**DESERT HEALTHCARE DISTRICT**
**SPECIAL MEETING OF THE BOARD OF DIRECTORS**
**Board of Directors**
**April 16, 2021**
**5:00 P.M.**

**In accordance with the current State of Emergency and the Governor's Executive Order N‑ 25-20, of March 12, 2020, revised on March 18, 2020, teleconferencing will be used by the Board members and appropriate staff members during this meeting.  In lieu of attending the meeting in person, members of the public will be able to participate by webinar by using the following link:**
**https://us02web.zoom.us/j/84674322359?pwd=Zk1MZjQ1UkhnY2ZlOVlpdEhPMVk4UT09**
**Password: 218975**
**Participants will need to download the Zoom app on their devices.  Members of the public may also be able to participate by telephone, using the follow dial in information:**
**Dial in #: (669) 900-6833 To Listen and Address the Board when called upon:**
**Webinar ID: 846 7432 2359**
**Password: 218975**

| Pages | AGENDA | Item Type |
|---|---|---|
| | *Any item on the agenda may result in Board Action* | |

**A.  CALL TO ORDER –** President De Lara
    Roll Call
Director Zavala____Director Shorr____Director Zendle, MD____
Director PerezGil____Director Rogers, RN____
Vice-President/Secretary Borja____President De Lara

**B.  PLEDGE OF ALLEGIANCE**

1  **C.  APPROVAL OF AGENDA**                                    **Action**

**D.  WORKSHOP – COMMUNITY HEALTH NEEDS ASSESSMENT AND HEALTH IMPROVEMENT PLAN**

    1.  Community Health Needs Assessment and Health     Information
       Improvement Plan Workshop Facilitated by Health          &
       Assessment and Research for Communities (HARC),     Discussion
       Jenna LeComte-Hinely, PhD, and Casey Leier, PhD,
       Director of Research and Evaluation

2-13        a.  Community Health Needs Assessment Visual Report
14-224      b.  Community Health Needs Assessment Written Report
225-277     c.  Community Health Improvement Plan Written Report

**E.  ADJOURNMENT**

1

**DESERT HEALTHCARE**
**DISTRICT & FOUNDATION**

Date:        April 16, 2021

To:        Board of Directors

Subject:      Community Health Needs Assessment and Health Improvement Plan (CHNA/CHIP) Workshop

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## Background:

- On January 28, 2020, the Board of Directors of the Desert Healthcare District and Foundation approved the selection of Health Assessment & Research for Communities (HARC) as the contractor to implement all phases of CHNA and CHIP.
- With the presence of COVID-19 throughout the entire CHNA and CHIP process, the District staff and HARC have had to adapt and update the scope of work details and timeline appropriately.

## Information:

- The Community Health Needs Assessment report is broken out into 12 leading health categories. The category list was developed using Healthy People 2030 as well as input from the Advisory Council.
    - Secondary data was pulled from local, county, state, and national data sources to inform the indicators within each category.
    - After the data was collected, a prioritization process was conducted to identify the top five health priorities for Coachella Valley residents.
    - Prioritization was conducted via three methods: community engagement, input from the Advisory Council, and ranking of the CHNA data by subject-matter experts using a standardized prioritization tool.
    - Then, HARC combined the data from all three sources to identify the following top five health priorities, listed alphabetically, for Coachella Valley: access to care, economic stability, education access and quality, environment, and mental health.
- To help disseminate the CHNA to the public, HARC has created an infographic summarizing the report.
- HARC created draft goals and objectives for each of the top five health needs based on community feedback and Healthy People 2030's objectives. These draft goals and objectives were presented, for feedback, to community leaders through a series of focus groups and key informant interviews in the form of a Community Health Improvement Plan.
    - Each of the five identified health needs includes an overall goal and is supported by objectives and activities.
    - Please note that not all of these activities are activities that the Desert Healthcare District and Foundation will undertake; some activities are more appropriate and fitting for other key partners, organizations, and agencies.
    - The CHIP is meant to inform the District's Strategic Plan.

- The Community Health Needs Assessment and Community Health Improvement Plan have executive summaries that summarize the key points of each report.
- The CHNA report, CHNA visual report, and CHIP report are attached for your review.

**<u>Fiscal Impact:</u>**
- N/A.

# Coachella Valley
# Community Health Needs Assessment

2020/2021

## Desert Healthcare District & Foundation

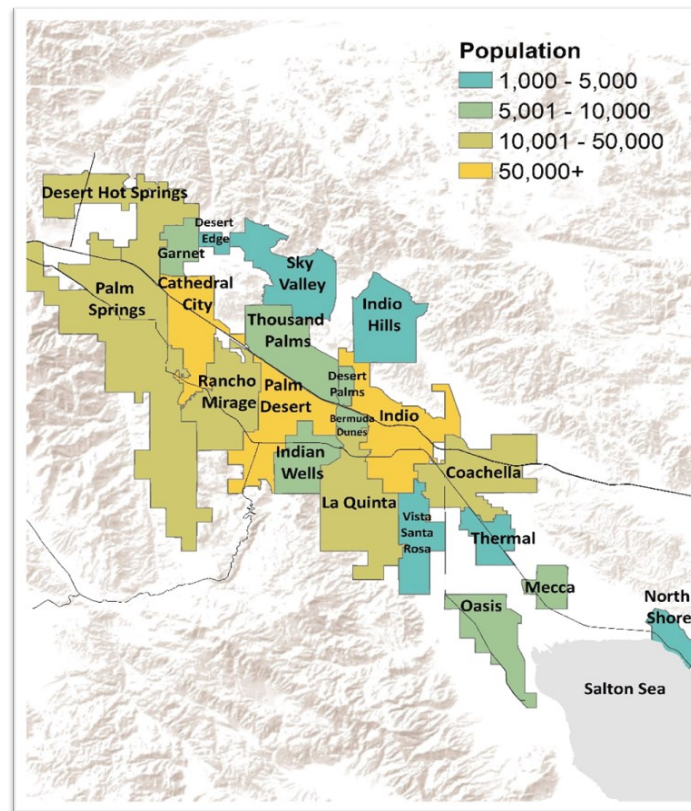# Introduction to the Community Health Needs Assessment

The Coachella Valley is a unique geographic area in Eastern Riverside County, California. It is a part of the greater "Inland Empire" (the counties of San Bernardino and Riverside).

Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley, with the boundaries ending west of Cook Street. Once established, the District then built and operated Desert Hospital, now known as Desert Regional Medical Center (DRMC); the Foundation was formed to support the activities of the Medical Center.

Much of the impact for District residents today results from programs and grants approved by the Board of Directors, creating the Desert Healthcare District and Foundation.

In November 2018, Coachella Valley voters approved extending the DHCD & F boundaries east of Cook Street. This expansion more than doubled the coverage area, and thus it became necessary to reassess the entire Coachella Valley and get a clear picture of the health needs in the District.



Map of the Coachella Valley

In January of 2020, HARC Inc. was hired to conduct this community health needs assessment in support of the District's goals. Equipped with an understanding of the greatest health needs, the District and Foundation can target its efforts and make the greatest health impact for our community.

This report summarizes the findings of the DHCD & F CHNA, and aims to propel our entire community into action so that our most pressing needs are addressed.

This document is just a brief overview designed for the general public; for more information or to read the full report, contact DHCD & F at info@DHCD.org.

# Community Health Needs Assessment

HARC and DHCD & F recruited two groups of stakeholders: the Steering Committee (SC) and the Advisory Council (AC).

The Steering Committee consisted of nine organizations who are local leaders in community health and also collect large-scale data for our region:

- Borrego Health
- The California Endowment
- Coachella Valley Economic Partnership
- Desert Regional Medical Center (DRMC)
- First 5 Riverside
- Inland Empire Health Plan (IEHP)
- Riverside University Health System – Behavioral Health
- Riverside University Health System – Public Health
- University of California, Riverside – School of Medicine

The Advisory Council consisted of more than 40 community organizations that serve our community on a daily basis. These organizations include healthcare organizations, nonprofit health and human services organizations, school districts, and senior centers, among others.

Next, HARC and DHCD & F identified 12 areas to address:

- Access to Care
- Clinical Preventative Services
- Education
- Environment
- Economic Stability
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, Obesity
- Oral Health
- Reproductive and Sexual Health
- Substance Use

HARC gathered data on these 12 topics from a variety of sources, including the Census Bureau, California Department of Education, Riverside University Health System – Public Health, HARC's triennial Community Health Survey, and local agencies such as Borrego Health, Eisenhower Health, First 5 Riverside, and Inland Empire Health Plan. These reputable sources helped construct the CHNA report, which breaks down data by the 21 cities/census-designated places (CDPs) in the Coachella Valley.
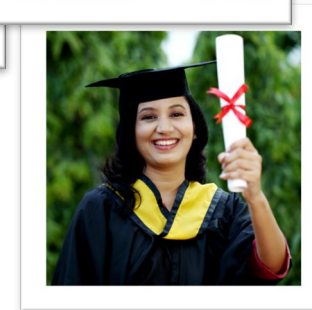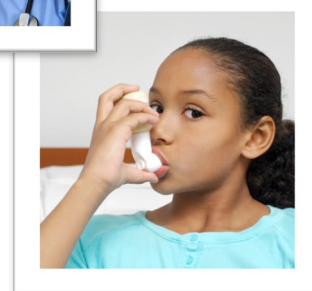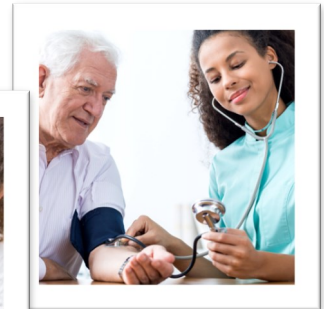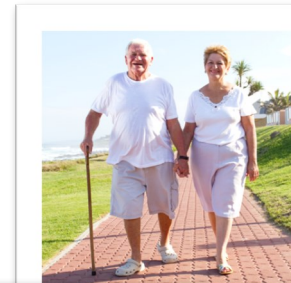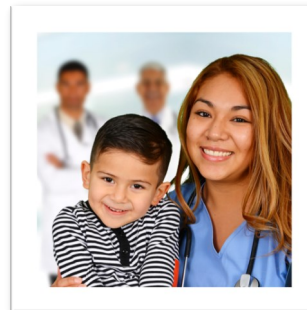
# Prioritizing Health Needs



After the data was collected and compiled into a large report, DHCD & F and HARC embarked on a journey to prioritize the health needs and narrow it down to five health priorities to address in the coming years.

Community engagement is a major part of the prioritization process. HARC gathered community feedback via virtual focus groups. Each of our partners serving on the Advisory Council were invited to help recruit their clients/patients/members for an online focus group. By the end of the project, HARC hosted nearly 50 focus groups from Coachella Valley residents all across the Valley.



HARC used three different sources of data to determine the top five health issues from the list of 12. These three sources include:

♦ Community engagement via 40 virtual focus groups consisting of 205 community members

♦ Group prioritization with the Advisory Council via eight virtual focus groups consisting of 31 Advisory Council members

♦ Subject matter experts ranked the health needs, using the data from the CHNA report and a prioritization rubric

HARC and DHCD & F then combined all of this to select the following five health priorities for the Coachella Valley (in alphabetical order):

♦ Access to Care

♦ Economic Stability

♦ Education

♦ Environment

♦ Mental Health

The following pages provide data and information for each of these top five health needs. For information on the various data sources, please see the full report, visit the DHCD & F website at dhcd.org.

# Access to Healthcare

**Access to care** refers to the ease in which a person can obtain timely medical help and resources when needed. Access to care is important because it allows an individual to achieve optimal health and wellbeing.

## Coachella Valley Statistics

♦ There are 2 hospital beds per every 1,000 people in our population. This is better than California as a whole (1.8).

♦ 15% of local adults ages 19 - 64 are uninsured — this is worse than in California as a whole (11%).

♦ In several of our unincorporated areas (Oasis, Thermal, etc.) nearly 1 in 3 working-age adults are uninsured.

## Physician Shortage

The rate of licensed physicians providing patient care on a full-time basis per 100,000 people in the Coachella Valley is 188.4. This is worse than California (209.0 per 100,000).

The Valley is especially lacking in physicians practicing:

♦ Emergency medicine

♦ General surgery

♦ Obstetrics/gynecology (OB/GYN)

♦ Orthopedic surgery

♦ Pathology

♦ Pediatrics

♦ Radiology

♦ Urology

## Usual Source of Care

When local adults are sick or in need of care, they usually go to...

♦ Doctor's office: 38%

♦ Urgent care: 25%

♦ Health clinic: 13%

♦ ER/hospital: 9%



From the focus groups, a number of participants described the high cost of healthcare and shortage of physicians. For example:

*"The cost of healthcare is high: health insurance, eye care, dentistry. These are all high costs that may not be affordable due to housing costs, too."*

*"There's also a need to access physicians in a timely manner. That's why people go to the urgent care, it takes way too long to see a doctor."*
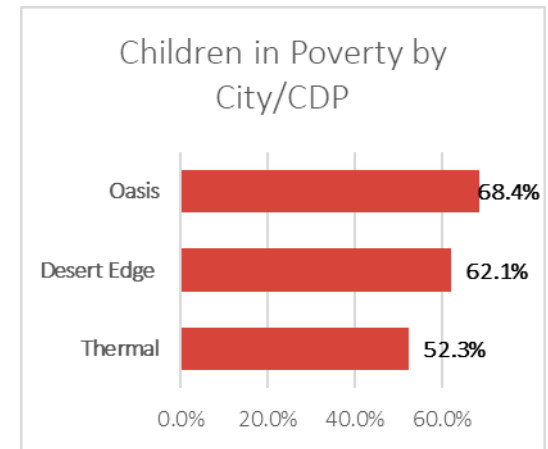
# Economic Stability



Economic stability is defined by income and the financial stability of the home. Poverty status are determined by annual incomes in comparison to federal government poverty thresholds.



Three cities have child poverty levels above 50%:
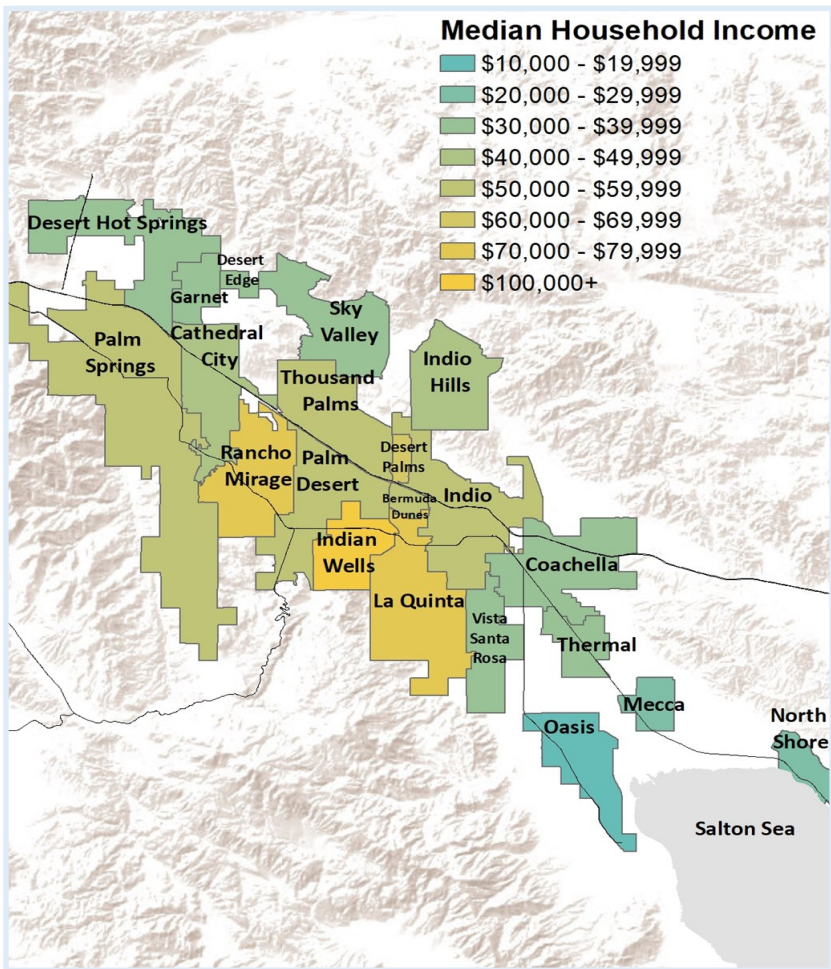


## Coachella Valley Statistics

♦ The median income of each of our cities varies widely. Indian Wells has the highest median household income of $107,500 and Oasis has the lowest median household income of $19,457.

♦ 60% of renters and 48% of homeowners spend more than 30% of their income on housing. Both of these rates are worse than California (55% and 38%, respectively).

♦ 28% of local children live in poverty. This is worse than in California (18% of children).

From the focus groups, participants described economic stability in the Coachella Valley based on their lived experiences:

*"People work so hard just to pay for their house and don't have money left over for food."*

*"Homelessness seems like a common issue. You can see people on the streets throughout the year, including the summer."*

# Education

Education is considered an "upstream" factor of health — meaning that a good education may improve income and financial stability, which helps take better care of your health.

## Coachella Valley Statistics

♦ The 4-year cohort graduation rate for CVUSD (79%) is worse than DSUSD (91%), PSUSD (92%), and California (85%).

♦ The college-going rate is better for DSUSD (65%) than California (64%), but worse for CVUSD (55%) and PSUSD (58%).

♦ 26% of locals adults age 25 and older have a Bachelor's degree or higher. This is worse than the rate in California (34%).

Not all cities/CDPs have equal educational attainment, as illustrated in the map below.

In Indian wells, 56% of adults age 25 and older have a bachelor's degree or higher.

In contrast, less than 1% of adults age 25+ in Thermal and Mecca have a bachelor's degree or higher.

**Bachelor's Degree or Higher**
- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 40.0% - 49.9%
- 50.0% - 59.9%
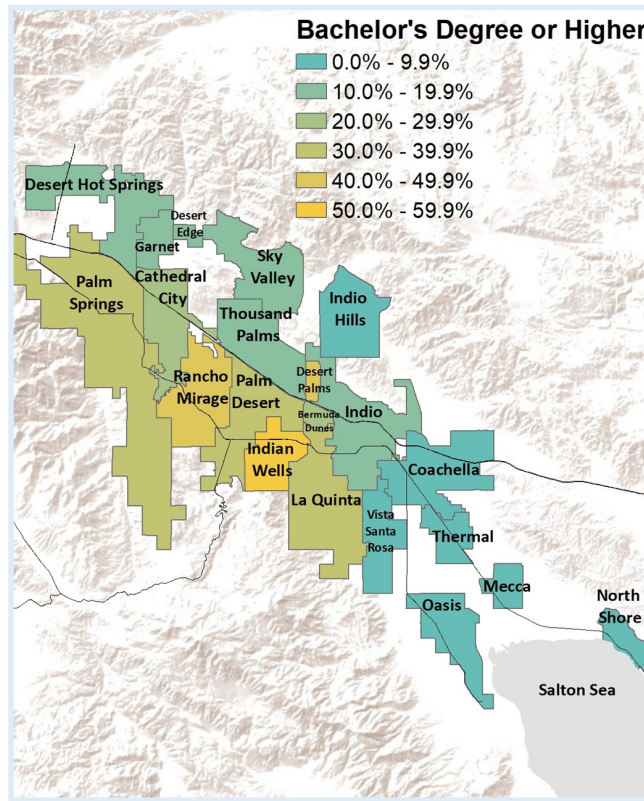
Focus group participants, expressed their experience in education in the Coachella Valley:

*"Education is crowded and as a result, the quality of education has gone down."*

*"A lot of students do not have the resources they need to be successful in education."*

*"There needs to be more emphasis on vocational training."*

Environment refers to the conditions of our surroundings. This is important because our health may be negatively impacted by certain environment factors such as poor air quality or unclean drinking water. It can also include factors that discourage healthy habits, such as lack of parks or safe spaces to walk or exercise outdoors.

## Coachella Valley Statistics

- Based on ozone pollution, Indio had less than 1% of days with "unhealthy" air quality and Palm Springs had 0% "unhealthy" days. This is better than Riverside County (7% of days).

- 12% of local adults have been diagnosed with asthma, which is better than California (15%).

- Out of data available from eight cities, six of our cities require a car for most errands. Two cities are slightly worse: La Quinta and Rancho Mirage require a car for almost all errands.

### Salton Sea

The Salton Sea is the largest lake in California by surface area; it is located in the Coachella and Imperial valleys. One of the major concerns about the air quality near the Salton Sea is due to the decreased amount of water flowing into the lake. Since there is an imbalance between the inflow of water and evaporation rate, this shrinks the lake and exposes dry lakebed, or playa. In 2017, researchers at the University of California, Riverside found that this exposed playa acted as dust sources with potential to impact human health.

In 2018, the Salton Sea air basin held among the highest number of days with PM10 measures over the California 24-Hour Standard by Air Basin. A total of 88.4 days held PM10 measures that were over the California 24-hour standard of 50 µg/m3 (weight of particles in micrograms per one cubic meter of air). For comparison, out of 10 air basins recorded in California, the San Joaquin Valley had the highest number of days with 164.4 days, followed by South Coast with 139 days, and Salton Sea Basin (88.4 days).
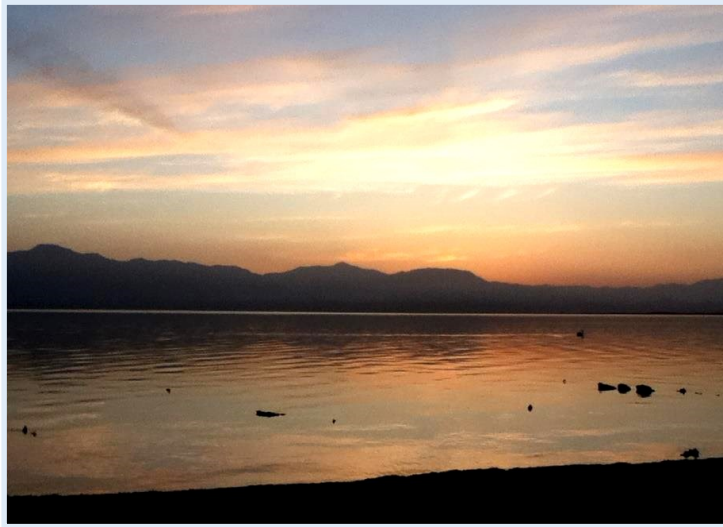


During the focus groups, some of the residents described concerns for a lack of transportation and the Salton Sea :

*"There is a lack of transportation in the Valley."*

*"The Salton Sea is affecting the health of children. It is causing asthma, allergies, and children's nosebleeds."*

# Mental Health

Mental health is a measure of an individual's psychological and emotional well-being. Mental health is not just the absence of mental disease or illness but also the presence of positive states such as happiness and resiliency. Poor mental health may also negatively affect other aspects of physical health.
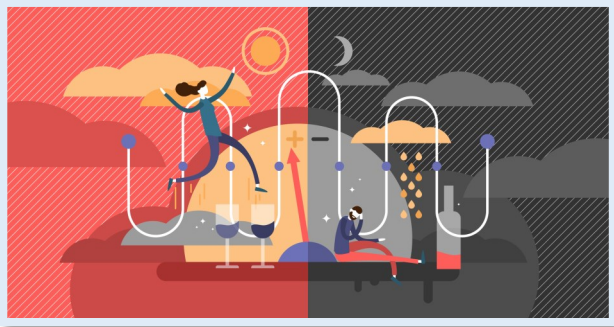


## Coachella Valley Statistics

♦ The suicide rate in Coachella Valley is 19 deaths per 100,000 people. This is worse than California: 11 deaths per 100,000.

♦ 15% of adults in Indio experience "frequent mental distress", meaning poor mental health for more than half of the past month. This is worse than California (11%).

### Partner Data

In 2019, Borrego Health saw 20,023 Coachella Valley residents age 12 and older. Of these, 79% were screened for depression at their visit (using an age-appropriate standardized depression screening tool).

### Mental Health Disorders

Anyone can acquire a mental health disorder throughout the lifespan. In the Coachella Valley, approximately 29% of adults (about 97,340 adults) and 19% of children (about 13,521 under the age of 18) have been diagnosed with a mental health disorder at some point.

Among the adults, the most common mental health disorders are depression (14% of adults), anxiety disorder (12%), and post-traumatic stress disorder (PTSD, 9%).

Among children, the most common mental health disorders are ADD/ADHD (7%), anxiety disorder (6%) and developmental delay (5%).



During the focus groups, some residents highlighted some of the mental health issues that exist in the valley:

*"We need more mental health clinics and affordable counseling for all ages to help prevent suicide."*

*"There is a stigma in the Latinx community that you should keep mental health to yourself, especially with males."*

**DESERT HEALTHCARE**
**DISTRICT & FOUNDATION**

**HARC**

### Next Steps:

- ♦ After conducting a CHNA, the important next step is to follow-up with a Community Health Improvement Plan (CHIP), which demonstrates what actions need to be taken to address the priority health issues identified by the CHNA.

- ♦ DHCD & F's CHIP was then developed in partnership with local leaders, and is available in a separate report.

- ♦ DHCD & F will use this CHIP to guide funding priorities in the years to come.

- ♦ Others can also use the CHIP to align their efforts in an effort to collectively improve the health of our region—**we are all in this together.**



For more information on the CHNA and the CHIP, please visit DHCD & F's website at **DHCD.org** or email DHCD & F at **info@DHCD.org**.

**DESERT HEALTHCARE**
DISTRICT & FOUNDATION

2020

# Community Health
# Needs Assessment
## *of the Coachella Valley*

**DESERT HEALTHCARE**
DISTRICT & FOUNDATION

# About This Report

This report was created by HARC, Inc. (Health Assessment and Research for Communities) for the Desert Healthcare District and Foundation.

To learn more about Desert Healthcare District and Foundation, visit www.DHCD.org.

To learn more about HARC, visit www.HARCdata.org.

This report is owned by the Desert Healthcare District and Foundation, copyright 2020.

If you have any questions or concerns about the report, please contact Dr. Cassaundra Leier, HARC's Director of Research and Evaluation, at CLeier@HARCdata.org.

# Acknowledgements

As with all work done for the community, the most meaningful and successful work is done with the participation of many different people and organizations. The Desert Healthcare District is immensely grateful for the support of our funders, steering committee, advisory council, and the residents of our Coachella Valley community.

## Funders

We are grateful for the support of the funders of this Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). The support from funders was invaluable in making this project possible, including generous contributions from:

- Borrego Community Health Foundation
- The California Endowment
- Desert Care Network
- First 5 Riverside



## Community Members

We would also like to thank our community members. Our process was intentionally designed to be community-driven, in that we wanted the voices of our community to inform how we understand local health issues and how we address those issues. We appreciate all the community members who provided input and helped us to understand their needs, the disparities, and the opportunities to create meaningful change.

## Steering Committee

We would also like to thank the Steering Committee, for helping to oversee our approach and assist with contributing local community health data that was pertinent to this project:

- Borrego Community Health Foundation
- The California Endowment
- Coachella Valley Economic Partnership (CVEP)
- Desert Care Network
- First 5 Riverside
- Inland Empire Health Plan (IEHP)
- Riverside University Health System – Behavioral Health
- Riverside University Health System – Public Health
- University of California Riverside – School of Medicine

## Advisory Council

A big thank you to our community partner organizations who helped us to optimally understand the community we serve and who helped us communicate with our community-at-large:

- Alianza Coachella Valley
- Alzheimer's Coachella Valley
- Angel View
- Braille Institute
- CSUSB – Palm Desert
- City of Coachella Water Authority
- Clinicas de Salud del Pueblo
- Coachella Valley Housing Coalition
- Coachella Valley Unified School District (CVUSD)
- Coachella Valley Volunteers in Medicine (CVVIM)
- Comite Civico del Valle
- County of Riverside - Mecca Farmworker's Service Center
- County of Riverside – Office of Supervisor V. Manuel Perez
- Desert AIDS Project (DAP)
- Desert Arc
- Desert Highland Gateway
- Desert Oasis Healthcare
- Desert Sands Unified School District (DSUSD)
- East Agriculture Advisor for Supervisor V. Manuel Perez
- Eisenhower Health
- El Sol Neighborhood Education Center
- FIND Food Bank
- Galilee Center
- Growing Coachella Valley
- Inland Empire Health Plan

- Jewish Family Service of the Desert
- Joslyn Center
- Kaiser Permanente
- Latino Commission
- LGBTQ Community Center of the Desert
- Lideres Campeninas
- Lift to Rise
- Loma Linda University - SAC Health System
- Martha's Village and Kitchen
- Mizell Senior Center
- Molina Healthcare
- Neuro Vitality Center
- OneFuture Coachella Valley
- Office on Aging
- Operation SafeHouse
- Palm Springs Unified School District (PSUSD)
- Planned Parenthood of the Pacific Southwest
- Pueblo Unido Community Development Corporation
- RAP Foundation
- Riverside County Latino Commission
- Riverside County Office on Aging
- Riverside County Sheriff's Department
- Shelter from the Storm
- South Coast Air Quality Management District
- SMaRT Education

# Acronym Page

The following acronyms may appear one or more times in this report, so this page can be used as a reference to "decode" those acronyms.

ACEs: Adverse Childhood Experiences

ACS: American Community Survey

AHRQ: Agency for Healthcare Research & Quality

AIDS: Acquired Immunodeficiency Syndrome

AQI: Air Quality Index

ASL: American Sign Language

BIPOC: Black, Indigenous and people of color

CDC: Centers for Disease Control & Prevention

CDP: Census Designated Place

CGR: College-Going Rate

CHIP: Community Health Implementation Plan

CHIS: California Health Interview Survey

CHKS: California Healthy Kids Survey

CHNA: Community Health Needs Assessment

CMS: Centers for Medicare & Medicaid Services

COVID-19: Novel Coronavirus

CVEP: Coachella Valley Economic Partnership

CVUSD: Coachella Valley Unified School District

CVVIM: Coachella Valley Volunteers in Medicine

DAP: Desert AIDS Project

DRMC: Desert Regional Medical Center

DSUSD: Desert Sands Unified School District

EBT: Electronic Benefits Card

EPA: Environmental Protection Agency

FMD: Frequent Mental Distress

FPL: Federal Poverty Line

FTE: Full-Time Equivalent

HARC: Health Assessment & Research for Communities

HEAL: Healthy Eating, Active Living

HIV: Human Immunodeficiency Virus

HRSA: Health Resources & Services Administration

ICD-10: International Classification of Diseases, Tenth Revision

IEHP: Inland Empire Health Plan

IMU: Index of Medical Underservice

JFK Memorial Hospital: John F. Kennedy Memorial Hospital

LGBTQIA: Lesbian, gay, bisexual, transgender, questioning, intersex, asexual

MUA: Medically Underserved Areas

MUP: Medically Underserved Population

NCHS: National Center for Health Statistics

OSHPD: California's Office of Statewide Health Planning & Development

PIT: Homelessness Point-In-Time Count

PM: Particulate Matter

POC: People of Color

PSUSD: Palm Springs Unified School District

PTSD: Post-Traumatic Stress Disorder

RCMA: Riverside County Medical Association

RDA: Registered Dental Assistant

RDH: Registered Dental Hygienist

RUHS: Riverside University Health System

SNAP: Supplemental Nutrition Assistance Program

STD: Sexually Transmitted Disease

STI: Sexually Transmitted Infections

UCR: Uniform Crime Report

VA: Veterans Affairs

WHO: World Health Organization

# Contents

# Executive Summary

### Introduction

In November 2018, local voters approved an expansion of the Desert Healthcare District and Foundation to cover the entire Coachella Valley region. As a result of this District expansion and the need for a new strategic plan, DHCD & F has embarked on the endeavor of conducting a Community Health Needs Assessment (CHNA) of the Coachella Valley.

In January of 2020, DHCD & F hired HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research organization, to conduct a CHNA. This report summarizes the findings of that needs assessment.

### Methods

DHCD & F and HARC collaboratively designed the methods for conducting this CHNA. Specifically, DHCD & F and HARC assembled a Steering Committee, assembled an Advisory Council, and refined a list of indicators to assess the health and social determinants of health for our local population. The indicator list was developed using The Healthy People 2030's leading health indicators as well as input from the Advisory Council. Secondary data sources were pulled by HARC from a variety of sources including American Community Survey, and California Department of Education, California Health Interview Survey, just to name a few. Additionally, we asked our local partners to provide local data that was pertinent to our list of health indicators. The results are presented in this report. To provide granular data, the results are provided by city and Census-Designated Places (CDPs) whenever possible. There are 21 cities/CDPs in the Coachella Valley.

Community engagement is a central part of the CHNA process. HARC gathered community feedback via virtual focus groups. Each of our partners serving on the Advisory Council were invited to help recruit their clients/patients/members for an online focus group. Each focus group was presented with data in the CHNA report and was asked to provide feedback—what is the most common issue in our community, what is most important to address, etc. Focus groups were facilitated by HARC staff with additional note-takers; focus groups were offered in English and in Spanish. All participants were provided with $25 Visa gift cards to compensate them for their time and expertise. There was a total of 40 community focus groups held with 205 members of the community. Data from all the focus groups were compiled, analyzed, and the most common themes were considered the top priorities according to the community.

HARC also gathered feedback from the Advisory Council using a similar process as the community engagement. There were a total of 8 focus groups held with 31 members of the community. Data from

all Advisory Council meetings were compiled, analyzed, and the most common themes were deemed top priorities according to our Advisory Council.

## Demographics

There are roughly 430,889 people living in the Coachella Valley—and the population is expected to grow to 476,106 by the year 2024. The city/CDP in the Coachella Valley with the lowest median age is Thermal (30); the city/CDP with the highest median age is Desert Palms (75).

The majority of residents in the Coachella Valley identify their race as White/Caucasian (68%). For ethnicity, some cities/CDPs consist of mostly Hispanics/Latinos, such as Mecca, Thermal, and Coachella. Conversely, some cities/CDPs are mostly not Hispanic/Latino, including Desert Palms, Indian Wells, and Rancho Mirage.

## Special Populations

There are several special populations in our Coachella Valley that are deserving of special attention, as the overall data may de-emphasize their needs. Thus, this report concludes with some thoughts on some of these populations, including young children (0 to 5), veterans, seniors, LGBTQIA+, farmworkers, people of color, and people with disabilities.

## Access to Care

There are three main hospitals in the Coachella Valley; combined, these hospitals have a total of 867 staffed/actual beds available to our residents, a ratio of approximately 2 beds per 1,000 people. This is very comparable to California as a whole (1.8 beds per 1,000 people).

Locally, there are 1,323 physicians/surgeons who are licensed in the Coachella Valley, which creates a physician-to-population ratio of 307 providers per 100,000 people. However, because not all of these physicians are providing patient care, it is more likely there are roughly 246 physicians per 100,000 people. Furthermore, we are most direly lacking providers with the following specialties: general surgery, OB/GYN, orthopedic surgery, pathology, pediatrics, radiology, and urology. The Coachella Valley is also lacking physicians in a number of other specialty areas, but to a lesser degree.

Approximately 15% of adults in the Coachella Valley are uninsured.

