 6.0% in the final weighted dataset. In 2019, the question of part-time versus full-time residents was not assessed.

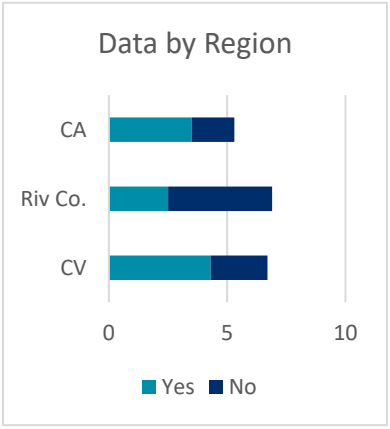
Additionally, in the early survey cycles (2007, 2010, and 2013), race/ethnicity was asked as a combined question—and weighted as such. In the 2016 and 2019 cycles, the survey used the U.S. Census Bureau's protocol for asking race/ethnicity as two separate questions, with corresponding weights. As such, there may be some slight 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.

[1] Wireless Substitution: State-Level Estimates from the National Health Interview Survey, 2018

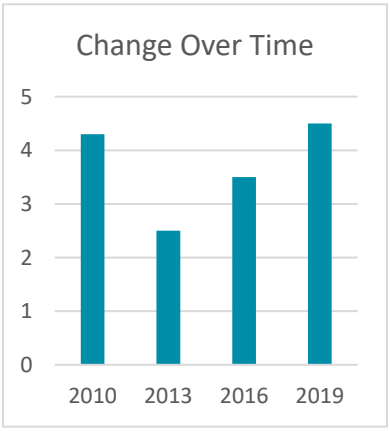
Things to Keep in Mind When Reading this Report

Unless otherwise specified (e.g., "Men Age 40 and Over"), adult statistics are for all individuals age 18 and over. Unless otherwise specified (e.g., "Children Zero to Five"), child statistics are for all children between the ages of zero and 17.

The data in this report were collected in 2019 and are considered primary data. This report does include some secondary data (that is, data collected by a different organization such as from the U.S. Census, the California Health Interview Survey, or the Behavioral Risk Factor Surveillance Survey, etc.). The purpose of bringing in outside data is to provide context for the findings; that is, how does the Coachella Valley compare to Riverside County? The state of California? The nation? In these instances, the external sources utilized the same questions asked in HARC surveys, allowing for "apples-to-apples" comparisons. The non-HARC data is always cited below the table or chart with the original source and year. All charts that utilize non-HARC data are *horizontal* bar charts, like in the example to the right. All tables that utilize non-HARC data are green to set them aside from the blue tables that showcase HARC-only data.



The majority of the data presented in this report is from HARC's 2019 survey. However, when there is a significant historical trend, prior survey data points are included in tables, text, and *vertical* column charts, like the example to the right. The purpose of pulling in older HARC data is to examine change over time in the Coachella Valley.



This report often highlights differences—how the Coachella Valley is different from other places, how this cycle's data is different from prior cycles, how one subgroup's data is different from another, etc. In this report, differences are only noted in the narrative if they are "statistically significant". In layman's terms, this means that our statistical analyses provide evidence that a true difference exists. These differences are unlikely to be due to chance but likely reflect real differences in the populations, locations, or times being compared.

In some tables and charts, the reader will see different values reported (e.g., 12.0% versus 14.0%). However, unless those differences are specifically identified in the narrative as "significantly different", it means they are relatively similar, regardless of a few percentage points difference.

It is worth noting that a statistically significant difference is not necessarily a meaningful difference. Just because two numbers are truly different from one another doesn't necessarily make that difference important in the big scheme of things, or one worth focusing time and effort on. Whether a difference is "meaningful" is a judgement call, not a statistical test; and must be based on knowledge and experience of the topic, the context, the region. Many significant differences are very meaningful—such as those that highlight disparities by gender, ethnicity, or income. Others may not be important. This is something that must be decided subjectively by the data user.

Aggregate data as described in this report are not designed, nor should they be used, to give valid or useful information about any one individual or subset of individuals. For example, just because low-income adults in general have more transportation problems than high-income adults, we cannot say

with any degree of confidence that a particular low-income resident in our community does or does not have problems with transportation.

All data and data collection methods have strengths and weaknesses. The strengths of telephone surveys are that they typically have higher response rates than mailed surveys, allow for the participation of people with low levels of literacy, allow respondents to ask questions about the survey and obtain immediate answers, and allow interviewers to probe for additional information if survey responses are unclear. One weakness is that telephone surveys cannot reach households without telephones, such as homeless populations, those who are incarcerated, or the institutionalized. Additionally, the sample is biased towards those individuals who are willing and able to take a telephone survey, and therefore likely under-estimates those with pay-as-you-go cell phones, those who are deaf, etc.

This report frequently includes statements such as, "60.0% of adults live in households with an annual income below $50,000." Given that these are self-reported data, it might be more appropriate to write, "60.0% of adults *report* that they live in households with an annual income below $50,000." For parsimony and readability, we have omitted reference to "reporting."

The survey data are weighted such that the 2,521 survey participants provide estimates for the 430,000+ residents in the Coachella Valley. As such, it might be more appropriate to write, "approximately 9.0% of adults are veterans, which equates to approximately 30,710 veterans". However, for parsimony and readability, we have omitted the term "approximately". Readers should bear in mind that all weighted percentages and population estimates are statistical approximations and should not be taken to definitively state the precise number of any individuals in our community.

Participants in this survey were free to skip any questions that make them uncomfortable. Thus, for many questions, there are some responses that are coded as "missing data": "don't know/no response" and "refused". These responses are typically left out of the analyses that are presented; that is, the weighted percentages in the report represent the percent of valid responses, excluding the missing data. This is a well-accepted method used in almost all statistical analyses; it is the way that HARC has analyzed the data in all previous surveys as well. However, in some instances, the number of people who said "don't know" may actually be informative, and in those cases, the data are presented and described in detail in the narrative. This coding of missing data is the exception and not the rule. Thus, the reader should keep in mind that for nearly all these variables there are a few "don't know" or "refused" responses that are intentionally excluded from the analyses as missing data.

A few maps are provided in this report. These maps provide data mapped by ZIP code, with city boundaries overlaid on the ZIP code data. It is important to remember that this dataset is weighted to represent the Coachella Valley as a whole, and thus, examining specific geographic sub-regions may result in less reliable data. Thus, maps only appear for variables which the HARC staff feel have robust enough data to represent smaller areas (e.g., large sample sizes), and data ranges are given instead of precise numbers (e.g., 0.0% to 10.0% instead of 7.8%) to protect the accuracy of conclusions that can be drawn from the data.

These maps are intended to provide general geographic trends, not city-specific estimates. To provide accurate city-level data, HARC would have to proactively "oversample" a given city at substantial additional cost. In the 2019 cycle, no city was able to finance an oversample, and thus, no city-specific estimates can be made.

Some tables include a “total” row at the bottom; this indicates that the rows in that table represent mutually exclusive categories (e.g., income levels, age groups, etc.). The total row may sometimes be slightly off due to non-responses and/or rounding. This may be a difference of up to 0.2% in the weighted percentages, or one or two individuals in the population estimates. These are due to the rounding of weighted data estimates, and should not be a cause for concern.

If a table does *not* include a total row, it indicates that the responses were not mutually exclusive (e.g., barriers to receiving healthcare, major disease diagnoses, etc.) and an individual may fall into more than one category.

This report is not intended to serve as a comprehensive summary of the 2019 survey data. Rather, the report is meant to be an overview of high-level findings. More in-depth information will be made available on HARC’s query-based database, HARCsearch: survey.HARCdata.org and additional information will be released in the form of special reports, data briefs, and press releases.

HARC enthusiastically supports the responsible use of statistics. If you have any questions on how to interpret this data, please don’t hesitate to contact us at 760-404-1945, or via email at staff@HARCdata.org.

ADULT HEALTH

Age 18+

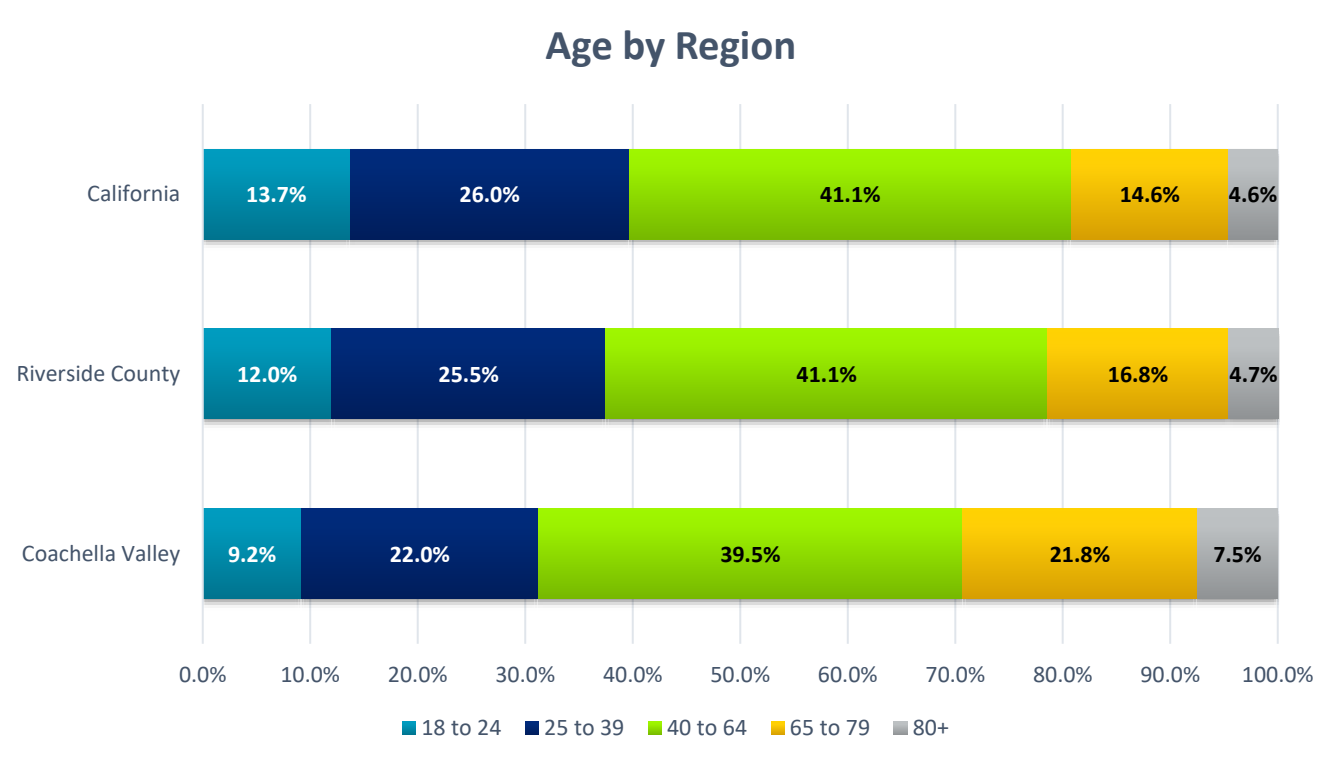
Demographic Profile

Age

There are approximately 341,500 adults age 18 and older living in the Coachella Valley. The average age for Coachella Valley adults is 51.5.

Age Group	Weighted Percent	Population Estimate
18 to 24	9.1%	31,139
25 to 34	14.2%	48,573
35 to 44	14.4%	49,250
45 to 54	16.0%	54,755
55 to 64	17.0%	57,917
65 to 74	15.8%	53,997
75 and older	13.4%	45,676
Total	**100.0%**	**341,306**

Adults in the Coachella Valley are significantly older than adults in Riverside County and California as a whole, as illustrated in the chart below. For example, 29.3% of local adults are age 65 or older, compared to only 19.2% of California adults.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

Gender

To measure gender/gender identity, HARC utilizes the recommended two-question approach designed by the Williams Institute.[1]

The first question asks what sex the individual was assigned at birth, on their original birth certificate. As illustrated in the table below, the Coachella Valley is fairly evenly split between male and female.

Sex Assigned at Birth	Weighted Percent	Population Estimate
Male	50.3%	171,342
Female	49.7%	169,245
Total	**100.0%**	**340,586**

The second question asks how individuals currently identify themselves. As illustrated in the table below, more than 2,361 local adults identify as transgender or another gender identification.

Current Gender Identification	Weighted Percent	Population Estimate
Male	49.9%	169,938
Female	49.4%	168,013
Transgender	0.4%	1,353
Do not identify as female, male, or transgender	0.3%	1,008
Total	**100.0%**	**340,312**

For **0.8% of local adults (2,624 people), the sex they were assigned at birth does not match their gender identity now**. It may be that they were assigned the sex of male at birth and now identify as female, vice versa, or that they now identify as transgender or another gender identity.

[1] The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.

Race

Participants were asked to report on their race and ethnicity in two questions, using the protocol that is utilized by the U.S. Census Bureau. To assess race, participants were asked, "Which one of these groups best represents your race? For the purposes of this question, Hispanic/Latino is not a race."

As illustrated in the table below, **most Coachella Valley adults identify their race as "White/Caucasian", but there is also a substantial proportion who identify as "other"**. When looking at the specified "other" responses, it becomes clear that many of these individuals are ethnically Hispanic/Latino who do not know what race to identify if Hispanic/Latino is not considered a race.

Race	Weighted Percent	Population Estimate
White/Caucasian	66.2%	209,028
Black/African American	2.8%	8,762
Asian	0.6%	2,034
American Indian/Alaska Native	3.3%	10,343
Another race	27.2%	85,797
Total	**100.0%**	**315,964**

Ethnicity

To assess ethnicity, participants were asked, "Are you of Hispanic, Latino, or Spanish origin?" As illustrated in the table below, **slightly more than half of local adults identify as Hispanic/Latino**. Most local Hispanic/Latino adults identify as Mexican or Mexican American, which is not surprising given the Coachella Valley's proximity to Mexico.

Ethnicity	Weighted Percent	Population Estimate
Not of Hispanic, Latino, or Spanish Origin	48.2%	163,386
Hispanic, Latino, or Spanish origin: Mexican, Mexican American, Chicano	38.3%	129,871
Hispanic, Latino, or Spanish origin: Other	13.4%	45,394
Total	**100.0%**	**338,652**

Many of those who listed another Hispanic, Latino, or Spanish origin indicated that they were from Central America, including Guatemala, Nicaragua, and El Salvador.

Adult Socioeconomic Status (SES)

Socioeconomic status includes factors such as personal/household income, educational attainment, and occupation. All of these factors can have an impact on health; for example, people with insufficient income and low-paying wages may be unhealthier throughout their lives and have higher risks for certain chronic health conditions.[1] Quite simply, having sufficient income and the ability to improve one's current financial position improves the chances of affording healthcare, food, and housing.

Income

In prior survey cycles, income was asked in categories (i.e., "Last year, what was your household income from all sources before taxes?" with 11 response options, each with a range of about $10,000). In an attempt to get more precise data for the calculation of poverty level, the question was made open-ended for this survey cycle. Income levels were categorized post-data collection for reporting.

The Coachella Valley is characterized by extreme wealth and extreme poverty side by side in close geographic proximity. For example, the median household income in the city of Indian Wells is $104,522.[2] Just 30 miles away is a community of a similar size, Oasis, with a median household income of only $21,917.[3]

Results show that 21.1% of local adults are living in households with an annual income of less than $20,000, as illustrated in the table below. At the other end of the spectrum, 24.5% adults have relatively high income levels, residing in households with six-figure annual income levels.

Income Group	Weighted Percent	Population Estimate
$0 to $19,999	21.1%	52,550
$20,000 to $49,999	29.9%	74,473
$50,000 to $99,999	24.4%	60,823
$100,000 or more	24.5%	60,965
Total	**100.0%**	**248,810**

This income distribution is relatively similar to Riverside County adults, as illustrated in the table below. However, **income levels in the Coachella Valley are significantly lower than those in California as a whole**. A significantly higher percentage of Coachella Valley adults are in the lowest income bracket, and a significantly lower percentage of Coachella Valley adults are in the highest income bracket when compared to adults in the entire state.

Income Group	Coachella Valley	Riverside County	California
$0 to $19,999	21.1%	20.9%	17.3%*
$20,000 to $49,999	29.9%	28.4%	25.9%
$50,000 to $99,999	24.4%	26.0%	27.0%
$100,000 or more	24.5%	24.7%	29.8%*
Total	**100.0%**	**100.0%**	**100.0%**

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2018. Significant differences between Coachella Valley and other geographies are indicated with asterisks.

[1] Populations and Vulnerabilities. (2018). Centers for Disease Control and Prevention. https://ephtracking.cdc.gov/showPcMain
[2] U.S. Census Bureau, American Community Survey, 5-year estimate 2014-2018 (in 2018 dollars)
[3] Ibid.

Poverty

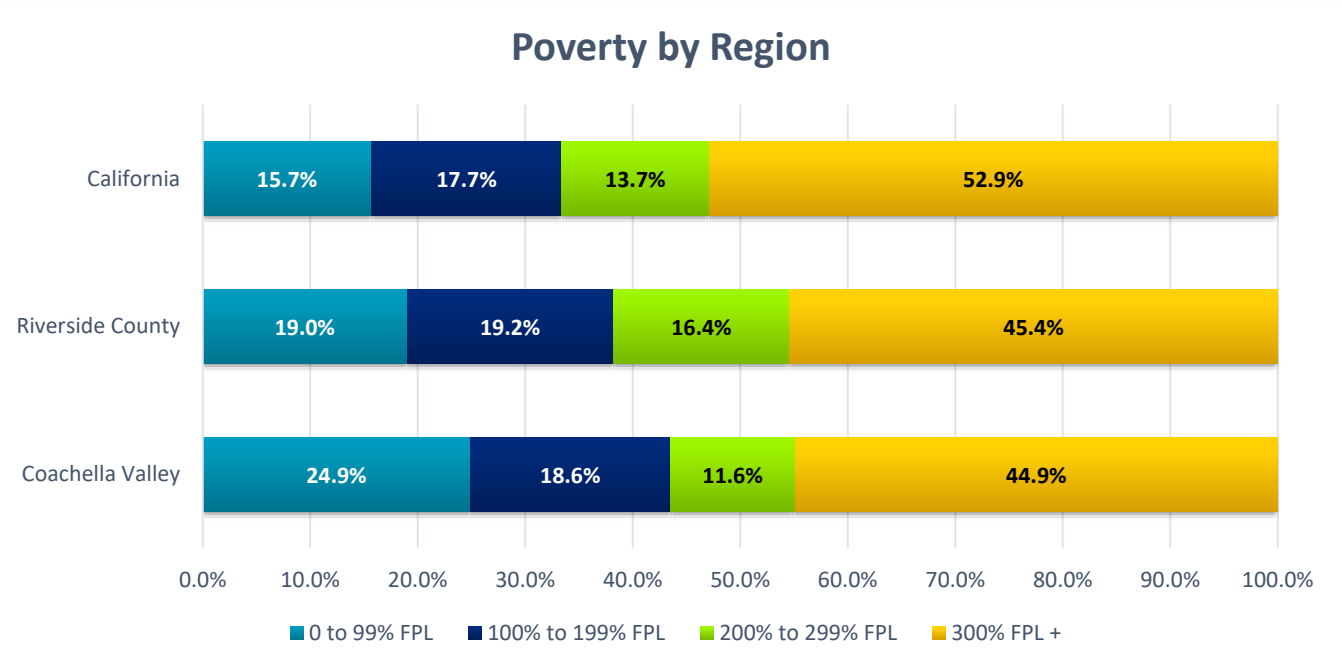
Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels per the Department of Health and Human Service's guidelines for poverty in 2019. For example, for a single person, the poverty line is $12,490 per year, while for a family of four, it is $25,750 per year.

Once again, it is worth noting that the change in methodology (going from a categorical question to an open-ended question) allows for a more accurate calculation of poverty, but also reduces comparability to prior years.

Results indicate that **one-quarter of Coachella Valley adults (24.9%) are living at or below the poverty line**, as illustrated in the table below.

Poverty Level	Weighted Percent	Population Estimate
0% to 100% FPL	24.9%	61,647
101% to 200% FPL	18.6%	46,064
201% to 250% FPL	5.6%	13,792
251% to 300% FPL	6.0%	14,903
Above 300% FPL	44.9%	111,257
Total	**100.0%**	**247,662**

Coachella Valley adults are significantly more likely to live in poverty than adults in California as a whole, as illustrated in the chart below. A significantly greater proportion of Coachella Valley adults are living below the poverty line, and a significantly smaller proportion are living in the relative stability of 300% above the poverty line or greater.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2018.

Housing Stability

Homelessness has been a major focus of several initiatives in the Coachella Valley in recent years. While this survey is unlikely to reach people who are homeless (unless they have a cell phone and chose to participate), a question was added to assess those who are precariously housed. Specifically, participants were asked, "What is your living situation today?"

As illustrated in the table below, **more than 23,000 local adults are precariously housed**.

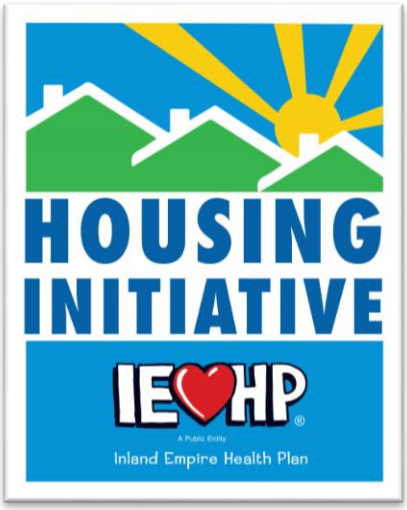
Living Situation Today	Weighted Percent	Population Estimate
I have a steady place to live	93.2%	317,961
I have a place to live today but I am worried about losing it in the future	5.1%	17,395
I do not have a steady place to live	1.7%	5,639
Total	**100.0%**	**340,995**

Local Spotlight: Inland Empire Health Plan (IEHP)

Homelessness is a major contributor to poor health and quality of life. This is something that IEHP (Inland Empire Health Plan) understands. IEHP is the largest Medi-Cal health plan in the Coachella Valley, but they do more than just provide coverage. IEHP has partnered with local stakeholders (county housing authorities, housing service providers) to give IEHP Members a pathway to permanent supportive housing.

IEHP's Housing Initiative focuses both on IEHP Members who are literally homeless—living in cars, outside in the elements, "couch surfing," or staying in shelters—and on Members residing in long-term care or nursing facilities because they lack alternative housing options. By prioritizing Members using large amounts of acute care, the Initiative aims to improve Member health while promoting the appropriate use of medical care.

To learn more about IEHP, visit www.iehp.org



Employment Status

About half of local Coachella Valley adults are employed or self-employed, as illustrated in the table below. Another 27.1% are retired.

Employment Category	Weighted Percent	Population Estimate
Employed or self-employed	52.3%	177,282
Out of work	5.2%	17,605
Homemaker	4.1%	13,737
Student	5.6%	18,921
Retired	27.1%	91,925
Unable to work	5.8%	19,492
Total	**100.0%**	**338,962**

Coachella Valley adults are significantly more likely to be retired than those in the state or the nation as a whole, as illustrated in the table below. This difference in employment status is likely because the Coachella Valley is a major retirement destination, after having pursued their professional lives elsewhere.

Employment Category	Coachella Valley	California	United States
Employed or self-employed	52.3%	58.8%	58.3%
Out of work	5.2%	5.7%	4.5%
Homemaker	4.1%	7.3%	5.0%
Student	5.6%	6.9%	5.1%
Retired	27.1%	16.0%*	19.4%*
Unable to work	5.8%	5.4%	6.6%
Total	**100.0%**	**100.0%**	**100.0%**

Note. The California data in this table are from the California Health Interview Survey, 2018. The United States data in this table are from BRFSS, 2018. Significant differences between Coachella Valley and other geographies are indicated with asterisks.

Education Level

Higher education is generally associated with a higher quality of life. People with higher levels of education tend to have greater social networks, more connections/support in the community, and better general health and well-being. Education is also strongly correlated with higher income levels.[1]

Most Coachella Valley adults (67.0%) have attended at least some college, as illustrated in the table below. However, it is worth noting that nearly **15.0% of local adults lack a high school degree or equivalency**.

Highest Education Level	Weighted Percent	Population Estimate
Less than high school	14.9%	50,524
High school or equivalency	18.1%	61,473
Some college	28.1%	95,561
College degree	23.6%	80,170
Post graduate degree	15.3%	51,848
Total	**100.0%**	**339,575**

Local Spotlight: College of the Desert

College of the Desert has been nationally recognized for programs that address some of the biggest issues facing community colleges: improving college readiness, increasing completion rates and university transfers, and partnering with local business and industry to help guarantee that graduates succeed in the workforce.

Offering more than 150 certificate and degree programs on its five campus locations, it is one of the fastest growing community colleges in California.

The college's plEDGE program provides two years of free tuition to all local high school graduates.

During 2018-19, enrollment continued to grow and exceeded 17,000 students. In its 60-year history, College of the Desert has served more than 125,000 alumni, many of whom still live and work in the area contributing in excess of $243 million annually to the local economy.

For more information, please visit www.collegeofthedesert.edu

[1] Employment Projections. (2016). United States Department of Labor. http://www.bls.gov/emp/ep_chart_001.htm

Marital Status

Research has shown that married adults are generally healthier than adults in other marital status categories, as measured by health outcomes such as self-rated health, limitations in activities, pain, and psychological distress, among others.[1] Married partners are able to share healthcare and social security benefits, among other legal advantages such as marital tax deductions and legal decision making.

About 43.3% of local adults are married, as illustrated in the table below. Another 32.5% are single and have never been married.

Current Marital Status	Weighted Percent	Population Estimate
Married	43.3%	147,167
Single, never married	32.5%	110,604
Divorced	10.6%	36,101
Widowed	8.9%	30,122
Separated	1.4%	4,845
Cohabitating with partner	2.3%	7,881
Other	0.9%	3,182
Total	**100.0%**	**339,902**

A significantly smaller percentage of adults in the Coachella Valley are married than those in Riverside County or California as a whole, as illustrated in the table below.

Current Marital Status	Coachella Valley	Riverside County	California
Married	43.3%	50.4%*	50.2%*
Single, never married	32.5%	24.3%	27.6%
Separated/ divorced/ widowed/ other	21.8%	17.4%	15.1%
Live with partner	2.3%	7.9%	7.2%
Total	**100.0%**	**100.0%**	**100.0%**

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2018. Significant differences between Coachella Valley and other geographies are indicated with asterisks.

[1] Schoenborn, C.A. (December 15, 2004). Marital status and health: United States, 1999 – 2002. Adv Data, 351, 1 -32. National Center for Biotechnology Information, U.S. National Library of Medicine. https://www.ncbi.nlm.nih.gov/pubmed/15633583

Sexual Orientation

Sexual orientation refers to who we are attracted to and desire to have relationships with.[1] Nationally, estimates indicate that 2.0% of couple households are same-sex couples.[2] The Coachella Valley has long been a welcoming place for lesbian, gay, bisexual, and transgender (LGBT) populations. The Williams Institute used Census 2010 data to rank 1,415 cities across the nation on the number of same-sex couples per 1,000 households. Palm Springs ranked #1 on the list, and overall, four of the nine Coachella Valley cities fell within the Top 10 list of most same-sex couples per 1,000 households.[3]

Locally, nearly 15.0% of adults identify their sexual orientation as lesbian, gay, bisexual, questioning, or other (LGBQ). This equates to nearly 50,000 people, as illustrated in the table below.

Sexual Orientation	Weighted Percent	Population Estimate
Heterosexual	85.1%	283,872
Homosexual	10.1%	33,676
Bisexual	3.1%	10,337
Questioning or other sexual orientation	1.7%	5,651
Total	**100.0%**	**333,536**

Local Spotlight: Sanctuary Palm Springs

One local resource for the LGBTQ+ community is Sanctuary Palm Springs, a nonprofit that provides safe, comfortable, supervised housing for LGBTQ+ young adults ages 18 to 21 who are transitioning out of foster care.

Each resident at Sanctuary Palm Springs has their own room in this six-bedroom home, complete with 24-hour staffing. Sanctuary Palm Springs offers residents on-site case management and life skills education. A partnership with Desert AIDS Project provides medical care, behavioral health and wellness initiatives.

At Sanctuary Palm Springs, young LGBTQ+ adults are able to develop life skills, resiliency, healthy social skills, and the community connections needed to transition from foster care to a healthy, happy, and productive adulthood.

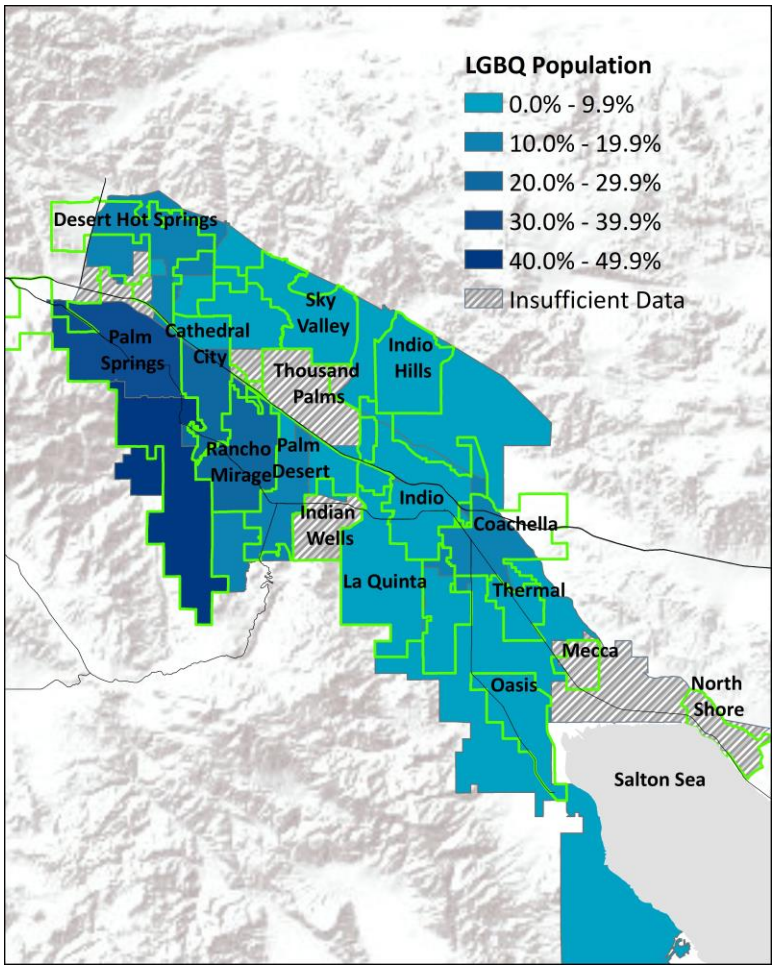
To learn more, go to sanctuarypalmsprings.org.

[1] Sexual Orientation. (n.d.). Planned Parenthood. https://www.plannedparenthood.org/learn/sexual-orientation-gender/sexual-orientation
[2] Characteristics of Same-Sex Couple Households: 2005 to Present. 2017 Table. (2018). U.S. Census Bureau. https://www.census.gov/data/tables/time-series/demo/same-sex-couples/ssc-house-characteristics.html
[3] Gates, G.J., & Cooke, A.M. (n.d.). California Census Snapshot: 2010. Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_California_v2.pdf

Adults who identify as LGBQ live all across the Coachella Valley. However, as illustrated in the map to the right, the highest concentrations of LGBQ adults are in the West Valley, primarily in the areas of Palm Springs, Cathedral City, and Rancho Mirage.

The percent of the adult population that identifies as lesbian, gay, bisexual, or questioning (LGBQ) is significantly larger in the Coachella Valley than in California as a whole, as illustrated in the table below.

In fact, **the percent of people who identify as LGBQ in the Coachella Valley is double that of California as a whole** (14.9% versus 7.3%, respectively).



Sexual Orientation	Coachella Valley	California
Straight, heterosexual	85.1%	92.6%
Gay, lesbian, homosexual	10.1%	2.4%
Bisexual	3.1%	4.4%
Other (e.g., questioning, not sexual, celibate, none)	1.7%	0.5%
Total	**100.0%**	**100.0%**

Note. The California data in this table are from the California Health Interview Survey, 2018.

Citizenship and Residency

People who are not United States citizens have reduced access to many public benefits that citizens enjoy. For example, undocumented immigrants are ineligible to receive most federal public benefits and some healthcare subsidies.[1]

Participants were asked questions pertaining to their United States citizenship and residency status. Considering the sensitivity of asking these types of questions, the questions were prefaced with the statement, "The following questions are on citizenship and immigration. Your answers are confidential and will not be reported to any government agency."

As illustrated in the table below, about **15.7% of Coachella Valley adults are not citizens of the United States.**

Citizenship Status	Weighted Percent	Population Estimate
Citizen	84.4%	283,295
Permanent resident with green card	11.5%	38,471
Non-citizen	4.2%	13,980
Total	**100.0%**	**335,746**

These percentages did not change significantly since 2016; roughly the same percentage of local adults are non-citizens as in prior years. The percentage of respondents who refused to answer these questions also remained the similar to prior survey cycles.

Caregiving for Someone with Alzheimer's Disease

Alzheimer's disease is the most common form of dementia, and those that have Alzheimer's disease are typically cared for by family members or friends. Caregiving for someone with Alzheimer's disease or a related dementia presents substantial challenges, and puts the caregiver at greater risk for anxiety, depression, and reduced quality of life compared to caregivers for people with other conditions.[2] Additionally, caregivers for people with Alzheimer's disease or dementia typically have to provide longer term care than caregivers for people with other conditions.[3]

Results show that **3.6% of local adults are caring for another adult with Alzheimer's disease or another form of dementia**. This equates to 12,113 adults who are caregivers for those with dementia.

[1] Fact Sheet: Immigrants and Public Benefits. (2018). National Immigration Forum. https://immigrationforum.org/article/fact-sheet-immigrants-and-public-benefits/
[2] Caregiving for Person's with Alzheimer's Disease and Related Dementias. (2016). Centers for Disease Control and Prevention. https://www.cdc.gov/aging/caregiving/alzheimer.htm
[3] Ibid.

Military Service

Military service has the potential to result in negative physical and mental health consequences, but can also result in educational, economic, and personal development gains.[1]

In the Coachella Valley, **9.0% of local adults have served on active duty in the Armed Forces of the United States**—that equates to more than 30,710 veterans.

Most of these veterans are Korean War-era veterans or Vietnam-era veterans, as illustrated in the table to the right by the year that they enlisted/were commissioned. There are relatively few veterans (3,454 adults) who have enlisted in the last 20 years.

More than half of local veterans (56.5%, or 17,082 veterans) were deployed during their time in the service. These veterans likely have more negative health impacts than veterans who were not deployed, including PTSD, injuries and chemical exposure.

Start Year *Veterans*	Weighted Percent	Population Estimate
1940s	1.8%	547
1950s	22.5%	6,907
1960s	28.7%	8,797
1970s	14.1%	4,322
1980s	11.8%	3,606
1990s	9.8%	3,014
2000s	6.1%	1,862
2010s	5.2%	1,592
Total	**100.0%**	**30,647**

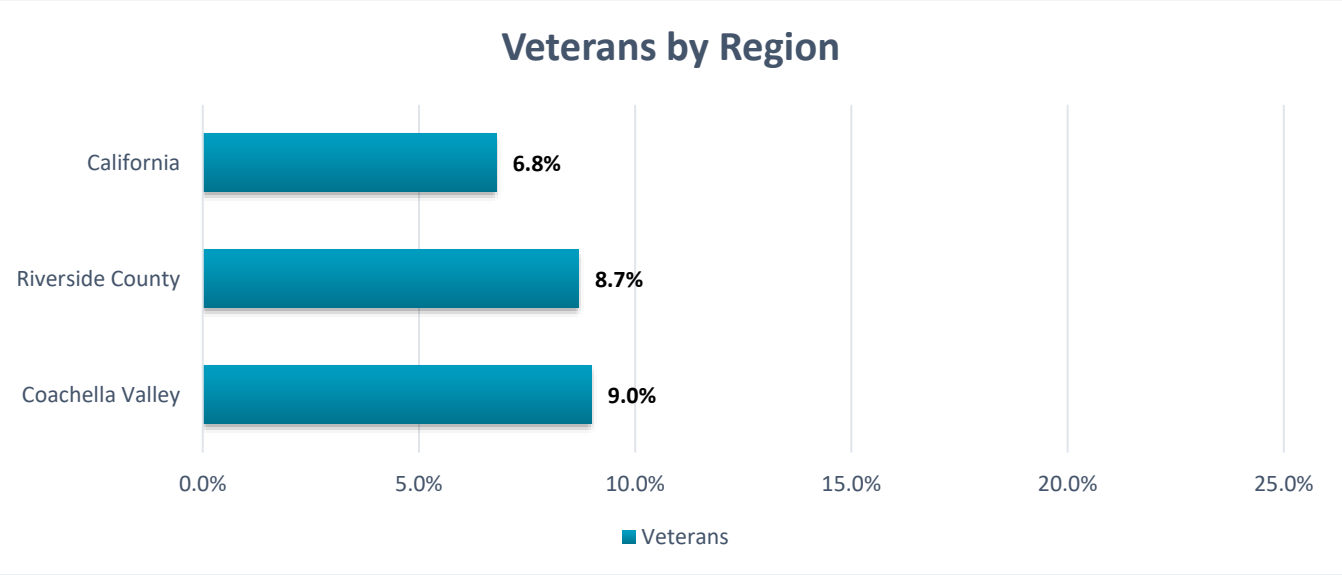
The majority of local veterans (70.5%) served for five years or less, as illustrated in the table below. Retirement benefits are typically only offered to veterans who serve on active duty for 20 years or more or to those who retire due to medical conditions.[2] Thus, most of our local veterans are not receiving this benefit.

Total Years in Service *Veterans*	Weighted Percent	Population Estimate
Less than one year	6.3%	1,934
One to two years	20.9%	6,393
Three to five years	43.3%	13,253
Six to 10 years	21.4%	6,542
11 to 20 years	3.6%	1,093
More than 20 years	4.4%	1,361
Total	**100.0%**	**30,576**

[1] Spiro, A., Settersten, R., Aldwin, C. (2016). Long-Term Outcomes of Military Service in Aging and the Life Course: A Positive Re-Envisioning. *The Gerontologist*, *56*(1), 5-13

[2] Defense Finance and Accounting Service. Retirement eligibility. Available online at: https://www.dfas.mil/retiredmilitary/plan/eligibility.html

The percentage of adults who are veterans in the Coachella Valley is relatively similar to that in Riverside County and the state of California as a whole, as illustrated in the chart below.

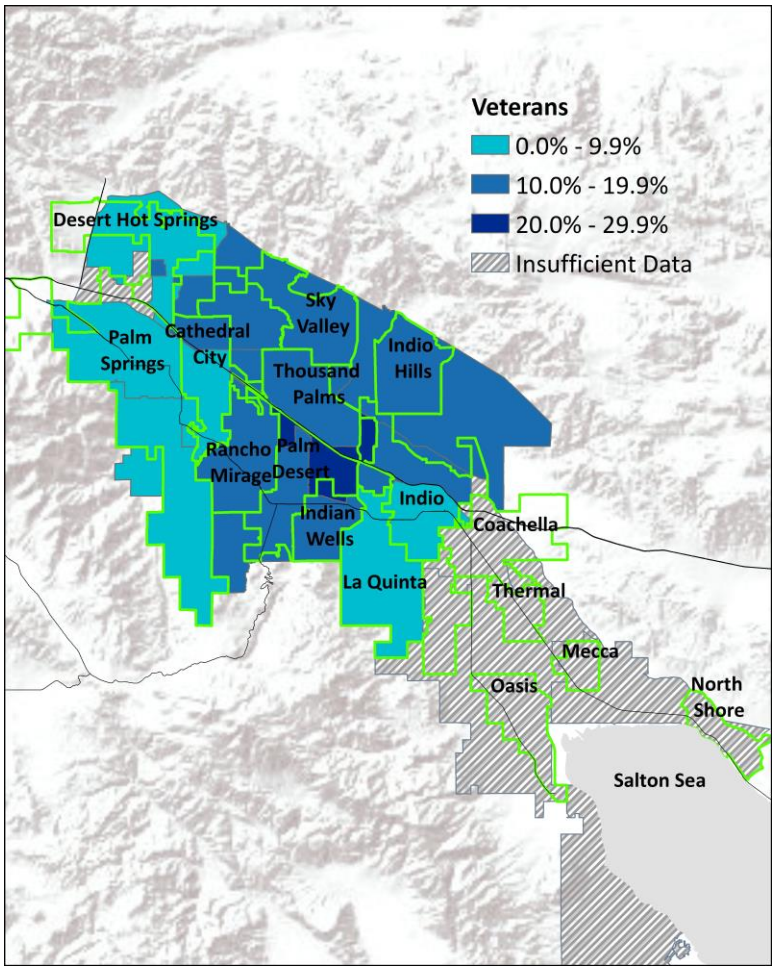


Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

The largest concentration of local veterans is in the center of the Coachella Valley, in the general Palm Desert area, as illustrated in the map to the right.

This is also the location of the only VA clinic in the Coachella Valley, which is open five days a week.

There was not sufficient data available to estimate the percentage of veterans in some of the eastern Coachella Valley zip codes.



Healthcare Access – Ages 18 to 64

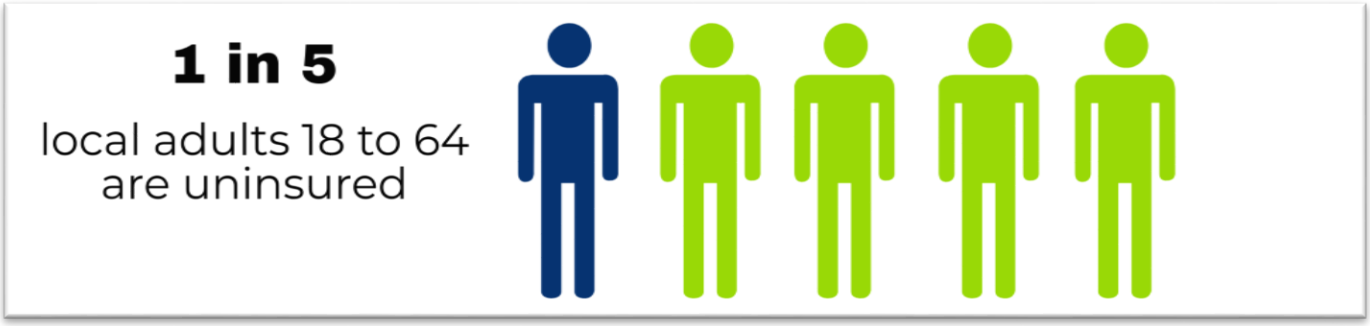
Health insurance is the primary mode for accessing needed medical care. Americans are eligible for Medicare at the age of 65 and thus, virtually all people age 65 or older have health insurance. In this section we examine healthcare access needs for people ages 18 through 64.

Access to healthcare is a critically important factor for one's health. There are barriers that can impede seeking and acquiring appropriate care, such as the high cost of healthcare, not having health insurance or having inadequate health insurance.[1] These barriers often lead to unmet health needs, delays in appropriate care, inability to obtain preventive services, financial burdens, and hospitalizations that could have been prevented.[2]

Access to healthcare is typically made easier through a good health insurance plan. Nationally, employer-based insurance is the most common type of coverage, covering 56.0% of the insured population, followed by Medicaid (19.3%), Medicare (17.2%), direct-purchase (16.0%), and military (4.8%).[3]

Health Insurance Coverage

The majority of local working-age adults have health insurance (79.4%, or 187,831 adults 18 to 64). However, results show that **20.6% of working-age adults (48,740 adults 18 to 64) are uninsured**.

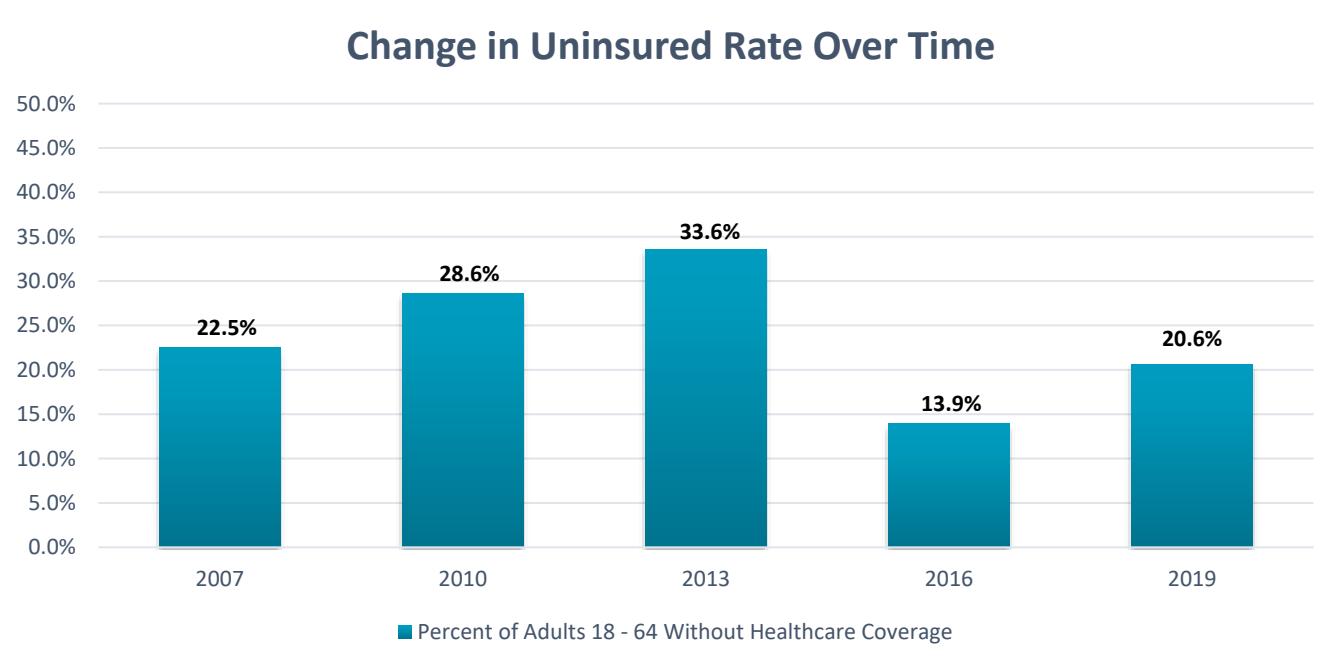


The most frequently cited reason for lack of insurance is inability to pay premiums, as illustrated in the table below.

Reason for Lack of Insurance *Uninsured Adults 18 to 64*	Weighted Percent	Population Estimate
Couldn't afford to pay the premiums	23.2%	10,393
Became ineligible because of age or left school	13.2%	5,943
Lost job or changed employers	13.1%	5,874

[1] Access to Health Services. (2019). Healthy People 2020 Website. https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[2] Ibid.
[3] Berchick, E., Hood, E., & Barnett, J. (2018). Health Insurance Coverage in the United States: 2017. U.S. Census Bureau. https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-264.pdf

The proportion of working-age adults who are uninsured increased significantly from 2016 to 2019, as illustrated in the chart below. Some of the progress that was made in insuring adults between 2013 and 2016 has since been lost.

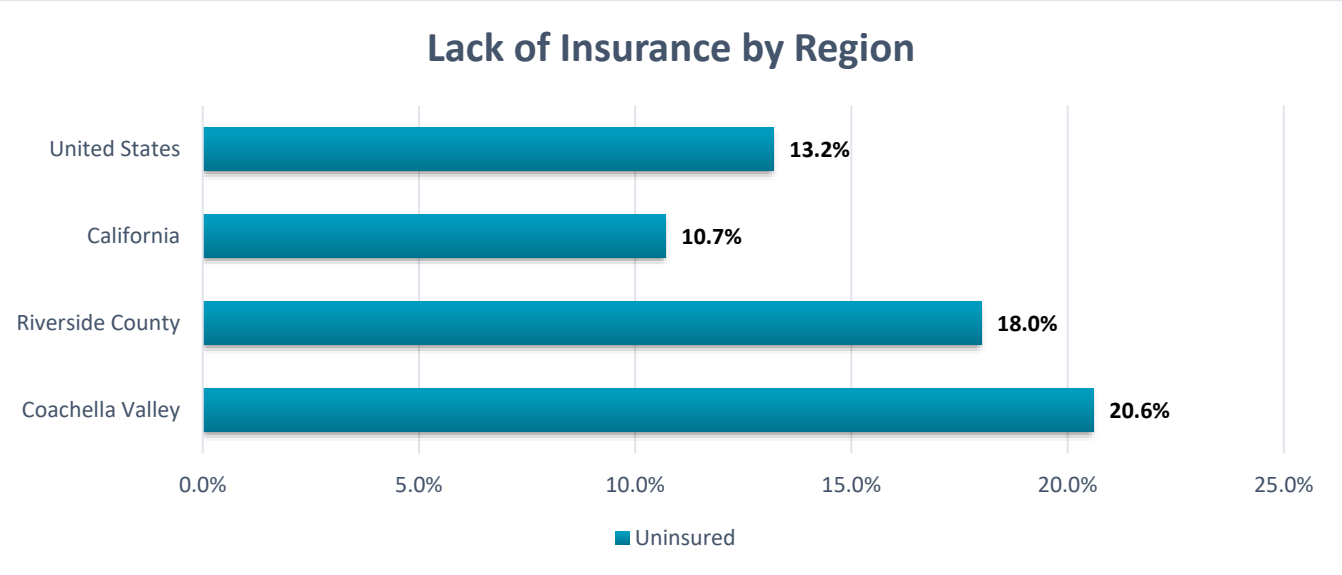


Sources of health insurance coverage can vary, as illustrated in the table below. Note that individuals can be covered by multiple sources, and thus, the list below is not all-inclusive nor are the categories mutually exclusive (e.g., a person can be covered by both Medicare and Medi-Cal, which is often known as "Medi-Medi").

Source of Healthcare Coverage *Insured Adults 18 to 64*	**Weighted Percent**	**Population Estimate**
Medicare	12.7%	23,894
Medicaid/Medi-Cal	14.6%	27,408
Military coverage (e.g., CHAMPUS, the VA, etc.)	9.0%	16,816
Your employer	30.2%	56,803
Someone else's employer (e.g., your spouse, your parent)	7.0%	13,188

The percentage of local working-age adults who have Medicaid/Medi-Cal significantly decreased from 2016 (21.5%) to 2019 (14.6%).

Coachella Valley adults are significantly less likely to have health insurance than Californians overall, as illustrated in the chart below. In fact, the percentage of uninsured working-age adults in the Coachella Valley is nearly double that of the state as a whole.



Note. Riverside County and California data in this chart are from the California Health Interview Survey, 2018. United States data are from BRFSS, 2018.

Of the 187,831 working-age adults who are currently insured, 14.3% of them are relatively recently insured. That is, 14.3% of currently insured adults had no healthcare coverage sometime in the past year. This equates to 26,679 newly insured adults.

Local Spotlight: Desert Oasis Healthcare

Desert Oasis Healthcare (DOHC) stands out in its service area of the Coachella Valley and surrounding hi-desert communities, having earned Elite Status, the top ranking in the nation in 2019 for all medical groups by America's Physician Groups.

DESERT OASIS HEALTHCARE
Your Health. Your Life. Our Passion.

DOHC contracts with many Medicare Advantage and commercial HMO health plans to provide medical care and wellness services to approximately 70,000 members through its network of 110+ primary care providers and 250+ specialists.

Medicare Advantage plans, a Medicare Part C option available to people 65+ or living with disabilities, are offered in the DOHC service area at no additional premium beyond the required Part B premium for doctor services. Additional services include vision, hearing, dental, and wellness programs.

Learn more at https://www.mydohc.com/our-insurance-plans/medicare-advantage/

Specific Coverage

Health insurance can vary by type, which will impact the range of benefits one can get from their plan. For example, all health insurance plans must cover ten essential health benefits, including ambulatory services, emergency services, hospitalization, preventive and wellness services, mental health and substance use, and prescription drugs, among others.[1]

In 2014, the Affordable Care Act extended the impact of the Mental Health Parity and Addiction Equity Act so that most health plans must offer coverage for behavioral health (mental health and/or substance use disorders) with an equal level of coverage for medical and surgical benefits.[2]

Benefits such as dental coverage, vision coverage, and medical management programs are not considered essential health benefits[3] and thus, coverage for these options may have to be sought out in additional to a basic health plan.

Participants who have healthcare coverage were subsequently asked if they had three types of specific coverage: dental, prescription, and mental/behavioral health coverage.

For the majority of the analyses in this report, responses that are considered "missing data" (i.e., the response was "don't know/no response" or "refused") are excluded from the results, because these options do not provide valuable information. However, on the analysis of this question, we included these "missing data" in the calculations, as it is important to illustrate how many people do not know their benefits.

As illustrated in the table below, there appears to be some confusion among insured adults about whether their insurance includes coverage for mental/behavioral health expenses. Nearly 42,000 insured adults are unclear on this point, and thus, are unlikely to seek care for mental/behavioral health issues.

Specific Type of Coverage *Insured Adults 18 to 64*	**Yes**	**No**	**Don't know, No Response, or Refused**
Prescription drug expenses	87.3% (164,005)	7.4% (13,923)	5.3% (9,903)
Routine dental expenses	69.4% (130,405)	24.9% (46,828)	5.6% (10,598)
Mental/behavioral health expenses	65.7% (123,437)	12.0% (22,481)	22.3% (41,913)

[1] Health Benefits and Coverage. (n.d.). HealthCare.gov Website. https://www.healthcare.gov/coverage/what-marketplace-plans-cover/
[2] Beronio, K., Po, R., Skopec, L., and Glied, S. (February 20, 2013). Affordable Care Act expands mental health and substance use disorder benefits and federal parity protections for 62 million Americans. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/report/affordable-care-act-expands-mental-health-and-substance-use-disorder-benefits-and-federal-parity-protections-62-million-americans
[3] Ibid.

General Health Status

Self-rated general health measures how individuals perceive the quality of their health. This measurement of general health is a consistent indicator of life expectancy across longitudinal studies.[1] It is a reliable indicator of general health among those without cognitive impairment and is commonly used in population surveys.[2]

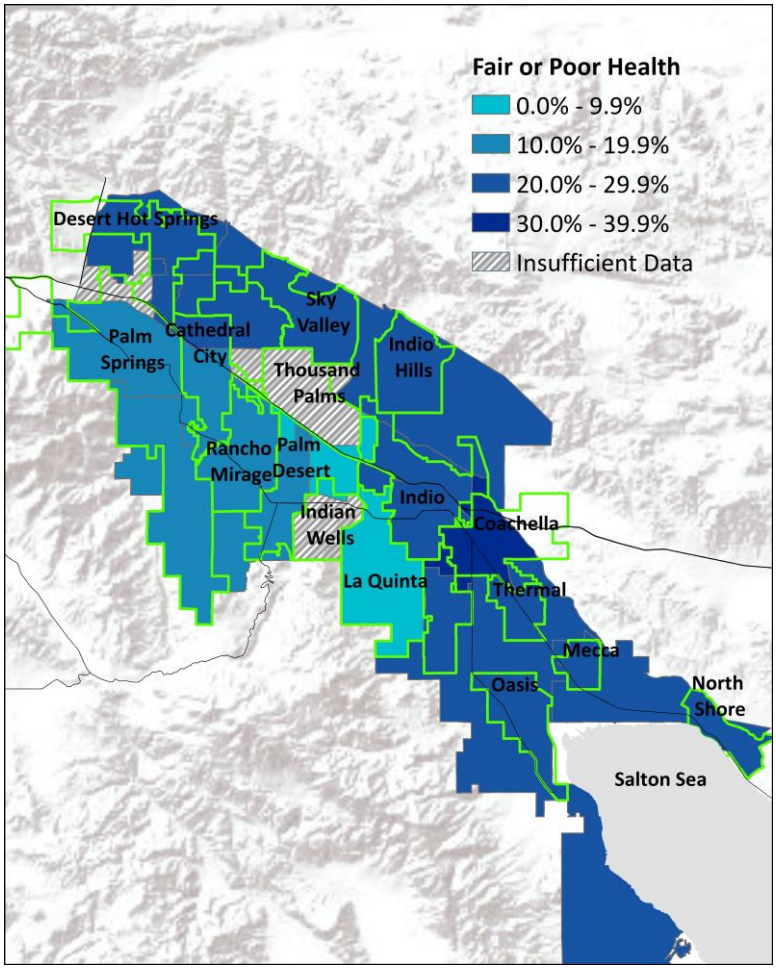
As illustrated in the table below, most Coachella Valley adults rate their health as "good" or better. However, 18.0% rate their health as "fair" or "poor", representing 61,584 adults.

Health Status	Weighted Percent	Population Estimate
Excellent	19.0%	65,012
Very good	30.1%	102,803
Good	32.8%	111,908
Fair	14.4%	49,310
Poor	3.6%	12,274
Total	**100.0%**	**341,306**

Participants who felt their health was "fair" or "poor" were subsequently asked what they believed to be the main reason why their health was fair or poor. The most commonly cited response was chronic illness followed by physical disabilities. Only 2.6% of those with fair/poor health felt it was due to mental or emotional health problems.

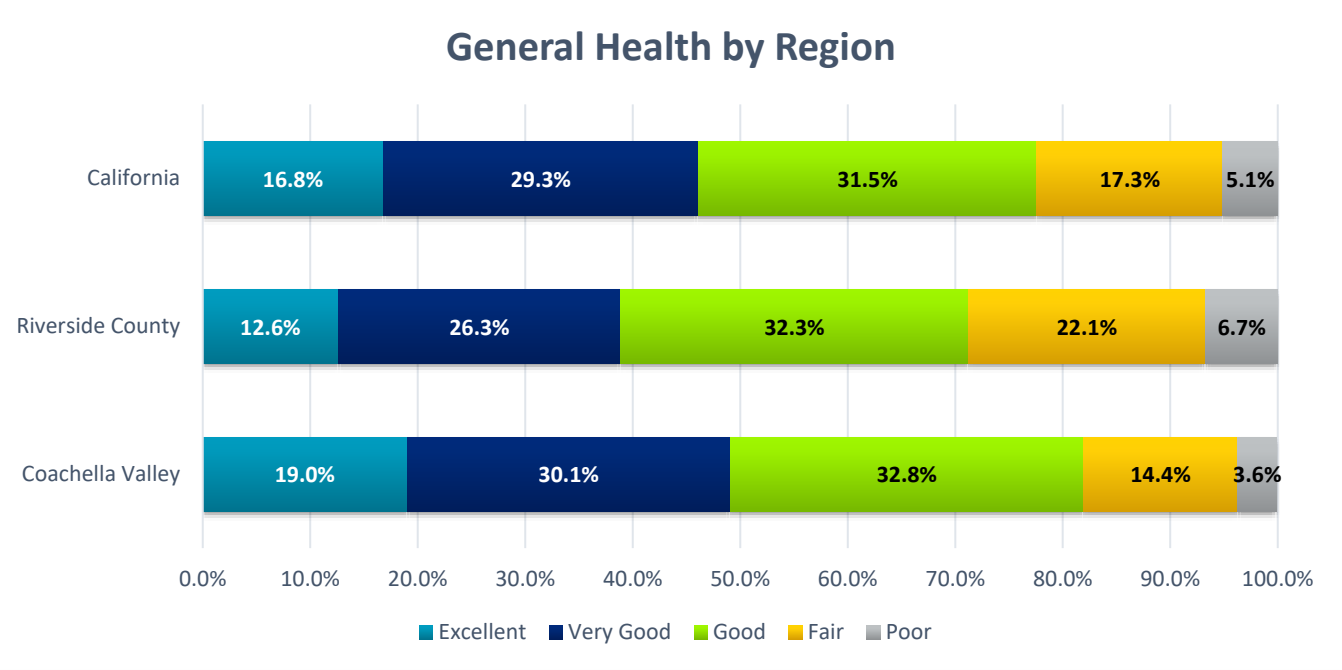
The problem of fair/poor health is not evenly distributed across the Coachella Valley, as illustrated in the map to the right.

Overall, it appears that adults in Coachella and the unincorporated communities in the East Valley rate their health as poorer than those in the La Quinta/Palm Desert areas.



[1] Idler, E. L., & Benyamini, Y. (1997). Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. *Journal of Health and Social Behavior*. *38*(1). 21–37.
[2] Bombak A. E. (2013). Self-Rated Health and Public Health: A Critical Perspective. *Frontiers in Public Health*. 1, 15.

Coachella Valley adults are significantly more likely than adults in the entire county to have "excellent" health, as illustrated in the chart below. Specifically, 19.0% of local adults rate their health as excellent, compared to only 12.6% of Riverside County adults.



Note: The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

Local Spotlight: City of La Quinta

The City of La Quinta provides many activities that help residents be active both physically and mentally, promoting good health. For example, the Wellness Center provides affordable access to state-of-the-art fitness equipment and exercise classes. For those who prefer to be active outdoors, there are numerous hiking and biking trails as well as 15 different parks.

Every Sunday La Quinta hosts a Certified Farmers' Market in Old Town, where visitors can purchase fresh local produce, organic meat, and much more. The La Quinta Museum offers many ways for people to connect, such as Adult Coloring Club, Knitting Club, and Mah Jongg. Overall, it's easy to be active and involved in La Quinta.

To learn more about activities in La Quinta, visit laquintaca.gov.

Healthcare Utilization

While having healthcare insurance is critical to good health, it is also important to utilize healthcare appropriately, including regular preventive check-ups with a primary care provider.

Recent Use

Fortunately, the majority of Coachella Valley adults (85.8%) have seen a healthcare provider, such as a doctor, nurse practitioner, specialist, or other healthcare provider in the past year.

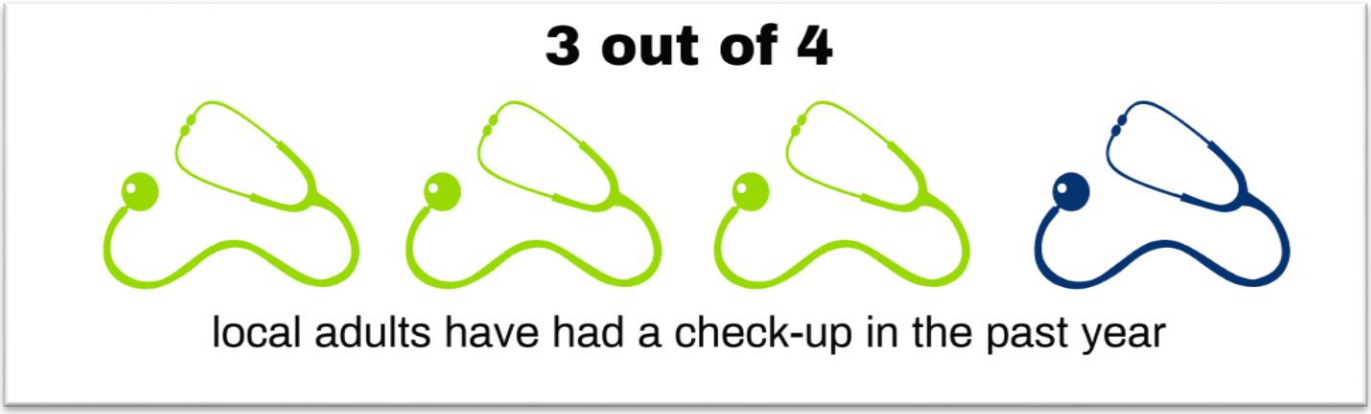
However, as illustrated in the table below, more than 10,000 local adults have not seen a healthcare provider within the past five years, putting them at a higher risk for negative health outcomes.

Time Since Last Visit to a Healthcare Provider	Weighted Percent	Population Estimate
Less than six months	72.3%	245,414
Six months to less than one year	13.5%	45,641
One year to less than two years	7.3%	24,713
Two years to less than five years	3.9%	13,221
Five or more years ago	3.0%	10,297
Total	**100.0%**	**339,286**

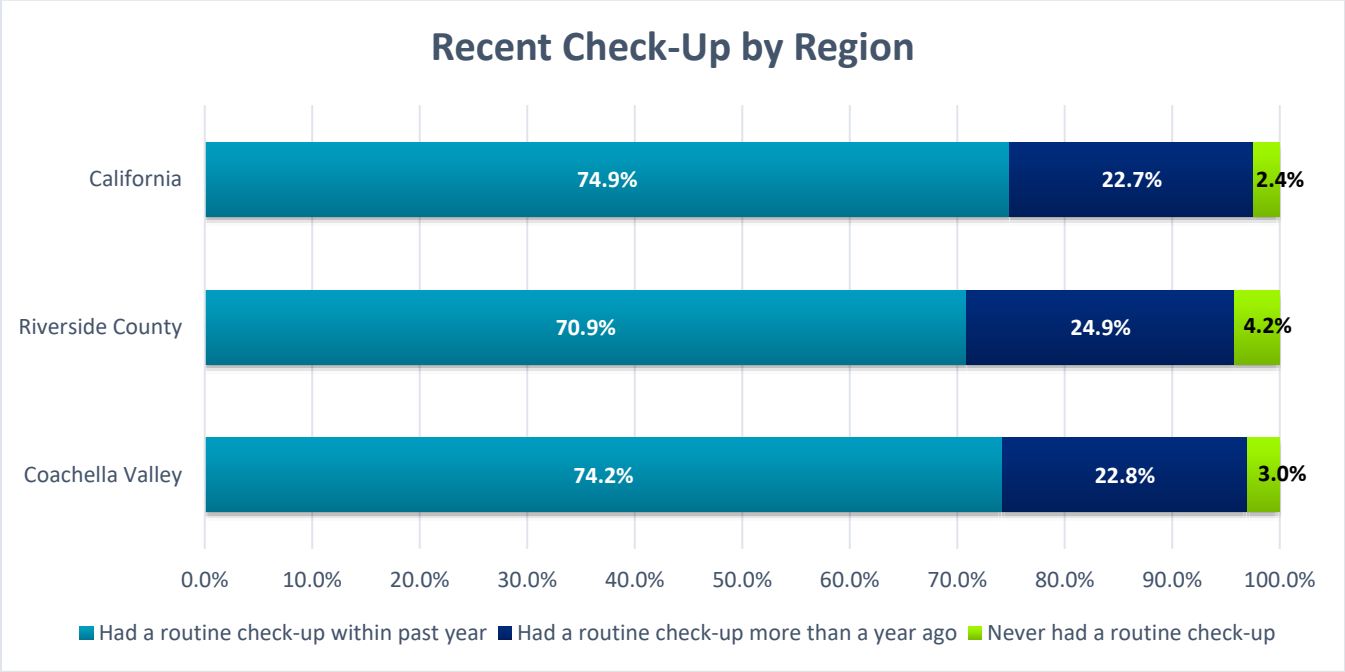
While having a visit to a provider in the past year is important, it doesn't necessarily indicate that an individual is receiving preventive care or continuity of care. For example, the visit within the past year may have been to an emergency room provider for the purpose of an accident or acute illness. Ideally, all local adults would have a check-up, or preventive care visit, with a primary care provider within the past year.