## Clinical Preventative Services

One out of four local adults aged 50 and over have never had a colonoscopy; and cities/CDPs with the lowest screening rates are those with a low median income (Coachella, Mecca, and Thermal).

## Education

Reading skills for all grade levels are certainly in need of improvement. When averaging all grades, less than half of students meet or exceed the standards for English/Language Arts for their grade level. On the bright side, 11th grade students across all school districts rarely perceive their school as "unsafe" or "very unsafe", few have been verbally harassed, and few have experienced violence or victimization.

School attendance is an important factor in student achievement. Chronic absenteeism for each of the three school districts ranges between 16% to 18%, which is higher than the rate of Riverside County (13%) and California (12%).

Approximately 41% of Coachella Valley children have had one or more of the four adverse childhood experiences (ACEs) that were surveyed. The cities who had the highest proportion of children experiencing ACEs include Palm Springs (62%), Thermal (59%), and Rancho Mirage (50%).

College-going rates range between 55% to 65% for the three school districts, and 32% of people in the Coachella Valley have earned a college degree or higher.

## Environment

Slightly less than 1% of the days in a year had unhealthy air quality in the city of Indio, while 7% of the days in a year were unhealthy air quality in Riverside County. Furthermore, roughly 12% of Coachella Valley residents (including adults and children) have been diagnosed with asthma.

## Economic Stability

According to data from 2019, approximately 6% of adults in the Coachella Valley were unemployed. At that time, the city with the highest unemployment rate was Coachella (10%). More recent data (from May of 2020) suggests that the city with the highest unemployment rate is Desert Hot Springs (24%); this data demonstrates the paramount impact of the COVID-19 pandemic.

Median household income ranges vastly from the wealthiest city to the poorest – the city with the highest median income is Indian Wells ($107,500) and the city with the lowest median income is Oasis ($19,457). Approximately 18% of people in the Coachella Valley are living in poverty.

## Injury and Violence

The city/CDP with the highest total crime index is Palm Springs (186 per 100,000 people) followed by Thermal (162) and Palm Desert (145). Cities/CDPs with a low crime index include Sky Valley (60), Desert Palms (56), and Desert Edge (51).

## Maternal and Infant, and Child Health

Approximately 9% of all births in the Coachella Valley are preterm births (born at less than 37 weeks old); the city with the highest proportion of preterm births is Indian Wells (17%). Thousand Palms is the city with the highest infant mortality rate – with 14.9 infant deaths for every 1,000 births.

## Mental Health

In the Coachella Valley, there are roughly 19.4 incidents of suicide for every 100,000 people; in fact, the local suicide rate exceeds that of Riverside County, California, and the United States. The city/CDP with the highest suicide rate is Rancho Mirage, where the suicide rate is quadruple the state average.

## Nutrition, Physical Activity, and Obesity

One out of three adults in the Coachella Valley are obese. While obesity is an issue, so is food insecurity: roughly one out of 10 adults had to cut or skip meals in the past 12 months due to a lack of money for food. Only about 38% of local adults walked at least 150 minutes in the past week, indicating a lack of physical activity.

## Oral Health

Roughly 2 out of 3 local adults have visited a dentist in the past year, and very few have not been to a dentist in the past five years (9.9%). Approximately 17.0% of local children aged 0 to 17 have never been to a dentist.

## Reproductive and Sexual Health

Approximately 63% of local adults are sexually active—and 75% of them do not use a condom to protect from STDs. The prevalence of people living with HIV/AIDS in Palm Springs is more than 18 times larger than the California prevalence rate as a whole; there are nearly 6,000 people living with HIV/AIDS in the Coachella Valley. There are roughly 602 cases of chlamydia for every 100,000 people.

## Substance Use

Substance use among adolescents is certainly taking place. Across the three school districts, between 36% to 48% of eleventh graders have ever used drugs or alcohol. Additionally, between 21% to 32% of eleventh graders have ever used marijuana. For adults, roughly 56.0% of local adults have consumed alcohol at least once in the past month. One out of five local adults are active marijuana users.

## Prioritizing Health Issues

The next step after gathering all of this information was to prioritize health needs to identify the top five to focus on in the coming years.

HARC used three different sources of data to pick the top five health issues from the list of 12. These three sources include:

- Community engagement via 40 virtual focus groups consisting of 205 community members.
- Group prioritization with the Advisory Council via eight virtual focus groups consisting of 31 Advisory Council members.
- Six subject matter experts ranked the health needs, using the data from the CHNA report and a prioritization rubric.

HARC and DHCD & F then combined data from all three sources to select the following five health priorities for the Coachella Valley. The priorities listed below are not in order of importance but rather listed **alphabetically**.

- Access to Care
- Economic Stability
- Education Access and Quality
- Environment
- Mental Health

# Introduction

The Coachella Valley is a unique geographic area in Eastern Riverside County, California. It is a part of the greater "Inland Empire" (the counties of San Bernardino and Riverside) but has many aspects that make it unique, including the relative geographic isolation created by extensive mountain passes.

Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley, with the boundaries ending west of Cook Street. Once established, the District then built and operated Desert Hospital, now known as Desert Regional Medical Center (DRMC); the Foundation was formed to support the activities of the Medical Center.[1] In 1997, Desert Regional Medical Center was leased to Tenet Health Systems for 30 years and the Foundation no longer was tasked with fundraising for the hospital. The Foundation has since then transitioned to sponsoring community health programs and projects.

Much of the impact for District residents today results from programs and grants approved by the Board of Directors, creating the Desert Healthcare District and Foundation. About $4 million per year is committed for its grant-making program to support and collaborate with local nonprofits to improve the health of District residents.

In November 2018, Coachella Valley voters approved extending the District boundaries east of Cook Street. The expansion enlarged the District to include La Quinta, Indio, Coachella, the rest of Palm Desert and Indian Wells, Bermuda Dunes, Thermal, Mecca, North Shore, and other unincorporated communities. This expansion more than doubled the coverage area, and thus it became necessary to reassess the entire Coachella Valley and get a clear picture of the health needs in the District.

To that end, the present report is an extensive Community Health Needs Assessment of the Coachella Valley. Equipped with an understanding of the greatest health needs, the District and Foundation can target its efforts and make the greatest health impact for our community. It is apparent that great health disparities exist in Coachella Valley and the aim of the District and Foundation is to promote equitable access to health resources and health outcomes through a new strategic plan.

In January of 2020, HARC Inc. was hired to conduct this community health needs assessment in support of the aforementioned goals. The guiding methodology we used for this project was the nine-step guide

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[1] http://www.DHCD.org

provided by the Association for Community Health Improvement's Community Health Assessment Toolkit.[2]

The specific steps that were followed are as follows:

Step 1: Reflect and Strategize

Step 2: Identify and Engage Stakeholders

Step 3: Define the Community

Step 4: Collect and Analyze Data

Step 5: Prioritize Community Health Issues

Step 6: Document and Communicate Results

Step 7: Plan Implementation Strategies

Step 8: Implement Strategies

Step 9: Evaluate Progress

The present report is a summation of the work we have conducted in steps 1 to 4; with placeholders for step 5 and 6 at the end of this report to designate that these are the next stages of this project.

Our process began with an examination of past CHNAs that have been conducted in the region, to better understand the needs of the past and the methods that were used in those reports. The results of some of these CHNAs are summarized in the table below.

Table 1. Summary of Other CHNAs

| Source | Notes | Priorities Selected (alphabetical order) |
|---|---|---|
| Eisenhower Health 2019 CHNA | Relevant geography is Coachella Valley.<br><br>CHNA mandated by the IRS as a nonprofit hospital. | Access to health care<br>Asthma<br>Dental care<br>Diabetes<br>Economic instability<br>Environmental pollution<br>Food insecurity<br>Heart disease<br>HIV/AIDS<br>Homelessness<br>Liver disease<br>Mental health<br>Overweight and obesity<br>Preventive practices |

[2] Association for Community Health Improvement's Community Health Assessment Toolkit. Available online here: https://www.healthycommunities.org/resources/community-%20health-assessment-toolkit

| | | Substance use and misuse<br>Unintentional injuries<br>Violence and community safety |
|---|---|---|
| Kaiser Permanente 2019 CHNA for the Moreno Valley Hospital | Relevant geography is Coachella Valley plus Moreno Valley and the high-desert region of San Bernardino County (e.g., Morongo Valley, Joshua Tree, etc.). But it is possible to pull out just Coachella Valley data from the report (which is reflected here).<br><br>CHNA mandated by the IRS as a nonprofit hospital. | Access to care<br>Asthma<br>Behavioral health (mental health and substance abuse)<br>Cancer<br>Economic opportunity<br>HIV/AIDS<br>Obesity/healthy eating active living (HEAL)<br>Stroke |
| Loma Linda University Health 2019 CHNA | Relevant geography is Riverside and San Bernardino Counties.<br><br>CHNA mandated by the IRS as a nonprofit hospital. | Access to healthcare<br>Affordable housing<br>Asthma<br>Behavioral Health<br>Diabetes<br>Food Security<br>Green Spaces<br>Jobs<br>Lifestyle-related conditions |
| Betty Ford Center 2018 CHNA | Relevant geography is Coachella Valley.<br><br>CHNA mandated by the IRS as a nonprofit hospital. | Access to care for low-income and/or uninsured<br>Mental health care<br>Substance abuse treatment |
| University of Southern California /Lift to Rise 2016 Coachella Valley Needs Assessment | Relevant geography is Coachella Valley.<br><br>Note that it is a general needs assessment, not a health needs assessment.<br><br>Focused on policy. | Education<br>Employment and income<br>Environment<br>Food insecurity<br>Health<br>Housing<br>Social connectedness<br>Transportation |
| Desert Highland Gateway Community Health Assessment (2013-2014) | Relevant geography is the Coachella Valley.<br><br>Examined healthcare access and also resource availability in a specific community/neighborhood in Palm Springs. | Healthcare Affordability<br>Healthcare access<br>High cholesterol<br>Hypertension<br>Obesity |
| Coachella Valley Health Access Report | Relevant geography is Coachella Valley. | Awareness of healthcare resources |

| by the Coachella Valley Healthcare Initiative (2010) | Note that it is not a formal CHNA but rather an assessment of barriers to access. | Community health education<br>Cultural competency<br>Cultural humility<br>Healthcare costs<br>Healthcare infrastructure<br>Patient satisfaction |
|---|---|---|

The next step was to assemble two groups of stakeholders: A Steering Committee and an Advisory Council.

The Steering Committee consisted of nine local organizations who are local leaders in community health and also collect large-scale data for our region. The Steering Committee consisted of the following organizations:

1. Borrego Health
2. The California Endowment
3. Coachella Valley Economic Partnership
4. Desert Regional Medical Center (DRMC)
5. First 5 Riverside
6. Inland Empire Health Plan (IEHP)
7. Riverside University Health System – Behavioral Health
8. Riverside University Health System – Public Health
9. University of California, Riverside – School of Medicine

We also assembled an Advisory Council consisting of local organizations who serve our community. Our partners helped us to make sure that the voices of our community are heard through both our outreach methods and with the data indicators that were selected. As such, this report details the secondary, population data collected in an effort to thoroughly understand the community and their needs. The data presented in this report will be used by the Advisory Council, Steering Committee, community, and the DHCD & F to prioritize the top health needs of our region.

The results of the CHNA will guide the creation of a community health improvement plan (CHIP), which will be created by Desert Healthcare District and Foundation and community partners, with community input. The CHIP will inform Desert Healthcare District and Foundation efforts, as well as the efforts of other local partners for years to come. The aim of Desert Healthcare District and Foundation is to promote equitable access to health resources and health outcomes through a new strategic plan, informed by these results.

As this CHNA was being conducted, the novel Coronavirus (COVID-19) pandemic had just begun to unfold and greatly affected our community and the entire world. Starting on March 19th of 2020, the

governor of California ordered all Californians to stay home on lockdown. The global pandemic of COVID-19 became a world health concern and individuals were asked to practice "social distancing" to slow the spread of the disease.[3] As a result, some aspects of this project were slowed or modified. Importantly, the information presented in this report provides a snapshot of health in our region prior to the global pandemic, although a few data points that demonstrate the impact of the pandemic. It is likely that data collected following this point in time will be influenced by momentous changes in the socio-economic landscape of our communities. It is expected that this recession has also had an impact on education, income, tourism, and mental health, just to name a few. In fact, the full scope of the impact is not yet entirely clear. As such, data reports that serve as a follow-up to this one should interpret any data with these factors in mind.

In fact, one important byproduct of the COVID-19 pandemic is that it has forced us to look closer at the way we live our lives as well as the healthcare infrastructure that supports our population. Both of these segments of health are explored in this report and should be deemed as critical now and in the years to come.

Taken together, the hope is that this CHNA and the CHIP report will serve as a road map to help guide the DHCD & F and local partners through the next decade of improving the health and wellness of the Coachella Valley.

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[3] www.coronavirus.gov

# Methods

HARC compiled secondary data from a variety of sources, including the American Community Survey, California Healthy Kids Survey, Federal Bureau of Investigation—Crime Data Explorer, National Center for Health Statistics, the Trust for Public Land, Uniform Crime Report, the United States Environmental Protection Agency, and the United States Census Bureau, to name a few.

A few organizations were particularly helpful in providing secondary data that was only available through private databases -- organizations such as Coachella Valley Economic Partnership, Riverside County Medical Association (RCMA) and HARC, Inc. all provided data for this report.

HARC also worked closely with local partners to access and understand their proprietary data pertaining to the Coachella Valley. Specifically, data was provided from partners such as Borrego Health, Eisenhower Health, First 5 Riverside, Inland Empire Health Plan, Riverside University Health System— Public Health, and Riverside University Health System—Behavioral Health.

Whenever possible, data was reported at the city level, with unincorporated areas reported at the census-designated place (CDP) level. In these instances, we present data on our nine incorporated cities and 12 CDPs for a total of 21 cities/CDPs.

The hope is that by examining data for each individual city/CDP that we can identify areas in need of attention. That said, Coachella Valley-level data, county-level data, and state-level data are all reported throughout this report when city/CDP-level was not available and/or to serve as a point of comparison when city/CDP-level data is indeed available.

## Map of the Coachella Valley

The map below illustrates the geographic region of the Coachella Valley discussed throughout this report. Specifically, the map illustrates the nine cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) and 12 CDPs (Bermuda Dunes, Desert Edge, Desert Palms, Garnet, Indio Hills, Mecca, North Shore, Oasis, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa) by population size.
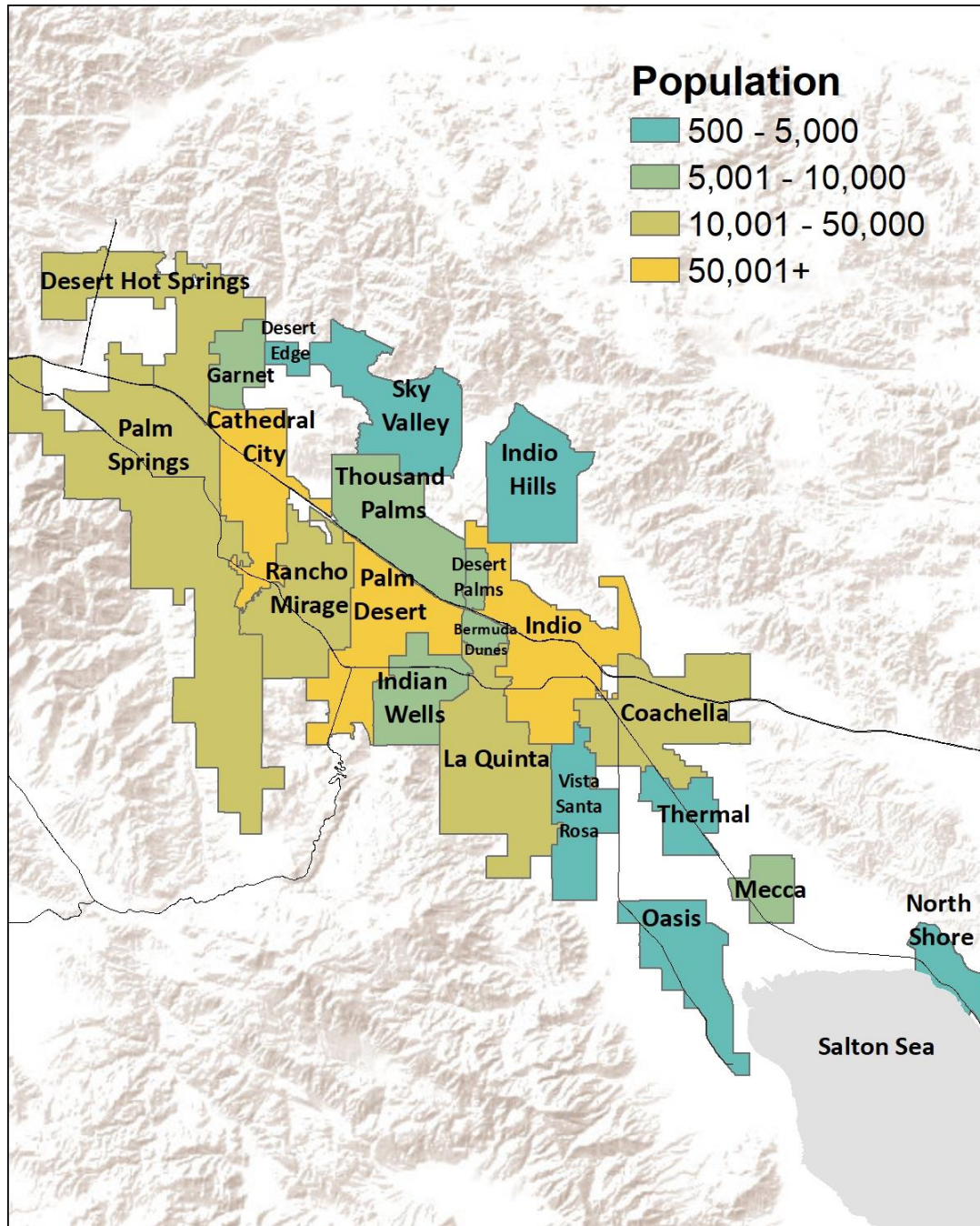


Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

# Demographics

## Population Size

The size of the Coachella Valley population is approximately 430,889 people—and is expected to grow to 476,106 people by the year 2025 – representing a 6.8% growth in the population. The figure below illustrates the most populated and least populated cities, along with the expected population growth over the next five years.

The most populated city in the Coachella Valley is Indio with 89,469 people, and the population of this region is expected to grow by 1.5% over the next five years.

See Appendix 1 for population data on all 21 cities/CDPs.

### Figure 1. Three Most Populated vs. Three Least-Populated Cities/CDPs with Expected Growth
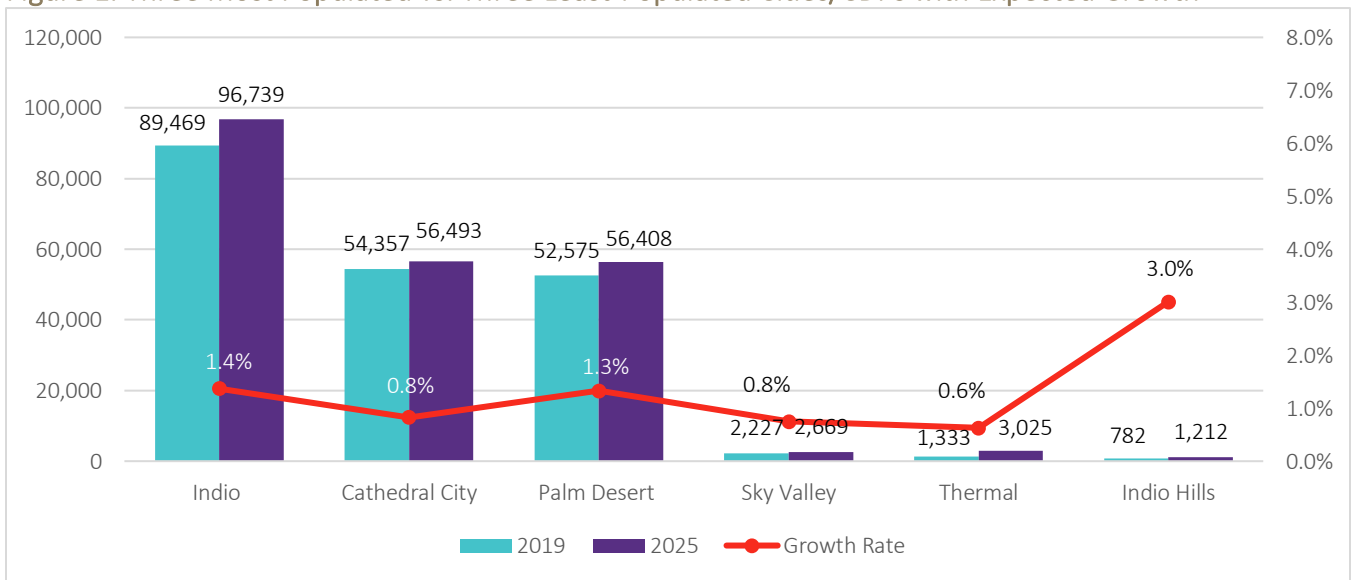


Source: Data was pulled from Esri Data Analyst which utilizes data from the United States Census Bureau and the American Community Survey. (2019). 2019 Population data from American Community Survey – Five Year Estimates. (2015-2019).

# Age

The age of the Coachella Valley residents is an important consideration, as there are some regions of the valley that are much younger and also regions that are older. The age group of a region helps us to understand the community resources that are needed for these communities to thrive.

## Median Age

Median age is the exact middle point in a population. In other words, half of the people in the region are younger than the median and half of the people are older. The median age for the United States is 38.1 years old and 36.5 years old for the state of California.[4]

Table 2 below illustrates the median age for the cities and CDPs in the Coachella Valley. There is a large difference between the median age of the oldest city/CDP, Desert Palms (74.6 years old) and youngest city/CDP, Thermal (29.8 years old).

Table 2. Median Age by City/CDP

| City/CDP | Median Age |
|---|---|
| Bermuda Dunes | 38.7 |
| Cathedral City | 39.4 |
| Coachella | 34.5 |
| Desert Edge | 67.2 |
| Desert Hot Springs | 36.8 |
| Desert Palms | 74.6 |
| Garnet | 38.5 |
| Indian Wells | 67.9 |
| Indio | 40.0 |
| Indio Hills | 31.5 |
| La Quinta | 47.9 |
| Mecca | 30.2 |
| North Shore | 38.3 |
| Oasis | 31.6 |
| Palm Desert | 54.5 |
| Palm Springs | 55.4 |
| Rancho Mirage | 65.8 |
| Sky Valley | 51.1 |
| Thermal | 29.8 |
| Thousand Palms | 52.0 |
| Vista Santa Rosa | 37.7 |

Source: American Community Survey – Five Year Estimates. (2015-2019).

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[4] American Community Survey – Five Year Estimates. (2015-2019).

## Age Groups

Across the Coachella Valley, approximately 19.4% of our population are minors under the age of 18, while about 24.4% are seniors age 65 and older.[5] However, the individual breakdown of age varies widely from city to city, with some cities/CDPs consisting of many older individuals than others.

Table 3 below shows the age groups for each city/CDP in the Coachella Valley. The cities/CDPs with the greatest proportion of children include Oasis, Mecca, and Thermal. The cities/CDPs with the greatest proportion of seniors include Desert Palms, Desert Edge, and Indian Wells. Part of the reason that Desert Palms has such a high number of seniors is that no one under 55 years of age is allowed to live in Sun City Palm Desert, which makes up the vast majority of this CDP. Riverside County, California, and U.S. data are provided for comparison purposes (yellow rows).

Table 3. Age Groups by City /CDP

| City/CDP | Under 5 | 5 to 17 | 18 to 24 | 25 to 39 | 40 to 64 | 65 to 79 | 80+ |
|---|---|---|---|---|---|---|---|
| Bermuda Dunes | 4.6% | 18.5% | 5.3% | 24.6% | 28.5% | 15.5% | 3.1% |
| Cathedral City | 5.8% | 17.4% | 8.5% | 19.1% | 32.2% | 12.8% | 4.3% |
| Coachella | 5.7% | 18.3% | 8.9% | 25.6% | 33.2% | 6.8% | 1.3% |
| Desert Edge | 0.3% | 7.3% | 2.5% | 7.6% | 25.4% | 38.9% | 18.0% |
| Desert Hot Springs | 6.3% | 18.7% | 8.9% | 21.1% | 31.4% | 10.2% | 3.3% |
| Desert Palms | 0.0% | 0.0% | 0.0% | 1.8% | 12.0% | 55.3% | 31.0% |
| Garnet | 5.4% | 22.7% | 6.5% | 17.7% | 35.7% | 6.5% | 5.5% |
| Indian Wells | 0.9% | 4.0% | 3.2% | 5.2% | 28.0% | 41.9% | 16.8% |
| Indio | 5.7% | 16.6% | 8.2% | 19.5% | 30.7% | 15.7% | 3.6% |
| Indio Hills | 15.7% | 12.3% | 8.6% | 18.4% | 37.6% | 7.3% | 0.1% |
| La Quinta | 4.9% | 14.7% | 7.4% | 14.8% | 32.4% | 20.8% | 5.1% |
| Mecca | 11.0% | 23.4% | 10.6% | 18.6% | 29.6% | 5.7% | 1.0% |
| North Shore | 0.8% | 19.0% | 8.1% | 22.7% | 43.5% | 4.7% | 1.2% |
| Oasis | 6.2% | 25.9% | 8.2% | 19.8% | 30.9% | 6.8% | 2.1% |
| Palm Desert | 3.7% | 10.8% | 6.5% | 14.3% | 28.7% | 26.0% | 10.0% |
| Palm Springs | 3.3% | 8.8% | 5.3% | 11.9% | 38.9% | 23.6% | 8.0% |
| Rancho Mirage | 1.7% | 5.8% | 1.5% | 8.2% | 31.1% | 36.4% | 15.4% |
| Sky Valley | 2.0% | 14.2% | 5.3% | 16.1% | 33.7% | 19.1% | 9.5% |
| Thermal | 9.5% | 19.5% | 12.3% | 19.5% | 32.5% | 6.8% | 0.0% |
| Thousand Palms | 2.5% | 16.7% | 7.1% | 17.7% | 29.0% | 18.1% | 9.0% |
| Vista Santa Rosa | 2.3% | 23.3% | 7.1% | 18.5% | 34.3% | 12.7% | 2.0% |
| **Coachella Valley** | **4.8%** | **14.6%** | **7.2%** | **17.3%** | **31.8%** | **18.3%** | **6.1%** |
| Riverside County | 6.5% | 18.9% | 9.8% | 20.3% | 30.2% | 10.7% | 3.5% |
| California | 6.2% | 16.7% | 9.6% | 22.0% | 31.4% | 10.4% | 3.5% |
| United States | 6.1% | 16.6% | 9.4% | 20.4% | 32.0% | 11.8% | 3.8% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

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[5] American Community Survey – Five Year Estimates. (2015-2019).

# Ethnicity and Race

## Ethnicity

In the Coachella Valley, ethnicity is relatively evenly split: 50.6% Hispanic/Latino and 49.4% non-Hispanic/Latino.[6] However, individual cities/CDPs vary widely, as illustrated in Table 4 below. Specifically, cities that are predominantly Hispanic/Latino enclaves include Mecca, Thermal, and Coachella. Conversely, cities/CDPs such as Desert Palms, Indian Wells, and Rancho Mirage have a very small Hispanic/Latino presence. Riverside County, California, and U.S. data are provided for comparison purposes (yellow rows).

Table 4. Ethnicity by City/CDP

| City/CDP | Hispanic/Latino (of any race) | Not Hispanic or Latino (of any race) |
|---|---|---|
| Bermuda Dunes | 33.8% | 66.2% |
| Cathedral City | 58.6% | 41.4% |
| Coachella | 97.3% | 2.7% |
| Desert Edge | 31.2% | 68.8% |
| Desert Hot Springs | 54.5% | 45.5% |
| Desert Palms | 4.0% | 96.0% |
| Garnet | 67.8% | 32.2% |
| Indian Wells | 5.4% | 94.6% |
| Indio | 64.2% | 35.8% |
| Indio Hills | 80.1% | 19.9% |
| La Quinta | 34.7% | 65.3% |
| Mecca | 99.8% | 0.2% |
| North Shore | 97.0% | 3.0% |
| Oasis | 95.0% | 5.0% |
| Palm Desert | 23.5% | 76.5% |
| Palm Springs | 26.8% | 73.2% |
| Rancho Mirage | 10.0% | 90.0% |
| Sky Valley | 36.1% | 63.9% |
| Thermal | 99.3% | 0.7% |
| Thousand Palms | 51.3% | 48.7% |
| Vista Santa Rosa | 87.6% | 12.4% |
| **Coachella Valley Total** | **50.6%** | **49.4%** |
| Riverside County | 48.9% | 51.1% |
| California | 39.0% | 61.0% |
| United States | 18.0% | 82.0% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

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[6] American Community Survey – Five Year Estimates. (2015-2019).

## Race

The table below details the race categories for each of the cities/CDPs in the Coachella Valley and compares it to the county, state, and country as a whole.

Overall, approximately 67.9% of Coachella Valley identify their race as White/Caucasian, which is slightly higher than Riverside County and California, but lower than the rate across the United States.[7]

The city/CDP with the highest proportion of Blacks/African Americans is Desert Hot Springs (10.0%), while the city/CDP with the highest proportion of Native Americans/American Indians is Vista Santa Rosa (1.6%). The city/CDP with the highest proportion of Asians/Native Hawaiians/Other Pacific Islanders is Cathedral City (6.5%), and the city/CDP with the highest proportion of people who identify with two or more races is Bermuda Dunes (6.5%).

The cities/CDPs with the highest proportion "other" include North Shore (72.7%), Coachella (69.7%), and Mecca (67.4%) – which are typically those individuals who consider themselves to be Latino rather than "white" but simply don't have a race category they personally identify with (given the restriction that race and ethnicity are considered separately). Riverside County, California, and U.S. data are provided in the table for comparison purposes (yellow rows).

Table 5. Race by City/CDP

| City/CDP | White/ Caucasian | Black/ African American | American Indian | Asian/Native Hawaiian | Other | 2+ Races |
|---|---|---|---|---|---|---|
| Bermuda Dunes | 76.4% | 2.0% | 0.0% | 3.5% | 11.7% | 6.5% |
| Cathedral City | 75.6% | 2.7% | 0.9% | 6.5% | 11.7% | 2.6% |
| Coachella | 27.8% | 0.6% | 0.9% | 0.3% | 69.7% | 0.7% |
| Desert Edge | 94.3% | 0.0% | 0.0% | 0.6% | 5.1% | 0.0% |
| Desert Hot Springs | 69.9% | 10.0% | 0.9% | 3.1% | 12.6% | 3.6% |
| Desert Palms | 93.9% | 3.6% | 0.0% | 0.3% | 0.0% | 2.2% |
| Garnet | 70.6% | 6.2% | 0.0% | 0.5% | 19.5% | 3.2% |
| Indian Wells | 91.8% | 0.9% | 0.0% | 4.1% | 1.8% | 1.4% |
| Indio | 57.0% | 3.4% | 0.6% | 2.2% | 34.2% | 2.6% |
| Indio Hills | 67.0% | 1.5% | 0.0% | 0.1% | 27.5% | 3.8% |
| La Quinta | 77.9% | 2.0% | 0.1% | 3.6% | 12.9% | 3.5% |
| Mecca | 31.4% | 0.0% | 0.0% | 0.0% | 67.4% | 1.2% |
| North Shore | 24.4% | 0.0% | 0.0% | 0.0% | 72.7% | 2.9% |
| Oasis | 47.1% | 0.1% | 0.8% | 1.9% | 50.1% | 0.1% |
| Palm Desert | 82.5% | 3.0% | 0.3% | 5.1% | 5.2% | 3.9% |

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[7] American Community Survey – Five Year Estimates. (2015-2019).

| City/CDP | White/ Caucasian | Black/ African American | American Indian | Asian/Native Hawaiian | Other | 2+ Races |
|---|---|---|---|---|---|---|
| Palm Springs | 81.8% | 4.5% | 0.8% | 5.1% | 4.8% | 3.0% |
| Rancho Mirage | 88.8% | 2.4% | 1.0% | 4.9% | 1.5% | 1.4% |
| Sky Valley | 87.1% | 5.3% | 0.1% | 2.0% | 3.9% | 1.7% |
| Thermal | 51.7% | 0.2% | 0.0% | 0.0% | 47.6% | 0.6% |
| Thousand Palms | 77.6% | 0.4% | 1.5% | 1.1% | 18.9% | 0.5% |
| Vista Santa Rosa | 58.1% | 0.0% | 1.6% | 0.0% | 39.0% | 1.3% |
| Coachella Valley Total | 67.9% | 3.1% | 0.6% | 3.4% | 22.3% | 2.6% |
| Riverside County | 59.9% | 6.5% | 0.8% | 6.8% | 21.5% | 4.4% |
| California | 59.7% | 5.8% | 0.8% | 14.9% | 14.0% | 4.9% |
| United States | 72.5% | 12.7% | 0.8% | 5.7% | 4.9% | 3.3% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

## Language Spoken at Home

In the United States, roughly 78.4% of the population speaks only English at home, while 21.6% speak a language other than English. In California, roughly 55.8% speak only English at home, while 44.2% speak a language other than English.[8] Coachella Valley as a whole closely mirrors California; 55.0% speak only English at home, while 45.0% speak a language other than English. However, like ethnicity, this varies widely by city/CDP.[9] Table 6 below illustrates the language spoken at home by city/CDP. The vast majority of homes in Desert Palms, Indian Wells, and Rancho Mirage speak only English at home. Conversely, the majority of homes in Mecca, Thermal, and Oasis speak a language other than English.

Table 6. Language Spoken at Home by City/CDP

| City/CDP | Only Speak English | | Speak a Language Other than English | |
|---|---|---|---|---|
| | Pop. | % | Pop. | % |
| Bermuda Dunes | 4,944 | 77.3% | 1,454 | 22.7% |
| Cathedral City | 23,253 | 45.4% | 27,949 | 54.6% |
| Coachella | 4,784 | 11.2% | 37,843 | 88.8% |
| Desert Edge | 2,263 | 68.4% | 1,045 | 31.6% |
| Desert Hot Springs | 15,140 | 56.5% | 11,641 | 43.5% |
| Desert Palms | 6,322 | 93.6% | 433 | 6.4% |
| Garnet | 1,773 | 35.4% | 3,229 | 64.6% |
| Indian Wells | 4,924 | 92.5% | 400 | 7.5% |
| Indio | 40,025 | 47.4% | 44,355 | 52.6% |
| Indio Hills | 284 | 43.1% | 375 | 56.9% |
| La Quinta | 28,556 | 73.1% | 10,513 | 26.9% |
| Mecca | 100 | 1.7% | 5,808 | 98.3% |
| North Shore | 205 | 7.5% | 2,529 | 92.5% |
| Oasis | 219 | 8.2% | 2,460 | 91.8% |
| Palm Desert | 38,229 | 75.5% | 12,423 | 24.5% |
| Palm Springs | 33,423 | 72.2% | 12,881 | 27.8% |
| Rancho Mirage | 15,488 | 86.6% | 2,394 | 13.4% |
| Sky Valley | 1,523 | 69.8% | 659 | 30.2% |
| Thermal | 97 | 8.0% | 1,109 | 92.0% |
| Thousand Palms | 3,533 | 53.3% | 3,093 | 46.7% |
| Vista Santa Rosa | 776 | 29.0% | 1,900 | 71.0% |
| Coachella Valley Total | 225,861 | 55.0% | 184,493 | 45.0% |
| Riverside County | 1,328,492 | 58.9% | 925,348 | 41.1% |
| California | 20,539,952 | 55.8% | 16,292,017 | 44.2% |
| United States | 238,982,352 | 78.4% | 65,947,773 | 21.6% |

Source: American Community Survey – Five Year Estimates Data Profiles (2015-2019).