As illustrated in the table below, about **74.2% of local adults have had a check-up within the past year**. In contrast, 6.3% have not had a visit within the past five years, and 3.0% have never had a basic check-up.

Time Since Last Check-Up	Weighted Percent	Population Estimate
Within the past year	74.2%	249,285
One year to less than two years	10.7%	36,082
Two years to less than five years	5.8%	19,507
Five or more years ago	6.3%	21,188
Never	3.0%	10,032
Total	**100.0%**	**336,095**



The recency of check-ups among Coachella Valley adults is relatively similar to adults across Riverside County and the state of California, as illustrated in the chart below. Overall, between 70.0% and 75.0% of adults have had a check-up in the past year.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2018.

Usual Source of Care

Ideally, every adult would have a healthcare home, that is, a primary care provider they regularly see that can provide continuity of care. Having this continuity of care means that the provider is familiar with the patient's medical history and can more easily integrate new information and decision-making, in addition to being a more effective patient advocate.[1] Emergency room usage does not provide an opportunity for continuity of care and thus, should be used for emergencies, not routine care.

Participants were asked, "When you are sick or in need of healthcare, where do you usually go?" **The two most common responses, as illustrated in the table below, are doctor's offices and urgent care**.

Usual Source of Care	Weighted Percent	Population Estimate
Doctor's office	37.6%	126,919
Urgent care	25.2%	85,235
Clinic	12.6%	42,426
Emergency room/hospital	9.1%	30,835
No usual place	7.1%	24,035
Some other place	4.9%	16,576
Health center	2.8%	9,377
VA/Veterans Association/ VA hospital	0.7%	2,446
Total	**100.0%**	**337,848**

Local Spotlight: Clinicas de Salud del Pueblo

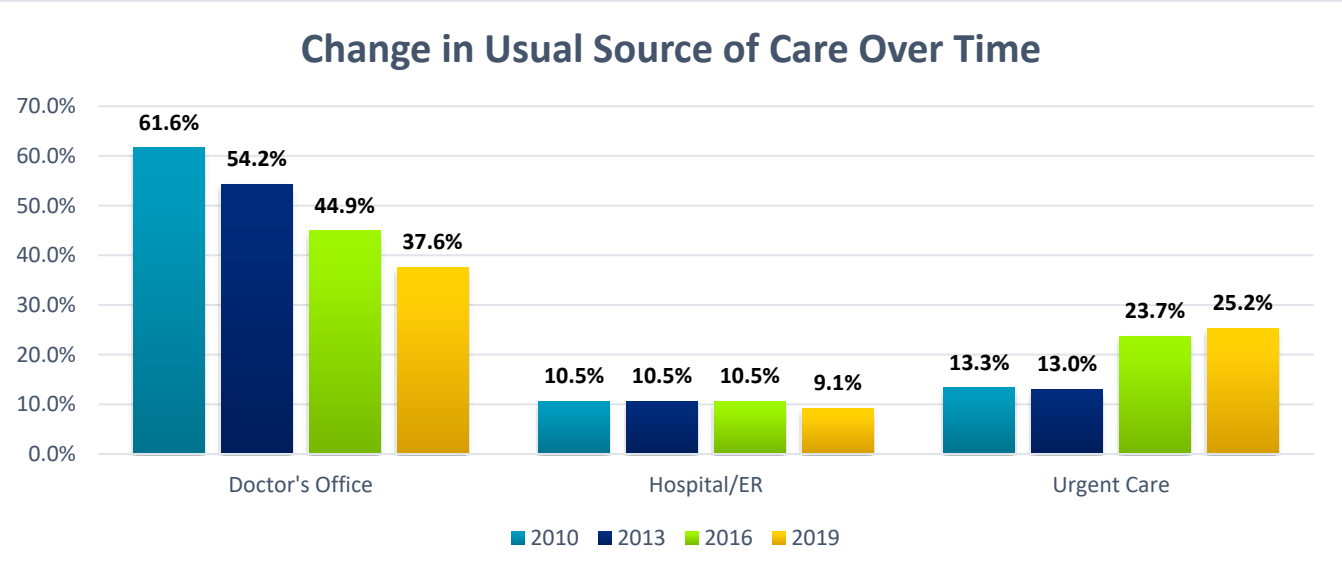
Clinicas de Salud del Pueblo (CDSDP) is a nonprofit federally qualified health center serving patients in Imperial and Riverside Counties. CDSDP provides extensive services, including behavioral health, child health, family practice, family planning, retinal exams, laboratory, pediatrics, pharmacy, prenatal care, radiology, women's health, and much more.

To complement the care provided in the clinics, CDSDP also has a community health and outreach team that includes community health workers, *promotoras*, and Certified Enrollment Counselors. Clinicas provides patient care coordinators through their IEHP Home Health Program. This team helps people understand when to seek care at a primary care provider versus an emergency department, as well as healthy lifestyles, goal-setting, and chronic disease management.

To learn more about CDSDP visit www.cdsdp.org

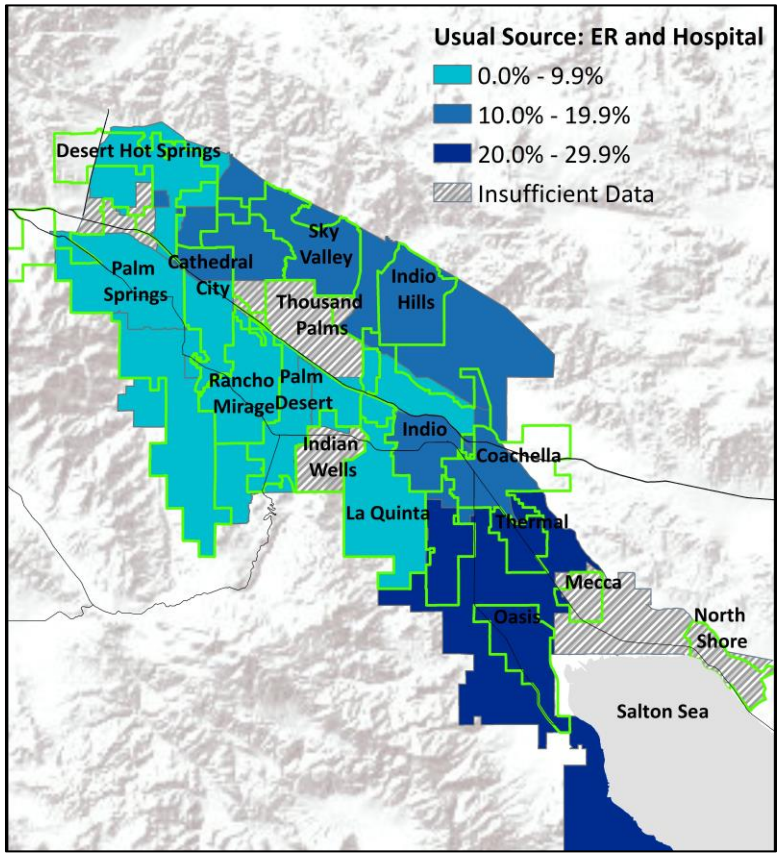
[1] Continuity of Care, Definition of. (n.d.). American Academy of Family Physicians. https://www.aafp.org/about/policies/all/definition-care.html

The percentage of local adults who cite the doctor's office as their usual source of care has gone down significantly each survey cycle. In 2010, 61.6% of local adults said they went to the doctor's office when they were sick or in need of care. By 2019, it dropped to 37.6% as illustrated in the chart below. The proportion of adults who cite the hospital or emergency room as their usual source of care remains unchanged over the past four surveys. Urgent care gained in popularity between 2013 and 2016 and remains high in 2019.



Use of the ER/hospital as the usual source of care varies based on geography, as illustrated in the chart to the right.

Overall, adults in the far East Valley appear to be more likely to use the hospital or emergency room for their usual source of care than those in the West Valley. This may be a function of where the various types of healthcare facilities in the Coachella Valley are located.



Seeking Healthcare in Mexico

Given the Coachella Valley's proximity to the United States-Mexico border, coupled with lower costs for prescription drugs and provider visits, seeking medical treatment in Mexico is an option for many people in the Valley. Pursuing healthcare in Mexico is often influenced by the costs of care, a lack of insurance, and convenience.[1] For some people, pursuing healthcare in Mexico is influenced by their inability to get care in the United States, as well as a preference for Mexico's healthcare.[2]

Results show that **12.4% of local adults (42,222 people) sought healthcare or prescriptions in Mexico in the past year**.

[1] Horton, S., & Cole, S. (2011). Medical Returns: Seeking Health care in Mexico. *Social science & medicine*, *72*(11), 1846-1852.
[2] Bergmark, R., Barr, D., & Garcia, R. (2010). Mexican immigrants in the US living far from the border may return to Mexico for health services. *Journal of Immigrant and Minority Health*, *12*(4), 610-614.

Barriers to Care

Access to care encompasses much more than simply having health insurance. Even with insurance, people may not receive regular healthcare due to a wide variety of barriers such as income, education, occupation, geography, inconvenient hours, and more.

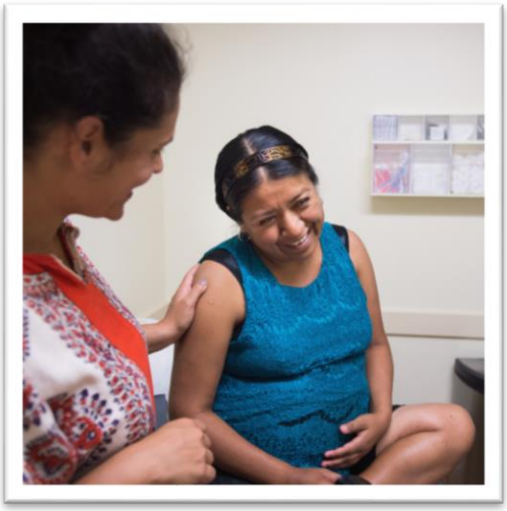
Participants were asked to indicate if any of a series of barriers consistently made it very difficult or prevented them from receiving healthcare when they needed it in the past year. As illustrated in the table below, **the two most common barriers that made it difficult or prevented them from receiving healthcare were "hours the provider is open to see patients" and "understanding what is covered by your plan"**.

Barriers to Care	Weighted Percent	Population Estimate
Hours the provider is open to see patients	19.9%	67,080
Understanding what is covered by your plan	19.9%	66,316
Taking time off work	16.5%	55,949
Not having authorization from an HMO	13.0%	41,957
Finding a doctor of the sex, age, ethnicity, or sexual orientation that you are comfortable with	9.3%	31,321
Transportation	8.3%	28,206
Language barrier	5.0%	16,999

These barriers have remained roughly consistent with results from the 2016 survey, with one exception: the percent of people experiencing the barrier of "taking time off work" has significantly increased from 11.8% in 2016 to 16.5% in 2019, indicating this barrier has become more common.

Local Spotlight: California Health Care Foundation

All over California, we have a population that is growing, aging, and becoming more diverse. To adequately serve our community, we need a modern workforce of health professionals who are just as diverse as their patients.



The California Health Care Foundation regularly publishes invaluable research on the topic. For example, CHCF's California Health Care Almanac shows that the Inland Empire has the fewest primary care providers per capita in the state—only 35 primary physicians per 100,000 community members (compared to the recommended level of between 60 and 80 providers). With such a shortage, it's no wonder thousands of our residents struggle to find providers that meet their needs.

Visit https://www.chcf.org/topic/workforce/ to learn more about California's current and future healthcare workforce.

Preventive Health Screenings

Preventive health—or preventative health—refers to steps that can be taken to promote health and well-being and to prevent disease and other health problems. There are many ways people partake in preventive healthcare including screenings and even simple checkups. Screenings can assist in the early identification and treatment of major diseases, such as blood cholesterol tests, colonoscopies to check for colon cancer and mammogram screenings for breast cancer.

Blood Cholesterol Screening

Our bodies need cholesterol, which is a waxy, fat-like substance, responsible for making hormones and digesting fatty foods.[1] Under normal circumstances, our bodies produce just the amount that is needed to be healthy.[2] However, when blood cholesterol is too high, then the risk of heart disease also increases.[3]

High blood cholesterol—also known as hyperlipidemia—can be caused by genetic factors/family history, lifestyle factors (such as eating animal byproducts or lack of exercise), or a combination of the two. Moreover, high blood cholesterol has no symptoms, which means it's possible for people to not know their blood cholesterol status.[4] The asymptomatic nature of high cholesterol highlights the importance of having a blood cholesterol screening. For most adults, blood cholesterol screenings should be conducted every four to six years.[5]

Results show that the majority of local adults (83.2%, or 274,978 people) have had this important screening test. Of these, most have been screened recently, as illustrated in the table below. However, **16.8% of local adults (55,503 people) have *never* had their blood cholesterol checked**.

Time Since Last Cholesterol Test *Adults Who Have Ever Had a Cholesterol Test*	**Weighted Percent**	**Population Estimate**
Within the past year	80.2%	216,564
One year to less than two years	11.5%	31,082
Two years to less than five years	5.3%	14,315
Five or more years ago	3.0%	8,211
Total	**100.0%**	**270,172**

[1] About Cholesterol (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cholesterol/about.htm
[2] Ibid.
[3] High Cholesterol Facts. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cholesterol/facts.htm
[4] Ibid.
[5] Getting your Cholesterol Checked (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cholesterol/cholesterol_screening.htm

Colorectal Cancer Screening

When excluding certain types of skin cancer, colorectal or colon cancer is the third leading cause of cancer-related deaths in the Unites States.[1] Colon cancer is the growth of abnormal cells in the colon (the large intestine or large bowel) or rectum (the passage from the colon to the anus).[2] At a national level, in 2016, 141,270 new cases of colon/rectum cancer were reported, and 52,286 people died of colon/rectum cancer.[3]

One commonly used test to screen for colon cancer is the colonoscopy.[4] This test is conducted by inserting a long, thin, flexible tube into the rectum to search for polyps or cancer. It is recommended that people over age 50 should get a colonoscopy every 10 years.[5]

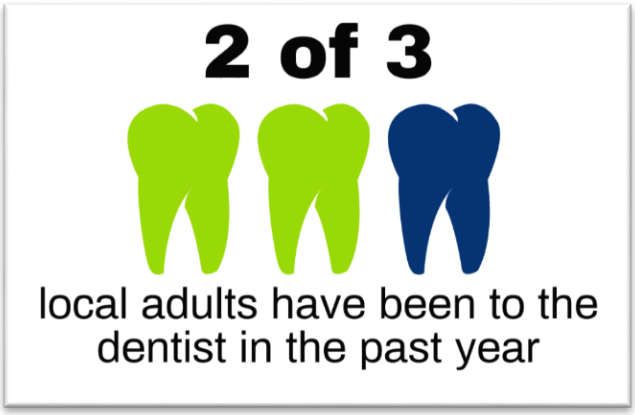
Screening for colon cancer is important because abnormal growths (polyps leading to cancer) can be identified and removed before turning into cancer.[6] Additionally, identifying colon cancer early is when treatment is most effective.[7] According to the U.S. Preventive Services Task Force, adults aged 50 to 75 should be screened for colorectal cancer, while those who are aged 76 to 85 should consult with their provider on the decision to be screened.[8]

About **26.4% of local adults over age 50 (48,735 people) have *never* had a colonoscopy**. The majority of local adults over age 50 (73.6%, or 135,999 people) have had this important screening test.

[1] Colorectal Cancer Statistics (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/statistics/
[2] What is Colorectal Cancer (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/basic_info/what-is-colorectal-cancer.htm
[3] United States Cancer Statistics: Data Visualizations. (2016). Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html
[4] Colorectal Cancer Screening Tests. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm
[5] Ibid.
[6] What Should I Know About Screening? (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/colorectal/basic_info/screening/index.htm
[7] Ibid.
[8] Colorectal Cancer: Screening (2016). U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/colorectal-cancer-screening2?ds=1&s=colorectal

Dental Care

Oral health conditions affect virtually all people, but with regular dental visits, these conditions can be prevented or treated. The frequency for dental visits should be determined between patients and their dentists, but visits should at least be done on an annual basis to maintain good oral health.[1] Nationally, in 2016, about 34.3% of adults had not visited a dentist in the past year.[2] Among those aged 65 and older, about 36.0% had lost six or more teeth due to tooth decay or gum disease.



As illustrated in the table below, **68.0% of local adults have been to the dentist in the past year** as is generally recommended. This equates to 229,155 people.

In contrast, 32.0% of adults (107,682 people) have *not* been to the dentist within the past year—including 1,765 adults who have *never* been to the dentist.

Time Since Last Dental Visit	Weighted Percent	Population Estimate
Less than six months	47.2%	159,062
Six months to less than one year	20.8%	70,093
One year to less than two years	12.4%	41,802
Two years to less than five years	9.6%	32,478
Five or more years ago	9.4%	31,637
Never	0.5%	1,765
Total	**100.0%**	**336,838**

Of those who have not visited a dentist in the past year, the most commonly cited reason was that there was "no reason to go, don't need it, no pain" (21.4%, or 22,355 people, as illustrated in the table below). This response may reflect a lack of understanding of the importance of preventive dental cleanings and screenings—it appears that **thousands of local adults do not see a need to go to the dentist unless there is pain or some other issue**. The high cost of visiting the dentist is the second-most common reason for not visiting in the past year.

Reason for Not Visiting Dentist in Past Year *Adults Who Have Not Visited a Dentist in Past Year*	Weighted Percent	Population Estimate
No reason to go, don't need it, no pain	21.4%	22,355
Cost	20.5%	21,437
Lack of dental coverage	11.8%	12,369
No teeth/have dentures	6.7%	7,047
Other priorities	5.1%	5,310

[1] Oral Health (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealth/basics/adult-oral-health/tips.html
[2] Oral Health Data. (2016). Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealthdata/index.html

Women's Health Screenings

Breast Health

Breast cancer can occur in different areas of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk).[1] Excluding some kinds of skin cancer, breast cancer is the most common type of cancer among women and one of the most common causes of cancer-related deaths among women.[2]

Nationally, in 2016, 245,299 new cases of female breast cancer were reported, and 41,487 women died of breast cancer in the U.S.[3]

Screening for breast cancer will not prevent cancer; however, screening can help to identify breast cancer early when treatment is easier and more likely to be successful.[4] The U.S. Preventive Services Task Force recommends that women aged 50 to 74 should receive a mammogram screening every two years.[5] Mammogram screenings for women in their 40s should be based on individual risk status with both the benefits and harms being considered.[6]

The vast majority of local women over 40 have had a mammogram at least once—93.7% of women 40+, or 110,274 women. Only **6.3% of local women over 40 (7,426 women) have *never* had a mammogram**.

Most women who've had a mammogram had the procedure done within the past year or two (80.9%), as illustrated in the table below.

Time Since Last Mammogram ***Women 40+ Who Have Ever Had a Mammogram***	**Weighted Percent**	**Population Estimate**
Within the past year	61.8%	67,814
One year to less than two years	19.1%	20,975
Two years to less than three years	6.9%	7,537
Three years to less than five years	5.1%	5,605
Five or more years ago	7.1%	7,844
Total	**100.0%**	**109,776**

[1] What is Breast Cancer? (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/what-is-breast-cancer.htm
[2] Breast Cancer Statistics. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/statistics/index.htm
[3] United States Cancer Statistics: Data Visualizations. (2016). Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html
[4] What is Breast Cancer Screening? (2018). https://www.cdc.gov/cancer/breast/basic_info/screening.htm
[5] Breast Cancer: Screening. (2016). U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/breast-cancer-screening1?ds=1&s=breast%20cancer
[6] Ibid.

Pap Smear Test

Cancer within the female reproductive organs is called gynecologic cancer and includes five types, one of which is cervical cancer.[1] All women are at risk for cervical cancer; but fortunately, it is highly preventable due to screening tests and vaccines to prevent the human papillomavirus (HPV), the main cause of cervical cancer.[2]

A Pap smear, also known as a Pap test, is the screening tool used to test for cervical cancer. Typically, women should begin getting Pap smears at age 21, and the test should be repeated every three years up to the age of 65. Some women may get Pap smears more frequently, based on abnormal results that indicate precancerous cells, a positive HPV diagnosis, a family history of cervical cancer, or a weakened immune system. Women age 30 and older can reduce Pap smear testing to every five years if they also have a negative HPV test.[3]

In 2016, 12,984 new cases of cervical cancer were reported, and 4,188 women died of cervical cancer in the U.S.[4]

Results show that 91.8% of local women over age 21 (144,783 women) have had a Pap smear while **8.2% of women age 21 and over (12,961 women) have *never* had a Pap smear**.

Of the women who've had a Pap smear, most (61.3%) have had the procedure within the past two years, as illustrated in the table below. However, there are 29,466 women who have not had a Pap smear within the last five years and may be overdue for this procedure.

Time Since Pap Smear ***Women 21+ Who Have Ever Had a Pap***	**Weighted Percent**	**Population Estimate**
Within the past year	40.3%	57,101
One year to less than two years	21.0%	29,782
Two years to less than three years	8.9%	12,644
Three years to less than five years	9.0%	12,822
Five or more years ago	20.8%	29,466
Total	**100.0%**	**141,816**

[1] Gynecologic Cancers. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/gynecologic/basic_info/index.htm
[2] Cervical Cancer. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/cervical/basic_info/index.htm
[3] Pap smear. (2019). Mayo Clinic. Available online at https://www.mayoclinic.org/tests-procedures/pap-smear/about/pac-20394841
[4] United States Cancer Statistics: Data Visualizations. (2016). Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html

Health Behaviors

Alcohol Use

Alcohol is a legal psychoactive drug commonly consumed through beer, malt liquor, wine, and distilled spirits. The 2015-2020 Dietary Guidelines for Americans recommends that if adults choose to drink alcohol, then it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men.[1]

In the Coachella Valley, **55.8% of local adults (189,593 people) consumed alcohol at least once in the prior month** and are categorized hereafter as "active drinkers". The remaining 44.2% (149,959 people) did not consume any alcohol in the prior month and are considered "non-drinkers".

The majority of active drinkers consume alcohol only a few days per month, as illustrated in the table below. Most active drinkers (59.5%) consumed alcohol eight or fewer days per month, or about two days per week. On the other hand, 15.3% of active drinkers (28,943 people) drank every day.

Number of Drinking Days per Month *Active Drinkers*	Weighted Percent	Population Estimate
1 to 4 days	41.2%	78,197
5 to 8 days	18.3%	34,612
9 to 12 days	10.8%	20,452
13 to 16 days	5.8%	10,925
17 to 29 days	8.7%	16,463
All 30 days	15.3%	28,943
Total	**100.0%**	**189,593**

Consuming alcohol excessively can be categorized into two main categories: binge drinking and heavy drinking. Binge drinking is defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men.[2] Heavy drinking is defined as having eight or more drinks per week for women and having 15 or more drinks per week for men.[3]

Excessive alcohol consumption has both short-term and long-term effects on health. Some short-term effects include increased incidence of accidents/injuries, violence, alcohol poisoning, and risky sexual behaviors. Long-term effects include a range of chronic diseases, cancers, issues with cognition and mental health, and social problems.[4]

[1] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans External. 8th Edition, Washington, DC; 2015.
[2] Alcohol Use and Your Health. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm
[3] Ibid.
[4] Ibid.

The majority of active drinkers are consuming alcohol in moderation, as illustrated in the table below. More than 70.0% of active drinkers are consuming an average of one to two beverages each time they choose to drink alcohol. However, 5.9% of active drinkers—11,121 people—consume an average of seven or more drinks on the days that they drink.

Number of Drinks per Drinking Day ***Active Drinkers***	**Weighted Percent**	**Population Estimate**
One drink	39.4%	73,753
Two drinks	30.8%	57,707
Three drinks	10.9%	20,369
Four to six drinks	13.0%	24,245
Seven or more drinks	5.9%	11,121
Total	**100.0%**	**187,195**

Participants were asked, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have [five for men, four for women] or more drinks on a single occasion?" Results showed that most local drinkers (68.8%) have not engaged in binge drinking at all in the past month. However, about **a third of active drinkers—31.2%—have engaged in binge drinking at least once in the prior month**.

Number of Binge Drinking Occasions per Month ***Active Drinkers***	**Weighted Percent**	**Population Estimate**
None	68.8%	136,204
One	9.1%	18,041
Two	7.2%	14,343
Three to six	8.8%	17,350
Seven or more	6.1%	12,121
Total	**100.0%**	**198,059**

While consuming alcohol presents a risk to oneself, it can also present a risk to others if individuals drive while under the influence of alcohol. According to the Department of Transportation, in 2017, 10,874 people died in alcohol-related motor vehicle accidents across the United States.[1]

To assess the rate of driving while under the influence, participants were asked, "During the past 30 days, how many times have you driven when you've had perhaps too much to drink?" Results show that **4.7% of local adults (9,443 people) have driven after they may have had too much to drink**.

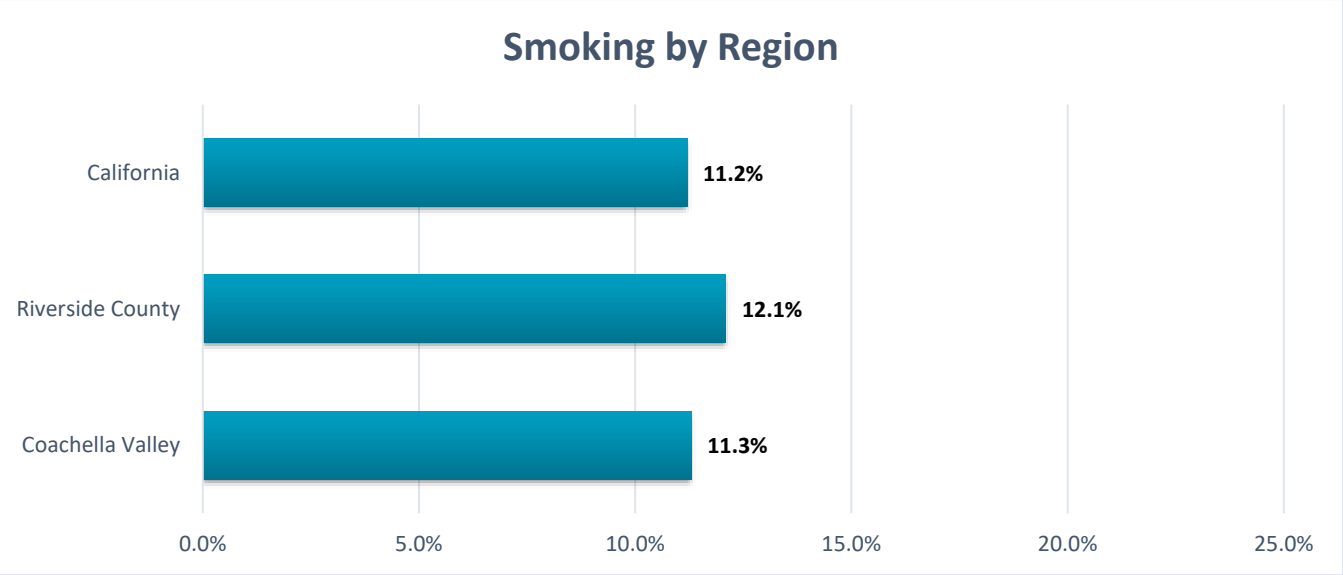
[1] Traffic Safety Facts. (2018). U.S. Department of Transportation. National Highway Traffic Safety Administration. https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812603

Tobacco Use

Tobacco is consumed in a variety of ways including cigarettes, cigars, pipes, and chewing tobacco. Tobacco use causes a range of health conditions including cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease.[1] A major constituent of tobacco includes nicotine, an addictive substance, along with thousands of other potentially harmful compounds that are generated from tobacco smoke.

According to the CDC, about 16 million people in the United States are living with a serious illness caused by smoking tobacco, and these illnesses result in about $170 billion in medical care expenditures annually.[2]

Results show that **11.3% of local adults (38,390 people) are active smokers**, that is, they currently smoke cigarettes some days or every day. This percentage is very similar to rates in Riverside County and California, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

Of the local active smokers, 55.0% (20,866 people) have tried to quit smoking one or more times in the past year. The percentage of people attempting to quit is also very comparable to other local regions—55.2% of Riverside County smokers have tried to quit, as have 56.7% of California smokers.[3]

[1] Smoking and Tobacco Use. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm
[2] Data and Statistics. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/data_statistics/index.htm
[3] The Riverside County and California data in this sentence are from the California Health Interview Survey, 2018.

Opioid Usage

Opioids are a class of drugs that include physician-prescribed pain relievers such as oxycodone, hydrocodone, codeine, morphine, and many others.[1] Additionally, opioids include the illegal drug heroin.[2] Prescribed opioids can help with pain when taken in short duration and as prescribed by a doctor.[3] However, because opioids create a sensation of euphoria, they can be highly addictive, leading to misuse. With regular usage, dependency can occur leading to addiction, overdose, and death.[4]

The CDC has reported that in 2017, there were 58 opioid prescriptions written for every 100 Americans.[5]

Only **2.0% of local adults report using opioids**—including use of heroin or using prescription painkillers in a way that did not follow their doctor's orders. As illustrated in the table below, the percent of local adults who use heroin is very low.

Opioid Question	Weighted Percent	Population Estimate
Have you used heroin in the past 12 months?	0.8%	2,640
In the past 12 months, did you use any prescription painkiller in a way that did not follow your doctor's directions?	1.6%	5,548

As with all questions that are of a sensitive nature, there may be some under-reporting on this topic. Additionally, some respondents may misinterpret the question about prescription painkiller use. For example, using someone else's prescription (for any reason) is medication misuse, as is using it for longer than medically necessary.

[1] What are Opioids? (2018). U.S. Department of Health and Human Services. https://www.hhs.gov/opioids/prevention/index.html
[2] Ibid.
[3] Brief Description. (n.d.). National Institute on Drug Abuse. https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue
[4] Ibid.
[5] Prescribing Practices. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/drugoverdose/data/prescribing/prescribing-practices.html

Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law. Proposition 215 is supplemented by Senate Bill (SB) 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program. The program is voluntary and helps law enforcement identify cardholders as being able to legally possess certain amounts of medical marijuana.[1] Additionally, Medical Marijuana Identification Card holders do not have to pay sales and use tax when making retail purchases of medical cannabis.[2]

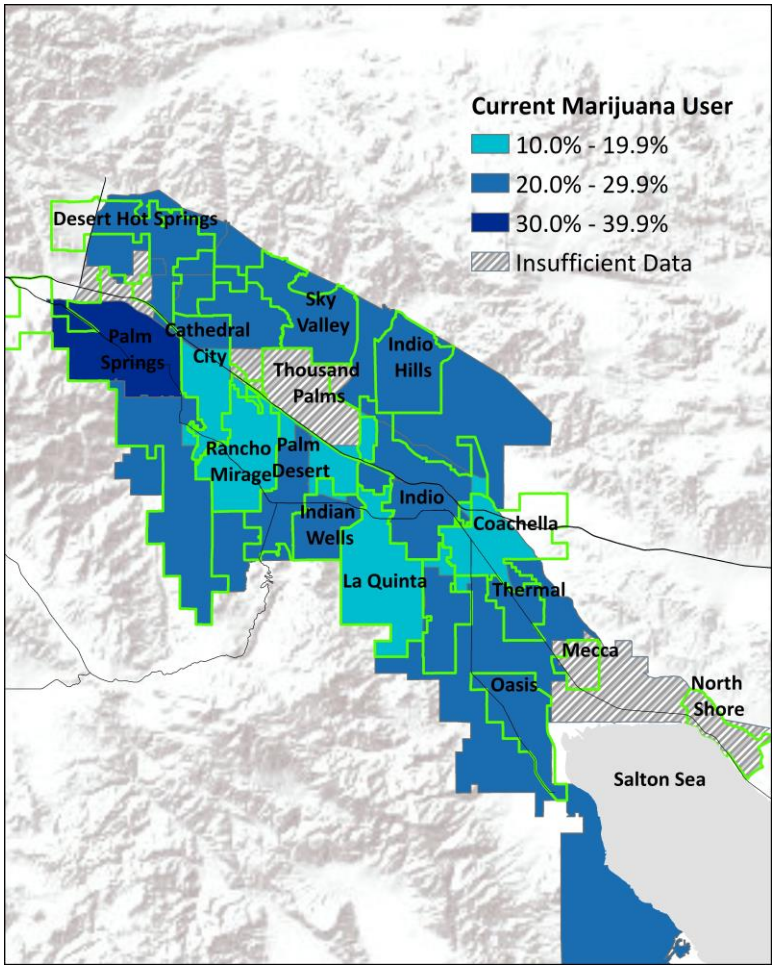
With the passage of Proposition 64, recreational usage of marijuana became legal in 2016.[3] Thus, marijuana can be consumed for non-medical purposes. The Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 40.3 million Americans aged 18 years or older in 2018 used marijuana in the past year.[4]

Participants were asked, "During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?"

Results show that the majority of Coachella Valley adults (79.1%, or 267,524 people) did not use marijuana, THC, or related products in the prior month.

In contrast, **20.9% of local adults (70,817 people) used marijuana one or more times in the prior month** and are thus categorized as "current marijuana users".

Marijuana use seems to be especially common in the Palm Springs region, as illustrated in the map to the right. It is comparatively less common in the areas of Rancho Mirage, La Quinta, and Coachella.



[1] Medical Marijuana Identification Card Program. (2019). California Department of Public Health. https://www.cdph.ca.gov/Programs/CHSI/Pages/MMICP-FAQs.aspx

[2] Ibid.

[3] The Control, Regulate and Tax Adult Use of Marijuana Act. (2018). California.gov website. https://post.ca.gov/proposition-64-the-control-regulate-and-tax-adult-use-of-marijuana-act

[4] Substance Abuse and Mental Health Services Administration. (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2018-nsduh-annual-national-report

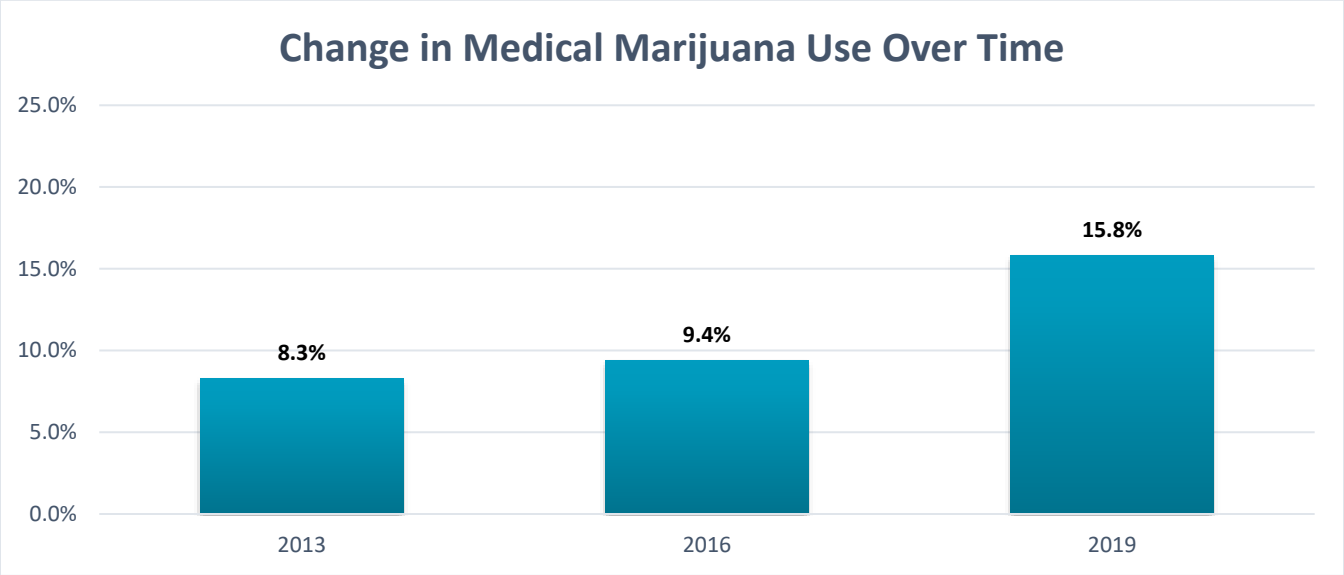
Of these active marijuana users, about a third (34.8%) use marijuana on a daily basis, as illustrated in the table below. About another third (31.2%) use marijuana only one to four days per month.

Days per Month of Marijuana Use *Active Marijuana Users*	**Weighted Percent**	**Population Estimate**
1 to 4 days	31.2%	22,111
5 to 8 days	11.9%	8,392
9 to 12 days	6.2%	4,419
13 to 16 days	5.6%	3,991
17 to 29 days	10.3%	7,280
All 30 days	34.8%	24,622
Total	**100.0%**	**70,817**

Active marijuana users were next asked whether their use was usually for medical reasons, non-medical reasons, or both. As illustrated in the table below, responses are relatively evenly divided in thirds.

Reason for Using Marijuana *Active Marijuana Users*	**Weighted Percent**	**Population Estimate**
For medical reasons (like to treat or decrease symptoms of a health condition)	33.2%	23,496
For non-medical reasons (like to have fun or fit in)	31.8%	22,542
For both medical and non-medical reasons	35.0%	24,778
Total	**100.0%**	**70,817**

Among all Coachella Valley adults (not just active users), 15.8% said they use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer treatments, epilepsy, HIV, and appetite stimulation. This equates to 47,424 people. **Medical marijuana use is up significantly** from the previous survey, as illustrated in the chart below.



Local Spotlight: Cathedral City

Ever since the voters of Cathedral City passed Measure N in 2014 and Measure P in 2016 to allow for the taxation of medical and recreational use of cannabis, it has added millions of dollars to the general fund for the city. This newly generated revenue has allowed Cathedral City to expand the fire and medical response team by 10 employees and to hire two additional police officers and a homeless liaison officer to better serve its constituents.

Smart growth of the cannabis industry in Cathedral City has provided enhanced medical and outreach for social services while at the same time providing an economic stimulus for the community in the form of increased jobs, tax revenue, and city services.

To learn more about Cathedral City, visit www.DiscoverCathedralCity.com

Sexual Health

Sexually transmitted diseases (STDs) and sexually transmitted infections (STIs) are common diseases acquired through sexual contact including vaginal, oral, and anal sex.[1] On a national scale, millions of STIs are contracted every year.[2]

STIs have a range of short-term and long-term health complications. Some of these complications include sores, warts, painful and frequent urination, itching and redness, blisters, odors, bleeding, abdominal pain, and fevers.[3] However, STIs do not always result in symptoms and thus, it is possible to be infected and not know it, thereby highlighting the need for screening.[4]

STIs can also be prevented through practicing safe sex. Specifically, using a male latex condom (or synthetic non-latex for allergy purposes) is effective in reducing the likelihood of getting an STI.[5] Thus, to protect oneself from STIs, wearing a condom during anal, vaginal, and oral sex is recommended.[6]

Results show that **62.9% of Coachella Valley adults (209,820 people) have been sexually active in the past year**, while the remaining 37.1% (124,011 people) were not sexually active.

Of those who are sexually active, the majority (74.5%, or 155,048 people) do not use condoms to protect themselves and their partners against STDs/STIs. Only **25.5% of sexually active Coachella Valley adults (53,160 people) use condoms**.

Local Spotlight: Planned Parenthood of the Pacific Southwest

Planned Parenthood of the Pacific Southwest provides confidential, comprehensive, high-quality medical services in Coachella Valley. There are two locations: one in Rancho Mirage and another in Coachella. At these facilities, staff provide a full range of reproductive health care services in both English and Spanish. Planned Parenthood provides care to those with or without insurance, because everyone deserves affordable healthcare.

In addition to health care services, Planned Parenthood of the Pacific Southwest also provides comprehensive education and advocacy programs. You can count on Planned Parenthood of the Pacific Southwest to provide you with accurate, up-to-date sexuality education and to keep you informed of the health and political issues that affect you the most.

For more information, please visit:
https://www.plannedparenthood.org/planned-parenthood-pacific-southwest

Planned Parenthood®

[1] What are STDs?. (2016). Centers for Disease Control and Prevention. https://www.cdc.gov/std/general/default.htm
[2] Ibid.
[3] What are the Symptoms of a Sexually Transmitted Disease or Sexually Transmitted Infection (STD/STI)? (2017). U.S. Department of Health and Human Services. https://www.nichd.nih.gov/health/topics/stds/conditioninfo/Pages/symptoms.aspx
[4] What are STDs?. (2016). Centers for Disease Control and Prevention. https://www.cdc.gov/std/general/default.htm
[5] How You Can Prevent Sexually Transmitted Diseases. (2016). Centers for Disease Control and Prevention. https://www.cdc.gov/std/prevention/default.htm
[6] Ibid.

HIV/AIDS Testing

HIV (human immunodeficiency virus) is a virus that attacks the body's immune system. The virus destroys certain cells (CD4 or T Cells) that are responsible for fighting infections, and thus, the virus makes the body vulnerable to other infections and diseases.[1] AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection in which the immune system is compromised to the point that patients experience an increasing number of severe illnesses.

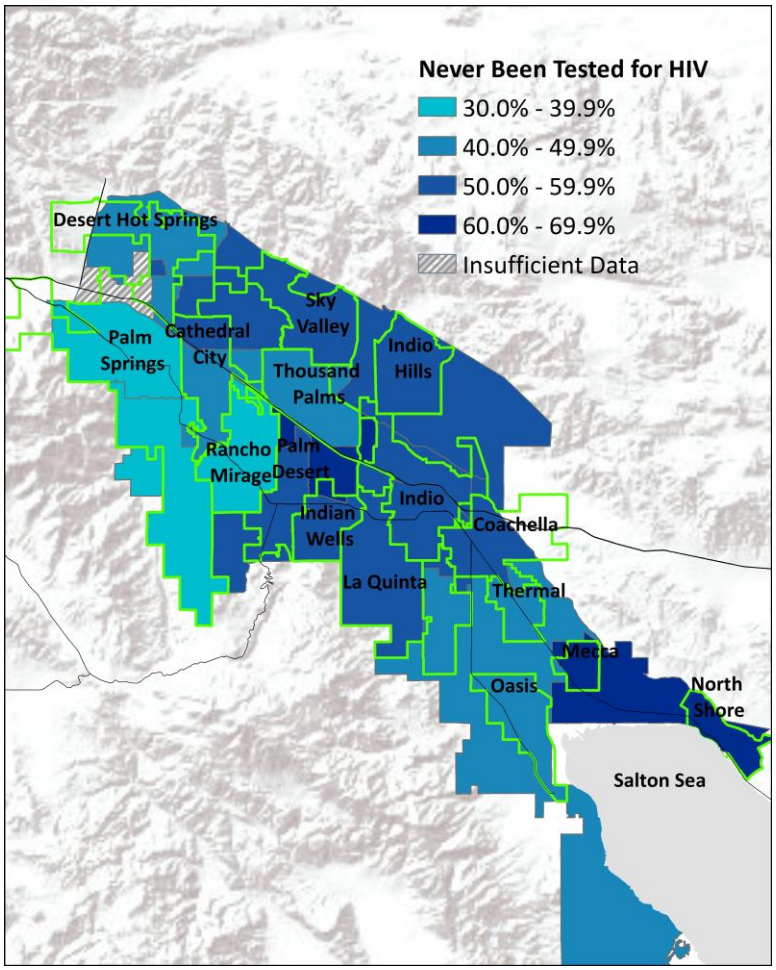
With proper medical care, people living with HIV can slow down the progression of the virus and can live long and healthy lives. Further, when connected to care, and when taking antiretroviral therapy (ART) as prescribed, people living with HIV can reach a viral load that is undetectable. Individuals with undetectable viral loads have no risk of transmitting HIV to a sex partner.[2]

The CDC estimated that there were about 1.1 million people in the United States living with HIV/AIDS at the end of 2016.[3] For every seven of these people who were infected, one was unaware of having the virus.[4] Thus, it is important that everyone between the ages of 13 and 64 get tested for HIV at least once as part of their routine care.[5]

In the Coachella Valley, **51.0% of local adults (169,338 people) have been tested for HIV at least once.** The other 49.0% (162,976 people) have *never* been tested and thus do not know their status.

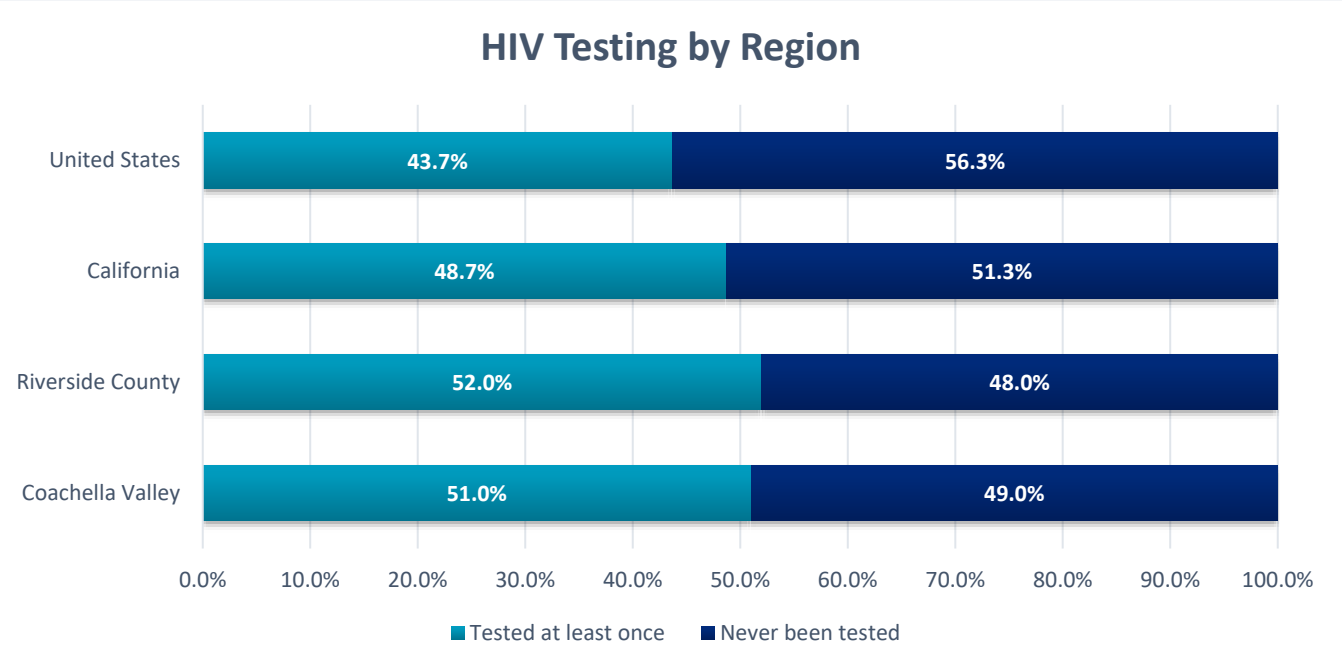
It is worth noting that this is the first time in all of HARC's surveys that the percentage of local adults who have been tested has been more than half.

HIV testing rates are not distributed evenly throughout the Coachella Valley, as illustrated in the map to the right. The highest concentrations of people who have *never* been tested for HIV are in the far east valley as well as in the central valley, in the Palm Desert region. In contrast, it appears that the majority of adults in Palm Springs and Rancho Mirage areas have been tested for HIV at least once.



[1] About HIV/AIDS. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/whatishiv.html
[2] Ibid.
[3] Basic Statistics. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/statistics.html
[4] Ibid.
[5] Testing. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/testing.html

The local HIV testing rate is very similar to rates in Riverside County and California, as illustrated in the chart below. It is substantially better than national rates, where only 43.7% have ever been tested.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018. United States data are from CDC NCHS, 2018.

Of those adults who have been tested for HIV at least once, roughly half (45.4%) have been tested within the past two years, as illustrated in the table below.

Time Since Last HIV Test *Adults Who Have Ever Been Tested for HIV*	**Weighted Percent**	**Population Estimate**
Within the past six months	19.4%	32,183
Six months to less than one year	16.3%	27,017
One year to less than two years	9.7%	16,080
Two years to less than five years	14.6%	24,179
Five or more years ago	39.9%	66,087
Total	**100.0%**	**165,545**

Of the local adults who have ever been tested for HIV, most have been tested at either a private doctor or HMO office (43.3%) or at a clinic (35.6%), as illustrated in the table below.

Location of Last HIV Test Among *Adults Who Have Ever Been Tested for HIV*	**Weighted Percent**	**Population Estimate**
At a private doctor or HMO office	43.3%	71,057
At a counseling and testing site	9.0%	14,703
At a clinic	35.6%	58,523
Other	12.1%	19,940
Total	**100.0%**	**164,222**

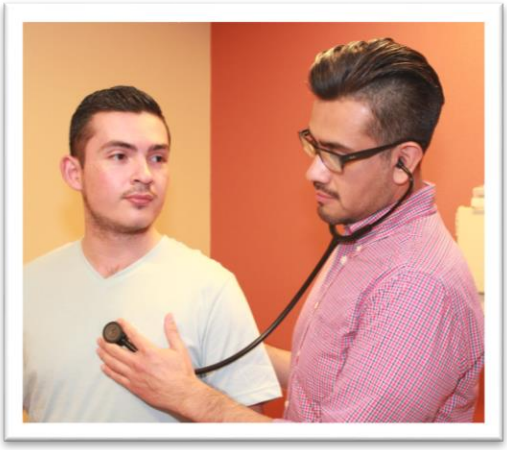
To assess the relative risk for contracting HIV, participants were asked whether one or more of several situations applied to them in the past year (they were not asked to specify which one): using intravenous drugs, treated for a sexually transmitted disease, given/received money or drugs in exchange for sex, and/or had anal sex without a condom in the past year.

Results show that 9.0% of local adults (30,721 people) have engaged in one or more of these risky behaviors and are at risk for contracting HIV.

Of these individuals who are actively engaged in risky behaviors, 21.5% have never been tested for HIV. This finding indicates that at least **6,509 individuals are at high risk for contracting HIV but have no idea what their HIV status is**. Not knowing their status means that they are much more likely to pass the virus on to others, in addition to shortening their life expectancy by failing to get treatment if infected. These 6,509 adults should be tested for HIV immediately and, if they test positive, be connected to care.

Local Spotlight: Desert AIDS Project

Desert AIDS Project (DAP) is a federally qualified health center in Palm Springs. HIV prevention, testing and treatment are its foundation, and it specializes in guiding clients to live full lives despite their HIV diagnosis. It also offers primary, behavioral, and dental healthcare to people in the community, regardless of HIV status.



DAP has found that housing, food, transportation, and a social connection are just as important as medicine for treating HIV, and links clients to these resources every day.

DAP also meets the needs of underserved communities with its Transgender Care Program, its Hepatitis Center of Excellence and The DOCK sexual health clinic. DAP is expanding to double clinic space and 68 additional new housing units.

To learn more, visit www.desertaidsproject.org or www.thedockclinic.org

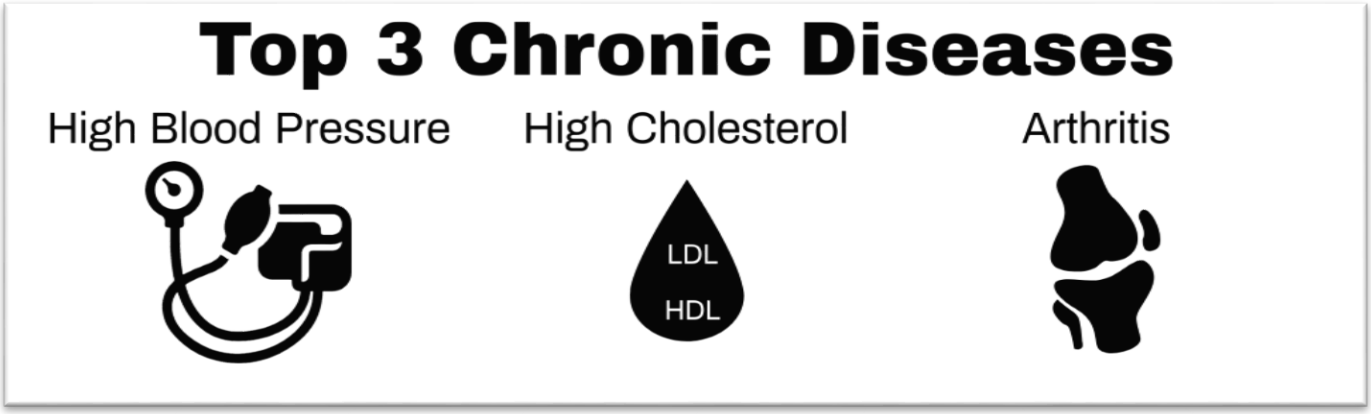
Chronic Disease

Chronic diseases are conditions lasting one or more years, requiring regular medical attention or limiting activities of daily living.[1] Some of the major chronic diseases include heart disease, cancer, and diabetes. These chronic diseases are the leading causes of death and disability in the United States and result in trillions of annual healthcare costs. Reducing the likelihood of getting a chronic disease starts with a healthier lifestyle such as eating healthy, staying active, avoiding too much alcohol, and not smoking.[2]

Participants were asked, "Have you ever been told by a doctor, nurse, or other healthcare professional that you have any of the following medical conditions?"

Results showed that most local adults—65.6%, or 224,062 people—have been diagnosed with one or more of the chronic diseases listed in the table below. **The most commonly diagnosed chronic diseases for Coachella Valley adults are high blood pressure, high cholesterol, and arthritis**. These have been the top three major diseases in the Coachella Valley for several survey cycles.

Chronic Disease	Weighted Percent	Population Estimate
High blood pressure/hypertension	35.7%	121,517
High cholesterol	31.8%	107,907
Arthritis	28.8%	97,762
Cancer	12.5%	42,749
Asthma	12.2%	41,422
Diabetes	12.2%	41,628
Bone disease/osteoporosis	10.2%	34,764
Heart disease	6.9%	23,349
Other respiratory disease (e.g., COPD, emphysema, etc.)	5.5%	18,615
Heart attack/myocardial infarction	3.9%	13,405
Stroke	3.3%	11,306



[1] About Chronic Diseases. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/about/index.htm
[2] Ibid.

Rates of high blood pressure are significantly higher for Coachella Valley adults than they are for California adults as a whole, as illustrated in the table below. That is, adults in the Coachella Valley are significantly more likely to have high blood pressure than adults in the state overall.

In contrast, rates of asthma among Coachella Valley adults are significantly lower than adults in California as a whole.

Disease	Coachella Valley	Riverside County	California
High blood pressure/hypertension	35.7%	37.0%	29.8%*
Diabetes	12.2%	13.2%	10.1%
Asthma	12.2%	18.0%	16.0%*
Heart disease	6.9%	8.4%	6.8%

Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018. Significant differences between Coachella Valley and other geographies are indicated with asterisks.

Local Spotlight: Desert Care Network

Desert Care Network's three-hospital system provides high-quality stroke care close to home. Desert Care Network is home to our area's only Comprehensive Stroke Center, headquartered at Desert Regional Medical Center (DRMC). JFK Memorial Hospital is a certified Primary Stroke Center and Hi-Desert Medical Center is certified "Stroke Ready".

DRMC has received the American Heart Association/American Stroke Association "Get with the Guidelines" Stroke Gold Plus Quality Achievement Award and "Target: Stroke Elite Plus" Honor Roll. DRMC provides 24-hour access to some of the latest interventional technologies in stroke care. Neurointervention allows doctors to use highly specialized techniques, where possible, to avoid conventional open surgery of the brain and spine.

To learn more about the stroke care provided by Desert Care Network's three hospitals, visit https://www.desertcarenetwork.com/our-services/brain-neuro/stroke-neurosurgery

Cancer

Cancer is a group of diseases in which the body's cells divide without stopping and spread into nearby tissues.[1] Cancer can begin almost anywhere in the body[2], and there are more than a hundred different types.[3]

There are risk factors that can be minimized and controlled at various stages of the lifespan to lower the chances of acquiring cancer.[4] Some of these factors are uncontrollable, such as age and genetic makeup.[5] Other more controllable factors include alcohol consumption, diet, infectious agents, obesity, radiation, sunlight, and tobacco usage.[6]

Nationally, in 2016, there were 1.6 million cases of cancer, and about 598,031 people died of cancer.[7] Cancer is the second leading cause of death in the United States, after heart disease.[8]

Results demonstrate that **12.5% of Coachella Valley adults (42,749 people) are cancer survivors**. Of these cancer survivors, the most common type of cancer reported was skin cancer, followed by breast and prostate, as illustrated in the table below.

Type of Cancer *Adults Diagnosed with Cancer*	Weighted Percent	Population Estimate
Skin cancer	35.4%	15,114
Breast cancer	19.4%	8,273
Prostate cancer	14.4%	6,139
Other	38.2%	16,343

[1] What is Cancer? (2015). National Cancer Institute. https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[2] Ibid.
[3] Cancer Types (n.d.). National Cancer Institute. https://www.cancer.gov/types
[4] Risk Factors and Cancer. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/risk_factors.htm
[5] Risk Factors for Cancer. (2015). National Cancer Institute. http://www.cancer.gov/about-cancer/causes-prevention/risk
[6] Ibid.
[7] United States Cancer Statistics: Data Visualizations. (2016). Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html
[8] Leading Causes of Death. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Local Spotlight: Eisenhower Health

The Lucy Curci Cancer Center at Eisenhower Health provides world-class cancer care locally that is nationally accredited and clinically distinguished. For example, the Cancer Center has been awarded accreditation by the American College of Surgeons Commission on Cancer (CoC), the American College of Radiology, and The Joint Commission. Cancer Center programs include the Schnitzer/Novack Breast Center, six infusion centers, the BIGHORN Radiation Oncology Center, and Eisenhower Imaging Center. Nearly 2,000 cancer cases are treated at the Lucy Curci Cancer Center each year.

To expand the services offered at the Lucy Curci Cancer Center further, the Cancer Center is now affiliated with UC San Diego Health Cancer Network. This affiliation brings local residents highly specialized care by some of the best physician-scientists in the country, as well as access to hundreds of new clinical trials.

To learn more about the Lucy Curci Cancer Center at Eisenhower Health, visit https://www.eisenhowerhealth.org/health-services/eisenhower-lucy-curci-cancer-center-of-excellence/

EISENHOWER HEALTH

Diabetes

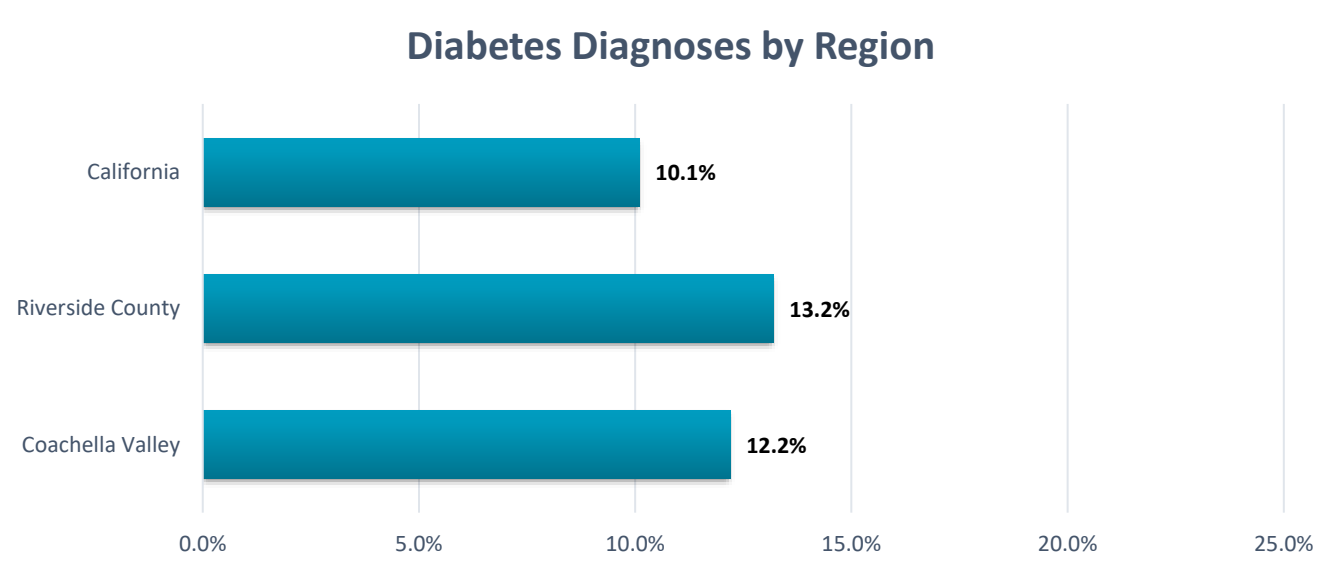
Diabetes is a chronic condition in which the body fails to effectively make or utilize insulin to ensure there is not too much sugar in the bloodstream.[1] If too much blood sugar stays in the bloodstream, other health conditions can arise including heart disease, vision loss, and kidney disease. There are three types of diabetes: type 1, type 2, and gestational (which only occurs in pregnant women). Type 1 diabetes is less common and is typically diagnosed in children, teens, and young adults. Conversely, Type 2 diabetes is far more common, develops over many years, and is typically diagnosed in adulthood. While there is no cure, diabetes can be properly managed with medicine, education and support, healthcare appointments, and healthy lifestyle choices such as losing weight, eating healthier, and being active.[2]

According to the CDC, about 30.3 million adults have diabetes in the Unites States, and for every four of these people, one of them doesn't know they have diabetes. Diabetes is the leading cause of kidney failure, lower-limb amputations, and adult blindness.[3]

As illustrated in the table below, about **12.2% of local adults have been diagnosed with diabetes**, and another 3.6% have been diagnosed with borderline or pre-diabetes.

Diabetes Status	Weighted Percent	Population Estimate
Diagnosed with diabetes	12.2%	41,628
Diagnosed with borderline or pre-diabetes	3.6%	12,246
Not diagnosed with diabetes	84.2%	286,397
Total	**100.0%**	**340,272**

The rate of diabetes diagnoses in Coachella Valley is very similar to rates across the region, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

[1] About Diabetes. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/basics/diabetes.html
[2] Ibid.
[3] Ibid.

The majority of Coachella Valley adults with diabetes were diagnosed as adults, as illustrated in the table below, and thus, are likely to have Type II diabetes.

Age Diagnosed with Diabetes *Adults Diagnosed with Diabetes*	**Weighted Percent**	**Population Estimate**
Under 18	4.2%	1,729
18 to 34	14.5%	5,923
35 to 54	42.4%	17,282
55 and older	38.9%	15,852
Total	**100.0%**	**40,785**

There are many different types of preventive exams that can help people with diabetes catch complications early. As illustrated in the table below, most local adults with diabetes have been to see a provider for their diabetes at least once in the past year and are getting these important check-ups. However, there are several thousand locals with diabetes who are not getting regular healthcare and check-ups related to their diabetes, and thus, are at risk for developing severe complications.

Frequency *Adults Diagnosed with Diabetes*	**Seen a Provider for Diabetes in Past Year**	**Checked for A1C in Past Year**	**Foot Check in Past Year**
Never	15.2% (6,118)	9.0% (3,499)	30.9% (12,327)
One to three times	45.5% (18,281)	53.1% (20,609)	47.2% (18,842)
Four to six times	29.5% (11,872)	30.3% (11,739)	17.5% (6,990)
Seven or more times	9.8% (3,948)	7.6% (2,938)	4.5% (1,795)
Total	**100.0% (40,218)**	**100.0% (38,785)**	**100.0% (39,954)**

Similarly, most adults with diabetes (81.1%) have had an eye exam in the past year, as illustrated in the table below.

Time Since Eye Exam *Adults Diagnosed with Diabetes*	**Weighted Percent**	**Population Estimate**
Within the past month	23.4%	9,578
Within the past year	57.7%	23,619
Within the past two years	8.7%	3,578
Two or more years ago	10.2%	4,165
Total	**100.0%**	**40,940**

Results show that 56.4% of adults with diabetes have taken a course or a class in how to manage their diabetes on their own, which equates to 23,427 people. The remaining **43.6% of adults with diabetes (18,139 people) have *never* taken a course to learn how to manage their diabetes**.

Disability

Disability is an impairment that limits or prevents a person's ability to function in one or more areas. There are many different types of disabilities that can occur in the areas of cognition, mobility, vision, hearing, behavior, development, trauma, chronic conditions, and other areas.[1] A disability in any of these areas can hinder a person's ability to perform tasks or actions or participate in certain activities.

Overall Disability Status

Results show that **21.8% of local adults (74,389 people) are limited in some way in their daily activities because of a physical, mental, or emotional problem**. The remaining 78.2% (266,220 people) have no such limitation.

Sensory Limitations

Two common types of disability include vision and hearing deficits. The CDC has estimated that there are about 38.3 million adults living with hearing problems and 26.9 million adults living with visual problems in the U.S.[2]

Results indicate that 10.8% of local adults are deaf or hard of hearing, and 8.9% are blind or have low vision, as illustrated in the table to the right.

Condition	Weighted Percent	Population Estimate
Deaf or hard of hearing	10.8%	36,737
Blind or low vision	8.9%	30,152

Assistance with Activities of Daily Living

To assess the need for assistance with activities of daily living (ADLs), participants were asked, "Because of a disability, health problem, or frailty due to age, do you need help from another person for any of the following activities of daily living: eating, bathing, toileting, transfers (getting in and out of bed, bath tub, toilet, car, etc.), walking, dressing, or grooming?" As illustrated in the table below, 4.2% of local adults need help with these types of tasks.

To assess the need for assistance with instrumental activities of daily living (IADLs), participants were asked, "Because of a disability, health problem, or frailty due to age, are you prevented from living independently because you need help from another person for any of the following activities: meal preparation, shopping, medication management, money management, using the telephone, housework, transportation, climbing stairs, indoor or outdoor mobility, or doing laundry?" Results indicate that 5.8% of local adults need this type of help.