[8] American Community Survey – Five Year Estimates. (2015-2019).
[9] Ibid.

Of those who spoke a language other than English at home, the most common language includes Spanish (40.4%). About 2.0% spoke another Indo-European language (such as French, German, Italian, etc.), while about 2.2% spoke languages categorized as Asian and Pacific Island Languages (such as Chinese, Japanese, Korean, Tagalog, etc.). Only 0.4% spoke languages categorized as "other" (such as native languages of North America, Arabic, Hebrew, etc.).[10]

See Appendix 2 for details on the types of languages spoken in the home for all 21 cities/CDPs.

See Appendix 3 for details on United States Citizenship for all 21 cities/CDPs.

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[10] American Community Survey – Five Year Estimates. (2015-2019).

Map: *Percent of Population that is English-Speaking Only*



**English Speaking Only**

- 1.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 40.0% - 49.9%
- 50.0% - 59.9%
- 60.0% - 69.9%
- 70.0% - 79.9%
- 80.0% - 89.9%
- 90.0% - 99.9%
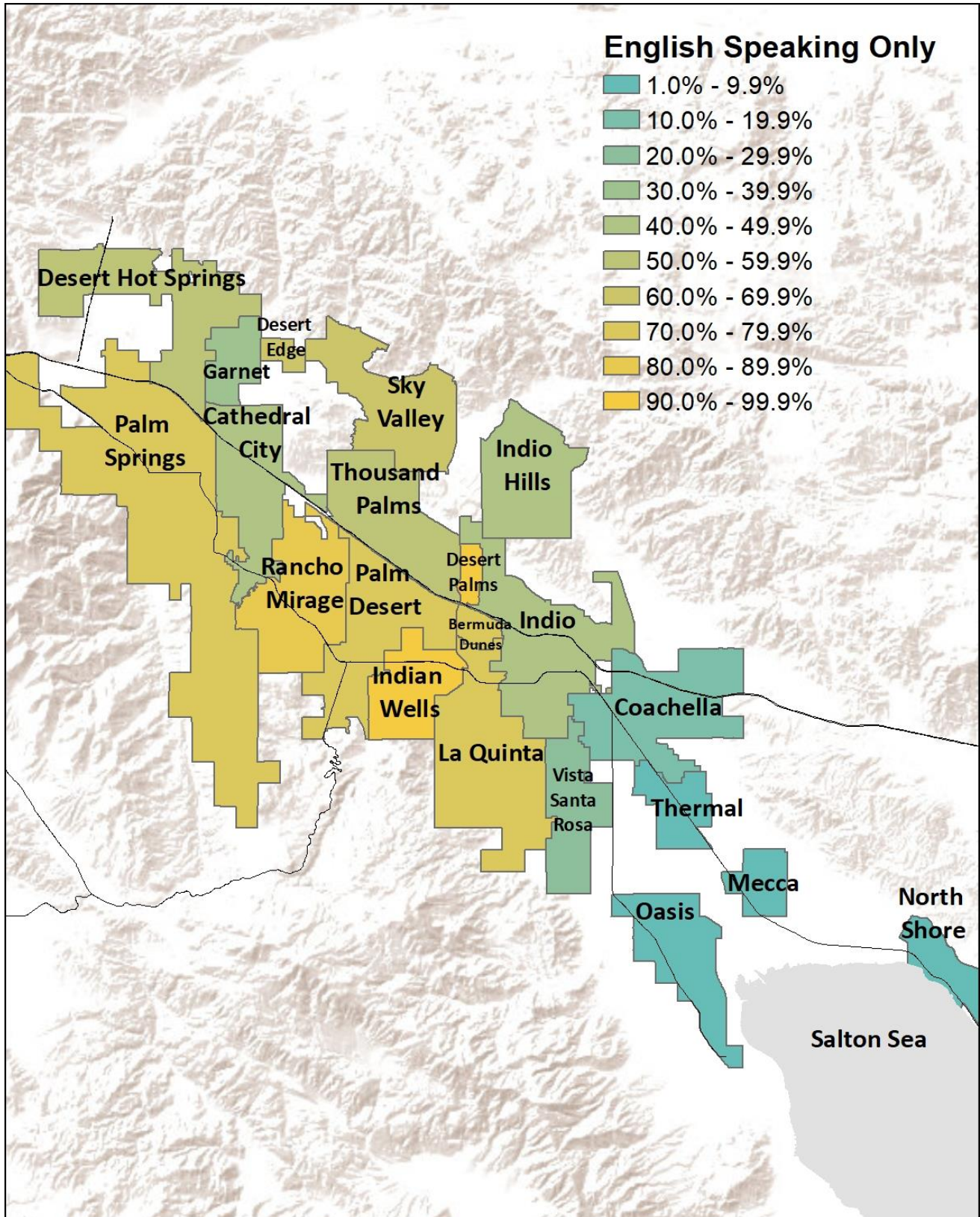
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC

# Special Populations

The data presented in this report are for the Coachella Valley as a whole. However, it is well-known that aggregate data can sometimes cover up the urgent needs of sub-groups of the population. Thus, the aim here is to acknowledge several important sub-groups of the Coachella Valley community. Any one of these special populations could merit its own CHNA report, but for the sake of brevity, this section will simply give some facts about prevalence and the unique issues they face.

It is important for health and human services organizations—and really any entities striving to improve lives in our region—to gather data on the specific audiences they serve and what their individual needs are. Data disaggregation of this way can help promote health equity in our community.

This next section provides brief insights into the following seven populations:
1. Young Children (0 to 5)
2. Veterans
3. Seniors
4. LGBTQIA+
5. Farmworkers
6. People of Color
7. People with Disabilities

## Young Children (aged 0 to 5)

There are approximately 20,534 children aged 0 to 5 who live in the Coachella Valley, which is about 4.8% of the general population.[11] The first five years of life for children are a critically important time. The experiences that these children have during the first five years will affect how they develop emotionally, socially, and intellectually.[12] For example, there are many factors that influence brain development such as genes, nutrition, toxins, and infections.[13] However, a critical factor that influences brain development includes the child's experiences with other people and the world.[14]

Children develop best when they are in safe environments with opportunities for playing and exploring.[15] Specifically, when parents take turns talking and playing, building on the child's skills and interests, responding to the child's needs, and exposing them to books, stories, and songs increases their learning and chances of succeeding in school.[16] Conversely, when children are exposed to stress and trauma, there is a potential for negative impacts on the child's brain development.[17] Positive development in these formative years ultimately reduces the social and financial costs of services the children might need in later years or adulthood.[18]

Thus, children are expected to meet a range of milestones ranging from smiling during the first two months to speaking clearly at age 5.[19] It is important for parents/guardians to visit the child's healthcare provider as soon as possible when developmental milestones are not reached during the first five years.[20] Specifically, if milestones are not being met, scheduling early interventions soon rather than later will be beneficial to the child's overall development. These early interventions are important as they are more likely to be effective early on, the foundation for learning is easier, and there are improved outcomes.[21]

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[11] American Community Survey – Five Year Estimates. (2015-2019).

[12] First 5 Riverside. "Why First 5?" Available online here: https://rccfc.org/About-Us/Why-First-5

[13] Centers for Disease Control and Prevention. Early Brain Development and Heath. (2020). Available online here: https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html

[14] Ibid.

[15] Ibid.

[16] Ibid.

[17] Ibid.

[18] First 5 Riverside. "Why First 5?" Available online here: https://rccfc.org/About-Us/Why-First-5

[19] Centers for Disease Control and Prevention. Important Milestones: Your Baby By Two Months. (2019). https://www.cdc.gov/ncbddd/actearly/milestones/milestones-2mo.html

[20] Ibid.

[21] Centers for Disease Control and Prevention. (2020). Why Act Early if You're Concerned about Development? Available online here: https://www.cdc.gov/ncbddd/actearly/whyActEarly.html

Altogether, considering the fundamental impact of the first five years of a child's life, it is important for parents to be aware of a child's expected milestones and to have access to resources such as pediatricians for general check-ups and possible early interventions.

Parents/guardians have a huge role in protecting and promoting the health and well-being of young children. For example, getting children fully vaccinated per vaccine schedules is critically important to reducing their chances of contracting life-threatening diseases; most vaccinations should be complete by the time the child enter kindergarten around age 5.[22]

It is also important for parents/guardians to set their child up for a lifetime of good oral health by taking them to see a dentist within six months of their first tooth erupting, but no later than their first birthday.[23]

Water safety is also an important factor for protecting and promoting the health of young children; drowning is the leading cause of injury death for children ages 1 to 14.[24] Children as young as six months old can learn water safety in "self-rescue swim lessons", where they are taught to float on their back and breathe until rescued. Older children should be actively taught how to swim.[25] Due to the hot climate in the Coachella Valley, pools are common even in low-income areas, and thus the issue of water safety is especially important.

The early childhood years are also an important time for children to be socialized with other youth, and to learn to play together and to interact with others in positive ways. It is important that parents/guardians and other caregivers help teach children how to cope with anger in productive ways at this young age. This will set them up for success in school and later in life.

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[22] Centers for Disease Control and Prevention: Vaccines. Available online here:
https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15
[23] University of Rochester Medical Center. A Child's First Dental Visit Fact Sheet. Available online here:
https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=1509
[24] Centers for Disease Control and Prevention. (2019). Drowning Prevention.
https://www.cdc.gov/safechild/drowning/index/html
[25] First 5 Riverside. (2019). Water safety lessons save lives. Available online here: https://www.rccfc.org/wp-content/uploads/2019/04/Drowning-Prevention.pdf

## Veterans

Individuals who serve in the United States military—including the Army, Navy, Marine Corps, Coast Guard, and Air Force—have had a unique set of experiences that create similarly unique health issues. There are approximately 30,710 veterans living in the Coachella Valley.[26]

More than half of local veterans (56.5%)[27] were deployed at some point during their service and are therefore more likely to experience health issues associated with combat. For example, troops who were deployed to Vietnam may have been exposed to Agent Orange, an herbicide used to clear foliage during the Vietnam War. Since then, research has shown that Agent Orange exposure causes several health issues, including cancer (leukemia, Hodgkin's disease, prostate cancer, etc.), diabetes, heart disease, Parkinson's disease, and much more.[28] These health problems are not limited to older veterans—many veterans from the Gulf War experience what the VA calls "chronic multisymptom illness" and what others call "Gulf War Syndrome", characterized by headaches, joint pain, respiratory disorders, dizziness, and memory problems, among others.[29] Even younger veterans who served in Afghanistan in the past 10 years have serious health risks due to potential exposure to burn pits that are used to get rid of waste—including chemical, paints, and munitions—at military sites in Afghanistan.[30]

Furthermore, veterans who witness combat during their service are at-risk for posttraumatic stress disorder (PTSD) and other mental health problems.[31] In 2017, roughly 124.4 Americans committed suicide each day and 16.4 of these individuals were veterans. Moreover, the rate of suicide for veterans is 1.5 times the rate of suicide for non-veterans. [32]

Adverse health impacts are not limited to only those who were deployed, however. There are a wide range of health issues that can impact soldiers even on U.S. soil. For example, many soldiers suffer from hearing loss or tinnitus as a result of regular exposure to gunfire, helicopter flight, or high frequency

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[26] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
[27] Ibid.
[28] U.S. Department of Veteran's Affairs. Agent Orange. Available online at https://www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange/related-diseases/
[29] U.S. Department of Veteran's Affairs. Medically Unexplained Illness. Available online at https://www.publichealth.va.gov/exposures/gulfwar/medically-unexplained-illness.asp
[30] U.S. Department of Veteran's Affairs. Operation Enduring Freedom Veterans health issues. https://www.va.gov/health-care/health-needs-conditions/health-issues-related-to-service-era/operation-enduring-freedom/
[31] U.S. Department of Veteran's Affairs. PTSD: National Center for PTSD. Available online here: https://www.ptsd.va.gov/understand/common/common_veterans.asp
[32] U.S. Department of Veterans Affairs. 2019 National Veteran Suicide Prevention Annual Report. Available online here: https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf

radio transmissions. Unfortunately, military sexual trauma (MST) is all too common. The military defines MST as sexual assault or repeated threatening sexual harassment that occurs during an individual's military service.[33]

Fortunately, many veterans qualify for healthcare benefits from the U.S. Veterans Affairs (VA). The VA services vary based on the service member's years of service and disability status, but for the most part they can be quite comprehensive. Unfortunately, there is only one Veterans Affairs clinic in the Coachella Valley (located centrally in Palm Desert). The clinic hours are somewhat limited (weekdays only, from 8:00 am to 5:00 pm, and closing by 2:30 pm on Fridays). The services that are offered include primary care, behavioral health, and blood draws; all specialty services require a referral to the Loma Linda VA Medical Center, over an hour away.[34]

It is also important to note that Riverside County has a sufficient supply of Veterans Affairs Supportive Housing (VASH) vouchers to assist chronically homeless Veterans by providing housing vouchers and rental assistance to those who need it.[35] In 2017, Riverside County was recent recognized as achieving zero-functional homelessness, which was a significant accomplishment for the region. Zero functional homelessness means that the number Veterans or chronically homeless individuals experiencing homelessness (sheltered and unsheltered) in a community is not greater than the average monthly housing placement rate for veterans or chronically homeless.[36] Since that time, there have been an abundant number of VASH vouchers for homeless Veterans. Further, Riverside University Health System's behavioral health housing crisis response team oversees a team helps to connect local homeless to housing, healthcare and substance abuse services. Certainly, there are resources and efforts devoted to supporting our local Veterans.

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[33] U.S. Department of Veteran's Affairs. Military Sexual Trauma (MST). https://www.va.gov/health-care/health-needs-conditions/military-sexual-trauma/

[34] U.S. Department of Veteran's Affairs. Loma Linda VA Office is detailed here: https://www.lomalinda.va.gov/locations/Ambulatory_Care_Center.asp; Palm Desert VA Office is detailed here: https://www.lomalinda.va.gov/locations/palm_desert.asp

[35] U.S. Department of Housing and Urban Development. HUD-VASH Vouchers. Available online here: https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/vash

[36] Community Solutions. Riverside becomes first large community to end Veteran homelessness. (January, 2017). Available online here: https://community.solutions/riverside-becomes-first-large-community-to-end-veteran-homelessness/

# Seniors

There are roughly 104,811 seniors living in the Coachella Valley – representing roughly 24.3% of our local population.[37] Seniors are particularly pertinent to the Coachella Valley as many cities within the valley are considered to be a preferred retirement destination. Locally, tens of thousands of seniors live in 55+ gated communities, such as Sun City Palm Desert, Sun City Shadow Hills, Del Webb Rancho Mirage, Trilogy at the Polo Club, Trilogy at La Quinta, and many others.

The senior population also deserves special attention as this population is more likely to experience chronic diseases. For example, hypertension, diabetes, arthritis, and dementia prevalence increases with aging.[38] In fact, most older adults (60%) are managing two or more chronic conditions.[39] This requires an advanced level of healthcare, as well as a certain level of health literacy among seniors if they are to cope with their diseases properly.

Falls are the leading cause of injury among older adults, and the consequences can be severe—nationwide, someone dies of a fall every 20 minutes.[40] Each year, approximately one in three seniors experience a fall, but less than half tell their healthcare provider.[41] Fortunately, there are fall prevention programs offered to seniors across the Valley that can reduce their chances of having a life-altering fall, but even the fear of falling can be detrimental to quality of life. Locally, 30.3% of adults age 55 and older have a fear of falling.[42] Fear of falling, while legitimate, can sometimes lead seniors to self-isolate, which can in turn lead to loneliness. Many are already at risk for loneliness as a result of the death of spouses, family, and friends. Other senior issues that can lead to social isolation include retiring, losing mobility, or not having transportation.[43] Thus, social programs to promote connectivity are critically important for a healthy aging population.

Alzheimer's disease is a major issue for seniors across the nation. Alzheimer's disease is the 5th leading cause of death for people age 65 and older in America.[44] An estimated 5.8 million Americans age 65 and older are currently living with Alzheimer's dementia; this is projected to more than double in the next 30

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[37] American Community Survey – Five Year Estimates. (2015-2019).

[38] Healthy Aging: Promoting Well-being in Older Adults. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/grand-rounds/pp/2017/20170919-senior-aging.html

[39] Healthy People 2020. Older Adults. https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

[40] Healthy People 2020. Older Adults. https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults

[41] Prevent Falls and Fractures. (2017) National Institute on Aging. https://www.nia.nih.gov/health/prevent-falls-and-fractures

[42] HARC (2020). 2019 Coachella Valley Community Health Survey. www.HARCdata.org

[43] 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

[44] Centers for Disease Control and Prevention. Alzheimer's Disease. https://www.cdc.gov/aging/about/index.htm

years.[45] In California, Alzheimer's cases are expected to increase by more than 20% in the next five years.[46]

Elder abuse is also an issue for seniors. It can be defied as maltreatment, harm, and/or exploitation of a senior in the form of physical, sexual, emotional, and/or psychological abuse.[47] Locally, 4.5% of seniors age 55 and older have been mistreated or neglected physically or mentally in the past year.[48] The CDC estimates that for every case of elder abuse that is reported, another 23 cases go unreported.[49]

Thus, it is clear that the older population has unique health issues that can include chronic illness, mobility problems, loneliness, cognitive decline, Alzheimer's, and much more. Providing seniors with access to geriatric doctors and affordable resources is important for the Coachella Valley. Local senior centers are providing a wealth of much-needed services to help this segment of the population, but there remains more to be done. Seniors are a critical topic to consider for the future as the senior population is expected to double within the next three decades across the United States.[50]

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[45] Alzheimer's Association (2020). 2020 Alzheimer's Disease Facts and Figures.
https://www.alz.org/media/Documents/alzheimers-facts-and-figures_1.pdf
[46] Ibid.
[47] Centers for Disease Control and Prevention (2019). Elder Abuse Definitions.
www.cdc.gov/violenceprevention/elderabuse/definitions.html
[48] HARC (2020). 2019 Coachella Valley Community Health Survey. http://www.HARCdata.org
[49] Centers for Disease Control and Prevention. (2019). Elder Abuse Consequences.
www.cdc.gov/violenceprevention/elderabuse/consequences.html
[50] World's Older Population Grows Dramatically. (2016). National Institutes of Health. https://www.nih.gov/news-events/news-releases/worlds-older-population-grows-dramatically

# LGBTQIA+

The Coachella Valley is a popular destination for the lesbian, gay, bisexual, transgender, questioning, intersex, and asexual (LGBTQIA+) community. One study by the Williams Institute utilized data from the Census Bureau to identify the cities in the nation with the greatest ratios of same-sex households. Results showed that three Coachella Valley cities (Palm Springs, Cathedral City, and Rancho Mirage) are among the top 10 small cities in the nation with the highest proportion of same-sex households.[51]

Mental health is a major issue for the LGBTQIA+ community. For example, in a Coachella Valley LGBT study, more than half (64.8%) of participants reported having an emotional, mental, or behavioral problem within the past year.[52] That is more than double the rate for Coachella Valley adults in general (25.9%).[53] The data shows lasting mental health issues due to a history of oppression and discrimination towards the LGBT community. This discrimination has been linked to high rates of psychiatric disorders, substance abuse, and suicide.[54] In fact, LGBT youth are 2 to 3 times more likely to attempt suicide than heterosexual/cis-gender youth.[55]

Further, the LGBTQIA+ community is at higher risk for certain health issues such as HIV/AIDS. Since 2008, the majority (71.0%) of newly diagnosed HIV cases in Riverside County have been gay, bisexual or other men who have unprotected sex with men.[56] Many long-term survivors of the HIV/AIDS epidemic struggle with survivor guilt.[57] Gay men of color are at an especially high risk of contracting HIV.[58] On a positive note, the Coachella Valley offers world-renowned care and resources for people living with HIV/AIDS, such as Desert AIDS Project, a federally qualified health center that has been serving the HIV+ community for more than 30 years.[59]

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[51] Williams Institute. (2010). "United States Census Snapshot." Available online at https://williamsinstitute.law.ucla.edu/publications/us-census-snapshot-2010/

[52] HARC (2019). Coachella Valley LGBT Mental Health Needs Assessment 2019. Available online at: https://harcdata.org/wp-content/uploads/2019/07/LGBT-Center-Report_2019.pdf

[53] Ibid.

[54] Healthy People 2020. LGBT Health. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

[55] Ibid.

[56] Riverside University Health System – Public Health (2017). "Epidemiology of HIV/AIDS in Riverside County, 2017". Available online at: https://www.rivcohealthdata.org/Portals/14/Documents/Riverside_County_HIV_AIDS_2017.pdf

[57] The Well Project. "Long-Term Survivors of HIV". Available online at: https://www.thewellproject.org/hiv-information/long-term-survivors-hiv

[58] Healthy People 2020. LGBT Health. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

[59] Desert AIDS Project. www.desertaidsproject.org

There are numerous other examples of health disparities in the LGBTQIA+ community; for example, lesbians and bisexual females are more likely to be overweight or obese when compared to their heterosexual counterparts. Lesbians are also less likely to receive preventive services for cancer. LGBT populations have higher rates of tobacco, alcohol, and other drug use when compared to the heterosexual and/or cisgender community.[60]

There is a welcoming environment in our community towards the LGBTQIA+ community; however, we still need to be responsive to health needs, especially for those of trans individuals. A community health needs assessment conducted by HARC for the LGBT Community Center of the Desert revealed that 2.9% of transgender participants felt that their healthcare provider knew next to nothing about trans-specific care. Additionally, the transgender community faces more discrimination and lack of understanding. There is progress being made for our transgender community, but at a slower rate compared to our LGB community.

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[60] Healthy People 2020. LGBT Health. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

# Farmworkers

As of 2016, Riverside County covers 530,038 acres of agricultural land.[61] The Coachella Valley alone represents $639.6 million in gross agricultural value.[62] Known for its dates, citrus, and grapes, the Coachella Valley attracts migrant farmworkers during the seasonal fluctuations in agriculture.

Due to the large amount of mobility within the migrant farmworkers and their families, this population is hard to accurately count. In the Coachella Valley, 3.1% of the employed population that is 16 years and older is estimated to be in a farming, fishing, or forestry occupation. Noticeable percentages of the employed population in the same farming, fishing, or forestry occupations are seen in eastern Coachella Valley regions such as North Shore (28.8%), Mecca (40.7%), and Oasis (65.9%). This is not surprising considering most of the agricultural land is in the Eastern Coachella Valley.

Farmworkers are one of the most vulnerable populations in the Coachella Valley, as they are often low-paid and exposed to harsh work conditions, such as heatstroke and chemical exposure as well as physically demanding tasks and repetitive motion injuries. Farmworkers often experience other disadvantages; for example, 73.7% are foreign-born and may not have legal resident status,[63] while more than a third of farmworkers in the U.S. (36.1%) only have completed up to the 6th grade of elementary school.[64]

Not only do these demographics describe the vulnerability of this population, but farmworkers are also exposed to many pesticides and chemicals which hinder their health and safety. A report from 2013 revealed that the Eastern Coachella Valley has a much higher pesticide application than the Western Coachella Valley and the Riverside County. In addition, the Eastern Coachella Valley contained a higher concentration of impaired water bodies, which means that drinking wells contained chemical concentrations above the state and federal Maximum Contaminant Levels.[65] Thus, farmworkers are a vulnerable population by the work they produce as well as the areas in which their families reside.

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[61] California Department of Conservation. Land use Conversion Table. Available online at: https://www.conservation.ca.gov/dlrp/fmmp/Pages/Riverside.aspx

[62] Agricultural Commissioner's Office. (2016). Coachella Valley Acreage and Agricultural Crop Report. Available online at: https://www.rivcoawm.org/Portals/0/Publications/District-Crop-Reports/2016-CV-Dist-Crop-Report.pdf

[63] National Agricultural Workers Survey (NAWS 2014-2015) Hired Crop Worker Demographic Tables. Table D.4. Available online at: https://www.cdc.gov/niosh/topics/aginjury/naws/demotables.html

[64] Ibid.

[65] London, J., Greenfield, T., & Zagofsky, T. (2013) Revealing the Invisible Coachella Valley. Available online at: https://humanecology.ucdavis.edu/sites/g/files/dgvnsk161/files/inline-files/limited_dist_14_revealing_invisible_coachella_valley.pdf

Recently, researchers from UC Riverside have conducted community-based participatory research among farmworkers living the in far East Valley; that is, the unincorporated areas of Mecca, Thermal, North Shore, and Oasis. One local leader they interviewed estimated that anywhere from 3,000 to 10,000 foreign-born Latinos work as farm laborers in the Eastern Coachella Valley, depending on what is in season.[66]

As illustrated by this excerpt, the population is especially vulnerable: "Locals characterize the unincorporated communities as populated by first generation foreign-born Mexicans, most of whom are undocumented, and some of whom are indigenous Mexicans from impoverished areas of southern Mexico. These include the Purépecha, an indigenous group from the state of Michoacán. Most live in poverty-stricken conditions. It is common for multiple families to live together in old, run-down, crowded trailers in parks with poor sanitation and infrastructure."[67]

Common themes that arose included fear of deportation, unfair and discriminatory housing practices as a result, and unsafe living and working conditions. Many work long hours for minimum wage with no overtime, and they do not receive sick leave or health insurance. Many male farmworkers use alcohol to cope with the stresses of this hard life, which creates additional problems.[68] As such, this is a uniquely vulnerable population that requires deployment of culturally competent resources.

One local nonprofit, Galilee Center, serves many local farmworkers and their data provides us with some insight on this special population. The Galilee Center is an organization that serves disadvantaged children, families, and farmworkers in the East Coachella Valley. Galilee Center helps to fulfill some of the basic needs of our underprivileged community by providing food, clothing, and other important necessities. In 2019, Galilee Center served a total of 8,802 unduplicated people—approximately 42% of these individuals were children, 49% were adults, and 9% were seniors. The income of those served by Galilee Center illustrates the struggle experienced by those they serve. Specifically, the vast majority (76%) earn an annual household income of $23,999 or less, 20% earn $24,999 to $34,999, and only 4% earn more than $35,000 per year. Galilee Center also operates the Farm Work Center and Our Lady of Guadalupe Shelter. The center offers access to bathrooms, showers, hot meals, laundry, a temporary overnight shelter, a community room, and a cooling center for farmworkers. In 2019, those who sought shelter at Our Lady of Guadalupe consisted of 249 farmworkers—only 3% were local residents and the remaining 97% came from the south border (Mexicali), Arizona, and Imperial Valley.[69] Clearly, there are many needs that exist among for our local farmworkers.

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[66] Cheney, A.M., Newkirk, C., Rodriguez, K., & Montez, A. (2018). Inequality and health among foreign-born Latinos in rural borderland communities. *Social Science & Medicine, 215*, 115-122.
[67] Ibid.
[68] Ibid.
[69] Data provided by Galilee Center: https://galileecenter.org/about-us/

## People of Color

Black, Indigenous and people of color (BIPOC) face continued systemic discrimination that can have a serious detrimental impact on health, wellness, and quality of life.

The Coachella Valley is home to several tribes of Native Americans, including 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. As illustrated in the demographics section of this report, about half of local residents are ethnically Hispanic/Latino, many of whom live in the Eastern Coachella Valley. There are sub-communities of color within the Coachella Valley, such as the Black/African American community in Desert Highland Gateway, an area of North Palm Springs. Overall, the Coachella Valley is extremely diverse, and home to many BIPOC individuals whose needs should be a priority.

There are many health outcomes that illustrate racial and ethnic health disparities. For example, Black/African American women are 40% more likely to die of breast cancer than White/Caucasian women (even though they are diagnosed with cancer at the same rate).[70]  Black/African American people have higher rates of diabetes, hypertension, and heart disease than other racial/ethnic groups.[71] Specifically, Black/African American people are 80% more likely than White/Caucasian people to be diagnosed with diabetes. Black/African American men are 30% more likely than White/Caucasian men to have high blood pressure, and Black/African American women are 60% more likely to have high blood pressure than their White/Caucasian female counterparts.[72]

Hispanic/Latino people have a 50% higher death rate due to diabetes than non-Hispanic/Latinos; they are also more likely to have poorly controlled high blood pressure and obesity.[73] A Hispanic/Latino child born in the U.S. today has a 50% chance of developing diabetes in his/her lifetime.[74] Hispanic/Latinos in the U.S. are also the most likely to be uninsured when compared to all other racial/ethnic groups.[75]

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[70] CDC (2020). "Breast Cancer Rates Among Black Women and White Women". Available online at: https://www.cdc.gov/cancer/dcpc/research/articles/breast_cancer_rates_women.htm
[71] Harvard School of Public Health (2016). Health disparities between blacks and whites run deep. https://www.hsph.harvard.edu/news/hsph-in-the-news/health-disparities-between-blacks-and-whites-run-deep/
[72] Cigna. (2016). Health Disparities: African-American or Black Population. https://www.cigna.com/static/www-cigna-com/docs/health-care-providers/african-american-health-disparities.pdf
[73] Centers for Disease Control and Prevention. Hispanic Health. https://www.cdc.gov/vitalsigns/hispanic-health/index.html
[74] League of United Latin American Citizens. Health Disparities. https://lulac.org/programs/health/health_disparities/
[75] U.S. Department of Health and Human Services Office of Minority Health. (2019) Profile: Hispanic/Latino Americans. https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=64

American Indians/Alaska Natives experience a lower life expectancy and disproportionate disease burden when compared to other racial/ethnic groups.[76] Specifically, American Indians/Alaska Native have a life expectancy approximately 5.5 years shorter than all races in the U.S.; this is due in part to higher death rates due to chronic liver disease/cirrhosis, diabetes, assault/homicide, and intentional self-harm/suicide.[77]

Additionally, BIPOC are faced with barriers to finding culturally competent healthcare providers. In HARC's 2019 executive report, the data found 9.3% of Coachella Valley residents had difficulty finding a doctor of the sex, age, ethnic, or sexual orientation that they were comfortable with and 5.0% of community members had language barriers.[78] Everyone deserves a doctor who understands their context, their traditions, and their situation. There are not enough providers who are BIPOC, although many programs, including UC Riverside's School of Medicine, are trying to recruit local students of color to their programs and residencies.

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[76] Indian Health Service (2019). Indian Health Disparities. https://www.ihs.gov/newsroom/factsheets/disparities/
[77] Ibid.
[78] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

# People with Disabilities

A disability is defined as a condition of the body or mind that limits a person's ability to participate in certain activities and interact with the world around them.[79] People with disabilities often have physical co-morbidities, and some are socially isolated due to factors relating to their disability.

In the Coachella Valley, approximately 21.8% of local adults report a physical, mental, or emotional problem that limit their daily activities.[80]

Sensory disabilities (e.g., being deaf, being blind) are common locally. Accommodations for the Deaf community are made infrequently—many assume that simply providing written documents will make things accessible, but many people in the Deaf community do not read English well, and need American Sign Language (ASL) for true accessibility. Similarly, many documents are not formatted for ease of reading by screen-readers, and limit accessibility for people who have impaired vision and rely on these tools for accessibility.

Mobility-related disabilities are another area where accessibility could be improved. As illustrated later in this report, walk scores in cities of the Coachella Valley are noticeably low, requiring a car for most if not all to do things like run errands, as grocery stores, schools, parks, restaurants, and retail stores require a car. This makes it more difficult for people with disabilities who need mobility and transportation assistance. Transportation is especially difficult in the hot summer months; the inhospitable weather makes even a distance of a block or two potentially harmful to health. Locally, there are some services that provide these transportation services, such as Desert Blind & Handicapped Association or SunLine Transportation's Sun Bus, but their geography is often limited, as is their capacity.

Developmental disabilities are conditions that impair physical, learning, language, or behavior areas. Nationally, about one in six children have a development disability or a developmental delay.[81] There are some resources available for these children, such as Easy Speech, as well as those offered by the school districts, but overall inclusivity can definitely improve.

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[79] Disability & Health Overview. (2019). Centers for Disease Control and Prevention. Available online at:
https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
[80] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
[81] Centers for Disease Control and Prevention. Developmental Disabilities.
https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html

There are more than 7 million people living with an intellectual disability in the U.S. today.[82] Common types of intellectual disability include Down syndrome and fetal alcohol spectrum disorder (FASD), as well as related conditions such as autism spectrum disorder and cerebral palsy (a congenital disorder of movement, muscle tone, or posture). The Coachella Valley is home to several strong programs for adults with intellectual and/or developmental disabilities, including Angel View, Desert Arc, Neuro Vitality Center, and United Cerebral Palsy of the Inland Empire.

Desert Arc serves more than 700 adults with disabilities such as intellectual disabilities (71%), autism (11%), cerebral palsy (7%), down syndrome (4%), severe seizure disorder (4%), or are visually or hearing impaired.[83] The vast majority of those served by Desert Arc are low income – approximately 99.5%.

Angel View is a nonprofit that serves children and adults with disabilities to reach their maximum potential through residential care, day program, and outreach.[84] According to Angel View, they have approximately 114 clients that live in their 19 care facilities – 96.5% of those clients have a significant developmental disability. As of July 2020, Angel View provided services to approximately 625 children who live throughout the Coachella Valley.

Lastly, Neuro Vitality Center serves approximately 300 patients per year who have neurological disorders, suffered a stroke, traumatic brain injury, or Parkinson's Disease, to name a few. On an average day at Neuro Vitality Center, they offer services to approximately 75 to 85 people. These services include recovery therapies to minimize the impacts of chronic illness and enhance function to maintain well-being.[85]

Indeed, there are individuals in the Coachella Valley who are living with one or more disabilities and therefore need support – including the care provided by local nonprofits described above.

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[82] National Disability Navigator Resource Collaborative. https://nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/population-specific-fact-sheet-intellectual-disability/
[83] Data provided by Desert Arc. http://www.desertarc.org
[84] Data provided by Angel View. http://www.angelview.org
[85] Data provided by Neuro Vitality Center. http://www.neurovitalitycenter.org/

# Access to Care

## Local Hospitals and Clinics

### Hospitals

There are three general acute care hospitals in the Coachella Valley: Eisenhower Health (the only nonprofit hospital), Desert Regional Medical Center and JFK Memorial Hospital (both operated by Tenet Healthcare). Collectively, these three hospitals have a total of 1,006 licensed/available beds available and 867 staffed/actual hospital beds available. Licensed beds may include how many beds a hospital can hold, while staffed beds are the number of beds in which staff is physically available.[86] This equates to 2.0 beds per 1,000 population, which is very similar to the rate in California as a whole (1.8 beds per 1,000), although lower than the national rate of 2.4 beds per 1,000 people.[87]

There are two additional hospitals in the valley, however they are for more specialized forms of care. Specifically, Betty Ford Center is considered a chemical dependency recovery hospital and has a bed capacity of 100 and Vibra Healthcare offers medical rehabilitation with a capacity of 50 beds.