Need	Weighted Percent	Population Estimate
Assistance with activities of daily living (ADLs)	4.2%	14,197
Assistance with instrumental activities of daily living (IADLs)	5.8%	19,747

[1] Disability and Health Overview. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html

[2] Disability and Functioning. (2017). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/disability.htm

Behavioral Health

Behavioral health issues—mental health problems and/or substance abuse issues—can affect anyone.[1] Mental health is a state of emotional, psychological, and social well-being in which an individual can enjoy life and can cope with everyday situations and stressors.[2] It is not simply the lack of a mental disorder, but also the presence of positive mental health.

Substance use disorders are the recurring usage of alcohol and other drugs that causes significant impairment to everyday life.[3] Substance usage can become a problem for health and can also result in failure to meet responsibilities in one's occupation, educational pursuits, and personal life.[4]

Emotional, Mental, or Behavioral Concerns

Overall, **31.5% of local Coachella Valley adults have had an emotional, mental, or behavioral problem in the past year that concerned them**, such as stress, anxiety, or depression. Of those 107,291 people with such a concern, about 57.8% of them (60,656 people) felt that this problem was severe enough to require professional help.

Fortunately, most people with such a problem—79.8%, or 85,416 people—knew who to contact for help with these problems. However, 20.2% of people with an emotional, mental, or behavioral problem (21,560 people) didn't know where to go to get help if they wanted it. About 57.6% of people with an emotional, mental, or behavioral problem (61,216 people) are now over the issue. However, 42.4% (45,094 people) are still bothered by the issue.

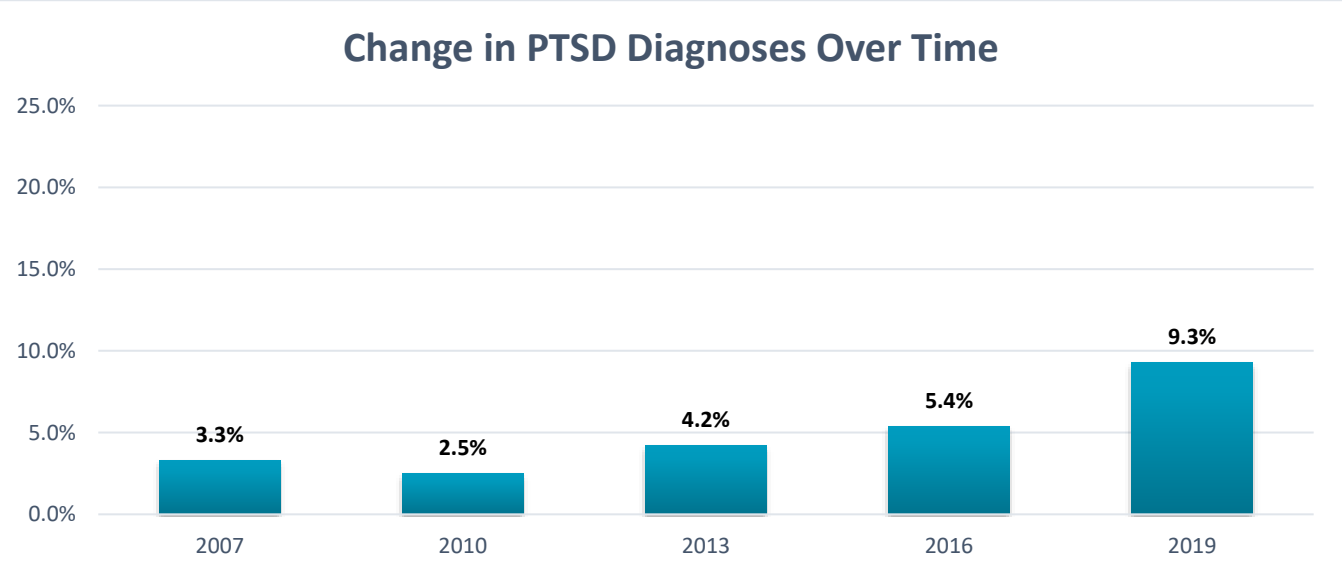
Mental Health Diagnoses

Results show that **28.6% of local adults (97,340 people) have been diagnosed with one or more mental health disorders**. As illustrated in the table below, the most commonly diagnosed mental health disorders are depression and anxiety.

Mental Health Disorder	Weighted Percent	Population Estimate
Depressive disorder	14.2%	48,402
Anxiety disorder	12.4%	42,061
PTSD	9.3%	31,505
Panic disorder	6.9%	23,431
Phobia	4.5%	15,378
Other mental health disorder	7.1%	24,008

[1] Substance Abuse and Mental Health Services Administration (SAMHSA). (January 30, 2019). Behavioral Health Treatments and Services. https://www.samhsa.gov/find-help/treatment
[2] Mental Health Basics. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm
[3] Mental Health and Substance Use Disorders. (2019). Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/find-help/disorders
[4] Ibid.

Rates of **PTSD diagnoses have significantly increased from 2016 to 2019**, as illustrated in the chart below. All other mental health disorder diagnoses remained relatively unchanged between 2016 and 2019.



Treatment for Behavioral Health Issues

Overall, 41.3% of local adults (140,998 people) have either been diagnosed with a mental health disorder *and/or* had a mental health issue that concerned them in the past year. This section includes follow-up questions specific to these individuals.

Results show that 50.5% of these adults with a mental health disorder and/or concern (70,949 people) received treatment in the form of visiting a mental health professional, a primary care provider, and/or taking medication. The most common type of treatment, as illustrated in the table below, is medication.

Type of Treatment *Adults Who Have an Emotional, Mental, or Behavior Concern and/or a Diagnosed Mental Health Disorder*	**Weighted Percent**	**Population Estimate**
Medication	35.7%	50,040
Visited a mental health professional	32.3%	45,325
Visited a primary care provider	25.3%	35,597

This same group of people with mental health diagnoses and/or mental health concerns were asked if there was ever a time in the past year when they needed mental healthcare or medication and couldn't receive it. As illustrated in the table below, **more than 11,000 local adults need mental healthcare and/or medication and cannot access it**.

Unmet Need *Adults Who Have an Emotional, Mental, or Behavior Concern and/or a Diagnosed Mental Health Disorder*	**Weighted Percent**	**Population Estimate**
Needed mental health care and couldn't get it	13.1%	18,387
Needed mental health medication and couldn't get it	7.9%	11,073

Suicide

Participants were asked, "During the past 12 months, did you ever seriously consider attempting suicide?" Results indicate that **3.5% of local adults (12,002 people) seriously considered ending their life in the past year**.

Local Spotlight: Regional Access Project Foundation

Regional Access Project Foundation (RAP) is a nonprofit that serves the Coachella Valley and the Palo Verde Valley. RAP strives to enhance the quality of life for the residents by investing in nonprofits by providing grants as well as capacity-building services. RAP's funding priorities include health, mental health, and juvenile intervention.

RAP FOUNDATION
Health, Mental Health, Juvenile Intervention

For the past five years, RAP has funded a Mental Health Initiative, supporting more than 20 innovative programs which have directly impacted more than 9,000 residents. People who benefitted from these programs experienced an increase in quality of life, coping skills, and leadership skills as well as a decrease in symptoms of poor mental health such as anxiety, depression, and PTSD.

To learn more about RAP and upcoming funding opportunities, visit www.rapfoundation.org.

Loneliness

Being alone doesn't always equate to feeling lonely. However, when we become disengaged from our social lives, loneliness and isolation can occur.[1] The National Institute on Aging has reported that social isolation and loneliness has been linked to certain physical and mental conditions such as high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.[2] The Health Resources and Services Administration has reported that one in five Americans feels lonely or socially isolated.[3]

As illustrated in the table below, **8.6% of local adults feel lonely or isolated "often" or "always"**, which equates to nearly 30,000 people.

Frequency of Feelings of Loneliness/Isolation	Weighted Percent	Population Estimate
Never	52.5%	177,854
Rarely	22.7%	76,964
Sometimes	16.2%	54,980
Often	6.0%	20,448
Always	2.6%	8,672
Total	**100.0%**	**338,917**

Hospitalization for Behavioral Health Issues

When mental health symptoms are exacerbated, hospitalization may be needed. For example, people may need to be more closely monitored during an acute mental health episode, need to concentrate on recovery during a crisis, or have medications adjusted or stabilized.[4] The decision to be hospitalized can be voluntary but it can also be made by another person. For example, law enforcement officers may submit a person for an involuntary psychiatric assessment, known as a 5150, if they are deemed a danger to themselves or others.[5] A person placed on a 5150 hold has the right to be assessed by a mental health professional and offered treatment at a 5150-designated facility within 72 hours of being taken into protective custody.[6] According to the Agency for Healthcare Research and Quality (AHRQ), in 2016 more than 2.2 million people were hospitalized due to mental health or substance use problems.[7]

Results show that **1.4% of local adults (4,615 people) have been hospitalized due to mental or behavioral health issues in the past year.**

[1] Are You Engaged? (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/features/social-engagement-aging/index.html
[2] Social Isolation, Loneliness in Older People Pose Health Risks. (2019). National Institute on Aging. https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
[3] The "Loneliness Epidemic". (2019). Health Resources and Services Administration. https://www.hrsa.gov/enews/past-issues/2019/january-17/loneliness-epidemic
[4] Hospitalization. (n.d.). Mental Health America. https://www.mhanational.org/hospitalization
[5] Article 1. Detention of Mentally Disordered Persons for Evaluation and Treatment [5150 - 5155]. California Legislative Information. https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?lawCode=WIC&sectionNum=5150
[6] Riverside University Health System – Behavioral Health. (May 2018). LPS 5150 Training Manual. https://www.rcdmh.org/Portals/0/PDF/Inpatient/RUHS-BH%205150%20Training%20Manual%20rev%20May%202018%20(final)%2030APR18.pdf?ver=2018-06-11-125124-863
[7] HCUP Fast Stats – Trends in Inpatient Stays. (2019). Agency for Healthcare Research and Quality. https://www.hcup-us.ahrq.gov/faststats/NationalTrendsServlet

Local Spotlight: Desert Healthcare District and Foundation

As evidenced by HARC's data, there is a large need for behavioral health professionals to treat people in our community. Unfortunately, there is a significant shortage of behavioral health professionals available locally to meet that need.

The Desert Healthcare District and Foundation, one of the largest funders in the region, is committed to addressing this issue via philanthropy, information and community education, and public policy. The District and Foundation provides funding to programs that are taking steps to address the behavioral health provider shortage. One example is a two-year grant provided to support the "Behavioral Health College and Career Pathways Development Initiative" by OneFuture Coachella Valley, a local nonprofit that works to help all students graduate prepared for college, career, and life.

Through this initiative, OneFuture works to raise awareness of and access to behavioral health careers among local high school and college students. The grant provides funding in scholarships for students majoring in behavioral health careers. Funds also support 12 full-time paid summer internships to give college students real-world experience in behavioral health. Overall, this initiative will help the Coachella Valley to "grow our own" workforce of passionate and competent behavioral health professionals who will provide behavioral health services for our community in the near future.

To learn more about OneFuture Coachella Valley, visit: www.OneFutureCV.org
To learn more about the Desert Healthcare District and Foundation and its numerous other grants, visit: www.dhcd.org

Weight and Fitness

Obesity and BMI

Obesity is often the result of a multitude of factors. These factors include genetics, diet, physical activity, medication use as well as the surrounding characteristics of the environment such as food marketing and promotion.[1] Obesity merits attention as it is associated with poorer mental health outcomes and quality of life, and is also associated with the leading causes of death in the nation and worldwide.[2]

Body mass index (BMI) is a calculated value based on the height and weight of a person. BMI strongly correlates with body fat, and thus, is used as an indicator of body fat, but is not necessarily diagnostic of high or low body fat.[3]

BMI scores can be interpreted in four main categories: underweight (below 18.5), normal or healthy weight (18.5 to 24.9), overweight (25.0 to 29.9), and obese (30 or higher).[4]

Results show that **65.9% of local adults have a BMI that places them in the "overweight" or "obese" category**. As illustrated in the table to the right, less than a third of local adults have a BMI in the "normal" category.

BMI Category	Weighted Percent	Population Estimate
Underweight	2.4%	7,616
Normal weight	31.8%	102,010
Overweight	37.4%	119,891
Obese	28.5%	91,436
Total	**100.0%**	**320,952**

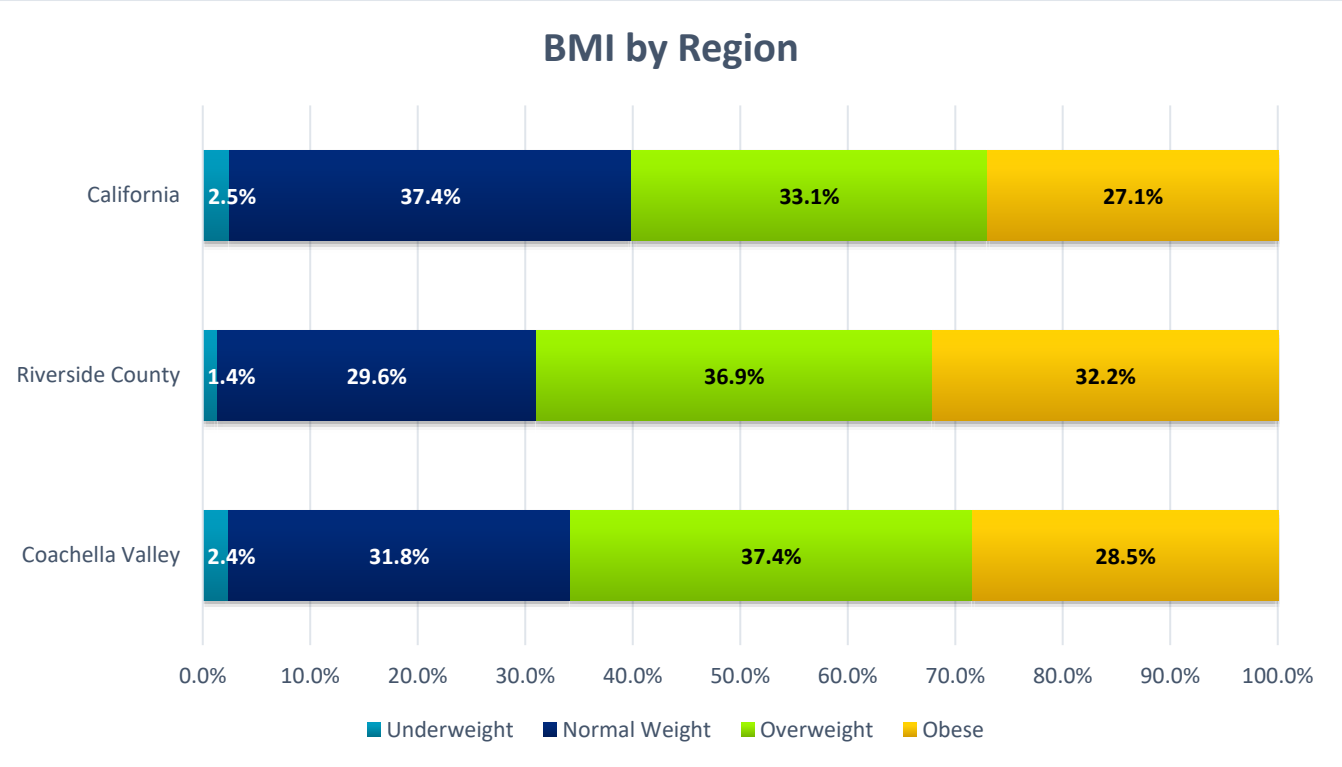
[1] Adult Obesity Causes and Consequences. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/adult/causes.html
[2] Ibid.
[3] About Adult BMI. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/#Definition
[4] Ibid.

Participants were also asked to rate their perception of their weight. As illustrated in the table below, over half of local adults believe they are "about the right weight". However, the BMI numbers tell a different story—less than a third of adults have a healthy BMI.

Perception of Weight	Weighted Percent	Population Estimate
Underweight	4.2%	14,109
About the right weight	53.7%	181,321
Overweight	42.1%	142,318
Total	**100.0%**	**337,749**

In fact, **39.1% of local adults who have a BMI in the "overweight" or "obese" category think that they are "about the right weight"**, which equates to 81,717 people. This misperception is concerning, as these 81,717 individuals who don't believe they are overweight are unlikely to take the initiative to change their behaviors and lose weight, and as such, are likely to remain overweight.

While obesity rates in the Coachella Valley are high, they are not disproportionately so—in fact, they are very similar to other regions, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2018.

Physical Activity

Engaging in regular physical activity is important for maintaining a healthy lifestyle. People who are physically active typically have longer lives and have a lower likelihood of getting various health conditions such as heart disease, type 2 diabetes, obesity, and some cancers.[1] Staying active provides many other health benefits such as improved sleep, mental health, cognitive functioning, mobility, and balance, among others.[2] The CDC estimates that only half of adults get the physical activity they need to reduce their chances of getting chronic diseases.

The U.S. Department of Health and Human Services recommends that adults should get at least 150 minutes to 300 minutes of moderate-intensity physical activity or 75 minutes to 150 minutes of vigorous intensity physical activity for substantial health benefits.[3] Additional health benefits can be attained by exceeding these minimum requirements. Also, muscle-strengthening activities of moderate intensity or greater involving all major muscle groups should be performed at least two or more days per week.[4]

Results show most Coachella Valley adults (66.2%) participate in aerobic activities—such as walking, jogging, gardening, etc.—at least three or more days per week. However, as illustrated in the table below, more than 66,000 local adults do not participate in any such exercises at all.

Days of Aerobic Exercise per Week	Weighted Percent	Population Estimate
None	19.4%	66,099
One to two days	14.5%	49,221
Three to four days	24.9%	84,845
Five to six days	14.6%	49,628
Every day	26.7%	90,772
Total	**100.0%**	**340,565**

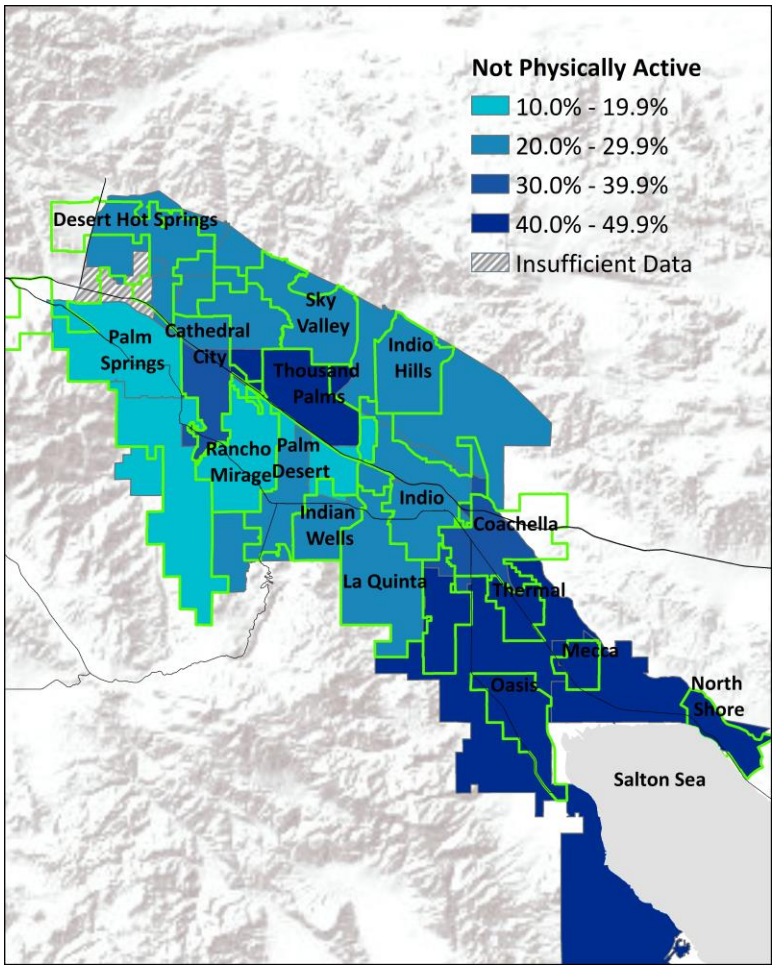
Participating in strength-training activities is less common, as illustrated in the table below. More than half of local adults do no strength-training exercises each week.

Days of Strength-Training per Week	Weighted Percent	Population Estimate
None	51.5%	175,169
One to two days	14.9%	50,560
Three to four days	16.8%	57,075
Five to six days	7.1%	24,123
Every day	9.8%	33,199
Total	**100.0%**	**340,125**

[1] Physical Activity. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/physicalactivity/about-physical-activity/index.html
[2] Physical Activity. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/physicalactivity/about-physical-activity/why-it-matters.html
[3] U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018. https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf#page=55
[4] Ibid.

Participants were asked, "During the past month, other than your regular job, did you participate in any physical activities or exercises?" Results indicate that **72.8% of local adults (247,865 people) do participate in some physical exercise beyond their work**. However, 27.2% of adults (92,677 people) do not exercise outside of their job.

As illustrated in the map to the right, adults in the far East Valley—as well as those in Thousand Palms—are less likely to be physically active outside of their regular employment. This may be because many of the residents of the far East Valley tend to work in manual labor jobs, such as farmworkers or landscapers, and thus, may not want to participate in exercise outside of their jobs.



Local Spotlight: City of Palm Desert

One way to get your needed daily exercise is to play sports, in teams or one-on-one. One sport that's growing in popularity here in the Coachella Valley is pickleball, a paddle sport that combines elements of tennis, badminton, and ping-pong. The City of Palm Desert encourages pickleball players to get moving at their newly upgraded pickleball courts at Freedom Park, located at 77400 Country Club Dr. The park boasts eight pickleball courts and encourages year-round participation with a misting system for the summer and extensive lighting for winter evenings. Recent renovations added a bottle filler/drinking fountain, expanded waiting/viewing areas, and shade structures.

To learn more, visit https://www.cityofpalmdesert.org/Home/Components/FacilityDirectory/FacilityDirectory/76/940

Safe Place to Walk, Bike, and/or Hike

Having a safe place to engage in physical activity is important to promoting physical fitness. Without a safe place to walk, bike, or hike, being physically active becomes a goal that is more difficult to attain. This also makes it harder to maintain a healthy weight.

The vast majority of local adults—90.9%, or 307,793 people—feel safe outdoors in their neighborhood, and are able to walk, bike, and/or hike near their home. However, **9.1% of local adults do *not* feel that they have a safe place to walk, bike, and/or hike in their neighborhood**. This equates to 30,821 people who likely struggle to find a safe place for physical activity.

Coachella Valley women are significantly less likely than men to feel that they have a safe place to exercise outdoors in their neighborhood. Only 6.3% of local men feel that they do not have a safe place to walk, bike, and/or hike in their neighborhood, compared to 11.6% of women.

Local Spotlight: City of Palm Springs

One beautiful place to go for walks and get exercise locally is at the Desert Healthcare District Wellness Park, located in Palm Springs on the corner of Via Miraleste and Tachevah. This 5.5-acre neighborhood park near Desert Regional Medical Center offers a quarter-mile walking/jogging loop with drinking fountains at regular intervals and five exercise/fitness stations. The healing garden includes a variety plants known for their medicinal properties, such as lavender, thyme, peppermint, and aloe.

To learn more about the Wellness Park and the other great places to walk, bike, and hike in Palm Springs, visit:
https://www.palmspringsca.gov/government/departments/parks-recreation

Food Insecurity

Food insecurity is defined by the U.S. Department of Agriculture Economic Research Service as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[1]

The United States Department of Agriculture Economic Research Service estimated that in 2018, about 11.1% of United States households, or 14.3 million households, were food insecure at some time of the year.[2] That means that in these households, the food intake and regularity of eating patterns of at least one household member was decreased or interrupted during the year.

Individuals who are low income may struggle to make ends meet and feed themselves each month, and thus, may experience a great deal of stress. To measure stress as it related to food insecurity, participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more." As illustrated in the table below, **15,755 people were "often" worried about their ability to buy food, while another 37,691 adults were "sometimes" worried about their ability to buy food**.

"We worried whether our food would run out before we got money to buy more"	Weighted Percent	Population Estimate
Often true	4.6%	15,755
Sometimes true	11.1%	37,691
Never true	84.3%	286,898
Total	**100.0%**	**340,344**

Another indicator of food insecurity is the level of agreement with the statement, "The food we bought just didn't last, and we didn't have money to buy more." As illustrated in the table below, **11,030 local adults "often" did not have money to buy more food, and another 31,584 "sometimes" did not have money to buy more food**.

"The food that we bought just didn't last and we didn't have money to buy more"	Weighted Percent	Population Estimate
Often true	3.2%	11,030
Sometimes true	9.3%	31,584
Never true	87.5%	298,081
Total	**100.0%**	**340,695**

[1] Measurement. (2019).United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx

[2] Key Statistics and Graphics. (2019). United States Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure

Results indicate that in the past year, **10.4% of local adults had to cut the size of their meals or skip meals because there wasn't enough money for food**. This equates to 35,575 food insecure adults.

Adults who had to cut the size of meals or skip meals were then asked to describe how often this occurred. As illustrated in the table below, about 35.3% of these adults—12,302 people—had to cut the size of their meals or skip meals almost every month during the past year, indicating chronic food insecurity.

Frequency of Cutting Meals/Skipping Meals ***Adults Who Cut the Size of Meals or Skipped Meals At Least Once***	**Weighted Percent**	**Population Estimate**
Almost every month	35.3%	12,302
Some months, but not every month	37.0%	12,899
Only one or two months	27.6%	9,623
Total	**100.0%**	**34,824**

An even greater level of food insecurity occurs if individuals had to go for an entire day without eating because there wasn't enough money for food. Unfortunately, results show that **3.8% of Coachella Valley adults had to go for a whole day without eating**. This accounts for 12,790 extremely food insecure adults.

These participants were asked to report on how many times in the past year they had to go without eating for an entire day. As illustrated in the table below, more than 4,160 local adults had to go without eating for an entire day "almost every month" in the past year because they lacked money to pay for food, indicating chronic and severe food insecurity.

Frequency of Going Without Eating for a Day ***Adults Who Had to Go Without Eating for a Day At Least Once***	**Weighted Percent**	**Population Estimate**
Almost every month	32.6%	4,168
Some months, but not every month	31.8%	4,071
Only one or two months	35.6%	4,551
Total	**100.0%**	**12,790**

Fortunately, there are some resources available to help those who are food insecure. As illustrated in the table below, 11.5% of local adults used federal programs to purchase food, including CalFresh (also known as food stamps, or the Supplemental Nutrition Assistant Program, SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Additionally, 9.8% of local adults have received food from a food assistance program such as a church, a food pantry, a food bank, or soup kitchen.

Use of Emergency Food Sources in Past Year	Weighted Percent	Population Estimate
Used CalFresh or WIC benefits to purchase food	11.5%	39,204
Received emergency food from a food assistance program	9.8%	33,292

Some individuals/families cut their spending on other basic needs in order to be able to eat. To measure this, participants were asked, “In the past 12 months, have you spent less money on food because you needed to prioritize other basic needs, such as healthcare, housing, transportation, or utilities?”

Results indicate in the past year, **21.3% of local adults (72,464 people) have spent less money on food because they needed to prioritize other basic needs**.

Socioeconomic Needs

Day-to-day stressors are inevitable, impacting virtually everyone at some point. Some of these stressors include difficulties with accessing food, paying for the rent/mortgage, or keeping utilities in service, among others. When we are faced with too many demands and pressures in the environment, allostatic load can occur, which is the "wear and tear" of the body, as a result of experiencing prolonged stress.[1] In other words, if people have too many unmet needs, it can become difficult to have a healthy life.

Results indicate that **44,787 local adults need financial assistance**, as illustrated in the table below. The second most common need is for food assistance, echoing the previous section on food insecurity and the fact that thousands of local adults are food insecure.

Need	Weighted Percent	Population Estimate
Financial assistance	13.1%	44,787
Food assistance	11.5%	39,148
Transportation	9.9%	33,930
Utility assistance	9.5%	32,173
Housing assistance	6.9%	23,458
Rental assistance	6.4%	21,619
Home healthcare	5.6%	19,196

Local Spotlight: Riverside County Office on Aging

If you or someone you know needs assistance, Riverside County Office on Aging has resources to assist seniors, retirees, veterans and individuals with a disability age 60 or older who have special needs or emergency situations. All Services are FREE.

- Food assistance
- Utility payment assistance
- Personal care, homemaker services.
- Caregiver support & self-care
- Healthy eating & active living
- Medication assistance
- Transportation to medical services
- Overnight lodging for medical treatment
- Heating, cooling, other essential appliances
- Minor home repair or modification (ramps)
- Assistive devices (walkers, grab bars, bath chairs)
- Mobile home registration

For more information, visit rcAging.org or call (800) 510-2020 or (951) 867-3800

[1] Allostatic Load. (n.d.). Science Direct. https://www.sciencedirect.com/topics/neuroscience/allostatic-load

SENIOR HEALTH

Age 55+

Senior Demographics

There are many possible ways to define "seniors". For example, Medicare, the federal health insurance program for seniors, begins at age 65. In contrast, many local senior centers define their constituents as adults age 50 and older, while eligibility for many programs through the California Department of Aging is set at age 60. For purposes of this section, "seniors" are defined operationally as those 55 and older, as it has been in prior HARC Executive Reports.

It is worth noting that the data from these individuals was part of the previous section on adults—that is, the previous section on adults included all adults ages 18 and older. However, as some agencies focus solely on serving the needs of seniors, some senior-specific data is presented here.

There are **156,400 Coachella Valley adults who are age 55 and older**. About 53.8% are female, and 46.1% are male. Fewer than 200 seniors have a current gender identity that does not match their gender assigned at birth.

Race

The majority of local seniors (80.7%) identify their race as White/Caucasian, as illustrated in the table below.

Race *Seniors 55+*	Weighted Percent	Population Estimate
White/Caucasian	80.7%	117,952
Black/African American	2.0%	2,934
Asian	0.3%	453
American Indian/Alaska Native	1.3%	1,831
Another race	15.7%	23,010
Total	**100.0%**	**146,180**

Ethnicity

The majority of local seniors are not Hispanic/Latino, as illustrated in the table below. Of the 28.0% of local seniors who are Hispanic/Latino, most are Mexican or Mexican American.

Ethnicity *Seniors 55+*	Weighted Percent	Population Estimate
Not of Hispanic, Latino, or Spanish Origin	72.0%	110,868
Hispanic, Latino, or Spanish origin: Mexican, Mexican American, Chicano	20.4%	31,359
Hispanic, Latino, or Spanish origin: Other	7.6%	11,717
Total	**100.0%**	**153,944**

Senior Socioeconomic Status (SES)

Income

Results show that 21.2% of local seniors are living in households with an annual income of less than $20,000, as illustrated in the table below. At the other end of the spectrum, 34,651 seniors have relatively high income levels, residing in households with six-figure annual incomes.

Income Group *Seniors 55+*	Weighted Percent	Population Estimate
$0 to $19,999	21.2%	23,453
$20,000 to $49,999	21.8%	24,180
$50,000 to $99,999	25.7%	28,451
$100,000 or more	31.3%	34,651
Total	**100.0%**	**110,735**

Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels per the Department of Health and Human Service's guidelines for poverty in 2019. Once again, it is worth noting that the change in methodology (going from a categorical question to an open-ended question) allows for a more accurate calculation of poverty, but also reduces comparability to prior years.

Results indicate that 19.3% of Coachella Valley seniors are living at or below the poverty line, as illustrated in the table below. This equates to 21,311 local seniors.

Poverty Level *Seniors 55+*	Weighted Percent	Population Estimate
0 to 100% FPL	19.3%	21,311
101% to 200% FPL	13.4%	14,770
201% to 250% FPL	4.3%	4,803
251% to 300% FPL	5.9%	6,576
300% FPL or more	57.1%	63,146
Total	**100.0%**	**110,606**

Housing Stability

Participants were asked, "What is your living situation today?" As illustrated in the table below, more than 6,751 local seniors are precariously housed.

Living Situation Today *Seniors 55+*	Weighted Percent	Population Estimate
I have a steady place to live	95.6%	147,365
I have a place to live today but I am worried about losing it in the future	3.8%	5,921
I do not have a steady place to live	0.5%	830
Total	**100.0%**	**154,115**

Employment Status

About half of local Coachella Valley seniors (56.5%) are retired, as illustrated in the table below. A substantial portion of local seniors (29.4%) are either employed or self-employed.

Employment Category *Seniors 55+*	Weighted Percent	Population Estimate
Employed or self-employed	29.4%	45,168
Out of work	2.8%	4,316
Homemaker	3.5%	5,377
Student	0.1%	165
Retired	56.5%	86,694
Unable to work	7.7%	11,846
Total	**100.0%**	**153,566**

Local Spotlight: City of Indio

The Indio Senior Center provides a place where more than 500 people who are 50+ socialize, share their skills, learn new things and gather information.

Members enjoy crafting lessons such as jewelry making, rug hooking, stained glass, knitting and crocheting. Exercise and fitness classes include line dancing, tai chi, and yoga. The Center provides health screenings, weekly language classes, and many clubs, like chess, hiking, gardening, and ukulele/guitar.

Volunteers who offer their time and talents also enhance the Center's vibrancy. A rotating art wall engages both seniors and local artists, and the quilting group not only honors our veterans, but passes on the spirit of serving and creating to local youths.

Take a tour today at 45-700 Aladdin Street!

To learn more, visit
https://www.indio.org/your_government/community_services/senior/default.htm

Marital Status

About half of local seniors are married (50.5%), as illustrated in the table below. The proportion of seniors who are widowed is understandably higher than in the adult population as a whole, given the age difference.

Marital Status *Seniors 55+*	Weighted Percent	Population Estimate
Married	50.5%	77,736
Single, never married	13.4%	20,565
Divorced	14.7%	22,656
Widowed	17.1%	26,240
Separated	1.6%	2,501
Cohabitating with partner	2.2%	3,319
Other marital status	0.5%	784
Total	**100.0%**	**153,800**

Sexual Orientation

Locally, nearly 16.0% of seniors identify their sexual orientation as lesbian, gay, bisexual, questioning, or other (LGBQ), as illustrated in the table below. This is same as the percentage of the total adult population.

Sexual Orientation *Seniors 55+*	Weighted Percent	Population Estimate
Heterosexual	84.1%	126,857
Homosexual	13.5%	20,409
Bisexual	1.6%	2,489
Questioning or another sexual orientation	0.7%	1,160
Total	**100.0%**	**150,915**

Military Service

In the Coachella Valley, 14.0% of local seniors have served on active duty in the Armed Forces of the United States—that equates to more than 21,512 senior veterans.

More than half of local veterans (58.0%, or 12,421 senior veterans) were deployed during their time in the service. These veterans likely have more negative health impacts than the ones who were not deployed, especially as it relates to PTSD and exposure to war zones. Given their dates of service, this likely meant deployment to Vietnam or Korea.

Senior Healthcare

Most seniors age 65 and over are eligible for health insurance through Medicare, and thus, have health insurance. However, results show that **5.9% of local seniors (9,079 seniors) are uninsured**. These are likely the younger seniors, who have not yet reached Medicare age, or those who are not citizens.

The two most common barriers to care for local seniors are understanding what is covered by their plan and hours that the provider is open, as illustrated in the table below. These barriers are the same as the top two for Coachella Valley adults in general.

Barriers to Care *Seniors 55+*	Weighted Percent	Population Estimate
Understanding what is covered by your plan	15.2%	23,003
Hours that the provider is open	11.1%	16,956
Not having authorization from the HMO	9.4%	13,705
Finding a doctor of the sex, age, ethnicity, or sexual orientation that is comfortable for you	8.7%	13,309
Transportation	7.5%	11,639
Taking time off work	5.2%	8,064
Language barrier	4.4%	6,780

Senior Socioeconomic Needs

The most common need for local seniors is for utility assistance, followed by financial assistance, as illustrated in the table below.

Socioeconomic Needs *Seniors 55+*	Weighted Percent	Population Estimate
Utility Assistance	8.1%	12,488
Financial Assistance	6.9%	10,606
Transportation	6.7%	10,336
Food Assistance	6.3%	9,712
Housing Assistance	5.0%	7,719
Home healthcare	4.5%	6,859
Rental Assistance	3.8%	5,894

Senior Food Insecurity

Participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more". As illustrated in the table below, **15,405 seniors were "often" or "sometimes" worried they would run out of food before they got money to buy more**.

Additionally, as illustrated in the table below, **14,501 local seniors "often" or "sometimes" ran out of food and didn't have money to buy more food.**

Frequency *Seniors 55+*	"We worried whether our food would run out before we got money to buy more"		"The food we bought just didn't last, and we didn't have money to buy more"	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Often true	3.5%	5,361	2.5%	3,847
Sometimes true	6.5%	10,044	6.9%	10,654
Never true	90.0%	138,668	90.6%	139,572
Total	**100.0%**	**154,073**	**100.0%**	**154,073**

Results indicate that **6.4% of local seniors have had to cut the size of their meals or skip meals because they didn't have enough money for food,** which equates to 9,900 seniors. In fact, 1.6% of local seniors (2,475 seniors) had to go for a whole day without eating because there wasn't enough money for food. Unfortunately, 13.4% of local seniors (20,618 seniors) have spent less money on food because they needed to prioritize other basic needs.

Local Spotlight: Mizell Senior Center

Mizell Senior Center is dedicated to helping seniors age in place, and that includes providing food for low-income and food insecure seniors. Mizell provides food in a variety of ways, including congregate meals on-site, congregate meals at other senior and community centers, and "Meals on Wheels" delivered to approximately 450 homebound seniors each weekday. Mizell even provides pet food to clients who are pet owners in need via a partnership with the Palm Springs Animal Shelter.

Each meal is healthy and nutritionally balanced. All of the "Meals on Wheels" are delivered by a staff driver who is CPR certified, trained in signs of elder abuse and capable of connecting seniors in need to other services.

To learn more about nutrition offerings at Mizell, visit https://mizell.org/meals/

Elder Abuse

Elder abuse can include maltreatment, harm, and exploitation in the form of physical, sexual, emotional or psychological, neglectful, and financial abuse.[1] The consequences of elder abuse can manifest physically and psychologically. For example, physical effects may include visible wounds and injuries, pain and soreness, health and sleep issues, susceptibility to new illnesses, and exacerbation of preexisting conditions.[2] Psychological effects can include higher levels of distress and depression and potentially learned helplessness and posttraumatic stress disorder.[3]

The CDC estimates that one out of every ten elders, aged 60 and older and living at home, experience elder abuse. Moreover, for every case of elder abuse reported, it is estimated there are an additional 23 cases that go unreported.[4]

Some steps that can be taken for protection include having many strong relationships, having higher levels of community cohesion, effective monitoring systems, and regular visits from family, volunteers, and social workers, among others.[5]

As illustrated in the table below, about **4.5% of local seniors have been mistreated or neglected, and about 4.3% have been taken advantage of financially**.

Type of abuse ***Seniors 55+***	**Weighted Percent**	**Population Estimate**
Been mistreated or neglected (physically or mentally)	4.5%	6,973
Been taken advantage of financially	4.3%	6,700

[1] Elder Abuse Definitions. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/definitions.html
[2] Elder Abuse Consequences. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/consequences.html
[3] Ibid.
[4] Ibid.
[5] Risk and Protective Factors. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html

Senior Mobility

Falling is a common occurrence, but for seniors, a simple fall could be the cause of significant health issues or even disability.[1] For example, although many falls will not result in an injury, some cause broken bones, fractures, and head trauma.[2] Whether an injury is attained or not, a person who falls can also develop a fear of falling, and will often reduce their level of activity to avoid such a fall.[3] This activity reduction can have negative consequences, such as increased isolation and decreased physical exercise.

Nationally, one in four seniors, aged 65 and older, reports falling each year.[4] There are about 30 million falls each year among the senior population aged 65 and older[5], and these falls result in billions of dollars in healthcare costs.[6] Falling was the leading cause of injury death among those 65 and older in 2017.[7]

Results show that the majority of local seniors—82.4%—have not suffered a fall in the past three months. However, as illustrated in the table below, **more than 26,000 local seniors have fallen at least once in recent months**.

Number of Falls in Past 3 Months ***Seniors 55+***	**Weighted Percent**	**Population Estimate**
None	82.4%	126,150
One	11.6%	17,706
Two or more	6.0%	9,177
Total	**100.0%**	**153,034**

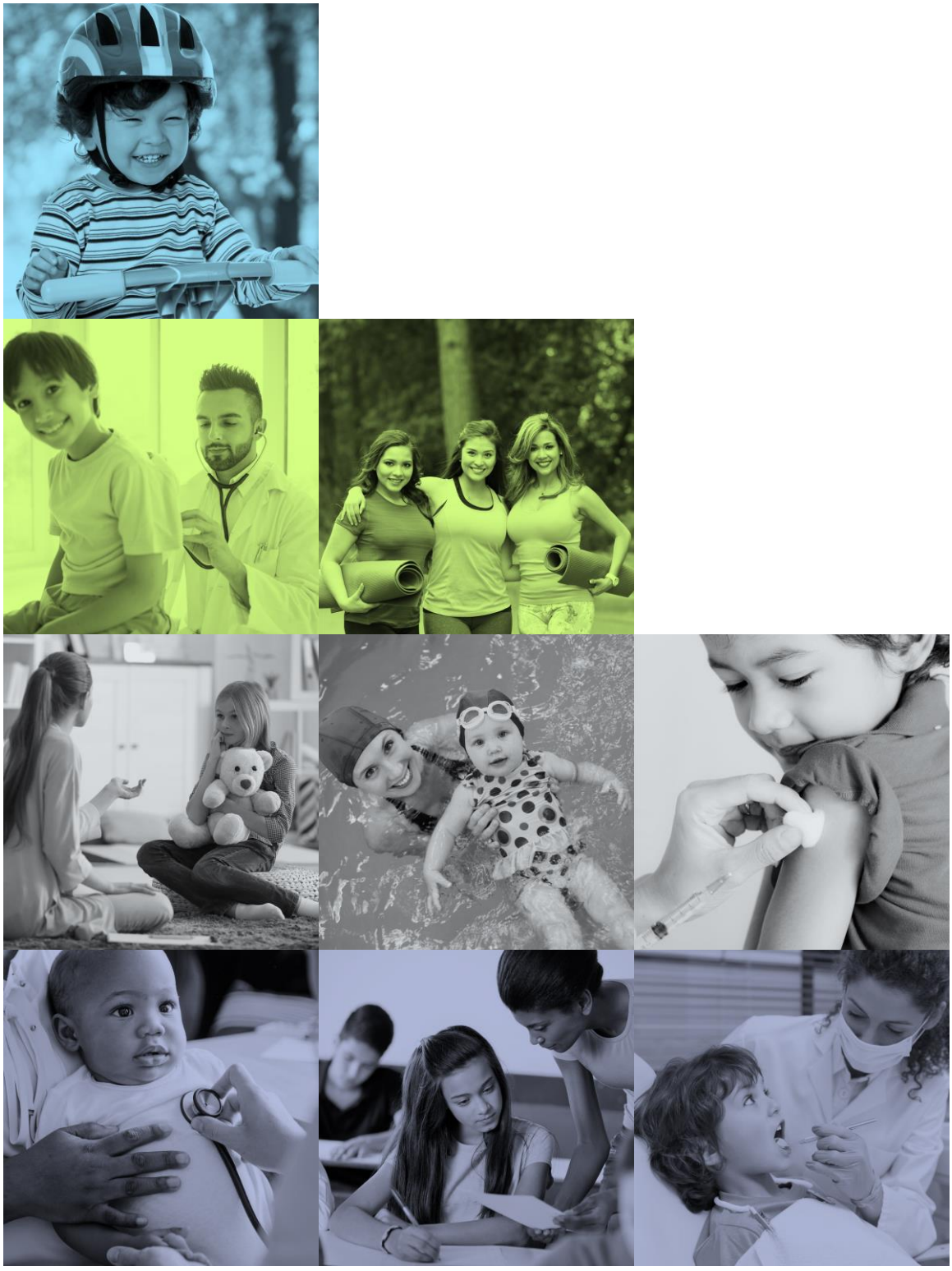
Overall, 43.7% of these falls caused injury—that is, about 11,595 local seniors experienced a fall injury in the past three months.

About **30.3% of local seniors (46,607 seniors) have a concern or fear that they may fall**. This may prevent them from going out and being as active as they could possibly be, which is detrimental to their overall physical and mental health.

[1] Prevent Falls and Fractures. (2017). National Institute on Aging. https://www.nia.nih.gov/health/prevent-falls-and-fractures
[2] Important Facts about Falls. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
[3] Ibid.
[4] Falls Reported by State. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost/falls-by-state.html
[5] Ibid.
[6] Falls Data. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html
[7] 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2017. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_2017-508.pdf

CHILD HEALTH

0 to 17



Child Demographics

There are approximately 88,360 children age zero to 17 living in the Coachella Valley. No children were surveyed to gather the information in this section, rather, an adult in the household who was knowledgeable about the child was used as a proxy. Most of these respondents were birth parents, as illustrated in the table below. Because of this, throughout the child section, these individuals are referred to as "parent/guardian respondents" or "parents/guardians".

Respondent Relationship to Child	Weighted Percent
Birth mother	47.9%
Birth father	43.1%
Adoptive parent	3.8%
Grandparent	1.9%
Stepparent	1.7%
Other related person	1.2%
Other (e.g., unrelated legal guardian, foster parent, partner of parent)	0.5%
Total	**100.0%**

Most of the respondents (73.4%) were employed or self-employed or homemakers (12.4%). Most of the parent/guardian respondents (67.4%) have some college experience or a college degree; however, 17.1% have only a high school degree and 15.3% have less than a high school degree. The majority of these respondents (81.2%) are citizens of the United States, while 18.8% of them are not citizens.

Age

The age of children in the Coachella Valley is fairly evenly distributed. That is, there is a similar proportion of children in each of the three age groups, as illustrated in the table below.

Child Age Group	Weighted Percent	Population Estimate
0 to 5	37.6%	33,245
6 to 11	31.7%	27,978
12 to 17	30.7%	27,137
Total	**100.0%**	**88,360**

Gender

As illustrated in the table below, children in the Coachella Valley are evenly split between male and female.

Child Gender	Weighted Percent	Population Estimate
Male	50.7%	43,830
Female	49.3%	42,683
Total	**100.0%**	**86,513**

Race

To assess the race of the child, the parent/guardian respondent was asked, "Which one of these groups best represents your child's race? For the purposes of this question, Hispanic/Latino is not a race."

As illustrated in the table below, most children in the Coachella Valley are considered "White/Caucasian", but there is also a substantial proportion who identify as "Other".

Child Race	Weighted Percent	Population Estimate
White/Caucasian	66.6%	29,717
Black/African American	3.2%	1,412
Asian	1.5%	683
American Indian/Alaska Native	3.6%	1,617
Another race	25.1%	11,181
Total	**100.0%**	**44,610**

Ethnicity

To assess ethnicity, parents were asked, "Is your child of Hispanic, Latino, or Spanish origin?" As illustrated in the table below, slightly more than half of local children (51.9%, or 45,856 children) identify as Hispanic/Latino.

Child Ethnicity	Weighted Percent	Population Estimate
Not Hispanic or Latino	48.1%	42,504
Hispanic or Latino	51.9%	45,856
Total	**100.0%**	**88,360**

Child Socioeconomic Status (SES)

While children do not typically have earning potential, the socioeconomic status of their household can substantially impact their health and wellness in essentially the same way that it influences adult health and wellness.

Income

As mentioned in prior sections, there was a change in the way income was assessed this survey cycle. In prior survey cycles, income was asked in categories (e.g., "Last year, what was your household income from all sources before taxes?" with 11 response options, each with a range of about $10,000). In an attempt to get more precise data for the calculation of poverty level, the question was made open-ended. Income levels were categorized post-data collection for reporting.

There is much variation in the annual household income of children in the Coachella Valley. The majority of Coachella Valley children (56.4%, or 41,286 children) live in households with an annual income of more than $50,000 per year.

Child Income Group	Weighted Percent	Population Estimate
$0 to $19,999	18.6%	13,647
$20,000 to $49,999	25.0%	18,340
$50,000 to $99,999	20.9%	15,308
$100,000 or more	35.5%	25,978
Total	**100.0%**	**73,273**

Poverty

As illustrated in the table below, over a quarter of Coachella Valley children (29.1%, or 21,343 children) live in homes that fall at or below the federal poverty line.

Child Poverty Level	Weighted Percent	Population Estimate
0 to 100% FPL	29.1%	21,343
101% to 200% FPL	19.9%	14,608
201% to 250% FPL	3.6%	2,630
251% to 300% FPL	6.5%	4,786
301% FPL or higher	40.8%	29,906
Total	**100.0%**	**73,273**

Adverse Childhood Experiences

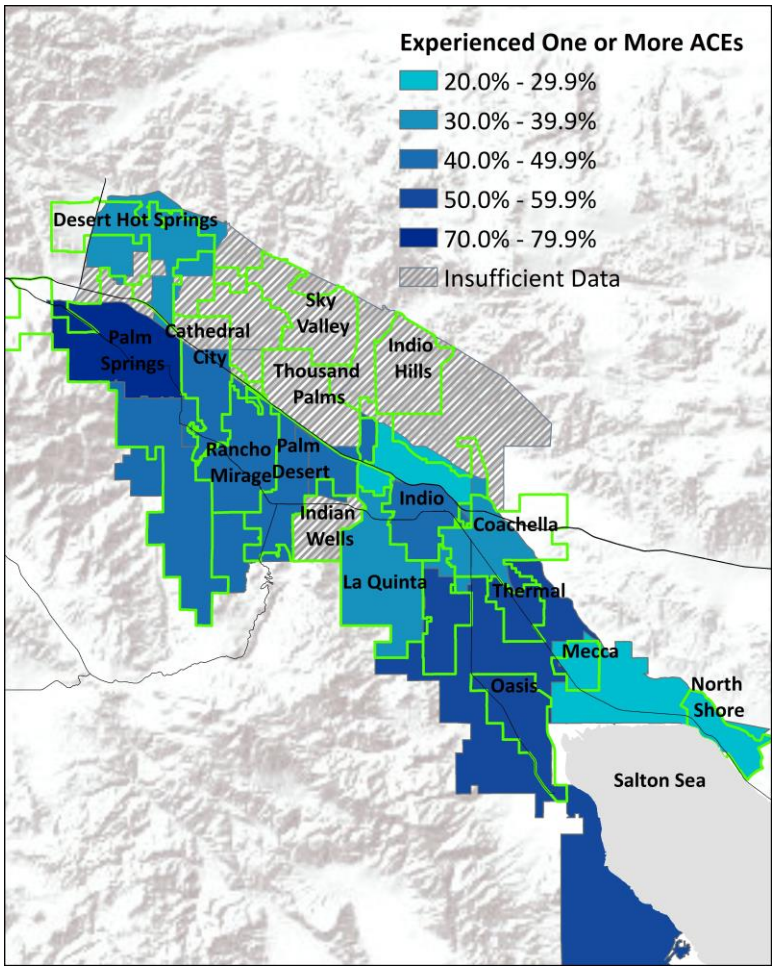
Adverse childhood experiences (ACEs) are potentially traumatic events occurring during childhood, including abuse (emotional, physical, or sexual), neglect (emotional or physical), and household instability (witnessing violence against a parent, substance abuse in household, mental illness in household, parental separation or divorce, or incarcerated household member).[1]

Depending on the severity of a traumatic experience, these events can have immediate health consequences for anyone. However, children who are exposed to ACEs also experience long-term effects that are detrimental to their quality of life as adults. For example, research has shown that ACEs are linked to risky health behaviors, chronic health conditions, low life potential, and early death.[2] As the number of ACEs a child experiences increase, so does the risk for these serious outcomes.

There are typically 10 ACEs; however, for this survey, HARC measured four ACEs, all within the "household instability" category: parental separation or divorce, mental illness in the household, incarceration of a household member, and substance abuse in the household. Because of the methods of this survey (i.e., interviewing parent/guardian proxies for the child), asking questions about child abuse or neglect is unlikely to yield solid information—that is, the parents may be unaware of the abuse/neglect or inclined not to disclose it. Thus, only four of the 10 ACEs were assessed, all of which the parent/guardian respondent can accurately report on.

Fortunately, the majority of local children (58.6%) have not experienced any of these four ACEs. However, **41.4% of Coachella Valley children (36,536 children) have experienced one or more of the four ACEs measured in this survey**.

As illustrated in the map to the right, between 70.0% to 80.0% of children in the Palm Springs area have experienced one or more ACEs. This is substantially higher than the rate for children in the other areas of the Coachella Valley, although there is notably some missing data for the central Valley north of the 10 freeway.



[1] About Adverse Childhood Experiences. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html
[2] Ibid.

As illustrated in the table to the right, more than 4,500 local children have experienced three or more ACEs, indicating serious household instability and indicating that these children have a higher risk of poor long-term health outcomes.

Number of ACEs	Weighted Percent	Population Estimate
Zero of four ACEs	58.6%	51,773
One ACE	28.7%	25,324
Two ACEs	7.5%	6,618
Three ACEs	3.5%	3,098
Four ACEs	1.7%	1,496
Total	**100.0%**	**88,309**

Of the four ACEs measured on this survey, **the most common adverse childhood experience that local children experience is parental divorce**, followed by mental illness in the home, as illustrated in the table below. Substance abuse in the home is relatively less common for children in the Coachella Valley.

Type of ACEs *Children Who Experienced One or More ACEs*	Weighted Percent	Population Estimate
Child's parents are divorced or separated	24.7%	21,614
Anyone in the household been depressed, mentally ill, or attempted suicide during child's lifetime	20.0%	17,438
Anyone in the household been to jail or prison during child's lifetime	9.3%	8,054
Anyone in the household been a problem drinker, alcoholic, or use street drugs during child's lifetime	8.3%	7,180

Local Spotlight: Riverside University Health System – Public Health

Riverside Resilience is an initiative of Riverside University Health System – Public Health that is dedicated to preventing and reducing the number of adverse childhood experiences (ACEs) countywide. The initiative brings together partners from many different sectors, representing early childhood, family services, education, healthcare, mental health, justice, government, and other community-based organizations.

Riverside University HEALTH SYSTEM Public Health

The Riverside Resilience initiative began in 2016 when county leaders came together to understand how ACEs and trauma influence health and well-being. Currently, there are workgroups of community partners working on strategies to: *educate* partners on the effects of trauma; *activate* policy and practice change to advance trauma-informed practice; and explore innovative ways to *measure* ACEs.

To learn more about the initiative, visit www.healthyriversidecounty.org.
To learn more about RUHS – Public Health as a whole, visit www.rivcoph.org

Child Healthcare Access

Healthcare Coverage

Healthcare access is critical for children not only to address health issues as they arise but also to address developmental needs that manifest physically, socially, and psychologically. The CDC estimates that among children under the age of 18, roughly 5.2% do not have health insurance, and 3.9% do not have a usual source of healthcare.[1]

Under Senate Bill (SB) 75, all low-income children under the age of 19 are eligible for Medi-Cal and its full range of benefits, including children who are unable to establish a satisfactory immigration status.[2] Thus, even those who are undocumented are eligible for health insurance.

The vast majority of children in the Coachella Valley have healthcare coverage (95.4%, or 83,430 children). However, **4.6% of local children (3,993 children) do not have health insurance coverage**.

Of the 83,430 children who are insured, **most local children (63.8%) are insured through Medi-Cal** (IEHP or Molina), as illustrated in the table below.

Source of Health Insurance Coverage ***Insured Children***	**Weighted Percent**	**Population Estimate**
Medi-Cal (i.e., IEHP, Molina, Medicaid)	63.8%	36,737
Blue Cross	18.5%	10,649
Blue Shield	12.9%	7,441
Other sources (e.g., Aetna, California Kids, etc.)	4.8%	2,773
Total	**100.0%**	**57,601**

[1] Child Health. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/child-health.htm
[2] SB 75 – Medi-Cal for All Children. (2019). California Department of Healthcare Services. https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB75Children.aspx

Specific Coverage

In addition to general medical coverage, it is important that parents or guardians find an insurance plan that enables their children to have access to vision, dental, and mental healthcare.

While the conditions vary by state, Medicaid and the Children's Health Insurance Program (CHIP) offer low-cost health insurance. Medicaid (known in California as Medi-Cal) and CHIP provide children with comprehensive coverage such as routine check-ups, immunizations, doctor visits, prescriptions, dental and vision care, inpatient and outpatient care, laboratory and x-ray services, and emergency services.[1] Despite these benefits, there are still children who are uninsured. Considering that vision disability is one of the most prevalent disabling conditions among children[2] and 18.6% of children aged five to 19 have untreated dental caries,[3] looking into specific coverage information is critical.

Respondents were asked if the children who have healthcare coverage had three types of specific coverage: dental, prescription, and vision.

For the majority of the analyses in this report, those responses that are considered "missing data" (i.e., the response was "don't know/no response" or "refused") are excluded from the results, because they do not provide valuable information. However, on the analysis of this question, we included these "missing data" in the calculations, as it is interesting to determine how many people know their child's benefits. If they are unaware of their child's coverage, the child is unlikely to get treatment.

As illustrated in the table below, the vast majority of local insured children have insurance to cover their prescription drug costs. Dental coverage and vision coverage are less common, but still represent a majority of insured children. However, it is worth noting that nearly 6,000 insured children have a parent/guardian who is unsure whether or not their child's vision expenses are covered, and thus, it is unlikely that these parents/guardians know that they can take their child in for this type of care. The same holds true for the 3,000+ who don't know about their child's dental insurance coverage.

Specific Type of Coverage ***Insured Children***	**Yes**	**No**	**Don't know, No Response, or Refused**
Prescription drug coverage	92.8% (81,999)	5.6% (4,911)	1.6% (1,450)
Dental coverage	78.3% (69,184)	18.2% (16,073)	3.5% (3,104)
Vision coverage	77.1% (68,098)	16.2% (14,354)	6.7% (5,907)

[1] Medicaid & CHIP. (n.d.). HealthCare.gov website. https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/
[2] Fast Facts (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm
[3] Table 60. Untreated dental caries, by selected characteristics: United States, selected years 1988–1994 through 2011–2014. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hus/2017/060.pdf

Child General Health

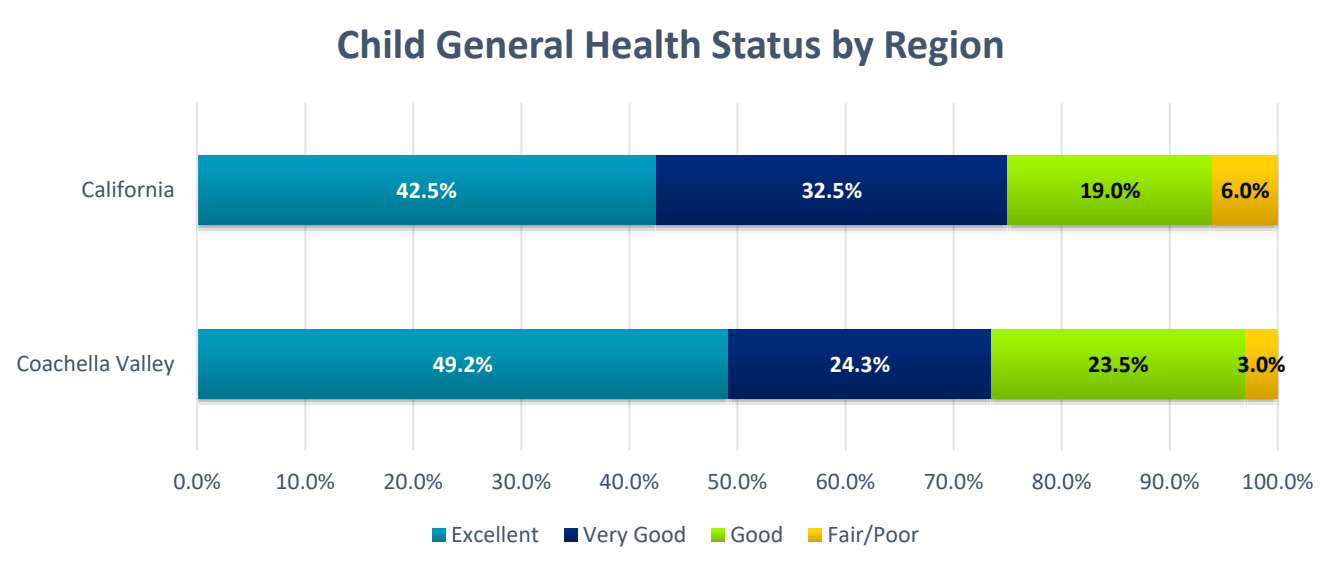
General Health Status

The CDC has estimated that about 1.6% of those under the age of 18 have fair or poor health in the United States.[1]

Parents/guardians were asked to rate the overall health of their child. **Nearly half of local children (49.2%) have "excellent" health**, according to their parents/guardians, as illustrated in the table below. In contrast, 3.0% of local children have "fair" or "poor" health, according to their parents/guardians, as illustrated in the table below.

Child Health Status	Weighted Percent	Population Estimate
Excellent	49.2%	43,396
Very good	24.3%	21,479
Good	23.5%	20,756
Fair	2.5%	2,218
Poor	0.5%	416
Total	**100.0%**	**88,265**

These rates of general health in Coachella Valley children are relatively similar to children across the state of California, as illustrated in the chart below.



Note. The California data in this chart are from the California Health Interview Survey, 2018.

[1] Summary Health Statistics: National Health Interview Survey, 2017. (2018). Centers for Disease Control and Prevention. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_C-5.pdf

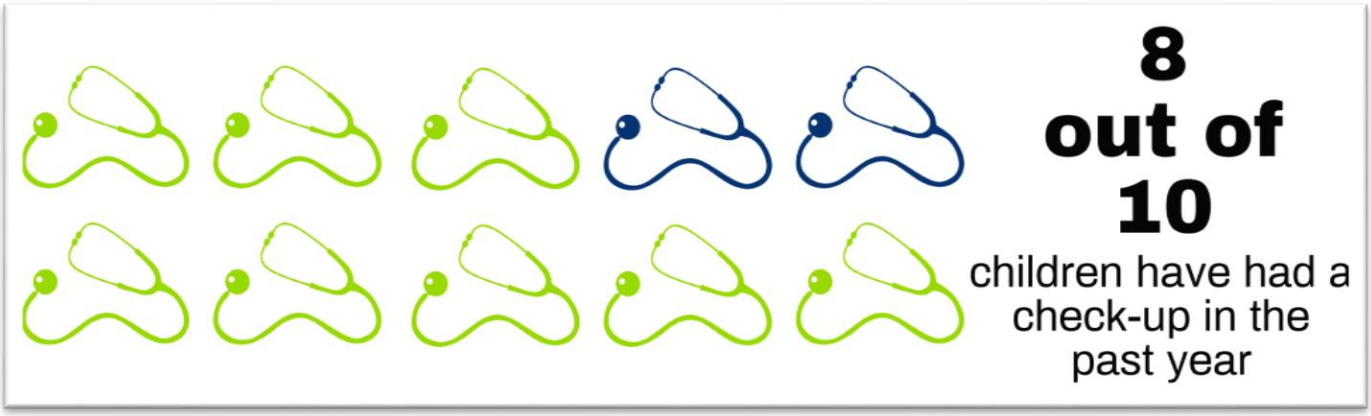
Child Healthcare Utilization

Going to a healthcare provider on a regular basis is important for health. Simply having regular health exams can help identify problems early when treatment is likely to have better outcomes.[1] Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development—and early detection means early treatment. According to the CDC, about 6.4% of those under 18 years of age have not had contact with a healthcare professional in the past year.[2]

The vast majority of children in the Coachella Valley (74.8%, or 64,500 children) have visited a doctor or healthcare provider within the past six months. However, **6.3% of local children (5,440 children) have not visited a doctor in more than a year**.

Time Since Child's Last Visit to a Healthcare Provider	Weighted Percent	Population Estimate
Within the past six months	74.8%	64,500
Between six months to one year	18.9%	16,274
Between one year up to two years	4.1%	3,550
Between two years to less than five years	2.0%	1,751
Five or more years ago	0.1%	51
Never been for treatment	0.1%	88
Total	**100.0%**	**86,214**

Regular check-ups for growing children are extremely important. Parents/guardians of children who've been to a healthcare provider in the past year were asked if any of those visits were for a routine check-up. Results show that **81.1% of all local children have had a routine check-up within the past year**. This equates to 71,669 local children. The remaining 16,692 children have not had a routine check-up in the past year and should be examined as soon as possible.



[1] Regular Check-Ups are Important. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/family/checkup/index.htm
[2] Summary Health Statistics: National Health Interview Survey, 2017. (2017). Centers for Disease Control and Prevention. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2017_SHS_Table_C-8.pdf

Usual Source of Care for Child

The parent/guardian respondents were asked, "When your child is sick or in need of healthcare, where do you usually go?" As illustrated in the table below, much like local adults, local children typically get their care at a doctor's office or urgent care. Unfortunately, **8.0% of local children (7,043 youth) get their usual care at the emergency room or hospital**, which indicates they are lacking continuity of care.

Usual Source of Care	Weighted Percent	Population Estimate
Doctor's office	34.5%	30,277
Urgent care	33.8%	29,603
Clinic	12.1%	10,649
Emergency room/hospital	8.0%	7,043
Health center	3.5%	3,046
No usual place	3.5%	3,097
Other	4.5%	3,950
Total	**100.0%**	**87,665**

Local Spotlight: SAC Health System

SAC Health System (SACHS) is a federally qualified health center with a location in Indio. Affiliated with Loma Linda University Health, SACHS is committed to reflect the healing ministry and love of Jesus Christ through healthcare, education and partnerships that empower our communities to flourish. Incorporated as a nonprofit in 1995, SACHS has been providing culturally responsive care in the Inland Empire for 25 years. SACHS accepts most types of insurance, including Medi-Cal, and offers a sliding fee scale program for the uninsured.

SACHS - Indio is open five days a week at 82934 Civic Center Drive in Indio. Services provided are Pediatrics, Family Medicine (including Adult Care), Behavioral Health, Dental, and Pediatric Specialties (Gastroenterology, Neurology, Endocrinology, Cardiology, and Pulmonology).

To learn more, visit www.wearesachs.org.

Barriers to Healthcare for Child

Parents/guardians of Coachella Valley children were asked whether a list of several potential barriers consistently made it very difficult or prevented them from getting their child the healthcare they need in the past year. As illustrated in the table below, **24.5% of local children consistently had difficulty or were prevented from getting needed healthcare because of language problems**.