Figure 2. Number of Beds for Each Hospital
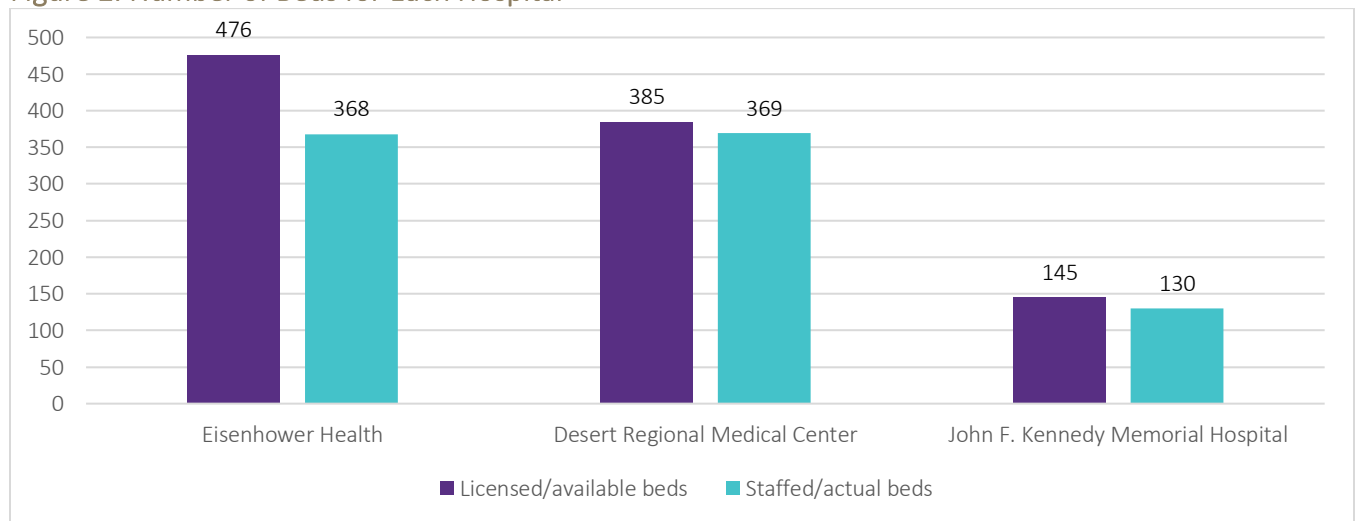


Source: American Hospital Directory (2020).

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[86] AHRQ Releases Standardized Hospital Bed Definitions. (2005). Agency for Healthcare Research and Quality. https://archive.ahrq.gov/research/havbed/definitions.htm

[87] Kaiser Family Foundation (2018). Hospital beds per 1,000 population. https://www.kff.org/other/state-indicator/beds-by-ownership/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

## Expected Payer Source

The demographics of residents around the Coachella Valley vary significantly, and thus, so does the payer source, or means of paying for hospital services among inpatients. The figure below illustrates the three most common payer sources of inpatient services across the three hospitals of the Coachella Valley and for the state of California. Other payer sources (e.g., workers compensation, other government, etc.) constitute just a few percentage points among inpatients at each hospital.

The majority (61.9%) of payer sources at Eisenhower Medical Center includes Medicare, which makes sense as the majority of their patients are elderly. Conversely, Medi-Cal comprises the majority (59.1%) of payer sources at JFK Memorial Hospital. Desert Regional Medical Center, along with California, seems to have approximately similar levels of Medi-Cal, Medicare, and to a lesser degree, private coverage.

See Appendix 4 for a complete table of the number/percentage of payer sources among the three hospitals of the Coachella Valley.

Figure 3. Expected Payer Source Among Inpatient Discharges
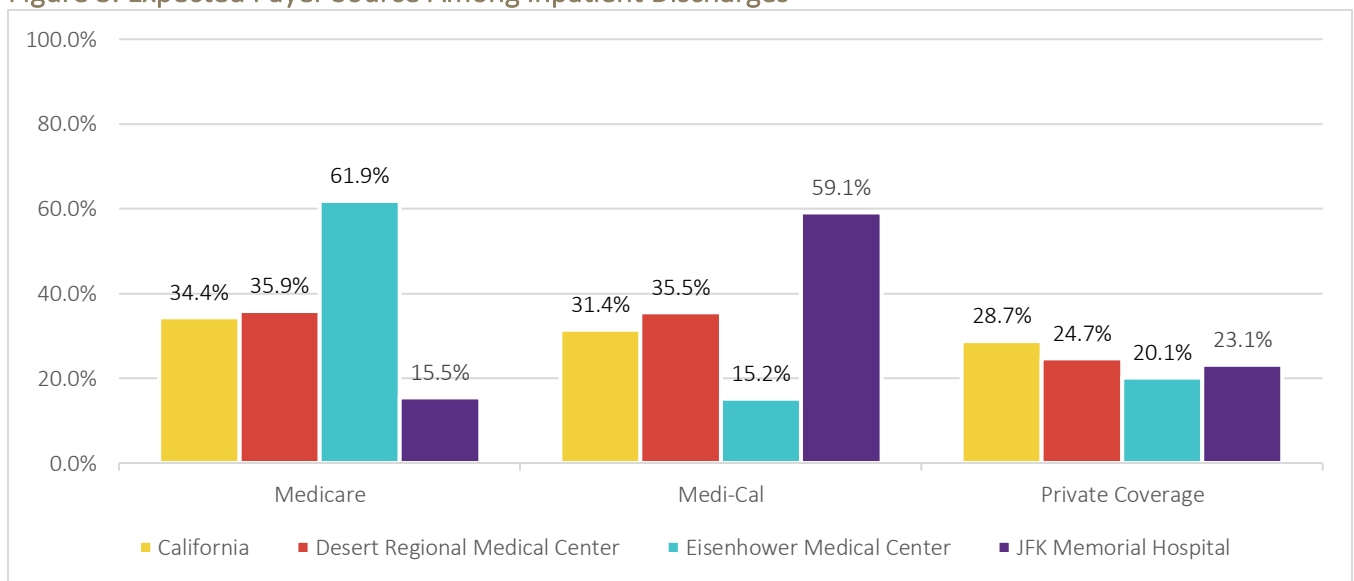


Source: California Office of State Health Planning and Development (OSHPD). Data from 2018.

As illustrated in the figure below, among all patient discharges, the majority of payer sources at Eisenhower Medical Center remain Medicare (67.4%). Conversely, the majority of payer sources at JFK Memorial Hospital are Medi-Cal (53.8%).

Figure 4. Expected Payer Source Among all Patient Discharges
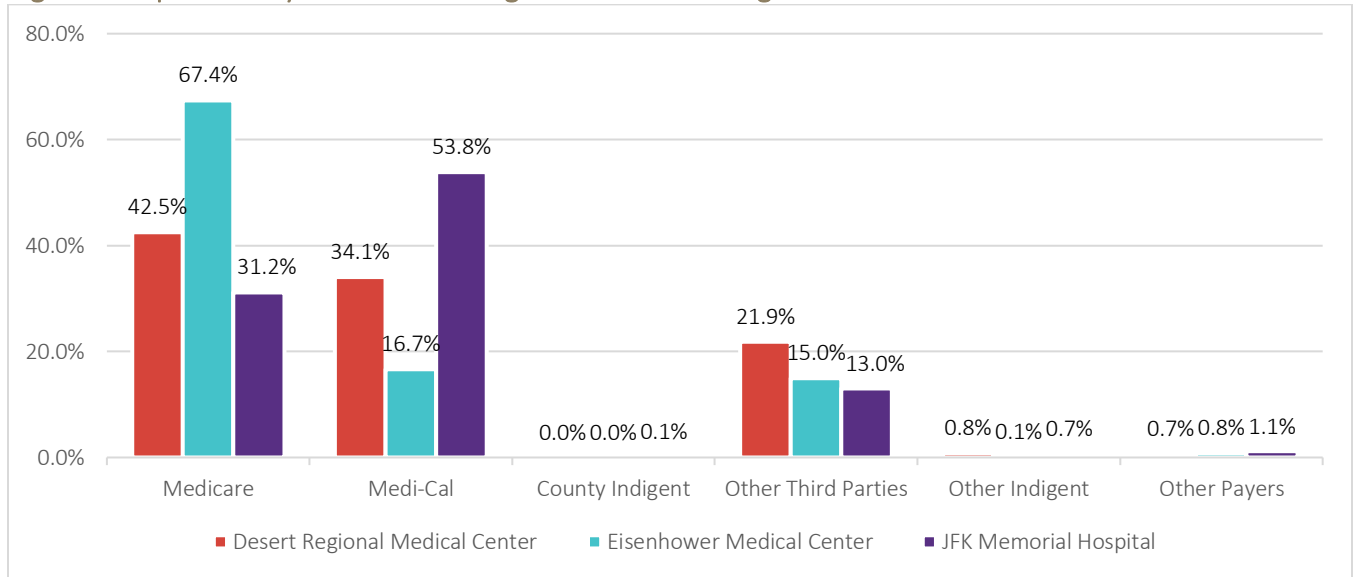


Source: California Office of State Health Planning and Development (OSHPD). Data from 2018. Desert Regional Medical Center includes data from 1/1/2019 through 12/31/2019 and had 19,986 hospital discharges. Eisenhower Medical Center includes data from 7/1/2018 through 6/30/2019 and had 19,628 discharges. John F. Kennedy Memorial includes data from 1/1/2019 through 12/31/2019 and had 6,970 discharges.

# Health Clinics

The figure below includes healthcare facilities with a current license issued by the California Department of Public Health and/or a current U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services.

As illustrated in the figure below, the most common type of healthcare facilities includes home health agency/hospice (30). For example, there are 17 home health agencies and 13 hospice agencies. The second most common includes clinics (26), in which there are 13 community clinics, 10 chronic dialysis clinic, and one free clinic, psychology clinic, and surgical clinic. The top three cities that have the highest number of overall facilities include Palm Springs (19), Palm Desert (17), and Rancho Mirage (11). It is worth reiterating here that the list below only includes facilities with an active license with the California Department of Public Health and/or a current U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services. Thus, there will be other chemical dependency facilities, urgent cares, etc. that are not included in the figure below.

See Appendix 5 for a full list of licensed healthcare facilities in the Coachella Valley.

## Figure 5. Licensed Healthcare Facilities in the Coachella Valley
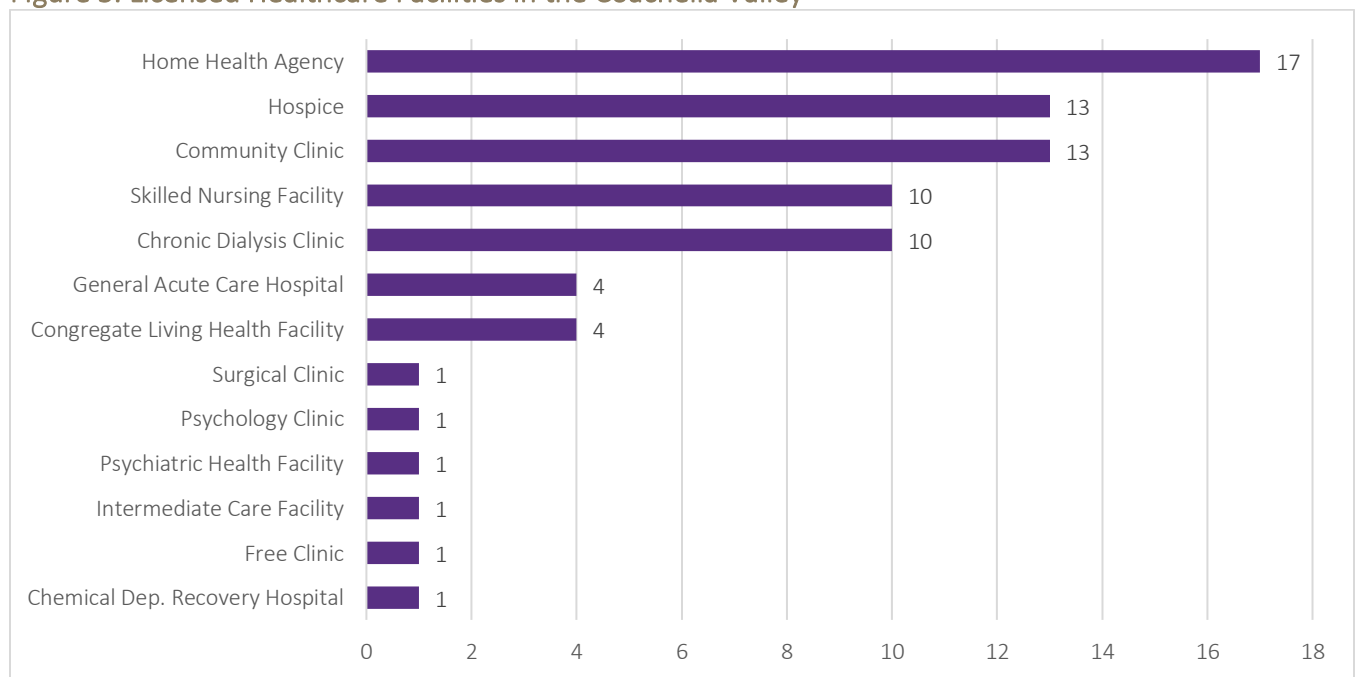


Source: California Department of Public Health (2020). Licensed and Certified Healthcare Facility Listing.

## Reasons for Visiting the Emergency Room

As previously described, there are three general acute care hospitals with emergency rooms in the Coachella Valley. In 2018, across these three hospitals, there were a total of 201,719 emergency department encounters. A total of 82.3% of these were emergency department visits, while the remaining 17.7% were admitted for more extensive care. In comparison, 13.4% of emergency department visits in the state of California resulted in being admitted to the hospital.[88]

When aggregating emergency room encounters for these hospitals, the prinicple diagnosis upon arrival was commonly for "symptoms" (21.3%), followed by injuries/poisonings (18.9%). "Symptoms" is a broad classifcation for a range of conditions such as symptoms and signs involving the circulatory and repsiratory system, digestive system, skin and subcutaneous tissue, nervous system, and much more.[89] These findings suggest a need for injury/poisoning prevention. The top reasons for visiting the emergency room in locally are also compared to California, and appear to be approximatley similar.

Figure 6. Reasons for Visiting the Emergency Room in the Coachella Valley
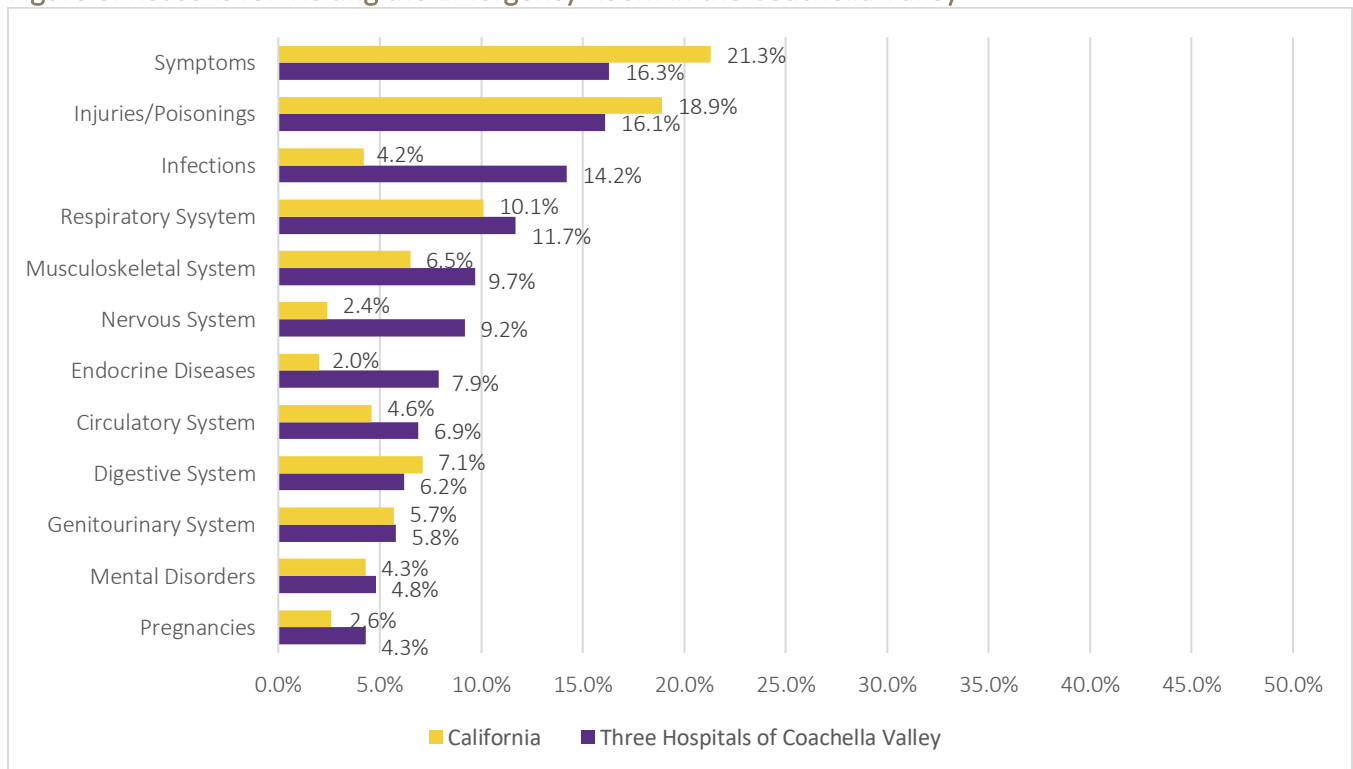


Source: California Office of State Health Planning and Development (OSHPD). California data is from 2018; local data is from 2019.

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[88] California Office of State Health Planning and Development (OSHPD). Data from 2018.
[89] Centers for Medicare & Medicaid Services. (2017). 2018 ICD-10 CM and GEMs.
https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs

A report published by Tracking California[90] closely examined hospitalizations and emergency department (ED) visits for a number of conditions by poverty level and ZIP code. Specifically, cities with approximately 20% of the population living in poverty were considered 'a higher poverty  ZIP code'. The ZIP codes with of a higher-poverty rate include the cities: Coachella, Desert Hot Springs, Mecca, and Thermal.

Results suggest some disparity in that ED visits and hopsitializaitons were higher in ZIP codes with higher levels of poverty, compared to ZIP codes with lower levels of poverty. The most striking disparity is for COPD-related ED visits, in which ED visits are 70% higher in higher-poverty ZIP codes and hospitalizations are 85% higher in higher-poverty ZIP codes. Those living in higher poverty ZIP codes also experience higher rates of ED visits and hospitalizations for the illnesses of asthma, heart disease, and heart attack.

Youth data (for those under the age of 18) suggests that pneumonia hospitalizations are higher in higher poverty ZIP codes and ED visits for asthma are also higher in higher poverty ZIP codes.

It should also be noted that these disparaities in ED vists and hospitalizations does not necessarily mean one population experiences the illness more or less often, but rather that certain ZIP codes experience a higher proportion of serious or poorly controlled illness. Regardless, disparities of ED visits and hospitalizations based on poverty level highlights an area in need of further examination and possibly intervention.

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[90] English, P. Carpenter, C., Horiuchi, S., & Valle, J. (2021). *Tracking California.* Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley: Analysis of Emergency Department and Hospitalization Data, 2016 to 2018.

Each of the three hospitals varied slightly in the reasons for visiting the emergency room. Figure 12 illustrates the top five reasons for each hospital, resulting in a total of seven categories.

For example, the most common reason for visiting the emergency room was injuries/poisonings for Desert Regional and JFK Memorial Hospital, while the most common reason at Eisenhower Health was "symptoms". Additional areas of variation include a high proportion of musculoskeletal issues presented at Eisenhower Health (14.5%) and a high proportion of respiratory issues presented at JFK Memorial (13.1%).

See Appendix 6 for full details on reasons for visiting the emergency room by hospital.

Figure 7. Reasons for Visiting the Emergency Room by Hospital
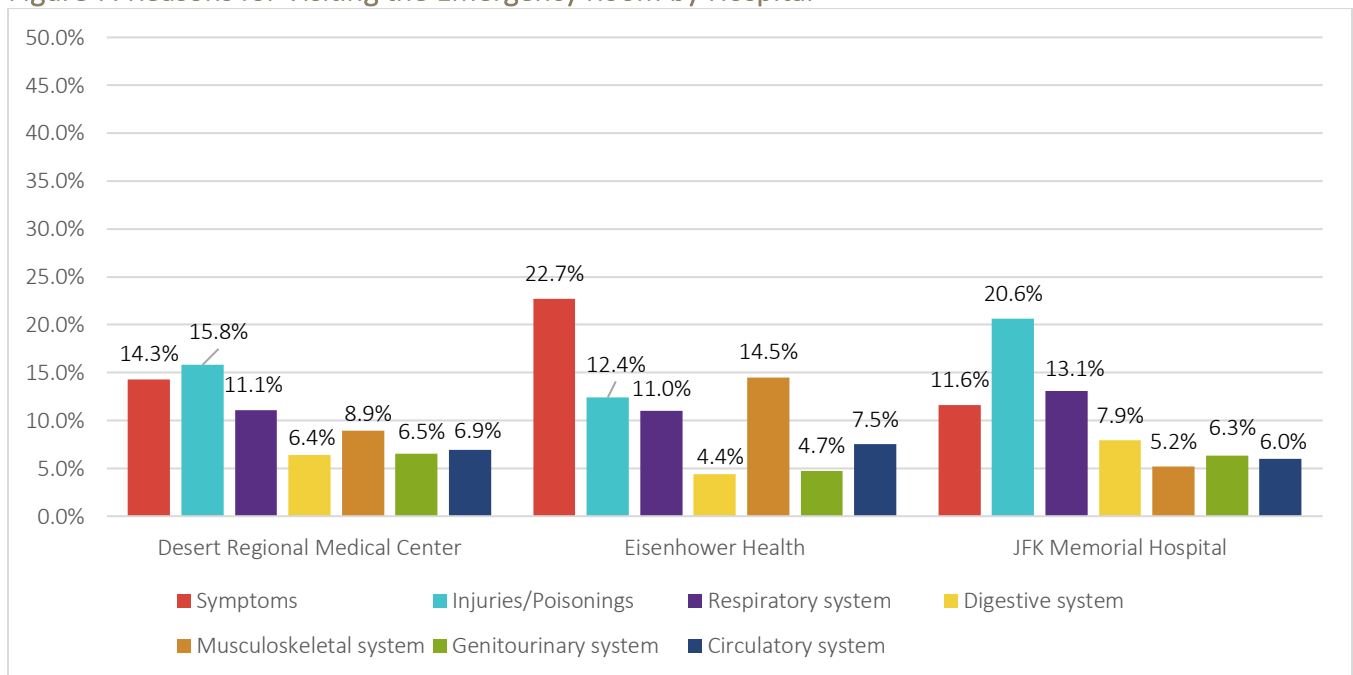


Source: California Office of State Health Planning and Development (OSHPD; 2019).
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# Healthcare Workforce

## Number of Physicians and Physician Ratios

The California Department of Consumer Affairs (DCA) provides the number of physician licenses in the Coachella Valley as illustrated in the following table.[91]

Unfortunately, the California DCA does not specify the number of hours each physician dedicates to patients, administration, research, etc. Furthermore, the medical/surgical specialties of physicians are not provided, but rather only the total number of medical doctors (MDs) and doctors of osteopathy (DOs) and license types. These license types were filtered to only include physicians, surgeons, and special faculty permits. Special faculty permits are for internationally trained physicians who have are recognized as eminent in their field and have also been sponsored by the Dean of a California medical school in an effort to fill positions with a high need.[92]

As illustrated in the table below, DCA's monthly reporting data demonstrates that there are a total of 1,555 physicians in the Coachella Valley. Taking the population of the Coachella Valley into account, the rate of physicians per 100,000 is 360.9. This rate is substantially higher than Riverside County's rate per 100,000 (200.4). However, Coachella Valley's rate per 100,000 is lower than that of California (365.8).

Table 7. Physician Rate per 100,000

| City/CDP | Number of Physician Licenses | Population | Number of Physicians per 100,000 |
|---|---|---|---|
| Coachella Valley Total | 1,555 | 430,889 | 360.9 |
| Riverside County | 4,833 | 2,411,439 | 200.4 |
| California | 143,687 | 39,283,497 | 365.8 |

Note: Physician data are from Department of Consumer Affairs (DCA). (2020). DCA data are updated once a month.
Population data are from American Community Survey – Five Year Estimates. (2015-2019). Rates calculated by HARC.

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[91] Public Information – Licensee Lists Overview. (2020). California Department of Consumer Affairs.
https://www.dca.ca.gov/consumers/public_info/index.shtml
[92] Physician and Surgeon Licensing Types and Descriptions. (n.d.). California Medical Board of California.
https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/License_Types.aspx

The number of physicians accepting Medi-Cal is also important to consider to ensure that everyone has adequate access to a provider. According to Molina Healthcare, they serve approximately 6,600 Medi-Cal only patients in the Coachella Valley. Furthermore, they contract with 200 primary care physicians and 568 specialists who accept Medi-Cal in the Coachella Valley. According to IEHP, they contract with 129 unique primary care physicians and 606 specialists (including specialty care, specialty care behavioral health, and vision) who accept Medi-Cal to serve their 135,768 Medi-Cal patients.

The table below specifies the number of physician licenses by time spent with patients; though OSHPD does not ask providers to indicate whether that time is spent directly face-to-face with patients or whether it includes time spent charting as well. Of the 1,323 licensed physicians with data available, 80.2% of them treat patients at least a few hours per week (1,061 physicians). More than half of local providers (61.4% or 812 physicians) spend 30 or more hours per week taking care of patients.

Table 8. Physician Specialties by Patient Care Hours in Coachella Valley

| Primary Area of Practice | Patient Care Hours per Week | | | | | | |
|---|---|---|---|---|---|---|---|
| | No Response | No hours | 1-9 hours | 10-19 hours | 20-29 hours | 30-39 hours | 40+ hours |
| All Other Specialties | 0 | 16 | 10 | 10 | 12 | 30 | 69 |
| Anesthesiology | 0 | 9 | 3 | 1 | 0 | 7 | 32 |
| Cardiology | 0 | 4 | 1 | 0 | 3 | 6 | 25 |
| Dermatology | 0 | 0 | 1 | 1 | 1 | 4 | 9 |
| Emergency Medicine | 1 | 4 | 4 | 5 | 7 | 10 | 25 |
| Endocrinology | 0 | 0 | 0 | 0 | 1 | 1 | 2 |
| Family Medicine | 0 | 11 | 8 | 11 | 15 | 30 | 71 |
| Gastroenterology | 0 | 3 | 1 | 0 | 0 | 1 | 13 |
| General Practice | 0 | 3 | 5 | 2 | 1 | 6 | 7 |
| General Surgery | 0 | 9 | 3 | 0 | 1 | 0 | 20 |
| Infectious Disease | 0 | 1 | 0 | 1 | 3 | 1 | 7 |
| Internal Medicine | 0 | 12 | 9 | 4 | 13 | 24 | 91 |
| Nephrology | 0 | 0 | 0 | 0 | 0 | 1 | 8 |
| Neurology | 0 | 0 | 0 | 0 | 3 | 1 | 15 |
| Obstetrics & Gynecology | 0 | 11 | 6 | 0 | 2 | 7 | 14 |
| Oncology | 0 | 2 | 0 | 1 | 0 | 2 | 10 |
| Ophthalmology | 0 | 4 | 1 | 2 | 4 | 10 | 13 |
| Orthopedic Surgery | 2 | 5 | 3 | 1 | 3 | 3 | 14 |
| Otolaryngology | 0 | 2 | 1 | 1 | 1 | 2 | 7 |
| Pathology | 0 | 5 | 2 | 0 | 1 | 0 | 6 |
| Pediatrics | 0 | 3 | 0 | 0 | 0 | 10 | 17 |
| Physical Medicine & Rehab | 1 | 0 | 2 | 0 | 1 | 1 | 4 |
| Plastic Surgery | 0 | 0 | 0 | 1 | 1 | 2 | 11 |
| Psychiatry | 0 | 12 | 6 | 6 | 9 | 13 | 17 |
| Pulmonary | 0 | 1 | 0 | 1 | 1 | 3 | 5 |
| Radiology | 0 | 10 | 5 | 7 | 1 | 3 | 20 |
| Urology | 0 | 2 | 0 | 1 | 1 | 1 | 6 |
| No Response | 103 | 26 | 15 | 6 | 16 | 34 | 61 |
| Coachella Valley Total (#) | 107 | 155 | 86 | 62 | 101 | 213 | 599 |
| Coachella Valley Total (%) | 8.1% | 11.7% | 6.5% | 4.7% | 7.6% | 16.1% | 45.3% |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020.

Note that the data for number of hours worked was reported categorically, so we do not have a precise measure of the number of hours each physician provided patient care. As such, the following pages assess the physicians who provide 30 hours or more per week in patient care (full-time or close to full-time). Those physicians who did not respond to the question (107 physicians) are not included in calculations, although they may be providing care to patients. Thus, this may be a slight under-report of the number of physicians available but is more accurate than the number of licenses alone.

According to the customized dataset provided by OSHPD, there are 812 physicians who provide patient care 30 hours or more per week. This is substantially lower than the total number of licensed physicians, 1,323, demonstrating that number of physician licenses is an imperfect measure of actual access to care for patients. Based on our population of approximately 430,880[93], this equates to a physician-to-100,000 population of 188.4. The chart below illustrates how the physician-to-100,000 population ratio decreases when accounting for hours spent treating patients. Additionally, among physicians providing patient care 30 or more hours per week, Riverside County has a rate of 117.8 per 100,000 and California has a rate of 209.0 per 100,000.

Figure 8. Coachella Valley Physician-to-Population Ratio – Based on Patient Care Hours
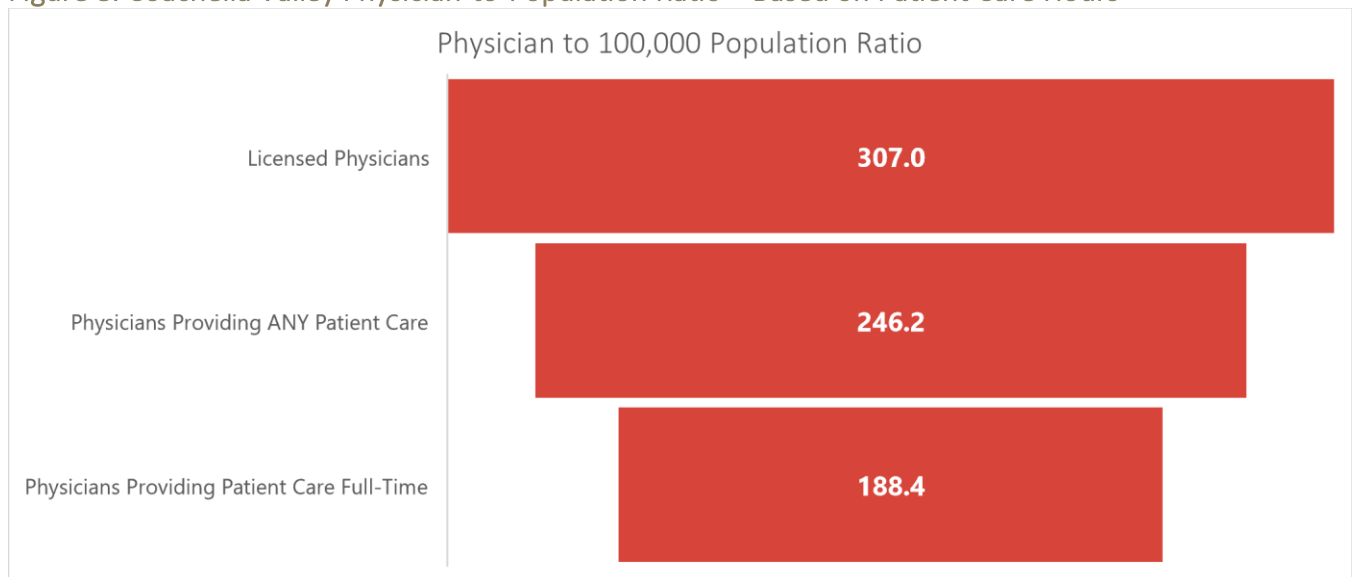


Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Calculations done by HARC. "Full-time" in this case is defined as any physician providing patient care 30 or more hours per week.

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93 Source: American Community Survey – Five Year Estimates. (2015-2019).

## COMPARING RATIOS TO SUGGESTED GUIDELINES

The number of physicians required to meet a population's need depends on surrounding population characteristics as well as the specialty and number of hours worked by physicians. The table below utilizes suggested physician ratios by specialty from a review[94] done by Merritt Hawkins, an AMN Healthcare company. It presents several guidelines for the number of physicians in specialties that are required to meet the needs of a population of 100,000 people, including:

- GMENAC (Graduate Medical Education National Advisory Committee): GMENAC was a one-time, ad hoc committee of health care experts convened by Congress to assess U.S. healthcare workforce needs in 1980. No such estimates have been issued from the government or from government-sponsored agencies since. The GMENAC numbers are considered dated by many.

- GOODMAN: These ratios are from an article in the December 11, 1996 issue of Journal of American Medical Association by Dr. David Goodman and colleagues. These ratio project physician-per-population needs based on three different types of service populations: the patient panel of a large HMO, the population of a community with a high level of managed care, and the population of a mostly fee-for-service community.

- HICKS & GLENN: These ratios are from an article in the 1989 edition of the Journal of Health Care Management by Drs. Hicks and Glenn, two PhD's affiliated at that time with the University of Missouri School of Medicine. These ratios project physician-per-population needs based on the current rate of patient visits generated to particular specialists as determined by the Department of Health and Human Services' National Ambulatory Healthcare Administration report divided by the number of patient visits physicians typically handle, as determined by the Medical Group Management Association.

- SOLUCIENT: Solucient (now Thomson Healthcare) is a health care consulting firm. Its numbers are based on a 2003 study and are, therefore, the most recent of the guidelines. Solucient employed a methodology similar to Hicks & Glenn which analyzed National Ambulatory Health Care Administration patient/physician visits data, Medical Group Management Association physician productivity data and private and public claims data showing patient/physician visit rates by age.[95]

Each of these ratios assume that the physicians are providing patient care full-time. Thus, the following table only includes those physicians who are providing patient care 30 hours or more per week ("full-time").

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[94] A review of Physician-To-Population Ratios. Merritt Hawkins. https://www.maprainc.org/wp-content/uploads/2015/06/Physician-to-Population-Ratios-2013.pdf
[95] Ibid.

As illustrated in the table below, the Valley is lacking in physicians practicing emergency medicine, general surgery, OB/GYN, orthopedic surgery, pathology, pediatrics, radiology, and urology—that is, for these specialties, they fall below the majority of suggested guidelines. Note that some areas of practice are excluded from the table, as there are no guidelines for the ratios for those areas of practice. See Appendix 7 for details on all licensed healthcare professionals locally and for the state, and Appendix 8 for full-time calculations.

Table 9. Full-Time Physician-to-Population Ratios per 100,000 – Coachella Valley versus Suggested Guidelines

| Primary Area of Practice | CV Physician-to-Population Ratio (only includes physicians providing 30+ hours of patient care/week) | Guidelines for Physician-to-Population Ratio | | | |
|---|---|---|---|---|---|
| | | GMENAC | Goodman | Hicks & Glenn | Solucient |
| Anesthesiology | 9.1 | 8.3 | 7.0 | - | - |
| Cardiology | 7.2 | 3.2 | 3.6 | 2.6 | 4.2 |
| Dermatology | 3.0 | 2.9 | 1.4 | 2.1 | 3.1 |
| Emergency Medicine | 8.1 | 8.5 | 2.7 | - | 12.4 |
| Endocrinology | 0.7 | 0.8 | - | - | - |
| Family Medicine | 23.4 | 25.2 | - | 16.2 | 22.5 |
| Gastroenterology | 3.2 | 2.7 | 1.3 | - | 3.5 |
| General Surgery | 4.6 | 9.7 | 9.7 | 4.1 | 6.0 |
| Infectious Disease | 1.9 | 0.9 | - | - | - |
| Internal Medicine | 26.7 | 28.8 | - | 11.3 | 19.0 |
| Nephrology | 2.1 | 1.1 | - | - | 0.7 |
| Neurology | 3.7 | 2.3 | 2.1 | 1.4 | 1.8 |
| Obstetrics & Gynecology | 4.9 | 9.9 | 8.4 | 8.0 | 10.2 |
| Oncology | 2.8 | 3.7 | 1.2 | - | 1.1 |
| Ophthalmology | 5.3 | 4.8 | 3.5 | 3.2 | 4.7 |
| Orthopedic Surgery | 3.9 | 6.2 | 5.9 | 4.2 | 6.1 |
| Pathology | 1.4 | 5.6 | 4.1 | - | - |
| Pediatrics | 6.3 | 12.8 | - | 7.6 | 13.9 |
| Plastic Surgery | 3.0 | 1.1 | 1.1 | 2.3 | 2.2 |
| Psychiatry | 7.0 | 15.9 | 7.2 | 3.9 | 5.7 |
| Pulmonary | 1.9 | 1.5 | 1.4 | - | 1.3 |
| Radiology | 5.3 | 8.9 | 8.0 | - | - |
| Urology | 1.6 | 3.2 | 2.6 | 1.9 | 2.9 |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Population data are from ACS 5-year estimates, 2015-2019. Rates calculated by HARC. Suggested estimates are from A review of Physician-To-Population Ratios. Merritt Hawkins. https://www.maprainc.org/wp-content/uploads/2015/06/Physician-to-Population-Ratios-2013.pdf

## PRIMARY CARE PROVIDER RATIOS

Primary care physicians are also an important area to consider. For purposes of this section, primary care physicians were defined as general family medicine, general practice, general internal, and general pediatrics.[96] The Coachella Valley has a total of 353 licensed primary care physicians. However, when looking at the number who provide care full-time or close to it, there are 256 primary care physicians in the Coachella Valley, as illustrated in the table below.

Table 10. Primary Care Physicians by Patient Care Hours

| Geography | Primary Care Physicians by Patient Care Hours | | | | | |
|---|---|---|---|---|---|---|
| | No Hours | 1 - 9 Hours | 10 - 19 Hours | 20 - 29 Hours | 30 - 39 Hours | 40+ Hours |
| Coachella Valley | 29 | 22 | 17 | 29 | 70 | 186 |
| Riverside County | 70 | 60 | 64 | 135 | 277 | 644 |
| California | 2,656 | 2,379 | 2,433 | 4,849 | 8,931 | 14,493 |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020.

In the Coachella Valley, there are about 60 full-time or near-full-time primary care physicians per 100,000 people. The ratio of full-time (working 30 hours or more per week on patient care) primary care physicians to population in the Coachella Valley is about the same as that for the state of California as a whole, as illustrated in the table below.

Table 11. Full-Time Primary Care Physicians to Population Ratio

| Geography | # of Primary Care Physicians Caring for Patients 30+ hours/Week | Population | Primary Care Physician to Population Ratio |
|---|---|---|---|
| Coachella Valley | 256 | 430,889 | 59.41 |
| Riverside County | 921 | 2,411,439 | 38.19 |
| California | 23,424 | 39,283,497 | 59.63 |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2018. Coachella Valley population data are from ACS 5-year estimates, 2015-2019. Riverside County and California population data are the July 1, 2019 estimates from the Census Bureau. Rates calculated by HARC.

In the Coachella Valley, there are 30 physicians with pediatrics as their primary area of practice; 27 of them work 30+ hours a week in patient care. Given the fact that there are about 83,571 children under the age of 18[97] in the Coachella Valley, this means there is a physician-to-child population ratio of 35.90 pediatricians to 100,000 children (considering all licensed pediatricians) or 32.31 pediatricians per 100,000 children (considering only those pediatricians who work with patients 30+ hours per week).

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[96] User Documentation for the County Area Health Resources File (AHRF) 2018-2019 Release. U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis July 2019.

[97] Source: American Community Survey – Five Year Estimates. (2015-2019).

## LOCAL RESIDENCY PROGRAMS

It is worth noting that there several residency programs in the Coachella Valley. Residency programs are an invaluable approach for bringing more physicians to a region as a way of "growing our own". Research demonstrates that roughly 39% of family medicine residents stay within 25 miles of where they completed their residency to practice.[98] As such, these local residency programs are worth highlighting:

Eisenhower Health has residency programs in emergency medicine, internal medicine, family medicine, and pharmacy.[99] Desert Care Network has residency programs in family medicine, emergency medicine, internal medicine, neurology, and neurological surgery.[100] Desert Oasis Healthcare has a residency program for pharmacy.[101] There is also an addiction medicine residency through UCR, located at Betty Ford Center and other Coachella Valley locations.[102]

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[98] Fagan, E.B., et al. (2013). Migration after family medicine residency: 56% of graduates practice within 100 miles of training. *American Family Physician, 88,* 704.

[99] Eisenhower Health. Graduate Medical Education. https://gme.eisenhowerhealth.org/

[100] Desert Care Network. Graduate Medical Education. https://desertregionalgme.com/

[101] Desert Oasis Healthcare. Pharmacy Residency Program. https://www.mydohc.com/careers/residency/

[102] University of California Riverside. Addiction Medicine Fellowship. https://sompsych.ucr.edu/am-fellowship

## Medically Underserved Areas

Medically Underserved Areas and Populations (MUA/P) are areas and population groups designed by Health Resources and Services Administration (HRSA) with shortages of primary health services. This is based on a medical underservice score (IMU), which ranges from 0 to 100, where the lower the score, the more underserved the area/population is. An area or population group with an IMU of 62.0 or lower qualifies to be designated as an MUA/P. To calculate this index of medical underservice score, the measures taken into consideration are provider per 1,000 population ratio, percent of population at 100% of the Federal Poverty Level, percent of population age 65 and over, and infant mortality rate.

The figure below shows that the most underserved area in the Coachella Valley is the Desert Hot Springs Health and Wellness Center with an IMU of 58.25.

Figure 9. Index of Medical Underservice Score
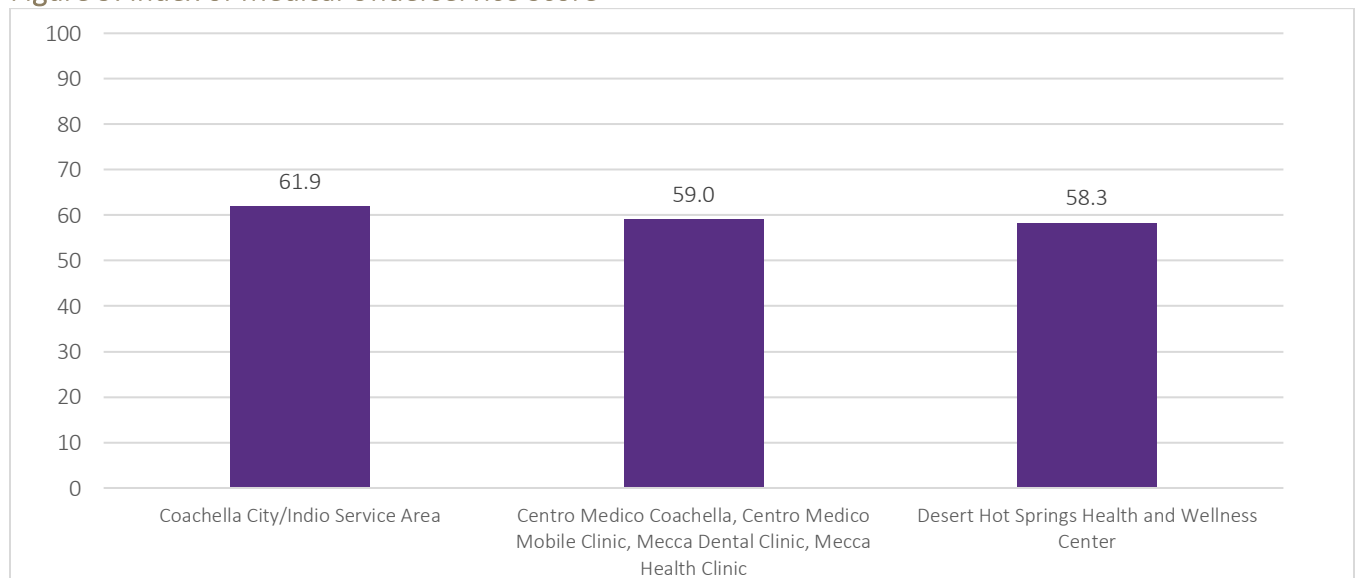


Source: Health Resources and Services Administration (HRSA). Coachella City/Indio data is from 2020; all other data was last updated 2019.

# Healthcare Coverage

## Age and Health Insurance

Healthcare insurance is a critical aspect of access to healthcare. Without health insurance, maintaining continuity of care, preventing illnesses before they occur, and simply treating disorders all become far more difficult. Additionally, access to care allows for longevity and a higher quality of life.[103]

When aggregating the number of people (children, adults, seniors) uninsured across all of the cities/CDPs of the Coachella Valley, 9.4% (40,256 people) of the population are uninsured.[104]  In looking more closely at uninsured rates across age group, there are clear variations. As illustrated in the figure below, very few seniors ages 65 and older (1.3%) are without health insurance, and to a lesser degree, those under 19 (3.7%). Conversely, less than a fifth (15.0%) of those aged 19 to 64 are without health insurance. These findings are not surprising given that government assistance makes it easier for younger and older people to obtain and maintain healthcare.

Figure 10. Healthcare Insurance Coverage in the Coachella Valley by Age Group
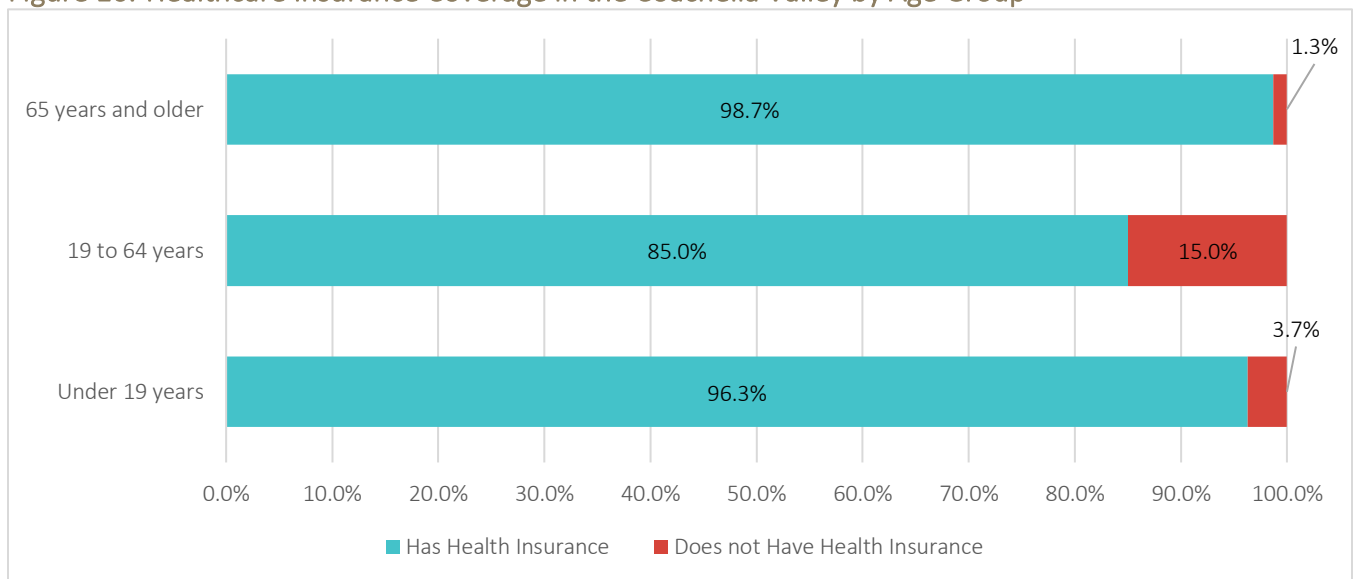


Source:  American Community Survey – Five Year Estimates. (2015-2019).

[103] Healthy People 2020. (2019). Access to Health Services. Available online here: https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services
[104] Source: American Community Survey – Five Year Estimates. (2015-2019).

## Adults without Health Insurance

The uninsured rate for working-age adults ages 19 to 64 for the United States is 12.4%. California comes in slightly lower at 10.7%.[105] As noted in the prior section, about 15.0% of Coachella Valley adults 19 to 64 are uninsured in the Coachella Valley, a rate which is considerably higher than the state and nation.[106]

As illustrated in the figure below, the uninsured rate of working-age adults (age 19 to 64) varies widely between cities/CDPs. Cities/CDPs with the highest rate of uninsured working-age adults (represented in red) include Oasis (31.9%), Indio Hills (31.9%), Thermal (30.3%) and Garnet (30.3%). These uninsured rates are nearly _triple_ the state average.

Conversely, the three cities/CDPs with the lowest uninsured rates (represented in teal) are Indian Wells (4.1%), Rancho Mirage (7.5%), and La Quinta (9.8%). These three cities/CDPs are on par or better than state and national uninsured rates.

See Appendix 9 for uninsured adult data on all 21 cities/CDPs.

### Figure 11. Adults without Health Insurance (19 to 64) by City/CDP – Top Three vs. Bottom Four
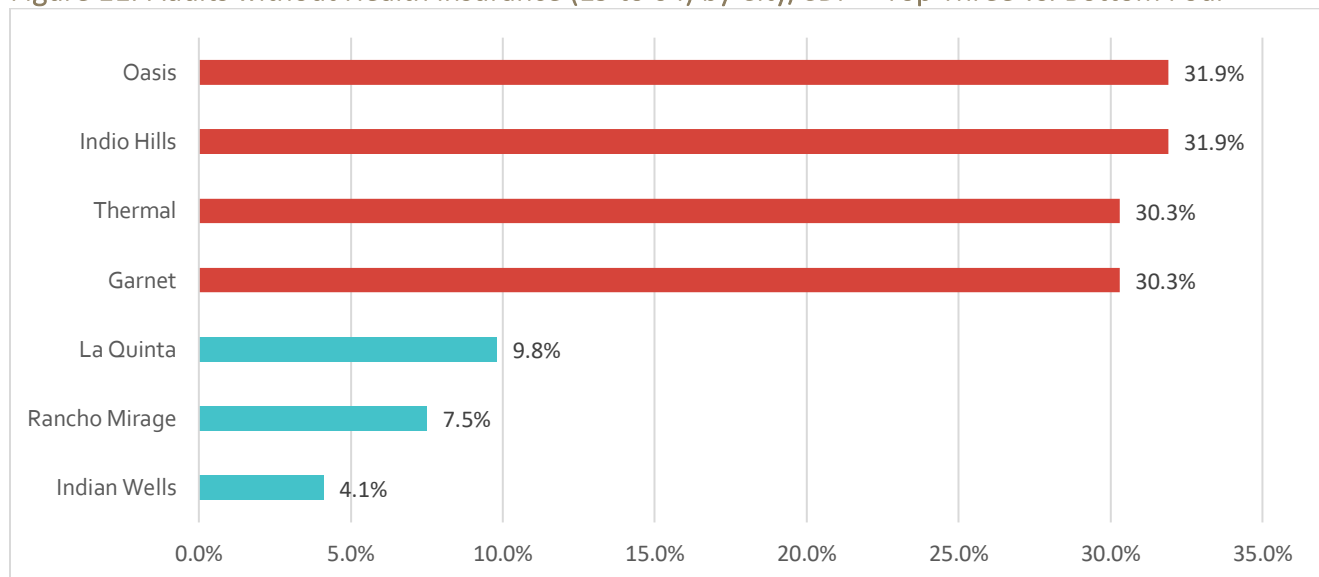


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[105] American Community Survey – Five Year Estimates. (2015-2019).
[106] Ibid.

## Children without Health Insurance

Nationally, about 5.1% of children under the age of 19 are uninsured; California does slightly better with only 3.3% of children lacking insurance. Locally, 3.7% of Coachella Valley children under the age of 19 are uninsured (about 3,261 children).[107]

Much the same as adult uninsured rates, the child uninsured rate is not consistent across the Valley. The three cities/CDPs with the highest childhood uninsured rates include Indio Hills, where about one fifth (23.9%) of children are uninsured, and Sky Valley (16.6%) and Garnet (7.9%).

That said, four cities/CDPs have no (0.0%) uninsured children, including Bermuda Dunes, Indian Wells, Thousand Palms, and Desert Edge.

See Appendix 10 for uninsured child data on 21 cities/CDPs.

Figure 12. Percentage of Children without Health Insurance by City/CDP – Top Four vs. Bottom Three
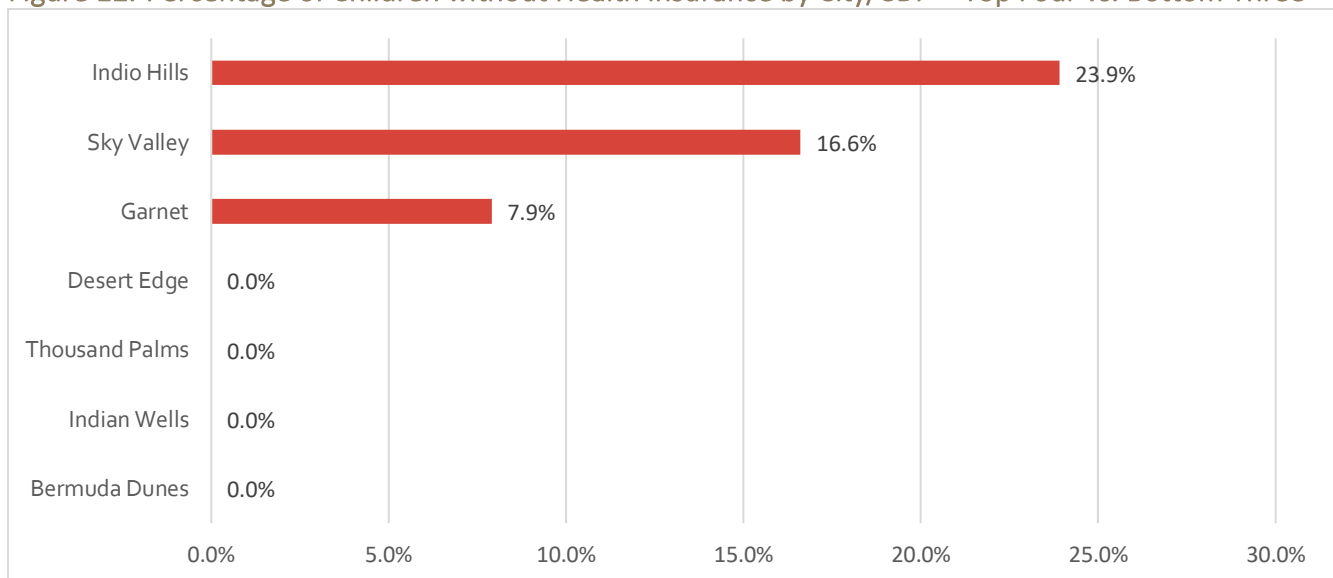


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[107] Source: American Community Survey – Five Year Estimates. (2015-2019).

## Living in Poverty and Uninsured

The ability to access healthcare is influenced by a range of factors, and one of those key factors is income. The figure below illustrates the percentage of people who have incomes under 100% of the federal poverty line (FPL) and who are also uninsured. That is, those who are living in poverty and are uninsured. Nationally, approximately 16.2% of people living in poverty are uninsured, as are 12.2% of Californians.

Among those living in poverty, substantially high proportions in North Shore (35.5%), Indio Hills (31.6%), and Garnet (30.9%) are also uninsured—all of which are higher than the rates of those living in poverty and uninsured in California (12.2%) and United States (16.2%) rates.[108] This means that many people who should potentially qualify for Medi-Cal are not currently insured.

Conversely, cities/CDPs of Rancho Mirage (7.7%), Indian Wells (0.0%), and Desert Palms (0.0%) have the lowest uninsured levels among those living in poverty, as illustrated in teal in the figure below.

See Appendix 11 for percent of those in poverty who are uninsured on all 21 cities/CDPs.

**Figure 13. Percentage of Those in Poverty who are Uninsured by City/CDP – Top Three vs. Bottom Three**
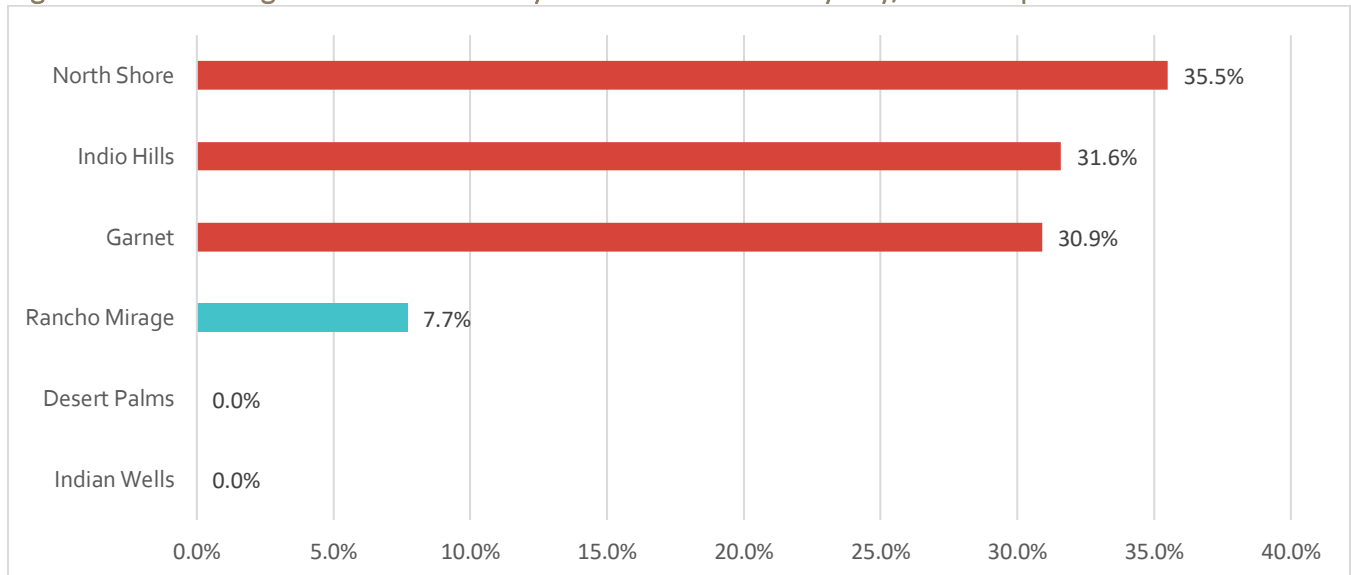


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[108] American Community Survey – Five Year Estimates. (2015-2019).

*Map: Living in Poverty and Uninsured*



## Living in Poverty and Uninsured

- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%

Desert Hot Springs
Desert Edge
Garnet
Sky Valley
Palm Springs
Cathedral City
Thousand Palms
Indio Hills
Rancho Mirage
Palm Desert
Desert Palms
Bermuda Dunes
Indio
Indian Wells
Coachella
La Quinta
Vista Santa Rosa
Thermal
Mecca
North Shore
Oasis
Salton Sea

Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## Employed but Uninsured Workers

Another factor that enables people to obtain health insurance is employment; some employers cover health insurance as a benefit or employment affords an individual the means to purchase their own health insurance. Those who work full-time, year-round, should ideally have health insurance, but this is not always the case. Nationally, 9.8% of full-time year-round workers (ages 19 to 64) are uninsured; the rate is 8.8% in California.[109]

In the Coachella Valley, the cities/CDPs with the highest percentage of working adults who are uninsured includes Indio Hills (62.1%), Thermal (35.9%) and Sky Valley (31.6%). In other words, over one third of the working age population in these cities/CDPs were employed in full-time positions, year-round, and still do not have healthcare insurance. This is even greater in Indio Hills where over one half of working age population in this cities/CDP was employed in full-time positions, year-round, and still did not have healthcare insurance. Conversely, Rancho Mirage (6.8%), Indian Wells (3.3%), and Desert Palms (0.0%) have much lower percentages of adults who were employed and uninsured; the median age for these cities are all over 65, so it is likely a high proportion of residents in these cities are retired.

See Appendix 12 for the percent of employed adults who are uninsured on all 21 cities/CDPs.

Figure 14. Percent of Full-Time Workers who are Uninsured by City/CDP – Top Three vs. Bottom Three
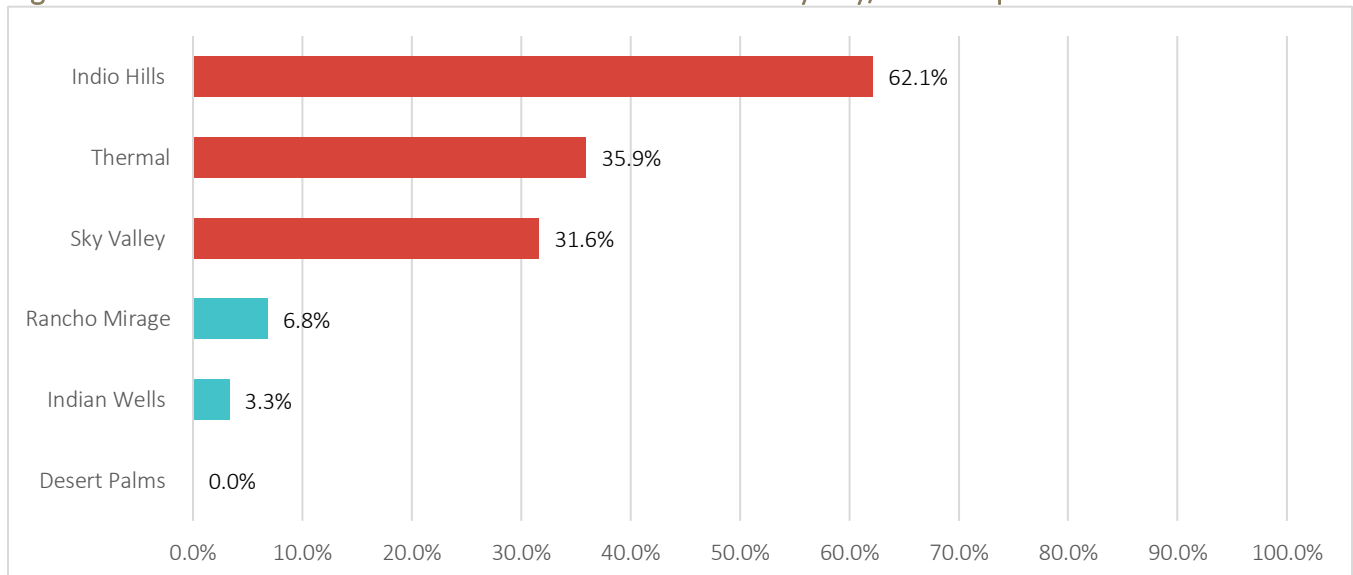


Source: American Community Survey – Five Year Estimates. (2015-2019).

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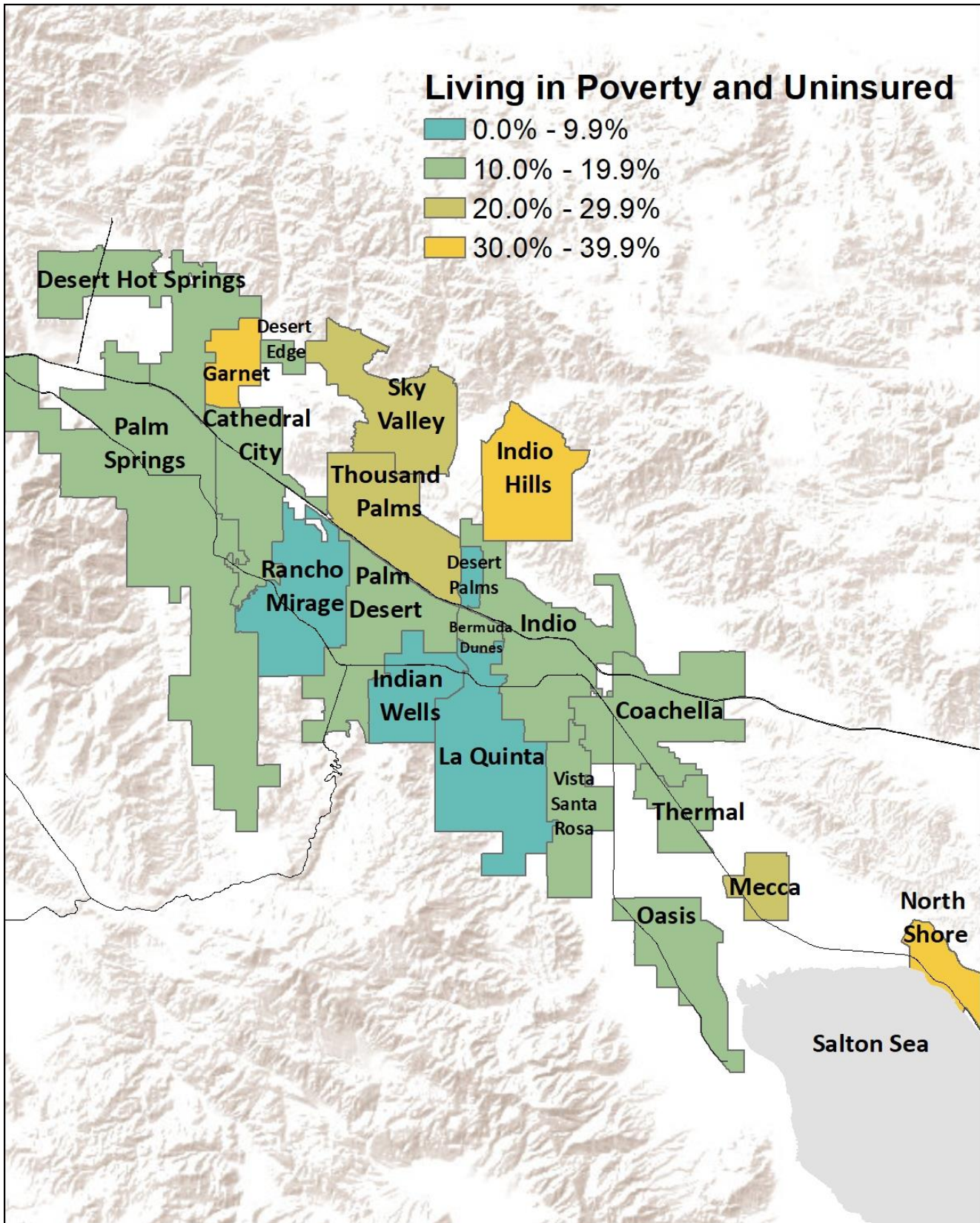[109] American Community Survey – Five Year Estimates. (2015-2019).

## Map: Full-Time Employment and Uninsured



**Employed Full-Time and Uninsured**
- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 60.0% - 70.0%
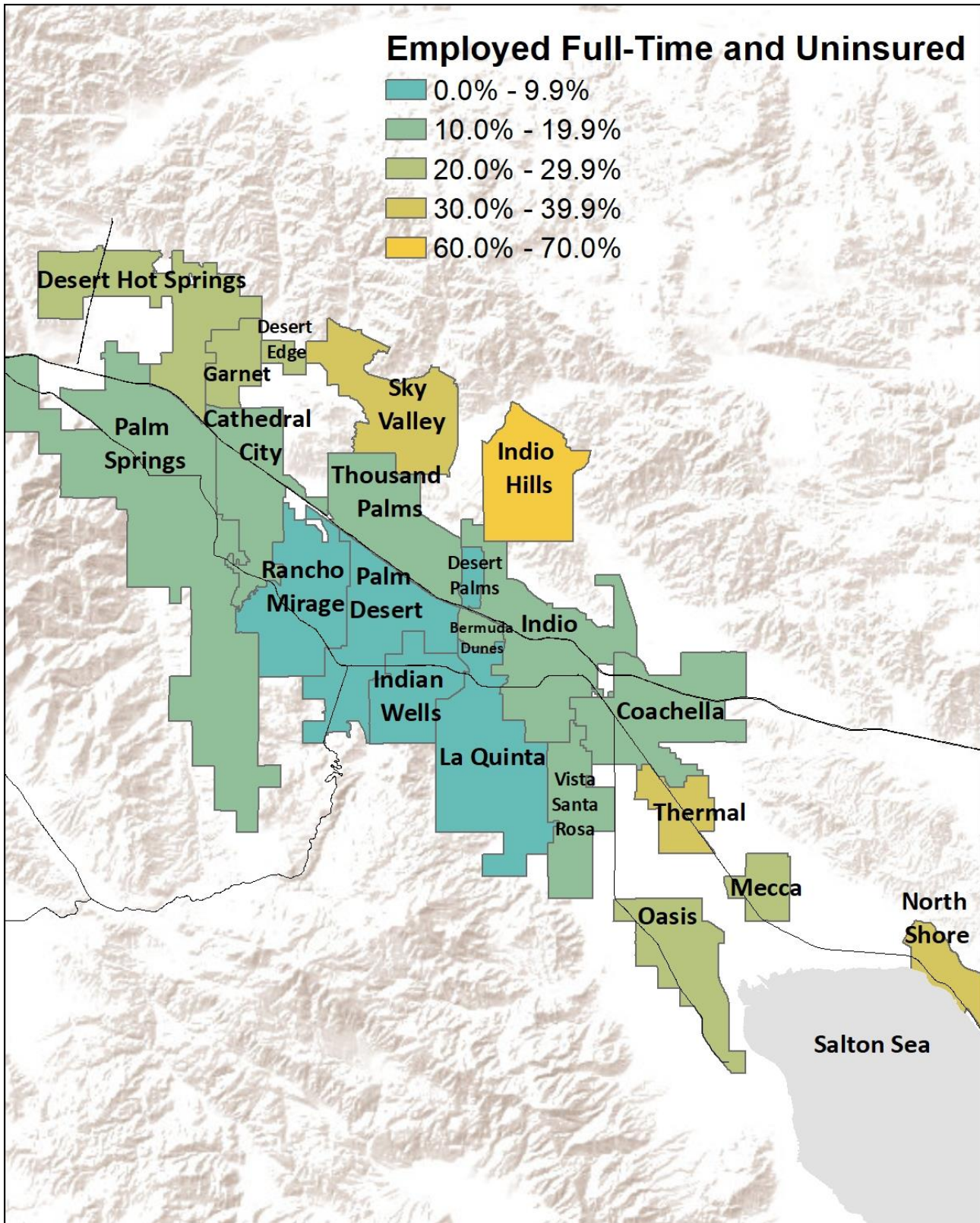
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## Public Health Insurance Coverage

Public health insurance options exist and typically include Medicare and Medicaid (in California known as Medi-Cal).