Barriers	Weighted Percent	Population Estimate
Language barriers/problems	24.5%	21,651
Taking time off work to take the child	15.7%	13,893
Understanding what is covered by insurance	14.7%	13,024
Unable to find childcare or homecare for other children/family members	7.3%	6,475
Transportation	6.1%	5,367
Hours the provider is open	5.6%	4,940

Parents/guardians were also asked whether their child's healthcare provider had services available during evenings and weekends. Results show that 41.7% of Coachella Valley children have providers with services available on evenings and weekends—while 58.3% of children did not have these services available on evenings and weekends (47,475 children).

Results show that **5.7% of local children (4,999 children) had to delay or not get a test or treatment that a healthcare provider ordered in the past year**. Common reasons for the delay or denial of treatment included high cost (including that of co-payments), lack of insurance, or inability to take time off of work for the test or treatment.

Satisfaction with Child's Healthcare

Parent/guardian respondents were asked about their satisfaction with the quality of care their child received on their most recent visit to their healthcare provider. Most parents/guardians were either "very satisfied" or "satisfied", as illustrated in the table below. Only 6.3% of parents/guardians were either "dissatisfied" or "very dissatisfied" with the quality of care their child received.

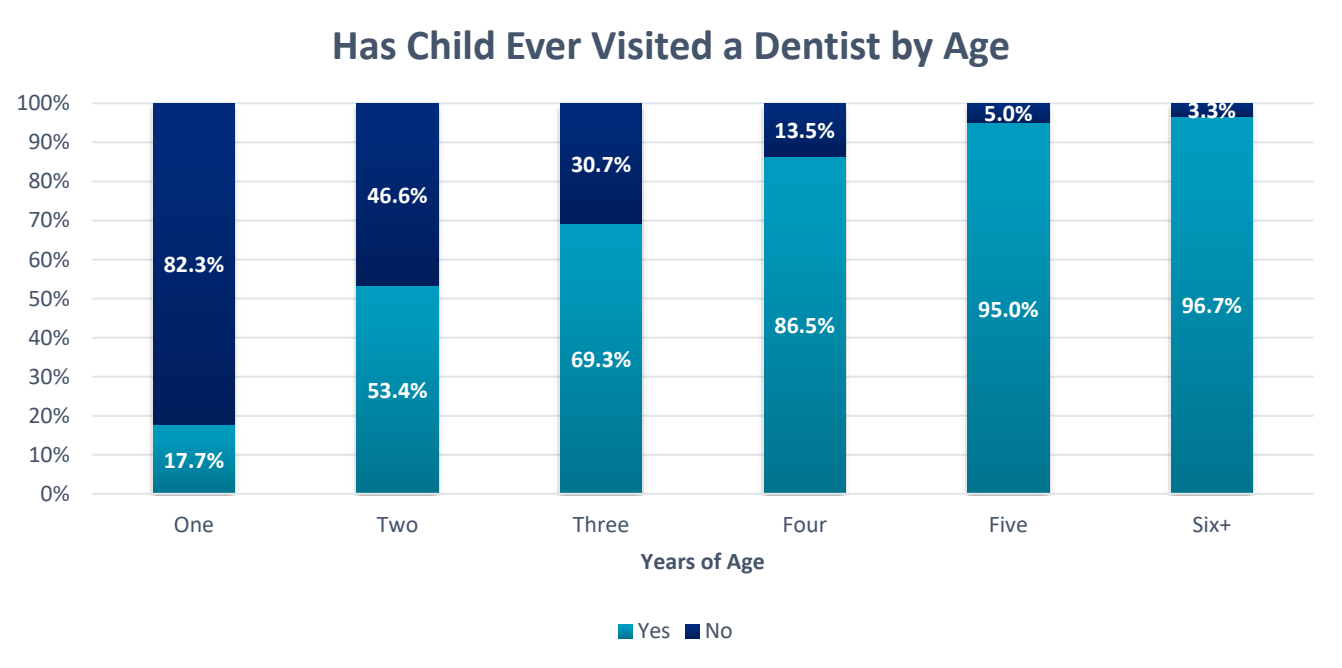
Level of Satisfaction with Quality of Care at Most Recent Visit to Healthcare Provider	Weighted Percent	Population Estimate
Very satisfied	48.4%	38,948
Satisfied	37.1%	29,852
Neither satisfied nor dissatisfied	8.3%	6,644
Dissatisfied	4.8%	3,845
Very dissatisfied	1.5%	1,186
Total	**100.0%**	**80,475**

Child Dental Health

Tooth decay is among the most common chronic diseases among children in the United States.[1] When oral health conditions are left untreated, problems with eating, speaking, playing, and learning can be the result.[2] The American Academy of Pediatric Dentists recommends that all children have their first dentist visit by the age of one, and subsequently get a check-up every six months in order to prevent cavities and other dental problems.[3]

Results demonstrate that the majority of children in the Coachella Valley (83.3%, or 73,494 children) have been to a dentist at least once in their lifetime. However, **16.7% of local children (14,749 children) have *never* been to a dentist**.

Whether children have been to the dentist or not varies by age. Ideally, per the American Academy of Pediatric Dentists' recommendations, 100.0% of children age one and over would have been to see a dentist at least once. However, as illustrated in the chart below, only 17.7% of local one-year-olds have been to see a dentist. As they grow older, more children have been to the dentist, but overall, local children are not seeing a dentist as early as they should be.



[1] Children's Oral Health. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html
[2] Ibid.
[3] Frequently Asked Questions. (n.d.). America's Pediatric Dentists. https://www.aapd.org/resources/parent/faq/#targetText=A%20check%2Dup%20every%20six,on%20their%20personal%20oral%20health.

Ideally, children who have been to a dentist would have had their first visit by their first birthday, as mentioned previously. However, as illustrated in the table below, only 17.9% of local children who have been to the dentist made their first visit during this age bracket. The majority of children who have been to the dentist made their first visit at an older age. Notably, **10.9% of children who have been to the dentist didn't have their first visit until they were age six or older**.

Age at First Dentist Visit ***Children Who Have Ever Been to a Dentist***	**Weighted Percent**	**Population Estimate**
0 to 1 years old	17.9%	12,226
2 to 3 years old	42.8%	29,160
4 to 5 years old	28.4%	19,394
6 to 17 years old	10.9%	7,398
Total	**100.0%**	**68,178**

Most children who have been to the dentist at least once (72.2%) have gone within the past six months, as is recommended. However, 7.6% of local children (5,504 children) have not been to the dentist in the past year, as illustrated in the table below.

Time Since Last Dental Visit ***Children Who Have Ever Been to a Dentist***	**Weighted Percent**	**Population Estimate**
Within the past six months	72.2%	51,826
Between six months to one year	20.1%	14,467
Between one year and up to two years	5.8%	4,169
Between two years to less than five years	1.5%	1,091
Five or more years ago	0.3%	244
Total	**100.0%**	**71,797**

Mirroring the dental findings for adults, the most common reason for children not visiting the dentist in the past year is because there are no problems (51.9%, or 2,928 children). As with the adult findings, this response may indicate a lack of understanding of the importance of preventive dental care.

Childhood Vaccinations

Vaccines help to provide immunity to children before they come into contact with various diseases.[1] These vaccines are tested to ensure that they are safe and effective when given at recommended ages.[2] Vaccines can protect children against many serious diseases, including diphtheria, measles, pertussis, polio, tetanus, hepatitis A and B, chickenpox, the flu, mumps, and more.[3] A full vaccine schedule can be found on the CDC website.[4]

Parent/Guardian Concerns

While vaccines can help protect children against many serious illnesses and diseases, there are some parents who are concerned about the risks associated with vaccines.

As illustrated in the table below, the majority of parent/guardian respondents are not at all concerned about the potential risks associated with vaccinations for their child. However, **9.0% of local children have parents/guardians who are "very concerned" about the potential risks of child vaccinations** and may not get the recommended vaccines their child needs.

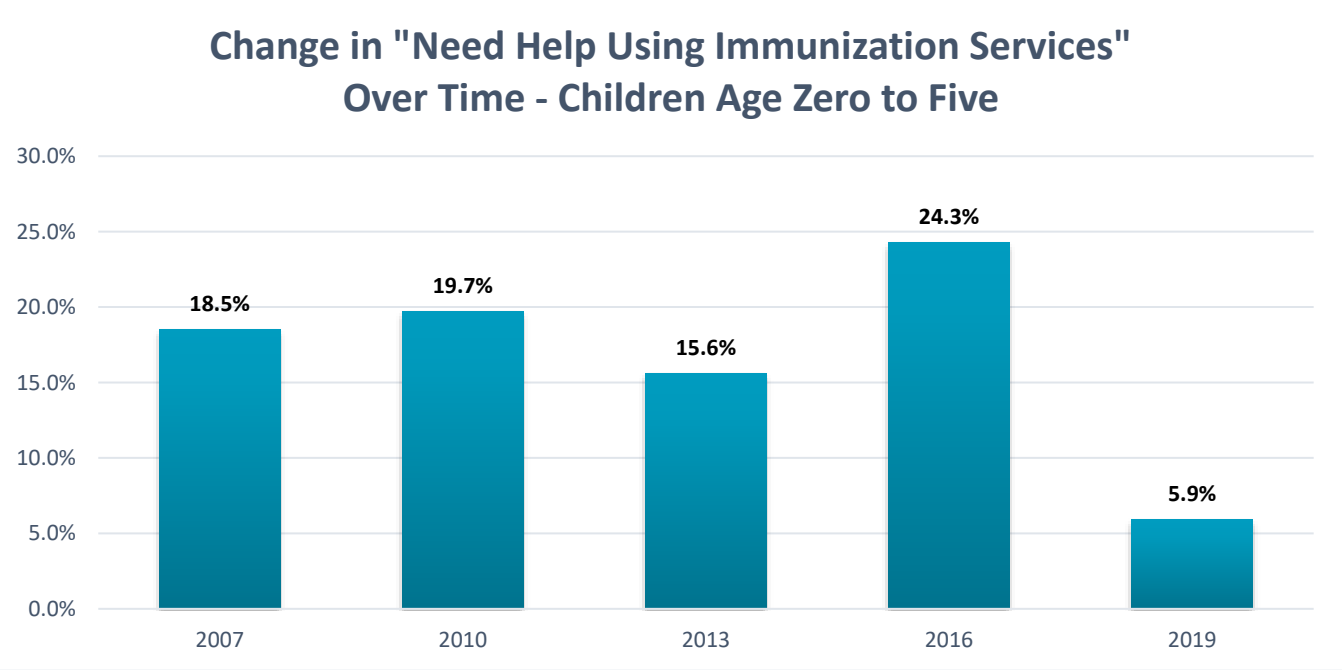
Level of Concern About the Potential Risks of Child Vaccinations	Weighted Percent	Population Estimate
Not at all concerned	63.9%	55,638
Somewhat concerned	16.9%	14,773
Concerned	10.2%	8,919
Very concerned	9.0%	7,807
Total	**100.0%**	**87,137**

[1] Why Vaccinate. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html
[2] Ibid.
[3] Vaccine Schedule. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/schedules/index.html
[4] Ibid.

Need for Immunization Support

Parent/guardian respondents who have children age five and younger were asked whether they needed help using immunization services in their community. The vast majority of young children's parents/guardians (94.1%) do not need this type of help. However, 5.9% of young children age zero to five (1,869 children) have parents/guardians who need help using immunization services in their community.

As illustrated in the figure below, **there has been a significant decrease over time in the proportion of young children age zero to five whose parents need help using immunization services.** In 2016, 24.3% of young children had parents/guardians who needed help using immunization services, which dropped to only 5.9% in 2019. This is a 75.7% decrease.



HPV Vaccination

Human papillomavirus (HPV) is a very common virus that can lead to at least six types of cancers.[1] HPV is so common that nearly all men and women will get at least one type of the virus at some point.[2] Fortunately, there is a vaccine to prevent nine types of HPV, known as Gardasil. The vaccine protects against HPV types that are associated with cancer of the cervix, anus, vulva/vagina, penis, and throat.[3] Since Gardasil came out in 2006, there has been a significant reduction in HPV infections, including those that cause cancer and genital warts.[4]

The goal is to provide children with the vaccine before they are exposed to HPV via sexual activity. Thus, it is recommended for children as young as age nine. The CDC recommends that all children be vaccinated before age 12.[5] Thus, the statistics presented here are for children between the ages of nine and 17.

More than half of children aged nine to 17 (53.9%, or 14,631 children) have had the HPV vaccine. However, **46.1% of children nine to 17 have not had the HPV vaccine,** which equates to 12,534 children. These 12,534 children should get the HPV vaccine as soon as possible.

[1] About HPV. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hpv/parents/about-hpv.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhpv%2Fparents%2Fwhatishpv.html
[2] Ibid.
[3] Should I get the HPV vaccine? (2019). Planned Parenthood. Available online at: https://www.plannedparenthood.org/learn/stds-hiv-safer-sex/hpv/should-i-get-hpv-vaccine
[4] Ibid.
[5] Human Papillomavirus (HPV). (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hpv/parents/vaccine.html

Child Safety

Unintentional injury is the leading cause of death among children under the age of 18.[1] Therefore, taking precaution during certain activities is critical for children's health and safety.

Safe Place to Play Outside

Parent/guardian respondents of children ages two and older were asked whether they believed their child had a safe place to play outdoors. Results indicate that the vast majority of Coachella Valley children age two and up (92.0%, or 73,596 children) do have a safe place to play outside. However, **8.0% of local children age two and up (6,367 children) do *not* have a safe place to play outside.** These children likely are not able to get enough physical exercise and are likely at risk for injuries due to the lack of safety in their neighborhoods.

When asked the follow-up questions about what makes it unsafe, most parent/guardian respondents cited issues relating to traffic, for example:

- "Lives next to main, busy road"
- "Los autos van muy rápido"
    - "The cars go very fast"
- "Overall traffic is dangerous in neighborhood and no fencing to keep child in yard"

Other comments focused on crime:

- "There is a lot of crime in the neighborhood"
- "Apartment complex is not filled with good people"
- "Crime in general"

Another theme that emerged was around the environment:

- "La laguna esta fuera de la casa y hay contaminantes que causan el dolor de la cabeza, tos. No puedes estar afuera por los mosquitos"
    - "The lake outside the house has contaminants that cause headaches, cough. You can't go outside because of the mosquitos"
- "Dirt, scorpions, heat, and other bugs"
- "Temperature"

Others mentioned the built environment, most notably the lack of parks:

- "No real outdoor place"
- "Su hogar ahora no tiene árboles o plantas y no siente cómoda afuera de su hogar"
    - "Her home now has no trees or plants and does not feel comfortable outside her home"
- "No hay parques, no hay nada"
    - "There are no parks, there is nothing"

[1] Ten Leading Causes of Death by Age Group -2017. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_by_age_group_2017_1100w850h.jpg

Helmet Use

Helmets are needed to protect us from brain and head injuries. Additionally, a child's helmet should be well maintained, appropriate for their age, worn consistently and correctly, and certified for use.[1] Under California law, anyone under the age of 18 is required to wear a helmet while operating a bicycle.[2]

As illustrated in the table below, only 34.8% of Coachella Valley children aged two and older "always" wear a helmet while riding a bicycle, scooter, skateboard or skates. Unfortunately, **12.3% of local children ages two and up (9,835 children) "never" wear a helmet** in these situations, putting them at high risk for experiencing brain injury or death.

Frequency of Helmet Use *Children Age 2+*	**Weighted Percent**	**Population Estimate**
Always	34.8%	27,846
Nearly always	10.9%	8,741
Sometimes	8.1%	6,439
Seldom	3.7%	2,996
Never	12.3%	9,835
Does not ride a bicycle/skateboard/scooter/skates	30.2%	24,118
Total	**100.0%**	**79,975**

[1] Helmet Safety. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/headsup/helmets/index.html
[2] Article 4. Operation of Bicycles [21200 - 21213]. California Legislative Information. http://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=VEH&division=11.&title=&part=&chapter=1.&article=4.

Water Safety

As mentioned before, unintentional injury is the leading cause of death among children. More specifically, drownings are the leading cause of injury death for those aged one to 14.[1] Given the Coachella Valley's warm weather, many homes, housing complexes, and apartment buildings have pools, and the opportunities for drowning are high.

Children as young as six months old can take water safety lessons, also known as "self-rescue swim lessons".[2] In these classes, young children are taught how to rotate from an underwater position into a back float and breathe until help arrives, while older children are actively taught how to swim. Thus, parent/guardian respondents of children age six months and older were asked, "Has your child ever taken any swimming, water safety classes, or other drowning prevention classes?"

Results show that 47.0% of Coachella Valley children six months and older (40,679 children) have taken one or more water safety classes. This means the other **53.0% of children age six months and older (45,790 children) have *never* taken any swimming or water safety classes**.

Local Spotlight: Kaiser Permanente

Kaiser Permanente has hospitals located in Riverside and Moreno Valley that serve the Coachella Valley community, as well as medical offices in Palm Springs, Palm Desert, and Indio. Kaiser Permanente also supports the community with generous grants to local nonprofits in support of health and wellness.

Since 2008, one Kaiser-funded program, Operation Splash, has supported free swim lessons for Coachella Valley children ages three to 14 through Desert Recreation District (DRD). Operation Splash provides lessons on technique, water safety, and proper physical exercise that keeps children interested, engaged, and safe. This program is offered at DRD facilities in Indio, Coachella, and Mecca.

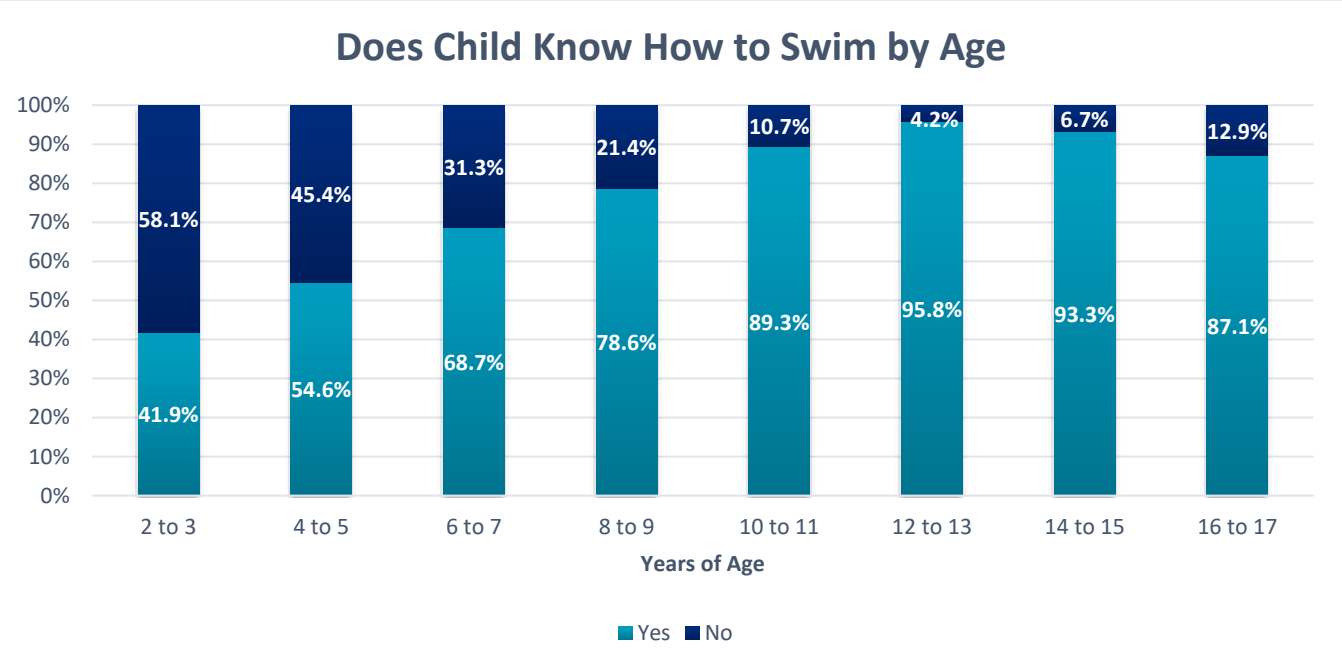
KAISER PERMANENTE®
Operation SPLASH

To learn more about Operation Splash at Desert Recreation District, visit https://www.myrecreationdistrict.com/valley-fun/operation-splash
To learn more about Kaiser Permanente's local presence, visit https://community.kp.org/about/service-area/moreno-valley

[1] Drowning Prevention. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/safechild/drowning/index.html
[2] First 5 Riverside. (2019). Water safety lessons save lives. https://www.rccfc.org/wp-content/uploads/2019/04/Drowning-Prevention.pdf

Despite the fact that many children have not taken any classes, the majority of Coachella Valley children age two and older do indeed know how to swim (73.9%, or 58,747 children). However, **26.1% of Coachella Valley children age two and up do *not* know how to swim.** This equates to 20,750 children who are at high risk for drowning.

Ability to swim varies by age; older children are much more likely than their younger counterparts to know how to swim. As illustrated in the chart below, less than half of two- to three-year-old children know how to swim, while by age 10, the vast majority of children know how to swim.



Child Asthma

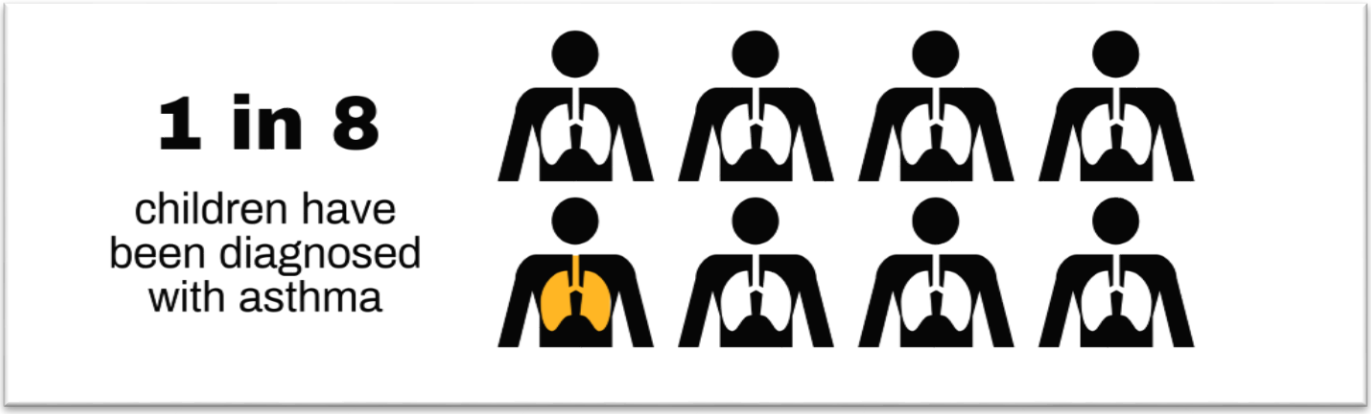
Asthma is a chronic condition in which the airways of the body's lungs inflame and narrow, thereby making it difficult to breathe.[1] Asthma typically begins during childhood but will sometimes develop in adults. While the exact cause is unknown, asthma is usually a result of the immune system's strong response to allergens in the environment.[2] Symptoms of asthma depend on the severity of the condition, but can include chest tightness, coughing, shortness of breath, and wheezing. Fortunately, asthma can be properly managed by taking medicine and identifying and avoiding triggers in the environment that can cause an asthma attack.[3]

According to the CDC, about 8.4% of children (18 years and younger) had asthma in the United States, in 2017.[4]

In the Coachella Valley, **12.1% of children have been diagnosed with asthma**, which equates to 10,675 children.

As illustrated in the table below, most children with asthma did not miss any days of school/preschool in the past year due to their illness (children who were not in school or preschool are excluded from the table). However, **14.5% of children with asthma missed five or more days of school or preschool.**

Days of School Missed Due to Asthma *Children Diagnosed with Asthma*	**Weighted Percent**	**Population Estimate**
None	73.5%	7,537
One to four	11.9%	1,223
Five to nine	3.1%	316
10 or more	11.4%	1,173
Total	**100.0%**	**10,249**



[1] Asthma. (n.d.). National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health-topics/asthma
[2] Ibid.
[3] Asthma. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/asthma/default.htm
[4] Most Recent National Asthma Data. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm

Child Behavioral Health

Behavioral/mental health among children is about meeting developmental and emotional milestones, learning social skills and proper coping behaviors.[1] Mental health is not just a lack of a disorder, but it is also the presence of positive mental health. Some of the more common types of mental disorders among children include attention-deficit/hyperactivity disorder (ADHD), anxiety, and behavior disorders.[2] The mental health questions in this survey are restricted to children that are between the ages of three and 17, as children under the age of three are generally deemed too young to diagnose.

Results show that **25.3% of children age three and older have difficulties with emotions, concentration, behavior, and/or getting along with other people,** which equates to 18,496 children. The majority of these issues (72.3%) are minor; however, 27.7% are severe.

Results show that **18.5% of children in the Coachella Valley age three and older (13,521 children) have been diagnosed with one or more mental health disorders**. The most common diagnosis is attention deficit disorder/attention deficit/hyperactivity disorder (ADD/ADHD), as illustrated in the table below.

Mental Health Diagnosis *Children Age 3+*	**Weighted Percent**	**Population Estimate**
ADD/ADHD	7.4%	5,433
Anxiety disorder	5.8%	4,210
Developmental delay	5.3%	3,864
Autism	3.0%	2,168
Mood disorder (depressive or bipolar disorders)	2.3%	1,695
Suicidal thoughts	2.2%	1,575
Eating disorder	2.0%	1,492
Other mental health disorder	3.7%	2,733

[1] What Are Childhood Mental Disorders? (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/childrensmentalhealth/basics.html
[2] Ibid.

There were three follow-up questions targeted at children age three and older who had been diagnosed with a mental health disorder and/or those who had behavioral health difficulties (e.g., with emotions, concentration, behavior, and/or getting along with other people). These three questions included whether the child had received treatment for these issues in the past year in the form of 1) visiting a mental health professional, 2) visiting a doctor/pediatrician, or 3) taking medication.

Results showed that 42.1% of children age three and older with a mental health disorder and/or behavioral health difficulties had received at least one of these three types of treatment in the past year. Conversely, about 57.9% of children age three and older with a mental health disorder and/or behavioral health difficulties did *not* receive any of these three treatments in the past year, which equates to 13,759 children.

The most common mental health treatment utilized by these children is visiting a mental health professional (30.8%, or 7,308 children); fewer children visited a doctor or pediatrician (21.8%, or 5,181 children) or have taken medication (18.2%, or 4,333 children).

Local Spotlight: Riverside University Health System – Behavioral Health

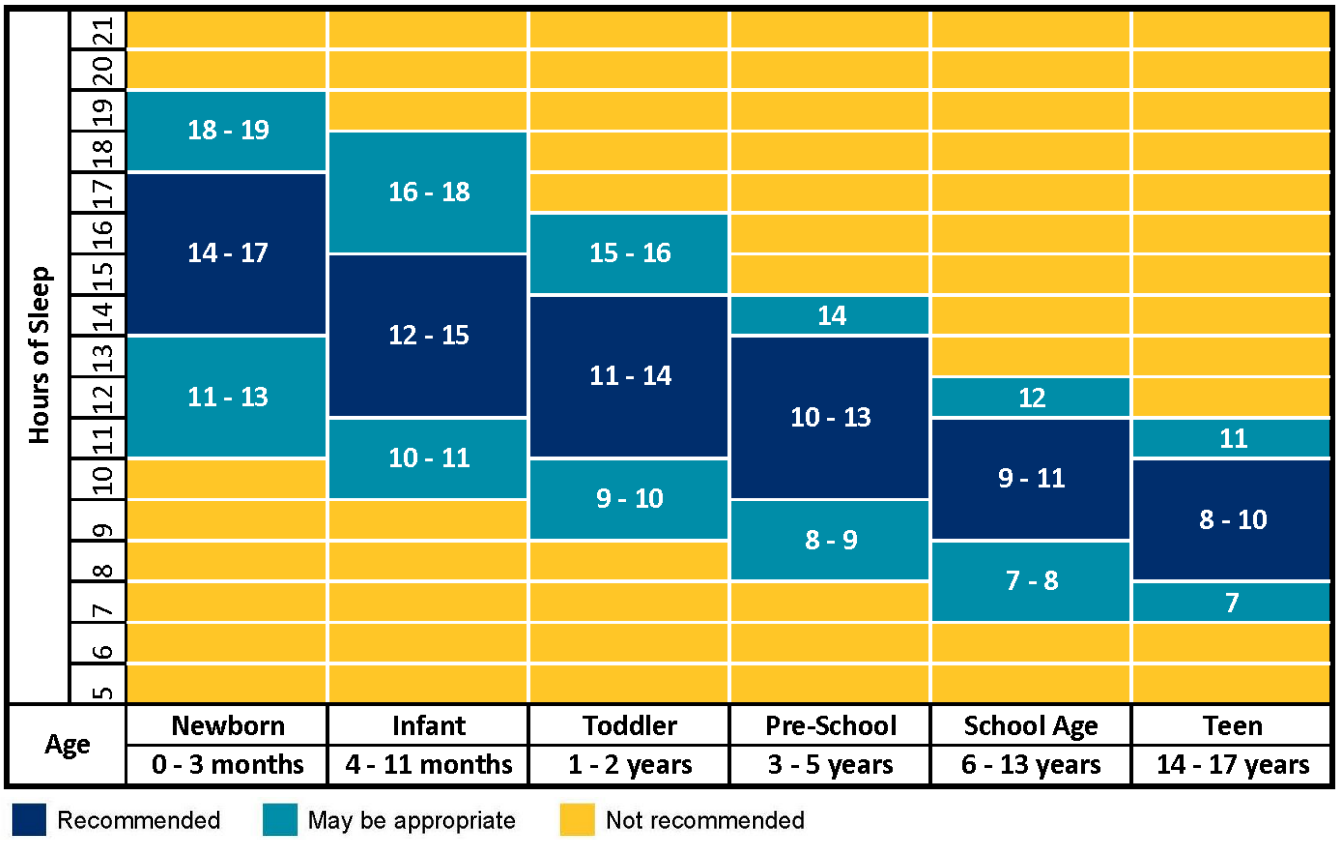
Riverside University Health System – Behavioral Health works with Recovery Innovations International to provide Mental Health Urgent Care in Palm Springs. At this location, mental health services are provided 24/7/365 to address the needs of those in crisis in a safe, efficient, and home-like environment. Services are provided for both teens and adults, and include assessment, peer support, psychiatric and medication support, recovery education, and more. The focus of this Mental Health Urgent Care site is safety, reduction of symptoms, and the creation of a plan for continuing support services, including linkage to community resources.

Riverside University HEALTH SYSTEM Behavioral Health

To learn more about the Mental Health Urgent Care, call (442) 268-7000 or stop by the location at 2500 N. Palm Canyon Drive, Suite A4, Palm Springs.

Sleep

Children who do not get enough sleep can have social problems, anger problems, feelings of sadness or depression, lack of motivation, and can have trouble fighting common infections.[1] The National Sleep Foundation recommends that school-aged children get between seven and 12 hours of sleep per night, as illustrated in the image below.[2]



Parent/guardian respondents were asked how many hours of sleep their child got on an average 24-hour day. As illustrated in the table below, the vast majority of local children are getting sufficient sleep. However, **5.3% of local children (4,561 children) are sleep deprived**.

Amount of Sleep per National Sleep Foundation Recommendations	Weighted Percent	Population Estimate
Less than recommended amount for age	5.3%	4,561
Recommended amount for age	94.0%	81,579
More than recommended amount for age	0.7%	615
Total	**100.0%**	**86,755**

[1] Why is Sleep Important? (2012). U.S. Department of Health & Human Services. http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why

[2] National Sleep Foundation (2016). Sleep Duration Recommendations. https://sleepfoundation.org/sites/default/files/STREPchanges_1.png

Child Weight, Nutrition, and Fitness

Obesity and BMI

Body mass index (BMI) is a calculated value based on the height and weight of a person. For children and adolescents, however, their weight status depends on their age- and sex-specific percentile for BMI.[1] A percentile ranking is used because children and adolescents' body composition varies with age and gender.[2] While BMI does not directly measure body fat, it is an indicator of body fat, and is highly correlated with direct measures of body fat.[3] BMI percentiles are then grouped into four categories: underweight, normal weight, overweight, and obese.

The CDC has estimated that one in five children and adolescents in the United States is obese.[4] Being obese means that these children are more likely to have high blood pressure and cholesterol, type 2 diabetes, breathing problems, joint problems, musculoskeletal discomfort, psychological problems, self-esteem issues, and lower quality of life.[5]

As illustrated in the table below, **46.1% of children in the Coachella Valley age two and older (25,790 children) have a BMI that puts them in the "overweight" or "obese" category**.

BMI Category *Children Age 2+*	Weighted Percent	Population Estimate
Underweight (less than 5th percentile)	8.7%	4,847
Normal weight (between 5th and 84th percentile)	45.2%	25,304
Overweight (between 85th to 94th percentile)	13.7%	7,654
Obese (95th percentile or above)	32.4%	18,136
Total	**100.0%**	**55,941**

While 46.1% of children in the Coachella Valley fall in the category of "overweight" or "obese", only 14.4% of parents/guardians consider their child to be "overweight", as illustrated in the table below.