### MEDICARE

Citizens of the United States and legal residents of at least five years are eligible for Medicare at the age of 65, so this generally insures our senior population. People under the age of 65 with disabilities or end-stage renal disease are also eligible.[110] Nationally, 16.9% of the population is covered by Medicare, as are 14.7% of California residents.[111]

As illustrated in the figure below, some cities/CDPs have a high proportion of residents covered by Medicare (represented in red) such as Desert Palms (84.4%), Desert Edge (60.4%), and Indian Wells (58.0%). Conversely, cities/CDPs with a lower percentage of residents on Medicare (represented in teal) include Thousand Palms (9.4%), Mecca (9.0%), and Oasis (8.2%). This strongly correlates with the age of residents in these respective cities/CDPs. See Appendix 13 for Medicare data on all 21 cities/CDPs.

**Figure 20. Percent of Population on Medicare by City/CDP – Top Three vs. Bottom Three**
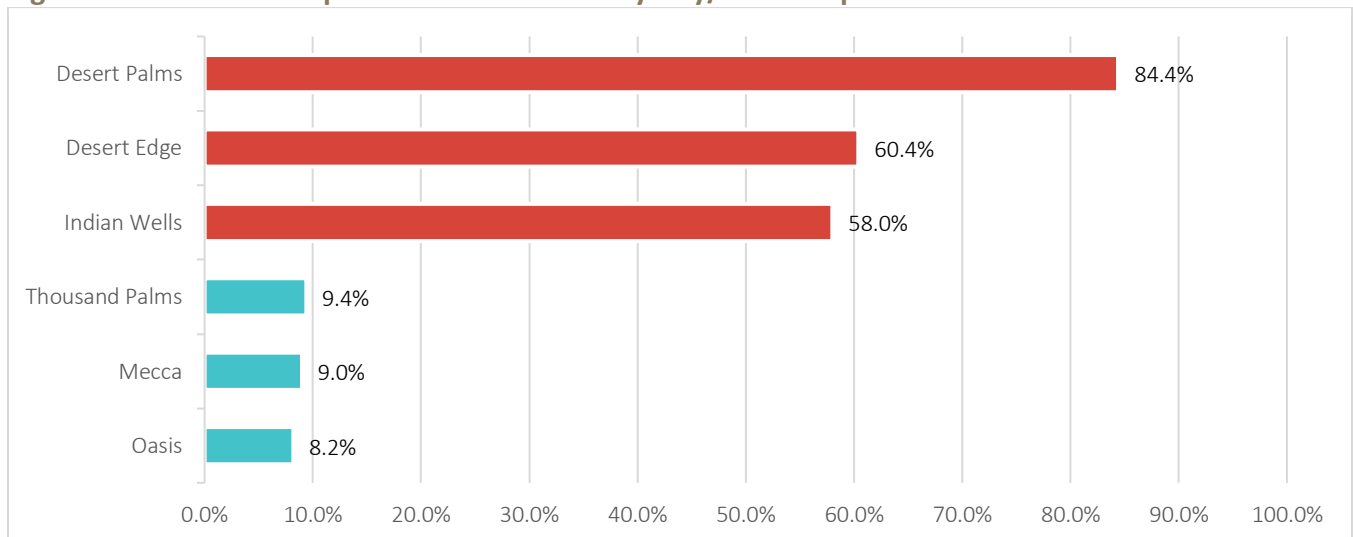


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[110] California Health Advocates. Who is Eligible for Medicare? Available online here: https://cahealthadvocates.org/the-basics/medicare-eligibility/

[111] American Community Survey – Five Year Estimates. (2015 - 2019).

*Map: Percent of Population on Medicare*



**Percent of Population on Medicare**
- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 40.0% - 49.9%
- 50.0% - 59.9%
- 60.0% - 69.9%
- 80.0% - 90.0%
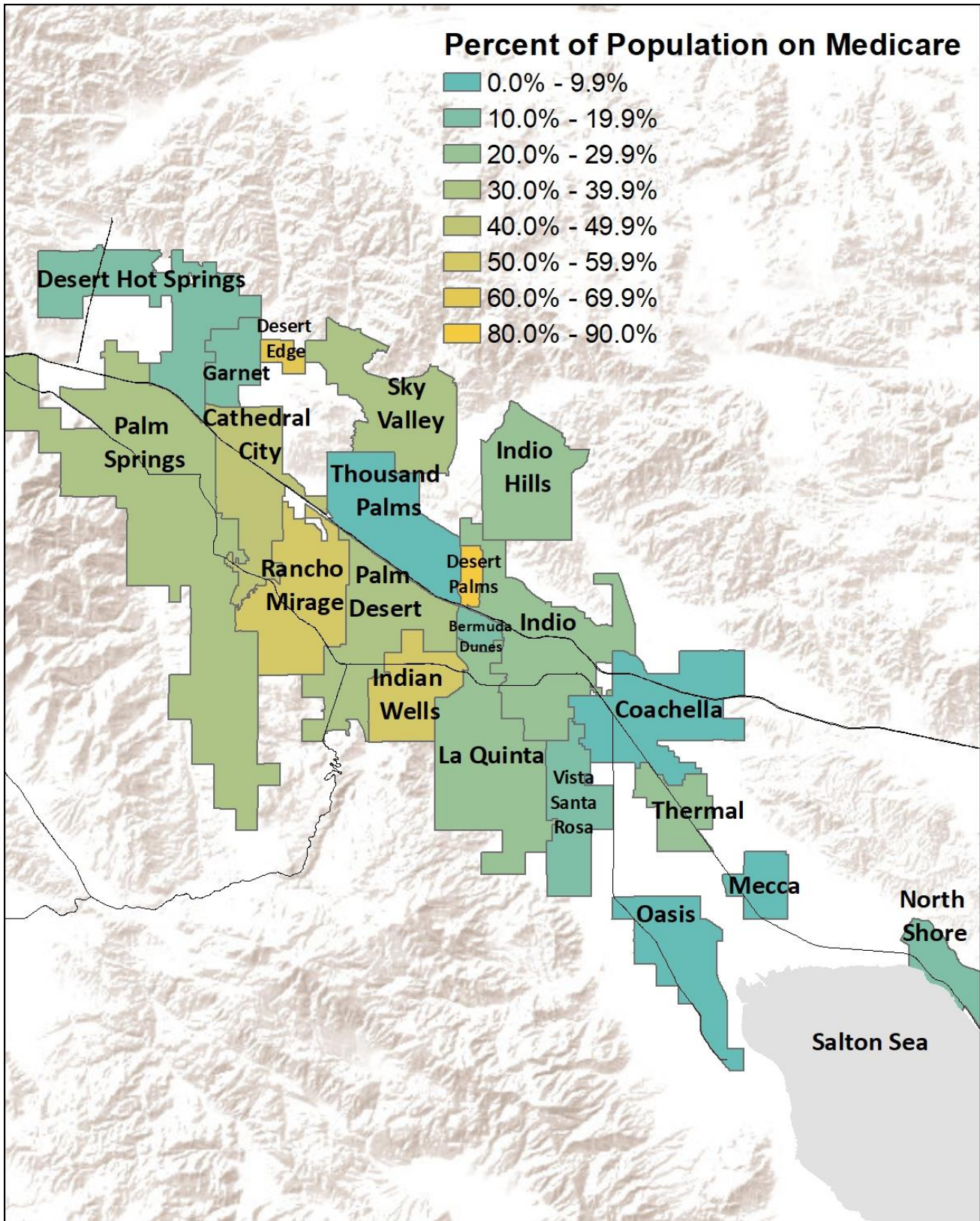
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## MEDICAID/MEDI-CAL

Medicaid is a public health insurance that provides coverage for residents that have lower levels of income. In California, it is called Medi-Cal. Nationally, Medicaid covers 20.2% of people, and in California it covers 26.1% of people. There about 138,559 residents on Medicaid/Medi-Cal in the Coachella Valley.[112]

The figure below illustrates that the cities/CDPs with the highest percentage of residents on Medicaid/Medi-Cal (represented in red) are Mecca (72.2%), Oasis (65.3%), and North Shore (56.7%). These rates are all more than double the state and national rates. Cities/CDPs with the lowest proportion of residents on Medicaid/Medi-Cal (represented in teal) include Rancho Mirage (12.9%), Indian Wells (5.9%), and Desert Palms (5.7%). This correlates very strongly with income, not surprisingly.

See Appendix 14 for Medicaid/Medi-Cal data on all 21 cities/CDPs.

**Figure 21. Percent of Population on Medicaid/Medi-Cal by City/CDP – Top Three vs. Bottom Three**
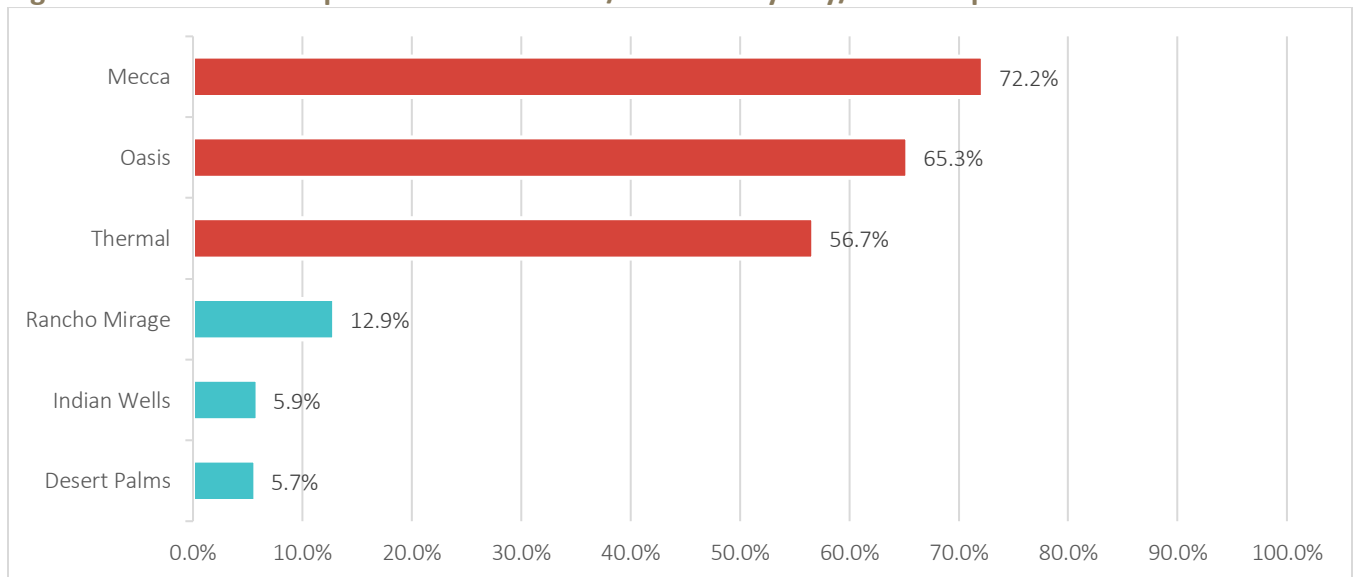


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[112] American Community Survey – Five Year Estimates. (2015-2019).

## Map: Percent of Population on Medicaid/Medi-Cal



**Percent of Population on Medicaid/Medi-Cal**

- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 40.0% - 49.9%
- 50.0% - 59.9%
- 60.0% - 69.9%
- 70.0% - 79.9%
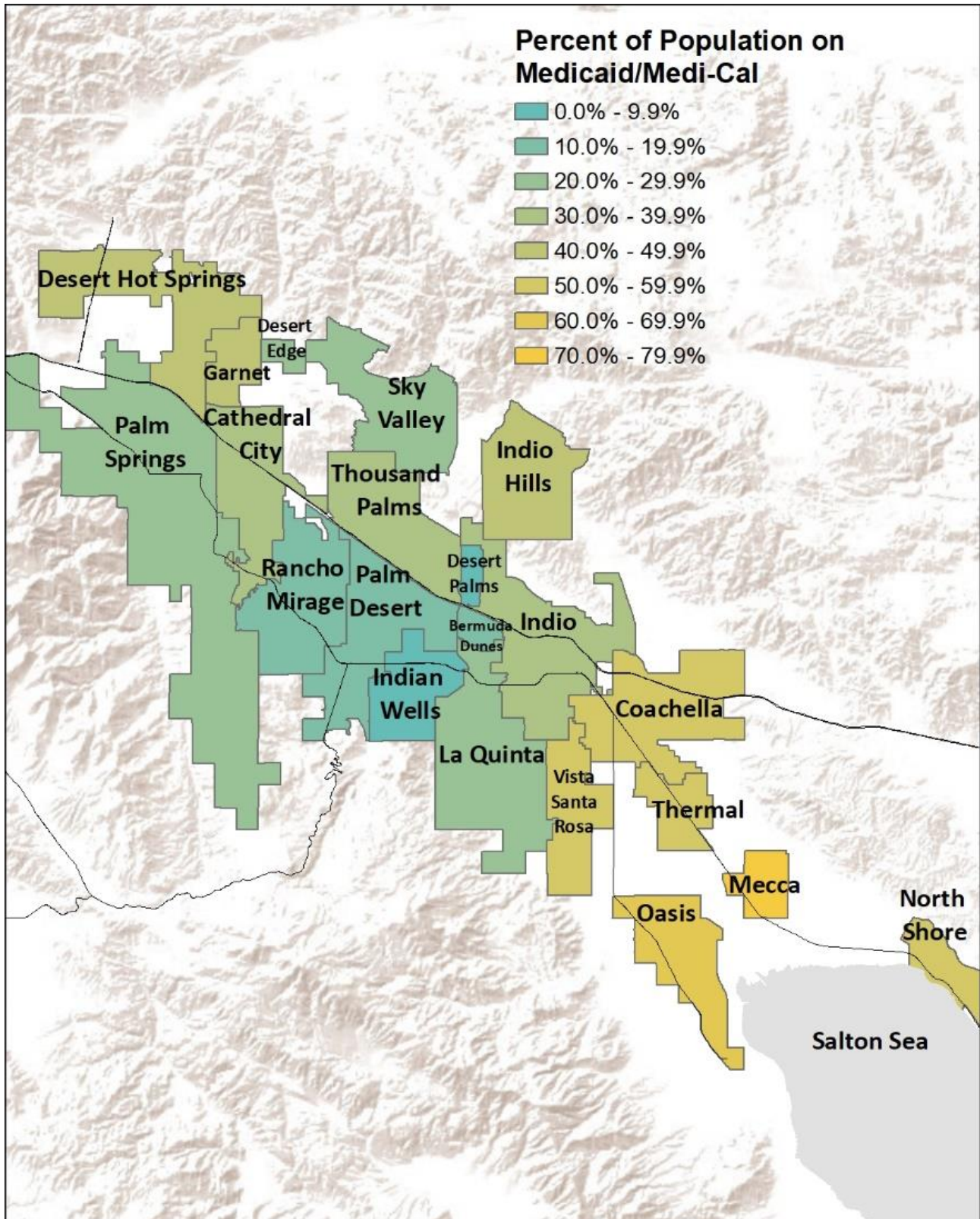
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## Persons with a Usual Source of Care

In Riverside County, 85.4% of all individuals, regardless of age, have a usual place to go when they are sick or need health advice.[113] The remaining 14.6% of Riverside County residents do _not_ have a usual source of care.[114]

When looking at the Coachella Valley, most adults report that their usual source of care is a doctor's office (37.6%) or an urgent care (25.2%), as illustrated in the figure below. About 9.1% of adults utilize the emergency room/hospital as a usual source of healthcare, which is not ideal for continuity of care.

Figure 15. Usual Source of Care in the Coachella Valley
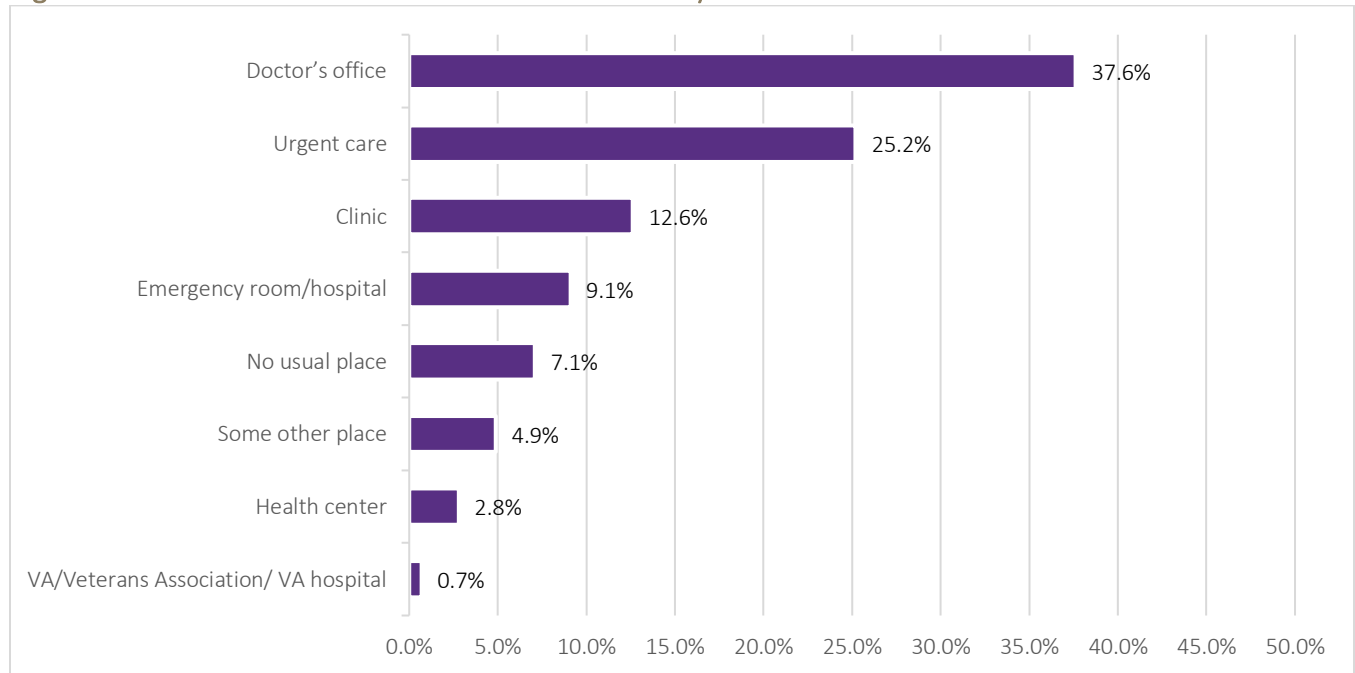


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

[113] California Health Interview Survey (2019).
[114] Ibid.

# Clinical Preventative Services

## Colon Cancer Screenings

The U.S. Preventative Services Task Force recommends that adults age 50 to 75 should be regularly screened for colorectal cancer.[115] Regular screening is essential to prevention.

Roughly 73.6% of Coachella Valley adults age 50 and older have received colorectal cancer screening at least once in their lives, as illustrated in the figure below. While the local rate of cancer screening is good, there remain 26.4% of the population who have yet to receive this important health screening.

Figure 16. Percent of Adults (Age 50+) that Received Colorectal Cancer Screening in the Coachella Valley
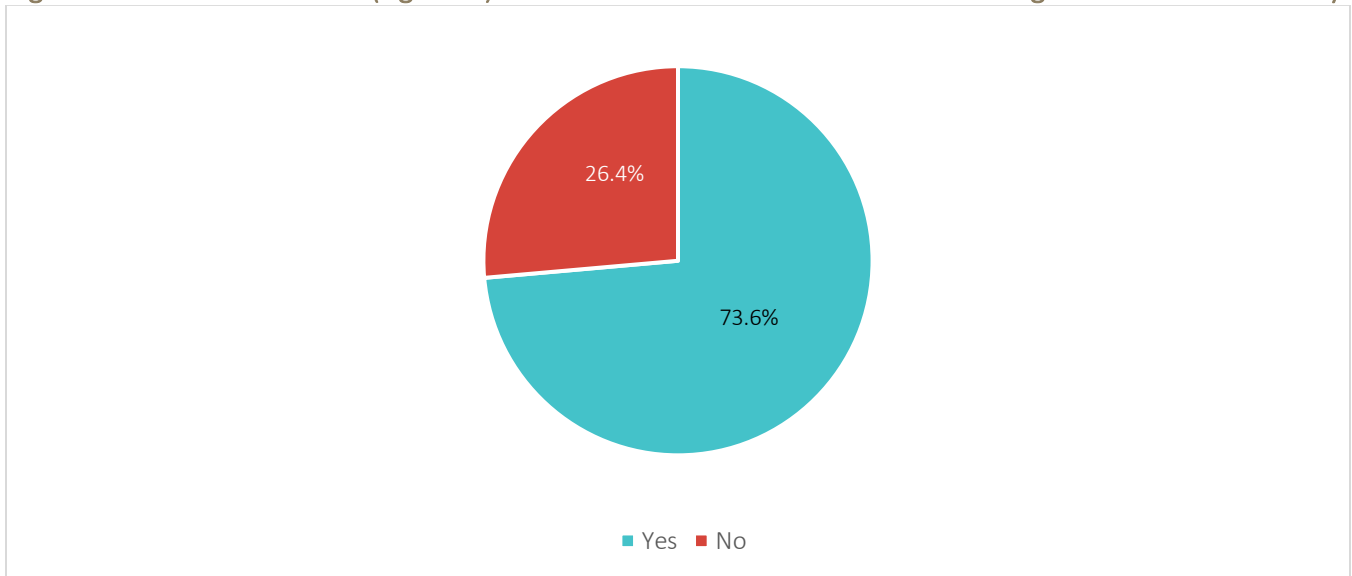


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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[115] Colorectal Cancer: Screening (2016). U.S. Preventive Services Task Force. Available online here: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening

The figure below shows the cities/CDPs with the highest and lowest rates of people age 50 and older receiving a colonoscopy or sigmoidoscopy to check for colon cancer at least once in their lives. The cities/CDPs with the highest rate of colon cancer screening among adults age 50+ include Palm Desert (85.2%), Palm Springs (83.0%), and La Quinta (82.2%). The cities/CDPs with the lowest rates of colon cancer screening among adults age 50+ include Coachella (51.0%), Mecca (50.5%), and Thermal (49.4%).

See Appendix 15 for colon cancer screening data on 10 cities/CDPs.

Figure 17. Colon Cancer Screening (Ages 50+) by City/CDP – Top Three vs. Bottom Three
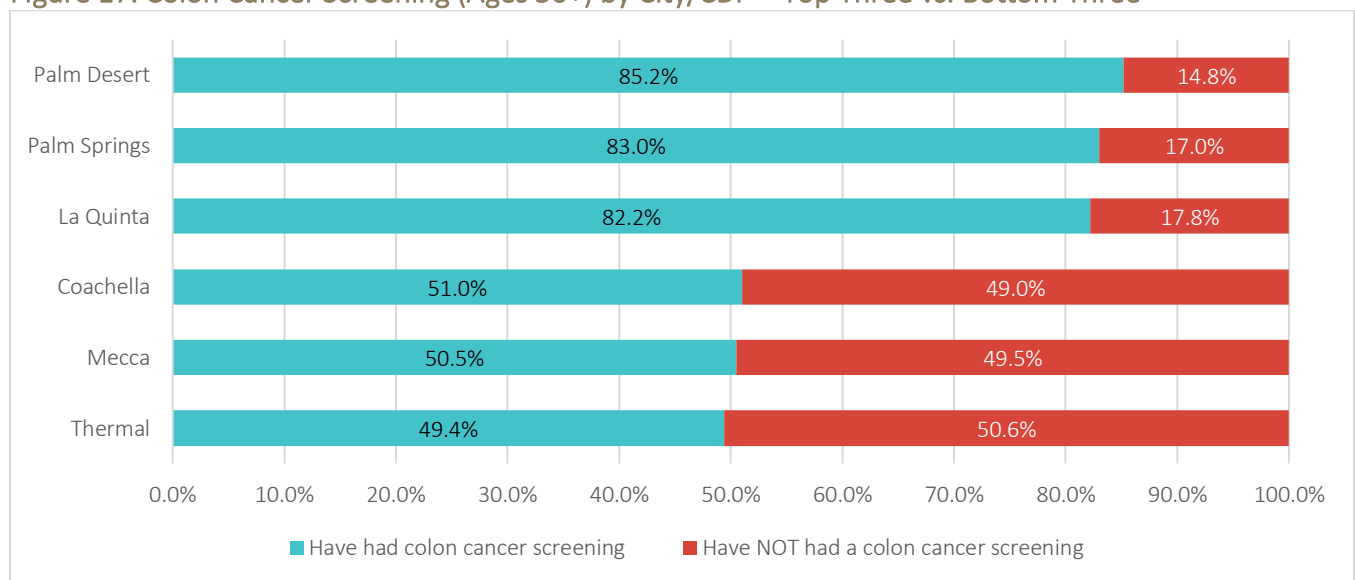


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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*Partner Data – Colon Cancer Screening at Borrego Health*

In 2019, Borrego Health saw 7,173 Coachella Valley adults ages 50 to 75. Of these, 40.4% had had an appropriate colorectal cancer screening recently, while 59.5% had not.

In this case, "appropriate screenings" can be defined as any one of the following: fecal occult blood test (FOBT) in the past year, fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the past three years, flexible sigmoidoscopy during the past five years, computerized cosmography (CT) colonography during the past five years, or colonoscopy during the past 10 years.

*Partner Data – Colon Cancer Screening at Eisenhower Health*

In 2019, Borrego Health saw 47,664 Coachella Valley adults ages 50 and over. Of these, 38.1% had had an appropriate colorectal cancer screening recently, while 61.9% did not have this screening.

# Hypertension

High blood pressure, also known as hypertension, is a chronic condition that can lead to heart attack and stroke.[116] In the Coachella Valley, approximately 35.7% of adults have been diagnosed with high blood pressure by a healthcare provider.[117] It is the most commonly diagnosed chronic disease in the Coachella Valley.[118]

---

## *Partner Data – Hypertension among Eisenhower Health Population*

In 2019, approximately 56.2% of Eisenhower patients in the Coachella Valley who had hypertension also had their blood pressure under control (age-adjusted among those who are 18 and over) – equating to roughly 16,555 people.

---

## *Partner Data – Hypertension among IEHP Population*

Inland Empire Health Plan (IEHP) is the largest non-profit Medicare-Medicaid plan in the United States. They cover the vast majority of Medi-Cal/Medicaid lives in the Coachella Valley.

In 2019, approximately 60.6% of IEHP patients in the Coachella Valley who had hypertension also had their blood pressure under control (age-adjusted among those who are 18 and over) – equating to roughly 249 people. This number is relatively low because this variable only includes patients who were continuously enrolled with IEHP.

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[116] American Heart Association (2016). What is high blood pressure? Available online at https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/what-is-high-blood-pressure
[117] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
[118] Ibid.

# Diabetes

Diabetes is a chronic condition that occurs when the body cannot make or use insulin, resulting in an excess of sugar in the bloodstream. This can lead to heart disease, vision loss, limb loss, and kidney disease.[119] The A1C test is a blood tests that measures average blood sugar levels over the past three months. According to the CDC, a normal A1c result is below 5.7%, prediabetes is indicated by a result between 5.7% to 6.4%, and a result of 6.5% or more indicates diabetes. Reaching and maintaining ones A1c goal is important to prevent complications with diabetes.[120]

In the Coachella Valley, roughly 12.2% of local adults have been diagnosed with diabetes by a healthcare provider, and another 3.6% have been diagnosed with borderline or pre-diabetes.[121]

---

*Partner Data – Diabetes Under Control among Eisenhower Population*

Eisenhower measures "diabetes control" by the metric of an A1C test value that is less than 9%.

In 2019, approximately 70.9% of Eisenhower adult patients in the Coachella Valley who were diagnosed with diabetes had an A1C that was less than 9%, and therefore defined as "well controlled". This equates to roughly 5,387 people who had their A1C under control and 2,211 people who did not have their A1C under control.

---

*Partner Data – Diabetes Under Control among IEHP Population*

IEHP measures "diabetes control" by the metric of an A1C test value that is less than 8%.

In 2019, approximately 57.4% of IEHP adult patients in the Coachella Valley who were diagnosed with diabetes had an A1C that was less than 8%, and therefore defined as "well controlled". This equates to roughly 33,548 people who had their A1C under control and 24,877 people who did not have their A1C under control.

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[119] Centers for Disease Control and Prevention (2019). About Diabetes. Available online at www.cdc.gov/diabetes/basics/diabetes.html

[120] Centers for Disease Control and Prevention (2019). All About Your A1c. Available online at: https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html

[121] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

# Childhood Vaccinations

It is very important for young children to be vaccinated in a timely manner, as this provides immunity before children are exposed to life-threatening disease. Because of this, the CDC has a vaccination schedule for parents to follow to ensure their children are vaccinated on time.[122]

In Riverside County, 96.3% of kindergarteners enter school with all of the required immunizations (including 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var).[123]

---

*Partner Data – Timely Childhood Immunizations at Borrego Health*

Borrego Health's definition of "timely childhood immunizations" is whether children have had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

Borrego Health treated 912 Coachella Valley two-year-olds in 2019. Of these two-year-olds, 23.9% had received all of these immunizations, while 76.1% were missing one or more.

---

*Partner Data – Timely Childhood Immunizations at IEHP*

IEHP measures timely childhood immunizations identically to Borrego Health. Of the two-year-olds treated by IEHP, approximately 74.0% had received all recommended immunizations, while 26.0% were missing one or more. This equates to roughly 17,812 children who received recommended vaccines and 7,258 children who did not have recommended vaccines by the age of two.

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[122] Centers for Disease Control and Prevention (2019). Vaccines for Your Children. Available online at: https://www.cdc.gov/vaccines/parents/index.html

[123] California Department of Public Health, Immunization Branch. (2018). 2018-2019 Kindergarten Immunization Assessment – Executive Summary. Available online at https://eziz.org/assets/docs/shotsforschool/2018-19CAKindergartenSummaryReport.pdf

# Education

## Reading Skills

Many students in the Coachella Valley are not meeting or exceeding standard in English/Language Arts, which is concerning because this may indicate that many students are at-risk of falling behind.

The figure below illustrates those students who meet or exceed the standards for English/Language Arts by grade level and by our three school districts; California data are included as well to provide a comparison.

Less than a third (29.1%) of students at Coachella Valley Unified School District (CVUSD) met or exceeded standards for English/language arts at any given grade. Less than half of students at Palm Springs Unified School District (PSUSD) (42.2%) and Desert Sands Unified School District (DSUSD) (49.6%) met or exceeded standards in English/language arts. Compared to the state of California, all of our school districts are underperforming at all grade levels.

**Figure 18. Meeting or Exceeding Standard in English/Language Arts by Grade Level for 2018/2019**
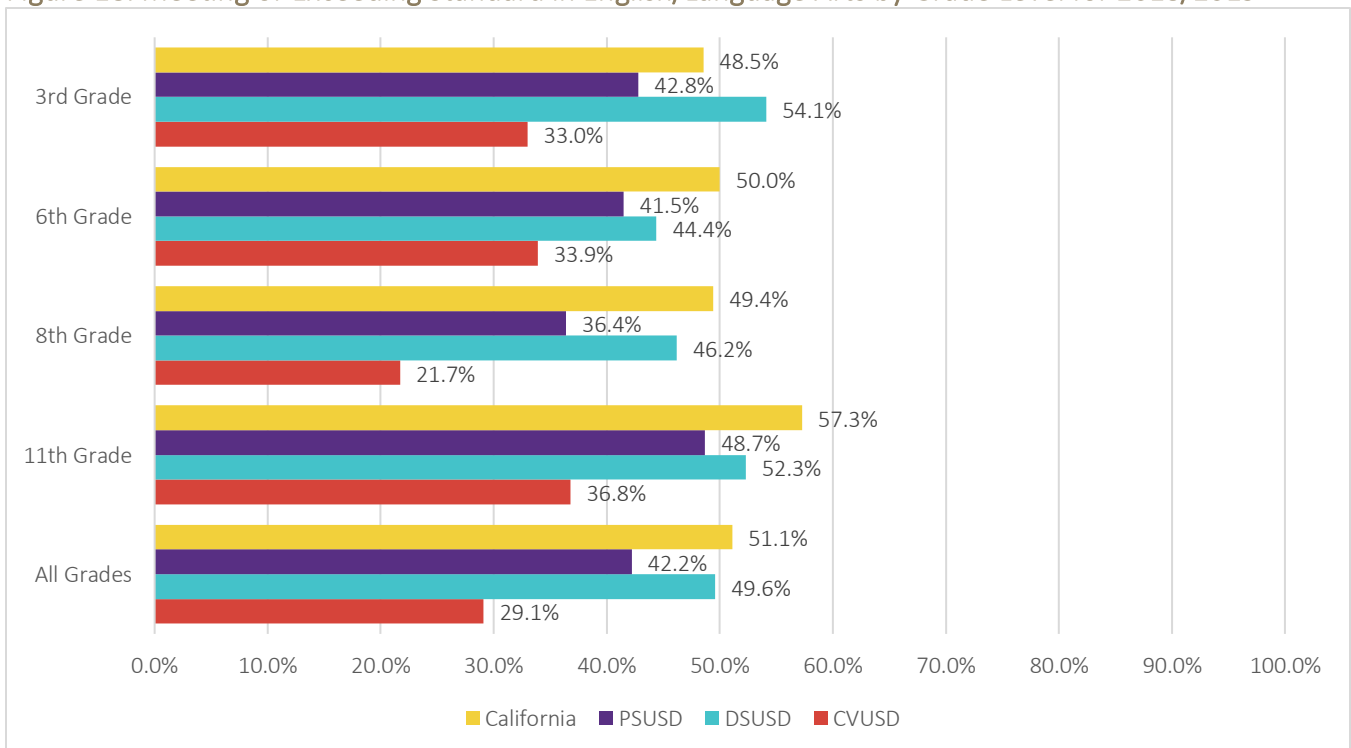


Source: California Department of Education (2018-2019). California Assessment of Student Performance and Progress.

# School Safety

## Perceived School Safety

Safety at school has always been a priority for the community. Its importance has heightened in recent years due to an increase in school shootings across the nation. It is important our students feel safe otherwise it will affect their academic performance.

Eleventh graders mostly perceived their school safety as either "safe" or "neither safe nor unsafe". Notably, more than half (53.0%) of 11th grade students at CVUSD reported "neither safe nor unsafe", as illustrated in the figure below. In comparison to California, most of our school districts have similar levels of perceived school safety. However, CVUSD has a low percentage of students who feel "very safe" compared to DSUSD, PSUSD, and the state of California. This may be of concern to our community in order to ensure all of our students feel "very safe" at school.

## Figure 19. Perceived School Safety – Grade 11
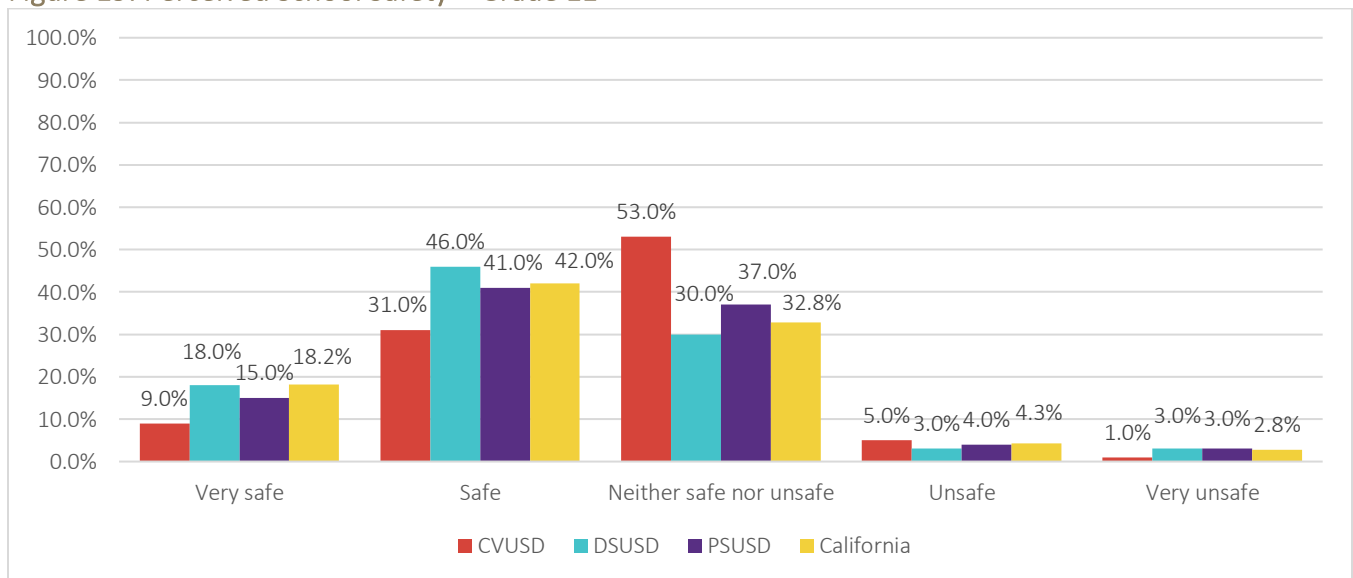


Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year for each district was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

## Verbal Harassment

Verbal harassment refers to jeering, insults, or slurs. It is a serious matter that may negatively impact the physical, emotional, and mental health of a student. It is important to monitor any verbal harassment in a learning environment to reduce the likelihood of negative health outcomes such as self-harm, depression, or suicide.

Nearly three quarters of 11th graders reported experiencing no verbal harassment in the past 12 months, as can be seen below. All three school districts had similar levels of verbal harassment when compared to the state of California. PSUSD has a slightly higher rate than other school districts for verbal harassment occurring "4 or more times" in the past twelve months.

### Figure 20. Verbal Harassment in the Past 12 Months – Grade 11



Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

## Violence or Victimization

Violence or victimization refers to physical assault (i.e., pushed, slapped, hit, kicked, etc.). This is a serious matter that is grounds for suspension or expulsion. There is a zero-tolerance policy enforced across all school districts in our community. It is a serious issue because violence or victimization may result in negative physical, emotional, and mental health for our students.

Likewise, the majority of 11th graders in our school district reported not experiencing violence or victimization in the past 12 months. Similarly, at the state level, the majority of 11th graders reported low levels of violence or victimization in the past year.

Figure 21. Violence or Victimization in the Past 12 Months – Grade 11
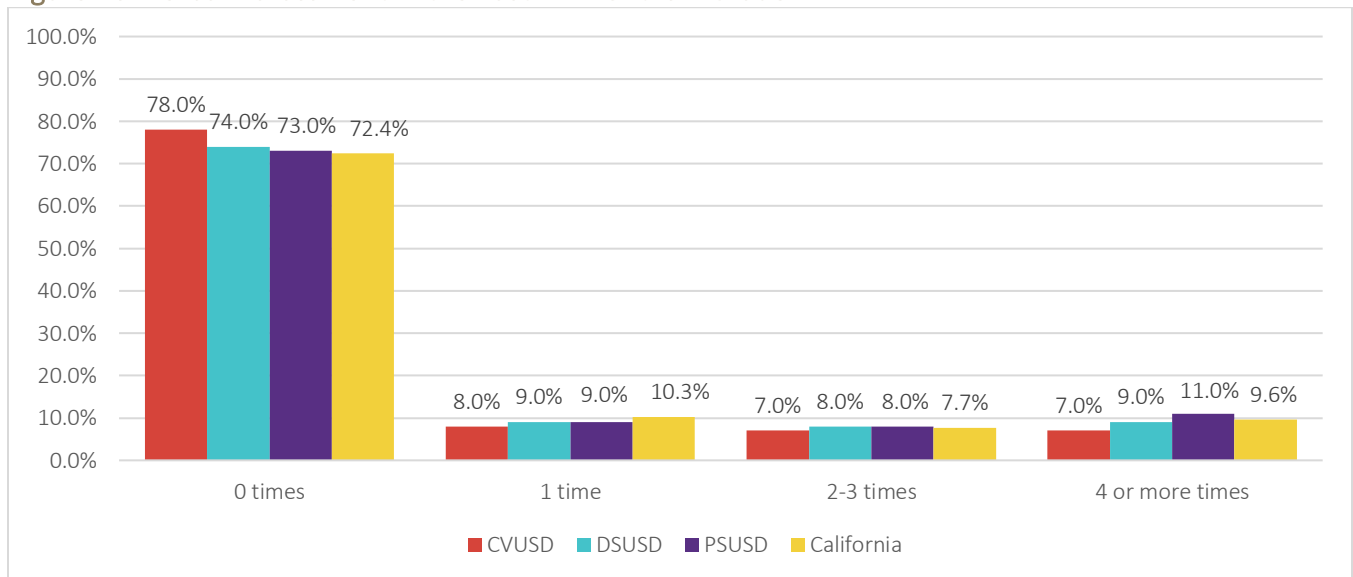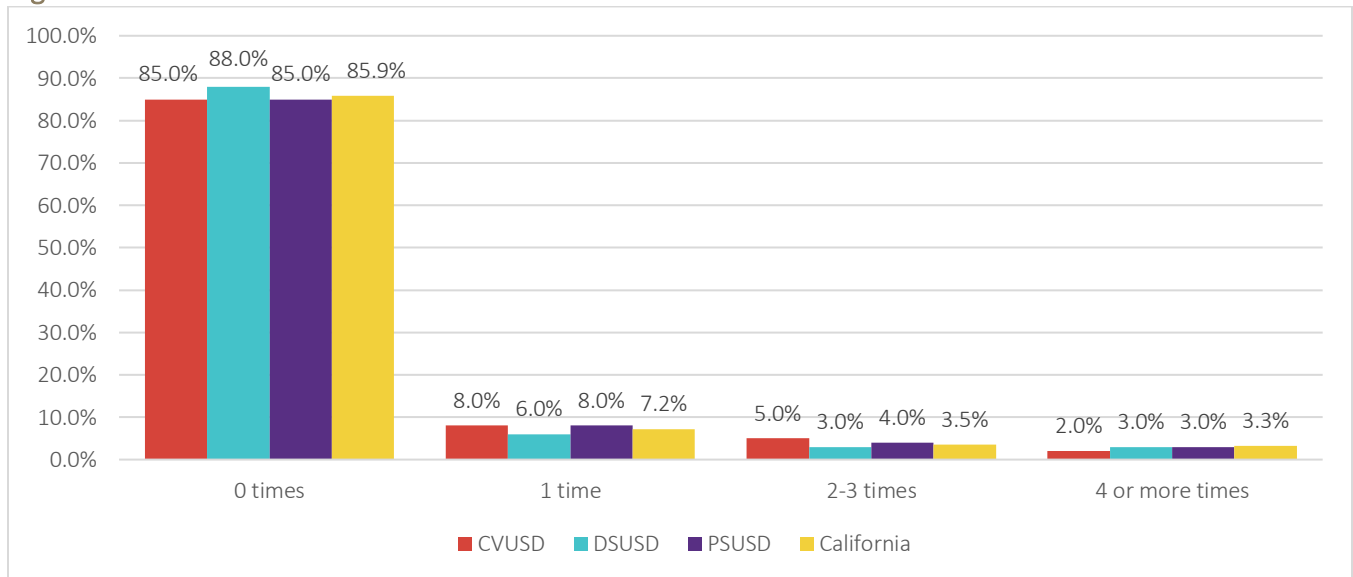


Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

# Student Behaviors of Concern

## School Absenteeism

School absenteeism is linked to higher rates of dropping out. Absenteeism can have detrimental consequences including low reading proficiency, higher rates of school dropout, and a higher likelihood of incarceration in adulthood.[124] Students are considered chronically absent if they miss 10% or more days that they were expected to attend school.

The chronic absenteeism rate among the three districts are relatively similar, as illustrated in the figure below. Overall, between 15% and 18% of local students are chronically absent, which makes it difficult to keep up with learning and increases their chances of dropping out. The rate of chronic absenteeism across our school districts are slightly higher than county and state averages.

## Figure 22. Chronic Absenteeism Rate by School District, County, and State
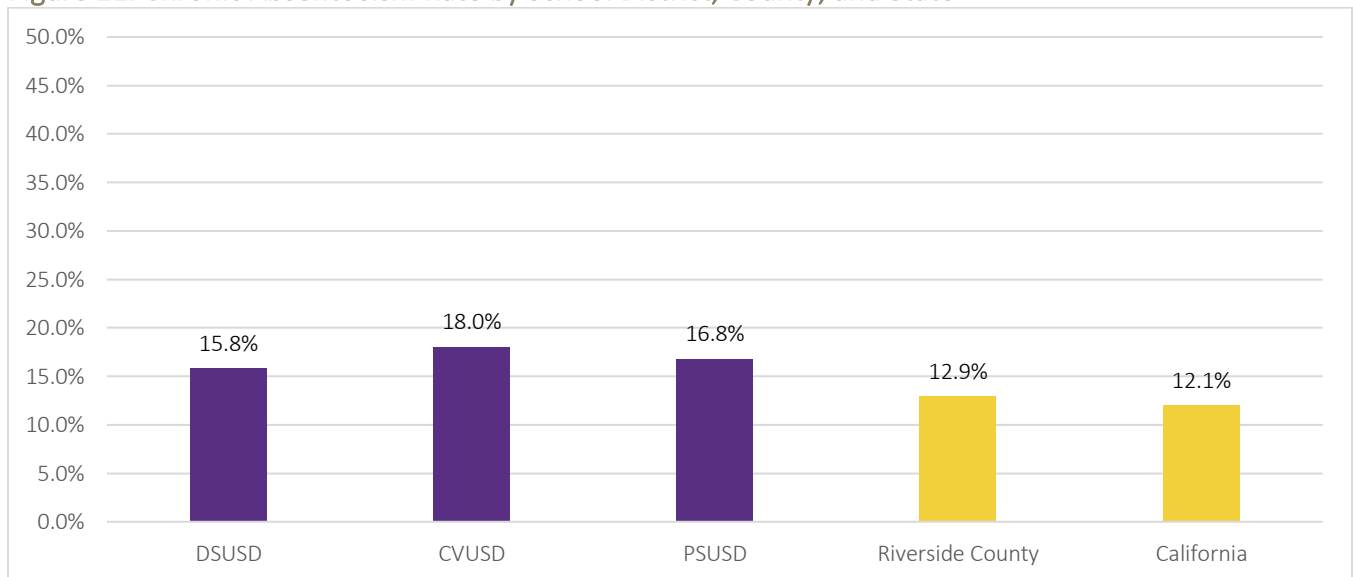


Source: California Department of Education DataQuest (2018-2019).

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[124] U.S. Department of Education. Chronic Absenteeism in the Nation's Schools. Available online here:
https://www2.ed.gov/datastory/chronicabsenteeism.html#four

# School Suspensions

Suspension from school is the result of a student's misconduct in an academic and/or behavioral capacity. PSUSD had the highest suspension rate in the Coachella Valley with 6.4% of the student body being suspended in 2018-2019, as illustrated in the figure below. The suspension rate for CVUSD and DSUSD was slightly lower with a rate of 4.7%. However, all local school districts have a higher suspension rate than Riverside County (4.0%) and California (3.6%).

Figure 23. Number of Unduplicated Students Suspended by School District
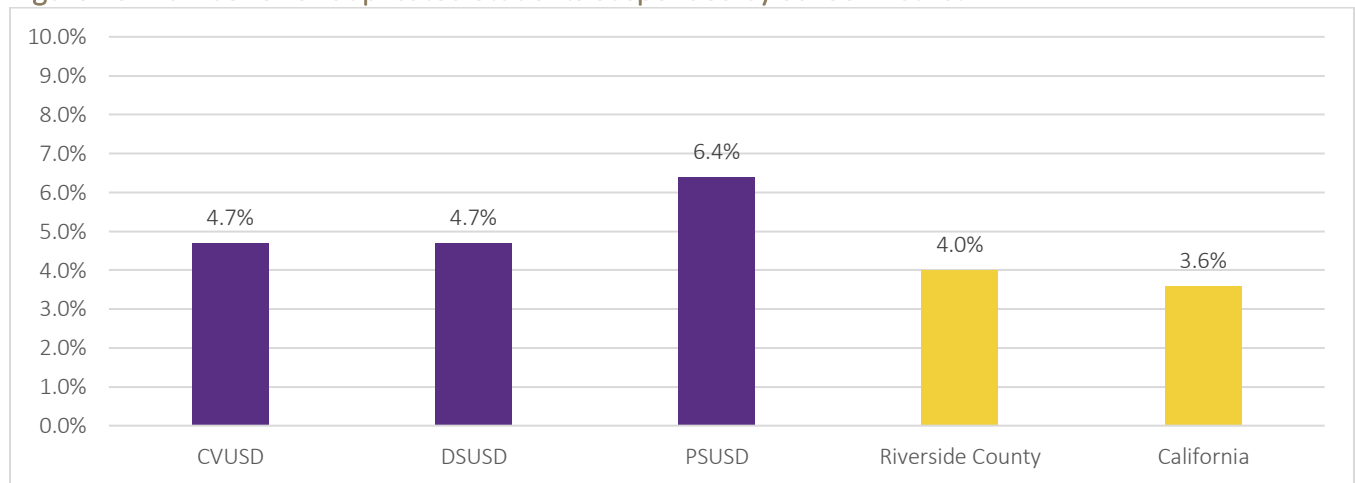


Source: California Department of Education DataQuest (2018-2019).

As illustrated in the table below, the most common reasons for suspensions are violent incidents (e.g., bullying, caused physical injury, committed an act of hate violence, hazing, sexual harassment, etc.). CVUSD and PSUSD have slightly higher percentages of suspensions resulting from violent incidents.

Table 12. Reasons for Suspension – Most Serious Offense Categories

| Name | Number of Suspensions | Violent Incident | Weapon Possession | Illicit Drug Related | Defiance Only | Other Reasons |
|---|---|---|---|---|---|---|
| CVUSD | 1,329 | 62.5% | 3.1% | 31.6% | 0.0% | 2.8% |
| DSUSD | 1,970 | 54.0% | 5.6% | 26.1% | 11.8% | 2.6% |
| PSUSD | 2,526 | 62.6% | 2.7% | 20.3% | 11.9% | 2.5% |
| Coachella Valley Total | 5,825 | 59.7% | 3.8% | 24.9% | 9.1% | 2.6% |
| Comparison: Riverside County | 424,621 | 64.4% | 3.3% | 19.6% | 9.9% | 2.8% |
| Comparison: California | 5,678,140 | 61.2% | 2.9% | 17.7% | 14.6% | 3.5% |

Source: California Department of Education DataQuest (2018-2019).

# ACEs

Adverse Childhood Experiences (ACEs) refer to potentially traumatic events occurring during childhood, including abuse (emotional, physical, or sexual), neglect (emotional or physical), and environmental issues of safety and stability (witnessing violence against a parent, substance abuse in household, mental illness in household, parental separation or divorce, or incarcerated household member).[125]

Research has shown that children who are exposed to ACEs experience long-term effects that are detrimental to their quality of life as adults, such as risky health behaviors, chronic health conditions, low life potential, and early death.[126]

There are typically 10 ACEs; however, this indicator, taken from HARC's 2019 Coachella Valley Community Health Survey, measures only four ACEs, all within the "household instability" category. Because of the methods of this survey (phone interviews with 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, this measure under-represents the full picture of ACEs, and focuses on four that could arguably be called "less traumatic" than the other six ACES (abuse and neglect items include: physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, and parents/adults in home treated violently).

Approximately 41.4% of Coachella Valley children have experienced one or more of the four ACEs measured here. The most common ACE is parental divorce, followed by mental illness in the home, as illustrated in the table below.

Table 13. Type of ACEs – Coachella Valley

| Type of ACEs | % of Children Who Experienced Any of the 4 ACEs |
|---|---|
| Child's parents are divorced or separated | 59.2% |
| Anyone in the household been depressed, mentally ill, or attempted suicide during child's lifetime | 47.7% |
| Anyone in the household been to jail or prison during child's lifetime | 22.0% |
| Anyone in the household been a problem drinker, alcoholic, or use street drugs during child's lifetime | 19.7% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

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

The figure below illustrates the percentage of children who have experienced one or more of the four ACEs measured in HARC's survey (represented in red) versus the percentage of children who have not experienced any of those four ACES (represented in teal).

More than half of the children living in the City of Palm Springs (62.0%) and Thermal (58.7%) have experienced one or more ACEs. Cities/CDPs that had the greatest proportion children who had not experienced any of these four ACEs include Coachella (34.4%), La Quinta (31.6%) and Mecca (27.2%).

See Appendix 16 for ACEs data on 10 cities/CDPs.

Figure 24. Adverse Childhood Experiences by City/CDP – Top Three vs. Bottom Three
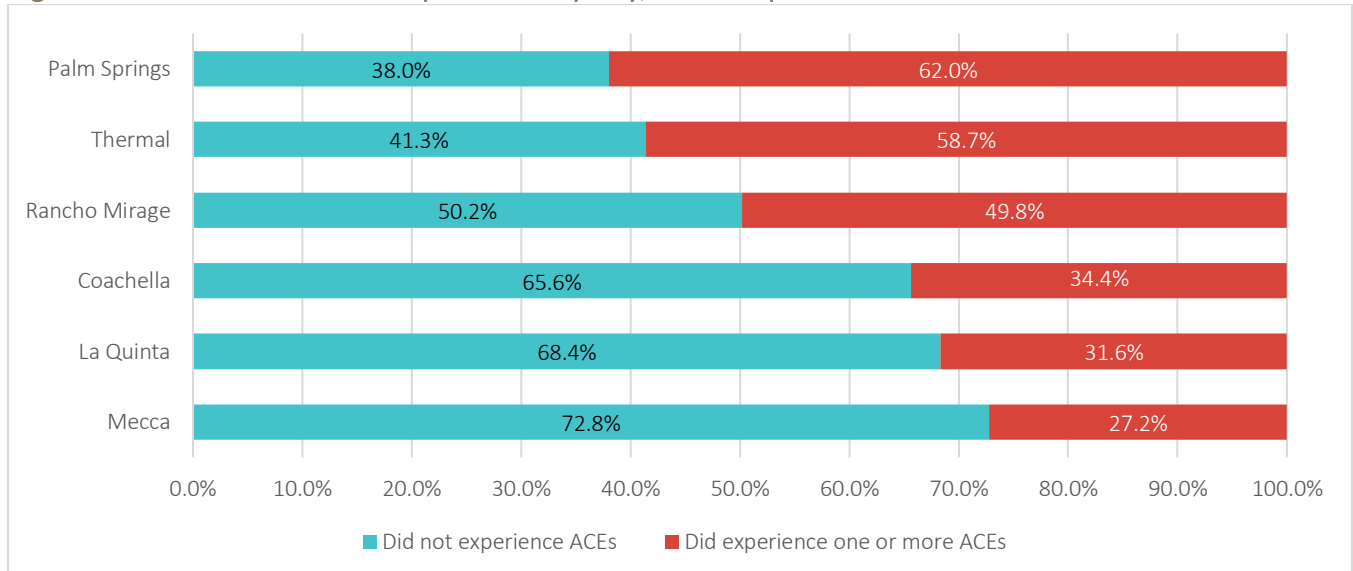


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

# Graduation and Beyond

## Students Graduating from High School within Four Years of Starting 9th Grade

Graduating from high school presents a higher quality of life for youth such as lower unemployment rates and higher-paying wages/salaries.[127] It is critical for our students to graduate from high school so that they may continue their education and/or enter the workforce.

In our community, the highest rates of four-year cohort graduation occur in DSUSD (90.5%) and PSUSD (91.5%). However, CVUSD has a substantially lower four-year cohort graduation rate (79.0%), which is also lower than Riverside County (90.1%) and California (84.5%), as illustrated in the figure below. Evidently, there is a need to increase the high school graduation rate for CVUSD students because it is the only district in our community that falls below the state average.

Figure 25. Four-Year Cohort Graduation Rate
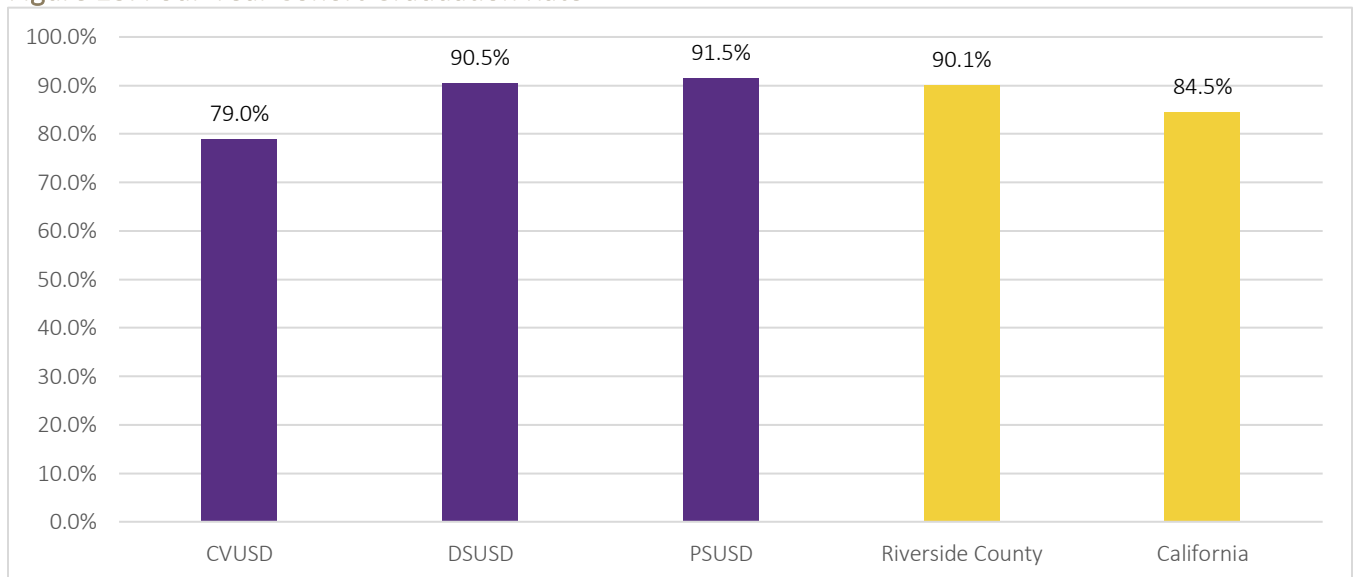


Source: California Department of Education DataQuest. (2018-2019).

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[127] Bureau of Labor Statistics. (2018). Measuring the Value of Education. Available online here: https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm

# College-Going Rates

The College-Going Rate (CGR) is the percentage of high school students who complete high school in a given year and then subsequently enroll in any type of postsecondary institution in the United States within 12 to 16 months.[128]

The school district with the highest CGR is DSUSD, followed by PSUSD and CVUSD. A potential reason why DSUSD may have the highest college-going rate in comparison to the other two school districts is because it is the wealthiest school district in our community; that is, as illustrated previously in this report, the children in DSUSD are less likely to qualify for free and reduced-price lunch than students in PSUSD and CVUSD. Although CVUSD and PSUSD have lower CGRs, FAFSA workshops, PSAT testing and other college-related programs may help increase the number of college-bound Coachella Valley students.

Figure 26. College-Going Rate for High School Students
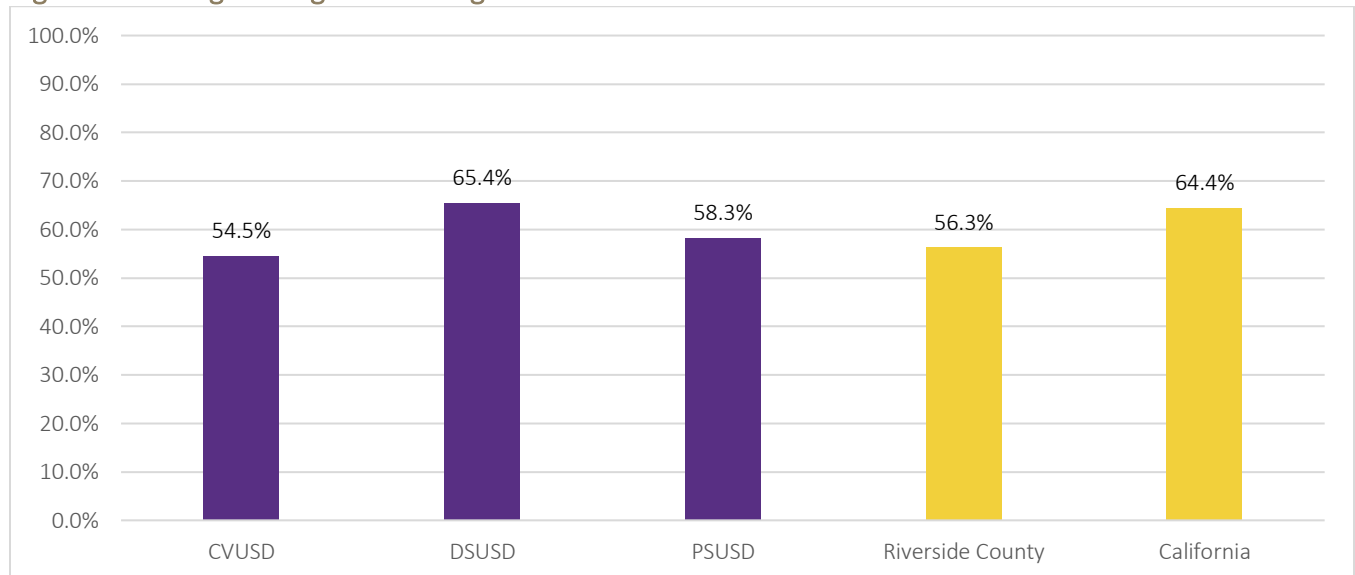


Source: California Department of Education DataQuest (2017-2018).

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[128] California Department of Education. (July 2019). Information about the College-Going Rates. Available online here: https://www.cde.ca.gov/ds/sd/sd/cgrinfo.asp

## Associate Degree Attainment

While some view an associate degree as a path to other higher degrees, an associate degree alone can be useful. Individuals with an associate degree earn more money and are less often unemployed in comparison to people with a high school degree alone.[129] Nationally, 8.5% of adults ages 25+ have an associate degree; the rate is 7.8% in California.[130] As such, this section outlines the cities/CDPs with an associate degree who are thus suited for certain jobs in our region (e.g., hospitality).

The three cities/CDPs with the highest percentage of individuals with an associate degree include: Desert Edge (10.3%), Desert Palms (9.2%), and Bermuda Dunes (9.0%). All of these are higher than the national average.

In contrast, less than one percent of adults 25 and over in Thermal (0.8%), North Shore (0.7%), and Oasis (0.3%) have an associate degree, as illustrated in the figure below.

See Appendix 17 for associate degree attainment data on all 21 cities/CDPs.

**Figure 34. Associate Degree (Ages 25+) by City/CDP – Top Three vs. Bottom Three**
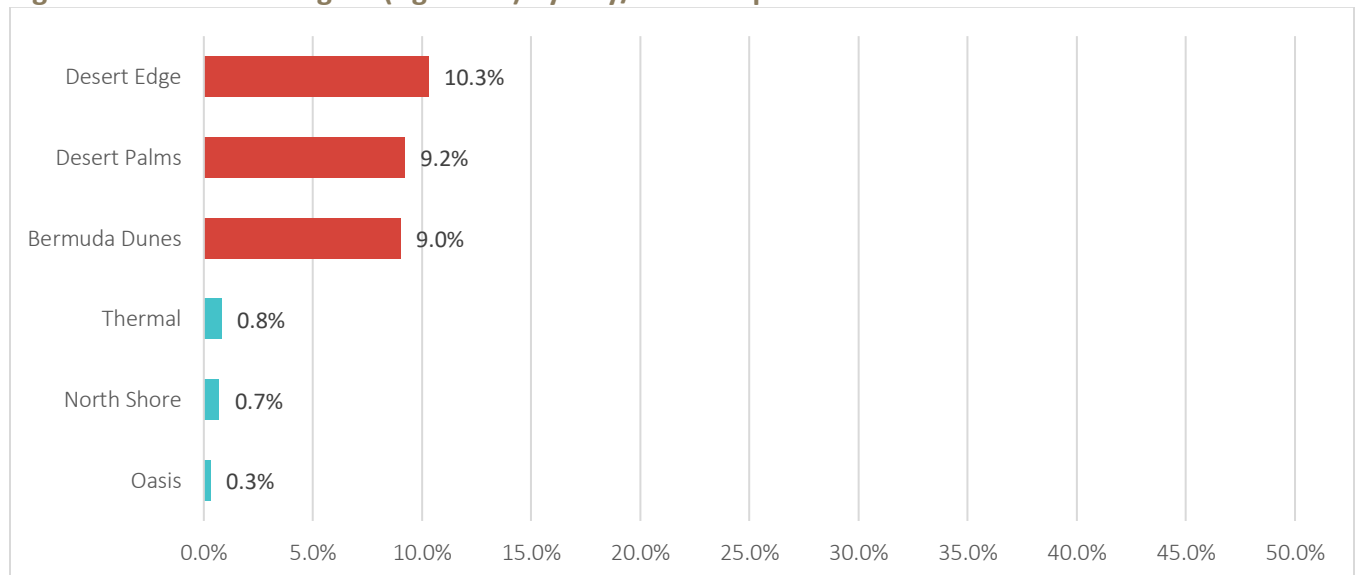


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[129] U.S. Bureau of Labor Statistics. (September 2019).Unemployment rates and earnings by educational attainment. Available online here: https://www.bls.gov/emp/chart-unemployment-earnings-education.htm
[130] American Community Survey – Five Year Estimates. (2015 - 2019).

## Bachelor's Degree Attainment or Greater

Higher education is linked to higher-paying jobs, better health outcomes, and a higher quality of life overall. Nationally, 32.2% of adults ages 25 and older have a bachelor's degree or more, as do 34.0% of adults in California. Rates in the Coachella Valley are higher overall: roughly 25.5% of people aged 25 and over have earned a college degree or higher.[131]

However, not all cities/CDPs have equal educational attainment. The three cities/CDPs with the highest rates of education (depicted in teal in the figure below) include Indian Wells (55.5%), Rancho Mirage (45.0%), and Desert Palms (42.2%). Each of these cities/CDPs have rates that are more than double the national average.

Conversely, the three cities/CDPs with the lowest percentages of bachelor's degree attainment (or higher) are North Shore (2.2%), Mecca (0.8%), and Thermal (0.0%). These cities/CDPs, represented in red in the figure below, have virtually no residents with four-year college degrees.

See Appendix 17 for bachelor's degree or higher attainment data on all 21 cities/CDPs.

**Figure 35. Bachelor's Degree or Higher (Ages 25+) by City/CDP – Top Three vs. Bottom Three**
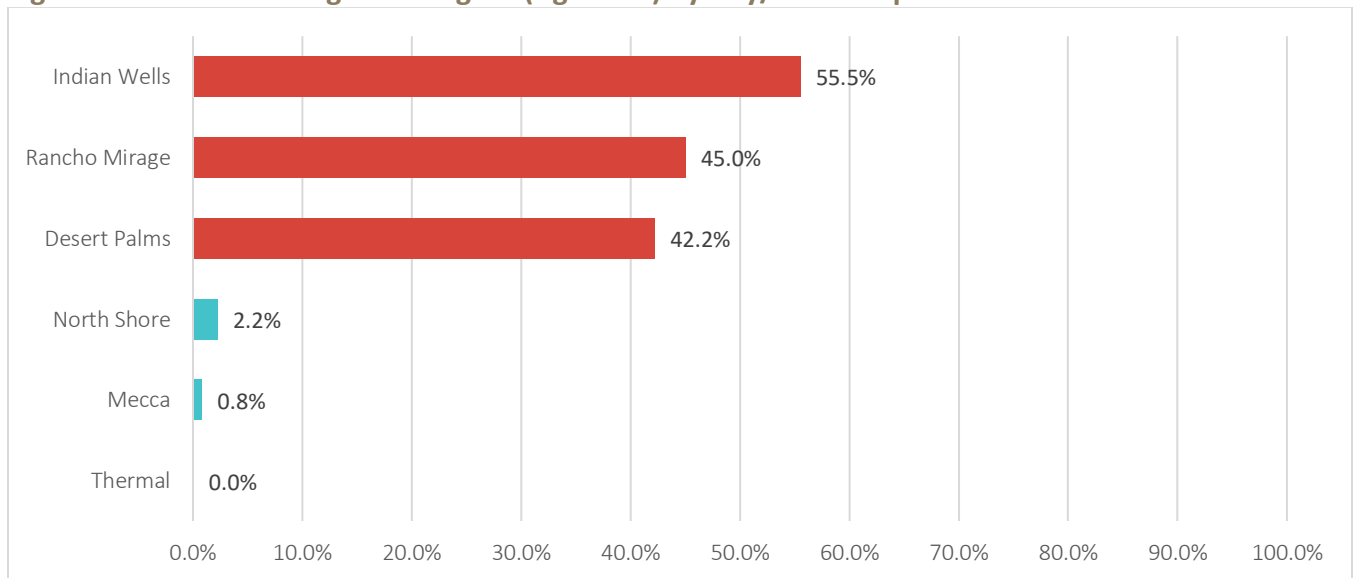


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[131] American Community Survey – Five Year Estimates. (2015-2019).