Parent/Guardian Weight Perception *Children Age 2+*	Weighted Percent	Population Estimate
Underweight	7.6%	6,068
About the right weight	78.0%	62,554
Overweight	14.4%	11,580
Total	**100.0%**	**80,202**

In fact, **of the 25,790 children who are overweight or obese, 64.2% of their parents/guardians believe that their child is "about the right weight" instead of overweight**. This equates to 16,569 children whose parents/guardians are unaware of the problem and thus, are unlikely to make changes to their child's lifestyle. As a result, these children are likely to remain overweight or obese.

[1] Defining Childhood Obesity. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/childhood/defining.html
[2] Ibid.
[3] About Child & Teen BMI. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
[4] Childhood Overweight and Obesity. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/childhood/index.html
[5] Ibid.

Physical Activity

Engaging in physical activity regularly has clear health benefits for children such as improved cardiorespiratory fitness, stronger muscles and bones, improved cognition, and reduced symptoms of depression.[1] The U.S. Department of Health and Human Services recommends that children ages three to five should be physically active throughout the day while those aged six to 17 should do 60 minutes or more of moderate-to-vigorous activity daily. As part of the regular 60 minutes of physical activity, at least three days should include vigorous-intensity, muscle-strengthening, and bone-strengthening activities.[2]

About a third of local children ages six and up (31.0%) are active every day for at least an hour a day outside of school, as illustrated in the table below. The remainder of children, however, are likely not getting sufficient physical activity.

Number of Days/Week of Physical Activity for 1 Hour+ (excluding PE in school) *Children Age 6+*	Weighted Percent	Population Estimate
No days	13.8%	7,308
1 to 2 days	12.9%	6,852
3 to 4 days	26.0%	13,839
5 to 6 days	16.3%	8,670
All 7 days	31.0%	16,503
Total	**100.0%**	**53,172**

Local Spotlight: City of Coachella

The City of Coachella has taken major steps to help families get active. Over the last decade, Coachella has invested over $6.5 million in bike lanes throughout the city as a part of the Active Transportation Program. The community has bike rides every Tuesday, encouraging bicycling for both fun and transportation. Families can also get exercise at the eight different public parks, the public pool, the community center, and via the softball and soccer leagues for both adults and youth.

The parks are home to many popular activities offering opportunities for healthy and fun recreation, such as Day of the Young Child, Run with Los Muertos 5k, and Movies in the Park, among others.

Visit https://www.coachella.org/residents/parks-and-recreation for more information on Coachella's vibrant parks, festivals, and events.

[1] Physical Activity Guidelines Advisory Committee. 2018 Physical Activity Guidelines Advisory Committee Scientific Report. Washington, DC: US Dept of Health and Human Services; 2018. https://health.gov/paguidelines/second-edition/report/pdf/PAG_Advisory_Committee_Report.pdf

[2] Ibid.

Nutrition

For ideal health, people should consume a variety of fruits and vegetables, whole grains, fat-free, low-fat dairy products, a variety of proteins, oils, and low levels of solid fats, added sugars, and sodium.[1]

Fast Food

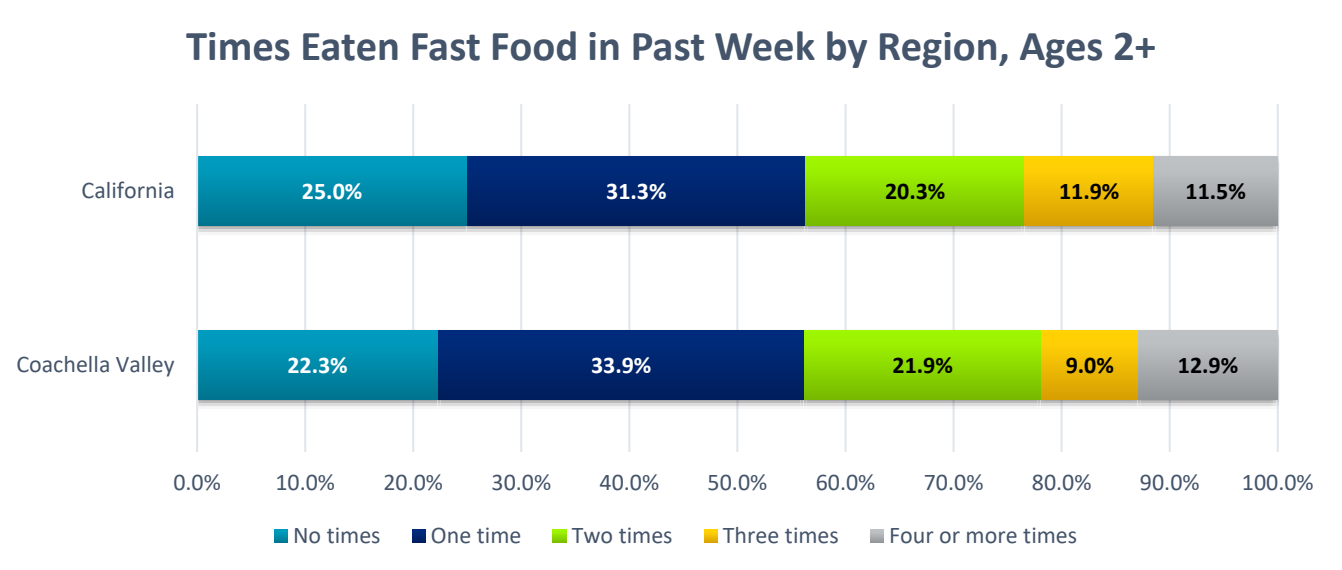
When exposed to environments that do not promote healthy dietary patterns, it can be difficult for children to make healthy eating choices.[2] National estimates reveal that over a third of children consumed fast food on any given day and 12.4% of daily calories consumed were from fast food.[3]

Parent/guardian respondents were asked how many times in the past week their children (age two and older) had consumed fast food, including at school, at home, at fast food restaurants, or via carryout or drive through.

Results illustrate that about half of Coachella Valley children age two and older (56.2%) consume fast food one time per week or less, as illustrated in the table to the right. Unfortunately, **12.9% of local children ages two and up eat fast food four or more times a week**.

Times Eaten Fast Food in Past Week *Children Age 2+*	Weighted Percent	Population Estimate
No times	22.3%	17,384
One time	33.9%	26,437
Two times	21.9%	17,069
Three times	9.0%	7,041
Four or more times	12.9%	10,109
Total	**100.0%**	**78,040**

The rate of fast food consumption is very similar to rates for children across California, as illustrated in the chart below.



Note. The California data in this chart are from the California Health Interview Survey, 2018.

[1] US Department of Health and Human Services and US Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. December 2015. https://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf
[2] Ibid.
[3] Caloric Intake from Fast Food Among Children and Adolescents in the United States, 2011–2012. (2015). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/products/databriefs/db213.htm

Family Mealtime

Sharing meals together offers a chance for family members to come together and share experiences and stories of the day. Additionally, a meta-analytic study published in *Pediatrics* found that children and adolescents having family meals three or more times per week were more likely to be in a normal weight range compared to those who have fewer family meals together per week.[1] However, it should be noted that whether eating as a family, or separately, dietary patterns should still follow the 2015-2020 Dietary Guidelines for Americans.[2]

In the Coachella Valley, about half of children ages two and older (52.1%, or 41,740 children) eat dinner with their families every day, as illustrated in the table below. Unfortunately, **5.8% of local children ages two and older do not eat dinner with their families any day during the week**.

Days/Week Eating Dinner Together as a Family ***Children Age 2+***	**Weighted Percent**	**Population Estimate**
None	5.8%	4,642
1 to 2 times per week	9.3%	7,434
3 to 4 times per week	17.6%	14,076
5 to 6 times per week	15.2%	12,167
Every day	52.1%	41,740
Total	**100.0%**	**80,059**

[1] Is Frequency of Shared Meals Related to the Nutritional Health of Children and Adolescents? (2011). Pediatrics, volume 127, issue 6. http://www.ncbi.nlm.nih.gov/pubmed/21536618

[2] US Department of Health and Human Services and US Department of Agriculture. 2015–2020 Dietary Guidelines for Americans. 8th Edition. December 2015.

Breastfeeding

Breastfeeding is the perfect food for a newborn and provides infants with all the nutrients they need for healthy growth and development.[1] The World Health Organization (WHO) recommends exclusive breastfeeding up to six months of age, and to continue breastfeeding with complementary food up to two years of age or beyond.[2] Breastfeeding provides health benefits for both the infant and the mother. Infants who are breastfed have a reduced risk of asthma, obesity, ear and respiratory infections, sudden infant death syndrome, and diarrhea/vomiting.[3] Mothers who breastfeed have lower chances of having high blood pressure, type 2 diabetes, ovarian cancer, and breast cancer.[4] However, not all mothers are able to breastfeed and supplement their child's nutrition with formula.

The majority of local children age five and younger (82.9%, or 27,322 children) were breastfed for at least a short while. The remaining 17.1% of children age five and younger (5,650 children) were never breastfed.

Of the 27,322 children that were breastfed, about half had completely stopped breastfeeding before the child reached 12 months old, as illustrated in the table below.

Age at Which Child Completely Stopped Breastfeeding *Children Ages 0 to 5*	Weighted Percent	Population Estimate
Less than 1 month	1.9%	508
1 to 3 months	10.4%	2,752
4 to 6 months	9.9%	2,621
7 to 12 months	26.7%	7,077
More than a year	35.2%	9,336
Still breastfeeding	15.9%	4,206
Total	**100.0%**	**26,500**

[1] Breastfeeding. (n.d.). World Health Organization. https://www.who.int/topics/breastfeeding/en/
[2] Ibid.
[3] Breastfeeding. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html
[4] Ibid.

Food Insecurity

Food insecurity is defined by the U.S. Department of Agriculture Economic Research Service as "limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways."[1]

The U.S. Department of Agriculture estimates that 6.0 million children live in food-insecure households in which both children and adults were food insecure.[2]

Individuals who are low income may struggle to make ends meet and feed themselves and their children each month, and thus, may experience a great deal of stress. To measure this, participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more." As illustrated in the table below, **14,647 children live in households where their parents/guardians were "often" or "sometimes" concerned about their ability to buy food**.

"We worried whether our food would run out before we got money to buy more"	Weighted Percent	Population Estimate
Often true	2.9%	2,535
Sometimes true	13.8%	12,112
Never true	83.3%	73,275
Total	**100.0%**	**87,922**

Another indicator of food insecurity is the amount of agreement with the statement, "The food that we bought just didn't last, and we didn't have money to buy more." As illustrated in the table below, **9,609 children live in households where their parents/guardians "often" or "sometimes" didn't have money to buy more food.**

"The food that we bought just didn't last and we didn't have money to buy more"	Weighted Percent	Population Estimate
Often true	1.7%	1,470
Sometimes true	9.3%	8,139
Never true	89.1%	78,313
Total	**100.0%**	**87,922**

[1] Measurement. (2019).United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx

[2] Key Statistics & Graphics. (2019). United States Department of Agriculture Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#children

The next step of severity is having to make cuts in actual food consumption. Results indicate that in the past year, **4.1% of children had to cut the size of their meals or skip meals because there wasn't enough money for food**. This equates to 3,613 food insecure children.

Fortunately, there are resources available to help those who are food insecure. As illustrated in the table below, many local children live in households that utilize CalFresh (also known as food stamps or SNAP benefits), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, or food assistance programs such as a food pantry or soup kitchen. Without these resources, no doubt the number of children who had to cut the size of meals or skip meals would be much higher.

Use of Emergency Food Sources in Past Year	Weighted Percent	Population Estimate
Used CalFresh benefits (food stamps) to purchase food	17.0%	14,991
Used WIC benefits to purchase food	14.7%	12,900
Received emergency food from a food assistance program	6.9%	6,051

Some families cut their spending on food to meet other basic needs. To measure this, parent/guardian respondents were asked, "In the past 12 months, have you spent less money on food because you needed to prioritize other basic needs, such as healthcare, housing, transportation, or utilities?"

Results indicate in the past year, **14.0% of children live in households that had to spend less money on food because they needed to prioritize other basic needs**. This equates to 12,371 children living in homes where food spending had to be limited.

Learning and Socialization

School Absenteeism and Discipline

Many factors influence the level of academic achievement a child will attain, and one of these factors includes absenteeism. According to the U.S. Department of Education, more than seven million students missed at least 15 days of school in 2015-2016.[1] Minimizing absences is important as low levels of attendance is related to poorer grades.[2] Specifically, missing 10 percent or more school days can result in the inability to master reading, failing subjects, and even dropping out.[3] These, in turn, have serious long-term consequences, such as lower educational attainment and lower income levels as adults.

Results indicate that **the majority of local students (77.1%) missed less than a week of school last year,** as illustrated in the table below. However, nearly 4,000 local students missed two weeks or more of school and are likely falling behind.

Days of School Missed *Children Ages 6 to 17*	**Weighted Percent**	**Population Estimate**
None	25.9%	13,660
1 to 2 days	22.8%	12,030
3 to 5 days	28.4%	14,959
6 to 10 days	15.3%	8,088
11 to 15 days	2.1%	1,107
More than 15 days	5.4%	2,865
Total	**100.0%**	**52,710**

Of those children who missed one or more days of school in the past year, the most common reason was for illness (73.7%, or 28,762 children). Other reasons for missing school include vacation (20.1%, or 7,842 children) and doctor appointments (14.4%, or 5,638 children).

Reason for Missing School in the Past Year *Children Ages 6 to 17 Who Were Absent at Least Once*	**Weighted Percent**	**Population Estimate**
Illness	73.7%	28,762
Vacation	20.1%	7,842
Doctor appointment	14.4%	5,638
Death (of a relative)	1.8%	714
Caring for a sibling or other family member	1.1%	436

According to parent/guardian respondents, **13.7% of local children age six and over (7,538 children) have been disciplined by a school official during the past year**.

[1] Chronic Absenteeism in the Nation's Schools. (2019). United States Department of Education. https://www2.ed.gov/datastory/chronicabsenteeism.html

[2] Morrissey, T. W., Hutchison, L., & Winsler, A. (2014). Family income, school attendance, and academic achievement in elementary school. Developmental Psychology, 50(3), 741-753.

[3] Chronic Absence. (n.d.). Attendance Works Website. https://www.attendanceworks.org/chronic-absence/the-problem/

Childcare

Childcare or daycare involves the supervision and care of one or more children and can occur in a range of settings such as daycare, babysitting, preschool, and in-home care. Finding convenient, affordable, and quality childcare can be challenging for any parent. However, when selecting a childcare service, the most important factors to look for are whether the service is safe, healthy, and provides learning.[1]

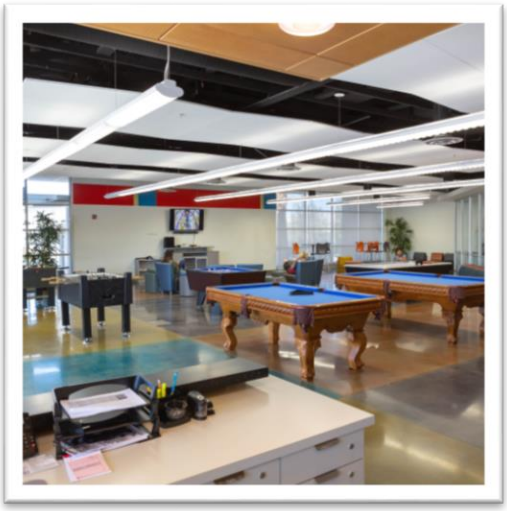
In the Coachella Valley, the majority of parents/guardians of children 12 and under (88.6%, or 53,890 children) did not encounter a time when they could not find childcare when they needed it. Conversely, **11.4% of parents/guardians of children age 12 and under (6,937 children) struggled to find childcare**.

The most commonly cited reason for being unable to find childcare is the "hours and location didn't fit my needs", as illustrated in the table below.

Reason for Inability to Find Childcare *Children Age 12 and Younger Whose Parents/Guardians Could Not Find Childcare When Needed*	**Weighted Percent**	**Population Estimate**
The hours and location didn't fit my needs	22.1%	1,531
Couldn't afford any childcare	16.1%	1,116
Couldn't find a provider with space available	15.6%	1,085
Couldn't find the quality of childcare I wanted	8.8%	609
Other	37.4%	2,596
Total	**100.0%**	**6,937**

Local Spotlight: City of Desert Hot Springs

The Desert Hot Springs Recreation Center is an invaluable resource to the children of Desert Hot Springs. Located steps from Desert Hot Springs High School, the Center offers extensive after-school programming for children of all ages. Kids may work on homework in the computer lab, let off some steam on the basketball court, and learn new skills from educated staffers. For many, the Center becomes like a second home. Never is that community bond more apparent than during the holidays. Last Thanksgiving, the Center hosted a feast for the children in its programs, including turkeys, pans of mac and cheese, and other sides donated by staff and parents. Community, caring, and collaboration is at the heart of the Center, and Desert Hot Springs itself.



[1] Choosing Quality Child Care. (n.d.). Childcare Aware of America website. https://www.childcareaware.org/families/choosing-quality-child-care/

Reading to Child

Reading to children is an important step in teaching children to read and has many additional benefits. For example, parent-child reading has been found to help with oral language development and understanding of letters, words, and punctuation.[1]

Parents/guardians of local children ages five and under were asked to report how often an adult read to their child in the home within the past three months. **The majority of young children (69.3%) were read to five or more times per week in their home**; very few children were not read to at all (2.9%).

Number of Times/Week an Adult Read to the Child in the Home *Children Ages 0 to 5*	Weighted Percent	Population Estimate
Never	2.9%	966
Less than once a week	3.1%	1,031
Once a week	5.3%	1,753
2 to 4 times a week	19.4%	6,384
5 or more times per week	69.3%	22,838
Total	**100.0%**	**32,972**

Local Spotlight: First 5 Riverside

First 5 Riverside has invested with United Way of the Desert to implement "Raising a Reader", an evidence-based early literacy program focusing on strengthening family literacy routines and community literary connections through weekly book bag rotations at school sites in the Coachella Valley, serving 1,327 children.

Of 890 parents surveyed about changes in literacy behaviors, 81% reported establishing at least four literacy behaviors after program completion. First 5 Riverside recently launched Ready4K, an evidence-based family engagement curriculum delivered via text messages that focuses on child development activities parents can do with their child. To date, 1,073 messages have been sent and 92% of surveyed parents found the texts are helpful/very helpful.

For more information on these programs, please go to First5Riverside.org and click on the "For Families" link.

[1] Home Reading Environment and Brain Activation in Preschool Children Listening to Stories. (2015). Pediatrics, volume 136, issue 3. http://pediatrics.aappublications.org/content/early/2015/08/05/peds.2015-0359

Conversations with Child

Children need guidance from adults to learn how to cope with the complex situations they will face as they get older. For example, children need guidance on how to respond to alcohol and drugs, gangs and violence, and sexual issues and pregnancy. Additionally, conversations should be had that can help them develop coping tools for mental health issues, such as dealing with anger, depression, eating disorders, self-harm, and suicide. Starting early in good communication helps to develop a strong relationship, thereby making it easier to talk about difficult topics.[1]

In the Coachella Valley, most children ages six to 17 have had conversations with their parents/guardians about smoking/tobacco use, drugs, racism, alcohol, social media and sharing of private pictures, and how to deal with anger.

In contrast, **very few children ages six to 17 have discussed domestic violence, eating disorders, or self-harm with their parents/guardians.**

Conversation Topic *Children Ages 6 to 17*	**Yes**		**No**	
	Weighted Percent	**Population Estimate**	**Weighted Percent**	**Population Estimate**
Smoking, e-cigarettes, vaping, chewing, or other tobacco use	70.7%	38,986	29.3%	16,129
Drugs	69.5%	38,302	30.5%	16,813
Racism	65.7%	36,230	34.3%	18,885
Alcohol	62.2%	34,300	37.8%	20,815
Social media and sharing of private pictures	60.6%	33,387	39.4%	21,728
Dealing with anger	58.6%	32,305	41.4%	22,810
Sexual issues/pregnancy	46.8%	25,778	53.2%	29,337
Gangs or violence	45.8%	25,265	54.2%	29,850
Depression or isolation	40.8%	22,496	59.2%	32,619
Suicide	33.8%	18,642	66.2%	36,473
Interpersonal (domestic) violence	30.7%	16,927	69.3%	38,188
Eating disorders	25.0%	13,781	75.0%	41,334
Self-injury like cutting	21.8%	12,011	78.2%	43,104

[1] Communicating with Your Child. (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/parents/essentials/communication/index.html#targetText=As%20your%20child%20gets%20older,are%20praise%20and%20active%20listening.

CONCLUSION


Cathedral City
CITY OF COACHELLA
City of
Desert Hot
Springs
INDIAN
WELLS
Welcome to
INDIO
CITY OF
INDIO
The place to be
City of
La Quinta
GEM OF THE DESERT
PALM
DESERT
Palm Springs
CITY LIMITS
POP 44,500
ELEV 475
THE CITY OF
RANCHO
MIRAGE

CONCLUSION

Our Coachella Valley is home to approximately 430,000 people and is steadily growing. HARC's 2019 Coachella Valley Community Health Survey—the fifth of its kind—continues to serve as a valuable resource that details quality of life in our community. The highlights of these findings, and some implications for the data, are presented here.

Adults

The uninsured rate has long been a problem for Coachella Valley adults. HARC's historic data illustrated a steady climb in the rate of uninsured adults 18 to 64, peaking in 2013 when a third of our working age adults were uninsured (34%). The implementation of the Affordable Care Act cut this uninsured rate in half in 2016—only 14% of working-age adults were uninsured. However, our latest survey findings show we've lost some ground—now 21% of working-age adults in Coachella Valley are uninsured. Reasons for being uninsured are largely still due to the high cost, but further exploration is needed understand specifically who these uninsured adults are.

The Mental Health Parity and Addiction Equity Act mandates that insured adults have behavioral health coverage at an equal level to their medical or surgical coverage. However, 22% of insured working-age adults do not know if they are covered for behavioral health services. As such, these individuals are unlikely to seek out behavioral healthcare. Similarly, one of the top barriers to receiving healthcare is "understanding what is covered by your plan"; this barrier negatively impacted 20% of local adults' ability to get care in the past year. Thus, education and outreach are needed to educate insured adults on the insurance benefits they have and are entitled to.

Source of care continues to evolve over time as the healthcare landscape has changed. Use of a doctor's office as the usual source of care has substantially decreased over time, going from 62% of adults in 2010 all the way down to 38% in 2019. Urgent care emerged as a popular usual source of care in 2016 and continues to be high in 2019; 25% of local adults go to urgent care when they are sick or in need of care. This preference may be due in part to the hours urgent care is open when compared to a traditional doctors' offices; one of the most common barriers to receiving medical care is "hours the provider is open to see patients", which negatively impacts 20% of adults' ability to get care. Local medical practices should explore extended hours or shifted hours to see if this can make a difference in the number of people who have a medical home/continuity of care. Additionally, the wait time for doctors' appointments may be a major barrier—most health issues cannot wait a few weeks before being seen.

Medical marijuana use is on the rise in the Coachella Valley; 16% of local adults use marijuana for medical purposes such as chronic pain, glaucoma, nausea, and vomiting. This is up from 9% in 2016. About 14% of local adults use recreational marijuana.

For the first time in the history of HARC's community survey, the percentage of adults who've been tested for HIV is more than half (51%). However, this still presents a major issue, as 49% of local adults have never been tested and do not know their status. Given the high prevalence of HIV in the region and the life-altering nature of HIV, this proportion of untested adults is an issue that needs to be addressed. Including HIV testing as part of routine care is a key component to addressing this issue and ending the epidemic. For example, testing for high cholesterol has long been a routine part of health screening; as a result, 83% of local adults have been tested for cholesterol at least once, versus only 51% of local adults who've ever had an HIV test.

Over a third of our local adults are suffering from high blood pressure; this, along with the high rates of high cholesterol, indicates a need for heart health services and care, as the two conditions combined are strong predictors of heart attacks and stroke.

Overall, 29% of local adults have been diagnosed with one or more mental health disorders, and 32% of adults have had an emotional, mental, or behavioral problem in the past year that concerned them. However, only half of these individuals are getting treatment by visiting a primary care provider, a mental health professional, or taking medication. Overall, more than 18,300 local adults needed mental healthcare in the past year and could not get it, and more than 11,000 needed mental health medication in the past year and were unable to obtain it. Part of this lack of mental healthcare access is likely due to the shortage of mental health providers in the region; there are simply not enough mental health professionals to meet the needs of our community. Efforts to attract and retain mental health professionals, as well as programs to "grow our own", should be emphasized to address this shortage. From our involvement in the community we know that the Coachella Valley is also in need of mental health providers who take Medi-Cal and Medicare, as well as those who offer care on a sliding scale to those with no insurance.

Sometimes treatment for mental health issues doesn't need to come from a provider or medication. Such is the case for issues of loneliness—social programs to bring people together are needed to address the issue of isolation. Locally, nearly 30,000 adults are "often" or "always" lonely and would benefit from participation in social programs or outreach by friends and family.

Obesity remains a problem in the Coachella Valley, such that only one third of local adults have a healthy weight. Given that obesity is strongly correlated with the leading causes of death, this widespread problem is one that bears much attention and intervention.

For the vast majority of people, being overweight/obese is a lifestyle issue—a lack of sufficient exercise and an overabundance of calories. Locally, 39% of who are overweight or obese think that they are "about the right weight", and thus, are unlikely to attempt to change their behaviors. Education needs to be conducted to clear up these misconceptions and encourage sustained lifestyle change.

Despite the availability of emergency food sources and federal food assistance programs for people who are low-income, food insecurity remains an issue for thousands of individuals. More than 50,000 local adults are stressed about their ability to purchase sufficient food, and 35,575 adults had to cut the size of their meals and skip meals because there wasn't enough money for food. Nearly 13,000 local adults had to go without eating for an entire day because they couldn't afford food. These statistics highlight the fact that funding and programming around food security—such as food pantries and food distribution sites—remain critically important to supporting these thousands of individuals.

Children

Adverse childhood experiences (ACEs) are associated with many negative health outcomes, such as risky health behaviors, chronic health conditions, and early death. Further, the more ACEs that a child encounters, the more likely they are to experience poor health outcomes. Locally, more than 36,500 children have experienced one or more ACEs, and more than 4,500 of these have experienced four or more ACEs—putting them at extreme risk for negative health consequences. Additionally, this survey only covered four of the 10 ACEs, so the true prevalence is likely much higher. Research has shown that one way to combat the effects of ACEs is to focus on resilience, giving children the coping skills they need to flourish and thrive. Clearly, programs designed to strengthen resilience in children are necessary in the Coachella Valley, as are efforts to prevent ACEs in the first place.

Fortunately, the majority of local children get regular healthcare and have health insurance. However, about 19% have not had a routine medical check-up in the past year (nearly 16,700 children). Dental access is even worse; 14,750 children have ***never*** been to a dentist and another 5,500 children have been at least once—but not in the past year. The benefits of preventative care should be emphasized to all parents so that these children are getting regular medical and dental checkups on an annual basis.

One of the largest barriers to getting necessary healthcare for children is language barriers (25%). Thus, healthcare providers must ensure that a portion of their staff are bilingual, and that sufficient numbers of bilingual care providers are available at any given time.

HPV vaccines can prevent cancer and genital warts and should be administered to children before any sexual activity, starting as early as age nine. Unfortunately, the vaccine's use is not widespread; 46% of children between the ages of nine and 17 have never had this vaccination. Parents may need to learn more about the vaccine and its ability to prevent cancer.

Given the warm weather the Coachella Valley experiences year-round, pools are extremely common across neighborhoods. However, 26% of children age two and older do not know how to swim and are at high risk for drownings. This highlights the importance of continued support for free swim lessons for local children, as well as educating parents at the fact that water safety classes are appropriate for children as young as six months old.

Much like their adult counterparts, children also experience mental health issues—19% of children ages three and up have been diagnosed with a mental health disorder, and 25% have difficulties with emotions, concentration, behavior, and/or getting along with others. Affordable mental health services for children is clearly a priority in this community.

Results show that 46% of children age two and older have a BMI percentile that puts them in the "overweight" or "obese" category. This means they are doing better than their adult counterparts, but there is certainly room for improvement. Part of this is due to parental misconceptions; of the nearly 26,000 children who are overweight or obese, 64% of their parents/guardians believe that they are "about the right weight" instead of overweight. Thus, it is unlikely that these parents/guardians will encourage lifestyle changes in their children, such as buying healthier groceries, and as such, the children are likely to stay overweight or obese. Education for parents should be done to educate them as to what obesity actually looks like, and how to adapt their child's lifestyle accordingly.

Unfortunately, child food insecurity continues to be an issue in the Coachella Valley. Many local families utilize supportive programs, such as CalFresh (food stamps), the Women, Infants, and Children (WIC) program, and food assistance programs like food pantries. It is clear that funding for these programs needs to be sustained, given that we still have thousands of food insecure children.

Overall, most local children are not having conversations with their parents/guardians about mental health topics such as depression, isolation, suicide, or self-harm. This may be due to the stigma of mental and behavioral health. If these conversations are not happening within the family, it likely that our youth are lacking in healthy coping mechanisms to deal with these issues. Parents may need support to know how to talk to their children about the topic of mental health. It also may potentially be a topic that should be covered in after-school programming or in schools to ensure that the children are capable of coping with these common issues.

What's Next

The HARC team has worked hard to design and administer this survey, to clean and analyze the data, and to make it as clear and understandable as possible. We will continue to strive to publicize this data widely, so that everyone who can make use of the data knows that it is available and can access it. To this end, HARC will host educational trainings and workshops, guest lectures, and custom data analyses.

In summer 2020, the 2019 data will be available on HARC's online searchable database, HARCsearch. With this tool, people will be able to explore the data in-depth. For example, if someone is interested only in the health of young children age zero to five, they will be able to view information specific to that age group on dozens of variables with only a few simple clicks. Similarly, users will be able to dive deeper into how the data varies by gender, ethnicity, and income level, to name a few. This powerful tool will help data users to customize this data to serve their needs.

Now that HARC's 2019 data is available, it's time for our community partners to put this data into action. Historically, data users have used HARC's data to prioritize health needs, design programs and services to address those needs, and obtain funding to make needed programs and services a reality. The data has been used to attract healthcare providers, to highlight disparities, and to get grants. The organizations and individuals who put this data to work transform it from a series of numbers to actual improvements in health, wellness, and quality of life in our Coachella Valley.

If you use HARC's data in these ways and you make meaningful change, please share your story with us! We can be reached at staff@HARCdata.org, and we love to hear success stories of how community members have turned data into real-life change.

As mentioned previously, this report is not intended to be exhaustive—it merely shares the highlights of HARC's extensive dataset. Pending the receipt of additional funding, HARC can use this data to conduct in-depth analyses and produce additional reports and data briefs. If you have a report that you would be particularly interested in, or know of a funding source to support a specific report, please contact HARC at staff@HARCdata.org.

In closing, thank you to all of those involved with this survey—from the funders to the participants to the people who will use this data to create change. We are proud to be a part of this community.

Additional Services from HARC

The Coachella Valley Community Health Survey presented in this report is just one of the services HARC provides to the community. HARC's research team uses their expertise to identify needs in the community and to evaluate the effectiveness of programs and services. HARC provides these services to help our clients secure grant funding and allocate their resources strategically. Our services include:

Needs Assessment

Needs assessments are conducted prior to designing a program, project or other intervention with the intent of demonstrating that there is in fact a "need" in the community. Through a needs assessment, HARC can help identify gaps in services which can then inform planning activities.

Program Evaluation

HARC evaluates the effectiveness of programs through a systematic program evaluation. **Program evaluations are conducted by collecting and analyzing information relevant to a particular program, and identifying aspects that are working well and specific ways to improve.** As a third-party evaluator, HARC provides objective documentation of your results that prove invaluable.

Data Analysis

Very often, organizations have a wealth of data but lack the capacity or skillset to transform the data into useful information. HARC's expert researchers will **skillfully analyze your data and identify practical insights** that can help you better understand the impact of your work and ultimately improve your organization.

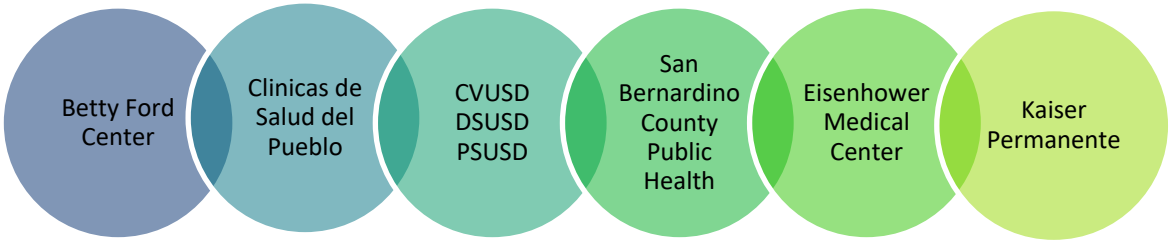
Training

HARC's researchers **provide training on a variety of topics**, such as how to conduct research and evaluation in-house, how to effectively design a workplace wellness program, or how to find publicly available data to support your work. Training can expand the capacity of your organization for long-term success.

Community Engagement

Community engagement is central to improving community health, as it helps us to understand the needs of our community and solutions to addressing those needs. **HARC engages the community through a variety of methods**, including public meetings, focus groups, and online platforms.

Select Current and Past Clients



For a complimentary consultation, please contact CEO, Jenna LeComte-Hinely, PhD, at 760.404.1945.