*Map: Bachelor's Degree or Higher (Ages 25+)*



**Bachelor's Degree or Higher**

- 0.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 40.0% - 49.9%
- 50.0% - 59.9%
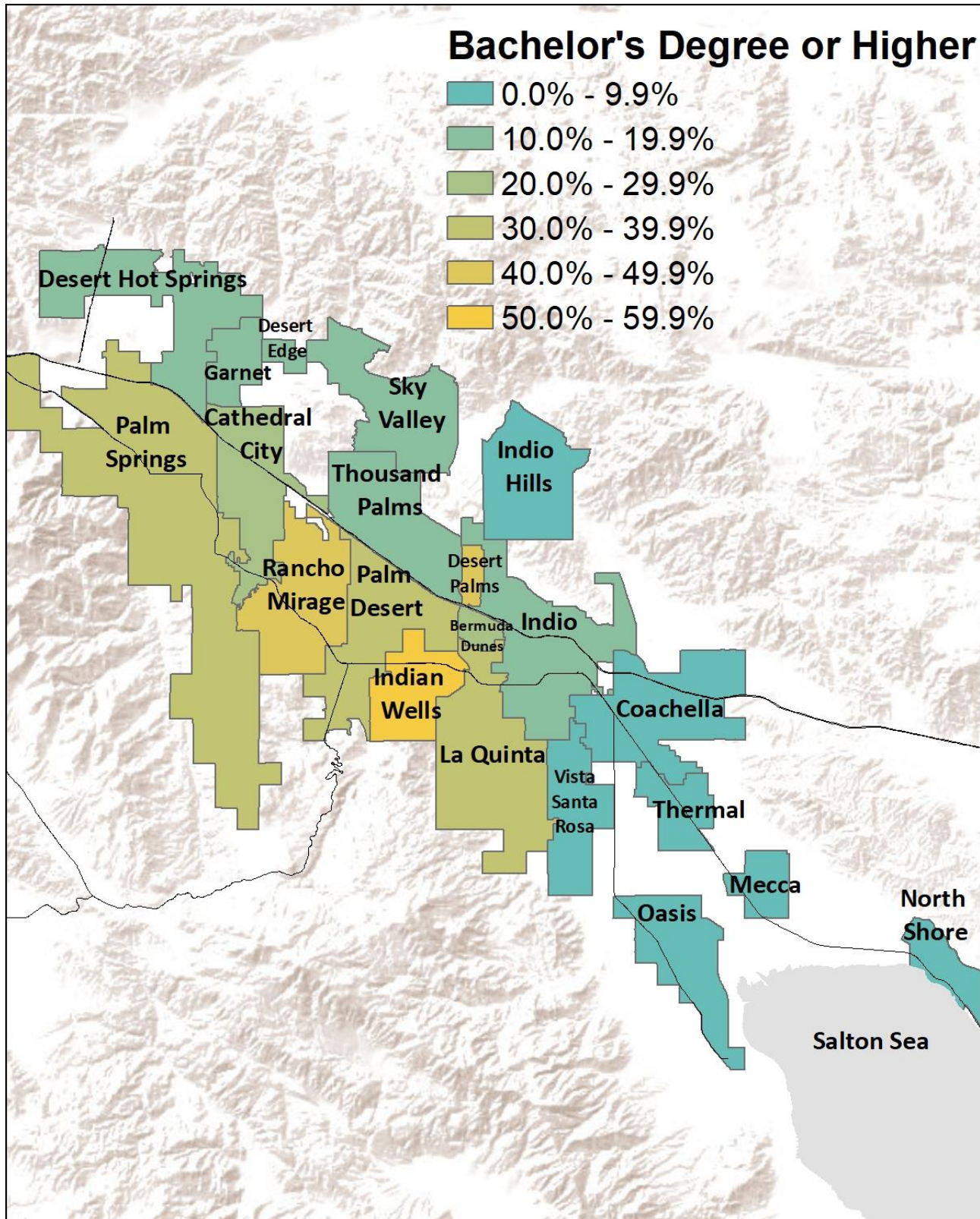
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

# Environment

## Air Quality

### Particulate Matter – PM$_{2.5}$ Pollutant

To protect public health, the United States Environmental Protection Agency (EPA) sets quality standards for six pollutants—one of which is particulate matter (PM). Solid particles mixed with liquid droplets found in the air are considered PM. Some of these particles are large enough to be seen such as smoke and dust, but others are not. One type is PM$_{2.5,}$ which are less than 2.5 micrometers in size. These particles can be inhaled and cause health problems.

The only PM$_{2.5}$ measurement station in the Coachella Valley is located in Indio and monitors PM$_{2.5}$ every third day. In order to interpret PM$_{2.5}$, each day measurements of the air quality index (AQI) value are categorized into one of the following AQI categories: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for sensitive (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI). These are based on the EPA air quality standards.

In 2019, the Indio station recorded 118 days—7.6% of those days were measured as having "moderate" air quality and most days (92.4%) were recorded as "good" air quality. It is important to note that none of the days recorded in the last year were in any of the unhealthy categories.

Figure 27. Air quality - 2.5$_{PM}$ pollutant
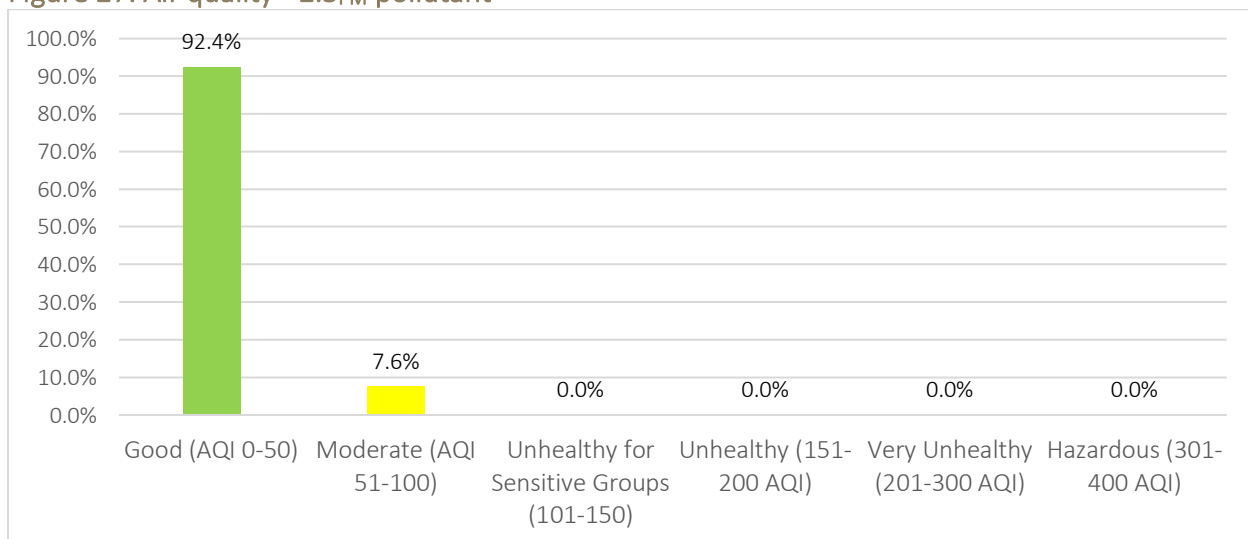


Source: United States Environmental Protection Agency AQS (2019).

## Particulate Matter – PM10 Pollutant

Another type of particulate matter or particle pollution is $PM_{10}$, which is generally material in the air that is 10 or less micrometers in size. Like $PM_{2.5}$, these particles can also be inhaled and cause health problems. $PM_{10}$ may include dust from construction sites, landfills and agriculture, wildfires, pollen, and dust blown by wind from open land. Hence, $PM_{10}$ concentrations can get high in the Coachella Valley during periods of high winds.

There are four $PM_{10}$ measurement stations in the Coachella Valley that record air quality daily: Indio, Palm Springs, Mecca, and Thermal. The EPA air quality remain the same as for $PM_{2.5}$, which are the following: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for sensitive (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI).

In 2019, the Palm Springs recorded most days with "good" air quality and 0.1% (5 days) of the year with "moderate" air quality. Indio recorded 6.6% (24 days) with "moderate" air quality. In comparison, Mecca held 10.4% (38 days) with "moderate" air quality and 0.3% (1 day) with "unhealthy for sensitive" air quality. Moreover, Thermal held a slightly higher percentage of "unhealthy for sensitive" air quality with 2.6%, which is about 9 days.

Figure 37. Air quality - $10_{PM}$ pollutant
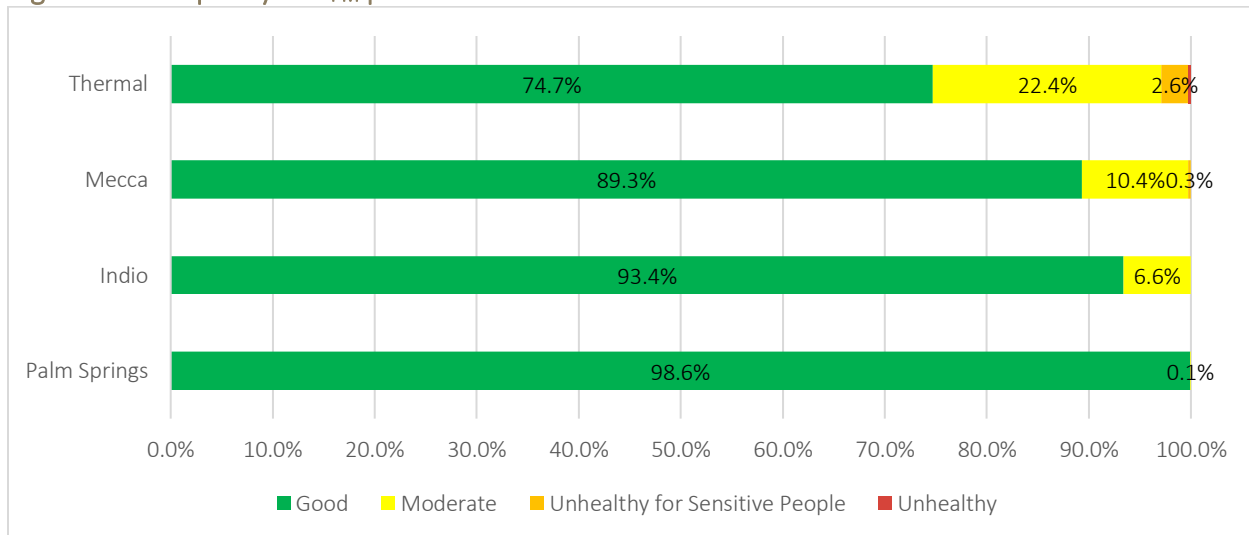


Source: United States Environmental Protection Agency AQS (2019).

## Ground-Level Ozone

Another pollutant that is measured to understand air quality is ground-level ozone. Ozone happens in Earth's upper atmosphere and at ground level.[132] At the upper atmosphere level, ozone is considered good because it creates a protective layer that protects us from the sun's harmful rays.

However, ozone at the ground level is considered bad because it is a harmful pollutant to people. Ozone at the ground level occurs when chemicals and pollutants react with the presence of sunlight. Therefore, it is most likely to reach unhealthy levels of ozone on days that are sunny or hot—which, in the Coachella Valley, is very often. Some of the potential harmful effects of ozone pollution on people include asthma, chest pain, coughing, and airway inflammation.[133]

There are two stations in the Coachella Valley that measure ozone pollution; one station is located in Indio and the other located in Palm Springs. Once again, each day's values are categorized based on EPA air quality standards: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for Sensitive Populations (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI). In 2019, the two Coachella Valley stations recorded ozone pollution every day.

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[132] U.S. Environmental Protection Agency. Ground-level Ozone Basics. Available online here: https://www.epa.gov/ground-level-ozone-pollution/ground-level-ozone-basics
[133] Ibid.

As illustrated in the figure below, the majority of days in 2019 were in the "good" or "moderate" category at both stations.  Indio had 11.3% of days considered "unhealthy for sensitive populations" while Palm Springs had slightly fewer (9.7%). None of the days recorded in Palm Springs had "unhealthy" air quality and only 0.6% of the days recorded in Indio had unhealthy air quality. When comparing our two Coachella Valley stations to Riverside County as a whole, it appears that our ozone levels are better than average.

Figure 28. Air Quality Based on Ozone Pollution
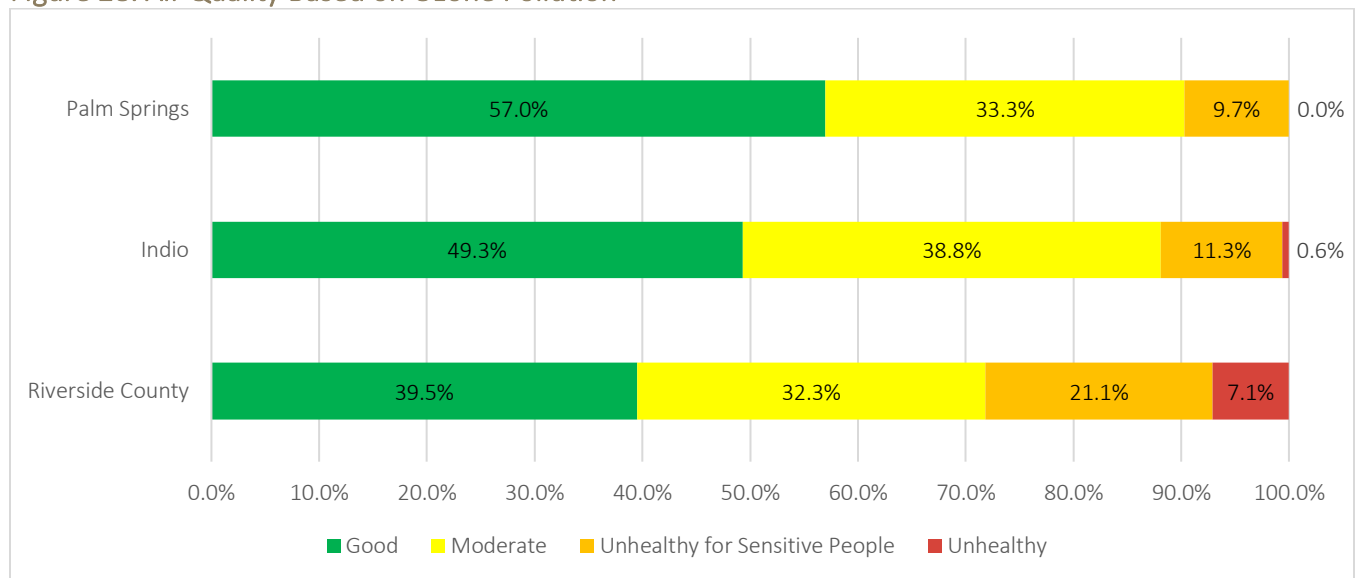


Source: US Environmental Protection Agency AQS (2019)

According to a recent report by Tracking California,[134] the two pollutants that are of most concern for residents in the Desert Healthcare District are ozone and $PM_{10}$. The Coachella Valley's ozone has been deemed "extreme" by The South Coast Air Quality Management District with 20 days per year exceeding ozone standards. Additionally, PM10 levels in the Coachella Valley exceed recommended standards for approximately one-third of each year.

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[134] English, P. & Carpenter, C. (2021). *Tracking California.* Air Pollution Trends in the Coachella Valley – 2017 to 2019.

# Air Quality and the Salton Sea

## Salton Sea

The Salton Sea is the largest lake in California by surface area; it is located in the Coachella and Imperial valleys. One of the major concerns about the air quality near the Salton Sea is due to the decreased amount of water flowing into the lake. Since there is an imbalance between the inflow of water and evaporation rate, this shrinks the lake and exposes dry lakebed, or playa. In 2017, researchers at the University of California, Riverside found that this exposed playa acted as dust sources with potential to impact human health.[135]

In 2018, the Salton Sea air basin held among the highest number of days with PM10 measures over the California 24-Hour Standard by Air Basin.[136] A total of 88.4 days held PM10 measures that were over the California 24-hour standard of 50 µg/m3 (weight of particles in micrograms per one cubic meter of air).[137] For comparison, out of 10 air basins recorded in California, the San Joaquin Valley had the highest number of days with 164.4 days, followed by South Coast with 139 days, and Salton Sea Basin (88.4 days).

[135] American Chemical Society Publications. (2017). The Effect of a Receding Saline Lake (The Salton Sea) on Airborne Particulate Matter Composition. Available online at: https://pubs.acs.org/doi/abs/10.1021/acs.est.7b01773

[136] Statewide PM10 Measures by Air Basin. (n.d.) California Environmental Health Tracking Program. Available online at: https://trackingcalifornia.org/air-quality/statewide-pm-10

[137] California Air Resources Board. (n.d.) Inhalable Particulate Matter and Health (PM2.5 and PM10). Available online at: https://ww2.arb.ca.gov/resources/inhalable-particulate-matter-and-health

Based on the annual average of daily PM10 concentrations by air basin, the annual average for Salton Sea basin was 38.9 50 µg/m3 in 2018, which is also above the California annual standard of 20 µg/m3.

Figure 29. Annual average of daily PM10 Concentration
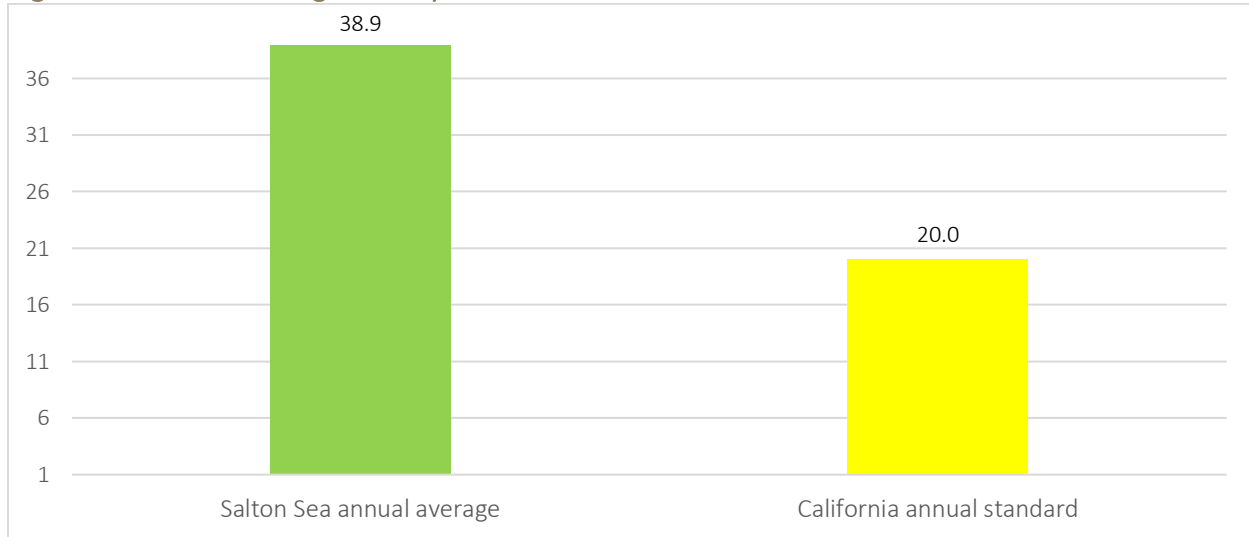


Source: California Environmental Health Tracking Program (2018).

As previously mentioned, the Salton Sea air basin is in the Coachella and Imperial valleys. The Coachella Valley PM10 monitoring stations for the Salton Sea are in Indio, Mecca, Palm Springs, and North Shore (no AQS data available for North Shore). However, most of the PM10 monitors are in the Imperial Valley; specifically, in Salton City, Bombay Beach, Brawley, Calexico, El Centro, Joshua Tree, Niland, and Westmorland. It is likely that the air quality monitors in the Imperial Valley show higher PM10 concentrations. Therefore, while the monitors in the Coachella Valley do not show many days with unhealthy air quality, it is likely that the monitors in Imperial Valley skew the PM10 measures, presenting PM10 averages above California standards.

# Walkability

Walking is an excellent way for people to get exercise, even for those who do not consider themselves to be athletic. A walk score measures the walking access to amenities of a city based on a five minute or a quarter-mile walk. The more points a city has, the more amenities that are nearby and thus, the more pedestrian friendly the city is. Amenities include grocery stores, schools, parks, restaurants, and retail stores. The walkability score is based on a scale that ranges from zero to 100.[138] The categories are as follows:

- A walkability score of zero to 24 points requires a car for _almost all_ errands
- A score of 25 to 49 points requires a car for _most_ errands
- A score of 50 to 69 points indicates that _some_ errands can be accomplished on foot
- A score of 70 to 89 points indicates that _most_ errands can be done on foot
- A walkability score of 90 to 100 indicates that daily errands _do not_ require a car

For context, the city of Riverside has a walk score of 41.9. Several cities in Northern California have very high scores, including Oakland (73.8) and San Francisco (87.4).

A walk score measures the walkability of a city or address. Points are awarded based on distance to amenities. Specifically, amenities within a five-minute walk are given maximum points, and fewer points are given for amenities that are farther – with no points given after a 30-minute walk. It is important to note that weather, such as extreme heat, is not factored into the walk score, but is a major issue in the Coachella Valley. Thus, the walk scores potentially are over-estimates of the walkability here in the desert.

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[138] https://www.walkscore.com/

The figure below illustrates the three cities in the Coachella Valley with the highest and lowest walk scores. The cities with the highest (best) walk scores include Coachella (38), Cathedral City (36), and Palm Springs (35). The cities with the lowest (worst) walk scores include Palm Desert (27), La Quinta (22), and Rancho Mirage (16).

Even cities with the best walk scores in the Coachella Valley are still relatively low. Our highest scoring city still requires a car for _most_ errands (versus our lowest scoring cities, which require a car for _almost all_ errands). Thus, it is clear that there is a lot of progress to be made on this measure.

See Appendix 18 for walk scores on 8 cities/CDPs.

Figure 30. Walk Score in the Coachella Valley by City
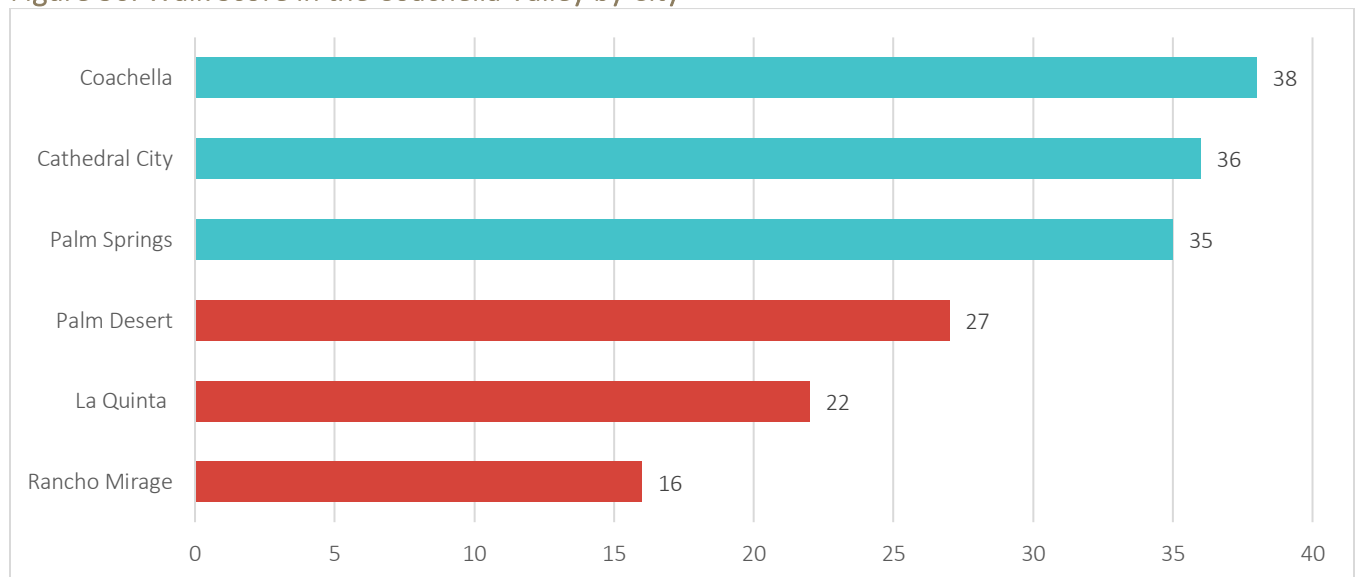


Source: Walkscore (2020).

## Park Access

Having access to a nearby park benefits a community in many aspects as regular physical activities can improve health and reduce risks of disease. Nationally, 55.0% of residents live within a 10-minute walk of a park.[139] The figure below illustrates the cities/CDPs in the Coachella Valley with the highest percentages of residents within a 10-minute walk of a park, as well as those with the lowest.

As illustrated in the figure below, the cities/CDPs with the highest percentage of residents who have nearby access to a park include Mecca (70.0%), Coachella (63.0%), and La Quinta (54.0%). In contrast, there are five cities/CDPs where zero residents (0.0%) have access to a park within a 10-minute walk.

See Appendix 19 for park access data for 20 cities/CDPs.

**Figure 31. Percent of Residents within a 10-minute Walk of a Park by City/CDP – Top vs. Bottom**

| City/CDP | Percent |
| --- | --- |
| Mecca | 70.0% |
| Coachella | 63.0% |
| La Quinta | 54.0% |
| Desert Edge | 0.0% |
| Garnet | 0.0% |
| North Shore | 0.0% |
| Oasis | 0.0% |
| Vista Santa Rosa | 0.0% |
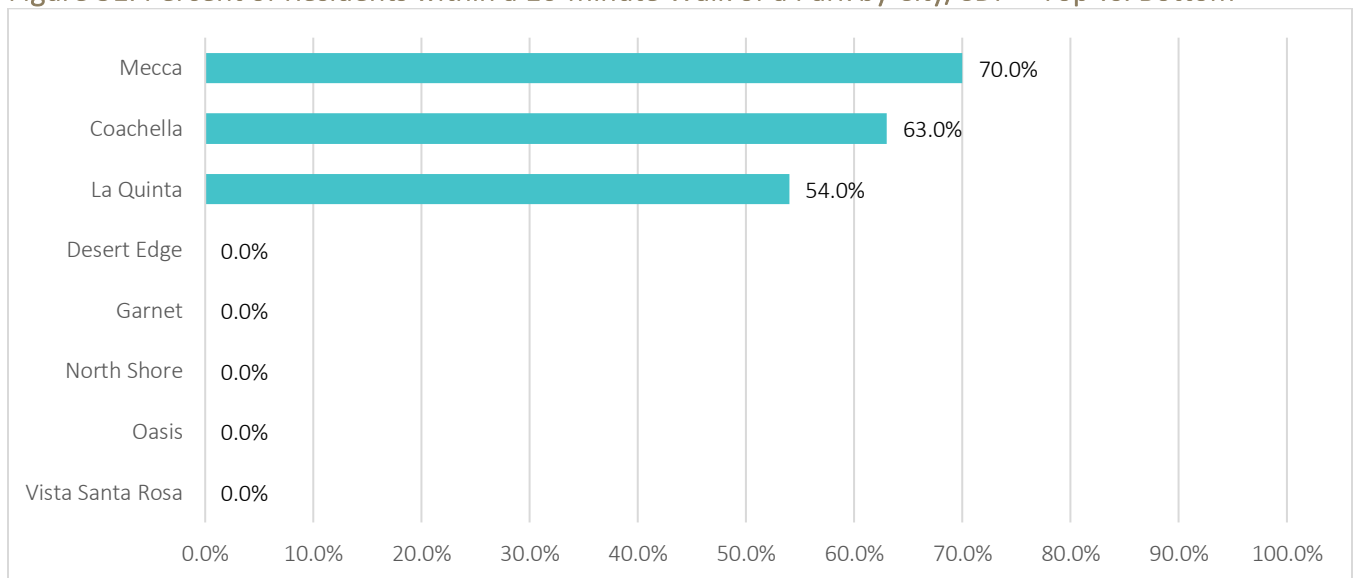
Source: The Trust for Public Land (2019).

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[139] The Trust for Public Land (2019).

# Asthma and Other Respiratory Disease

The environment can affect people's health in a variety of ways, and one of the consequences of poor air quality is asthma and other respiratory diseases. Overall, across adults and children, about 12.2% of the Coachella Valley have been diagnosed with asthma. The city with the highest rate of asthma is Rancho Mirage (16.8%), while the city with the lowest rate of asthma is Palm Springs (9.3%). See the figure below for additional details.

See Appendix 20 for asthma diagnoses on 8 cities/CDPs.

Figure 32. Asthma Diagnoses among Adults and Children
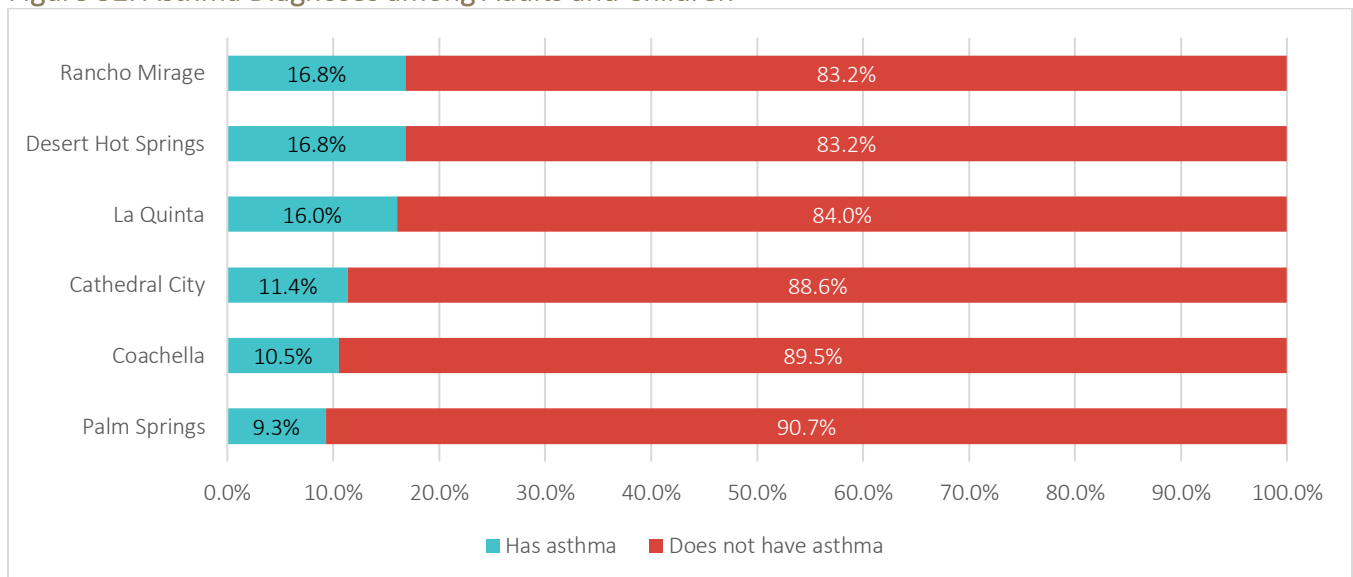


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

Approximately 5.5% of Coachella Valley adults have respiratory disease. The city with the highest percentage of adults with other respiratory disease is Palm Desert (7.4%) while the lowest include rate of respiratory disease is La Quinta (4.2%). However, it is worth noting that these percentage differences are relatively small.

See Appendix 21 for respiratory disease diagnoses on 7 cities/CDPs.

Figure 33. Other Respiratory Disease (e.g., COPD, emphysema, etc.) Among Adults
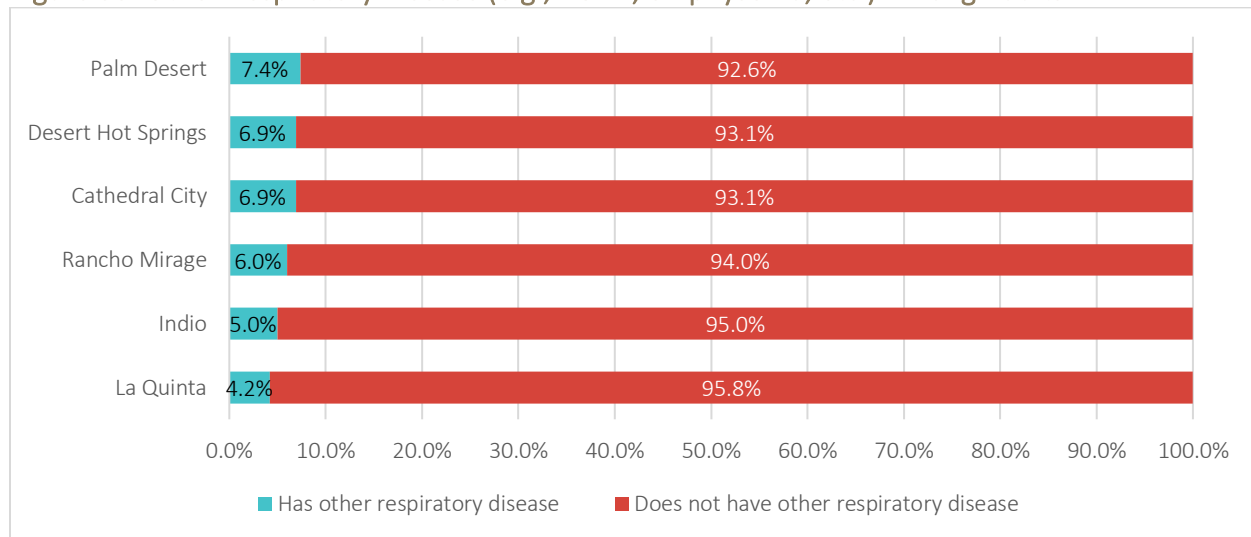


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

# Economic Stability

## Unemployment

The unemployment rate is defined as the number of unemployed people as a percentage of the civilian labor force.[140] The broader unemployment rates are relatively similar for Riverside County (4.2%) and California (4.0%).[141] Based on the annual average, roughly 5.6% of adults in the Coachella Valley were unemployed in 2019.[142]

The figure below shows the three local cities/CDPs with the highest unemployment rates and the three cities/CDPs with the lowest unemployment rates. The city of Coachella has the highest unemployment rate at 10.1%, followed by Desert Hot Springs (5.7%), and Indian Wells (5.6%). The cities/CDPs with the lowest unemployment rates are Thousand Palms (3.4%), Rancho Mirage (3.1%) and Bermuda Dunes (2.8%). See Appendix 22 for unemployment rates on the 12 cities/CDPs with available unemployment annual averages.

**Figure 34. Unemployment Rate by City/CDP – Top Three vs. Bottom Three**
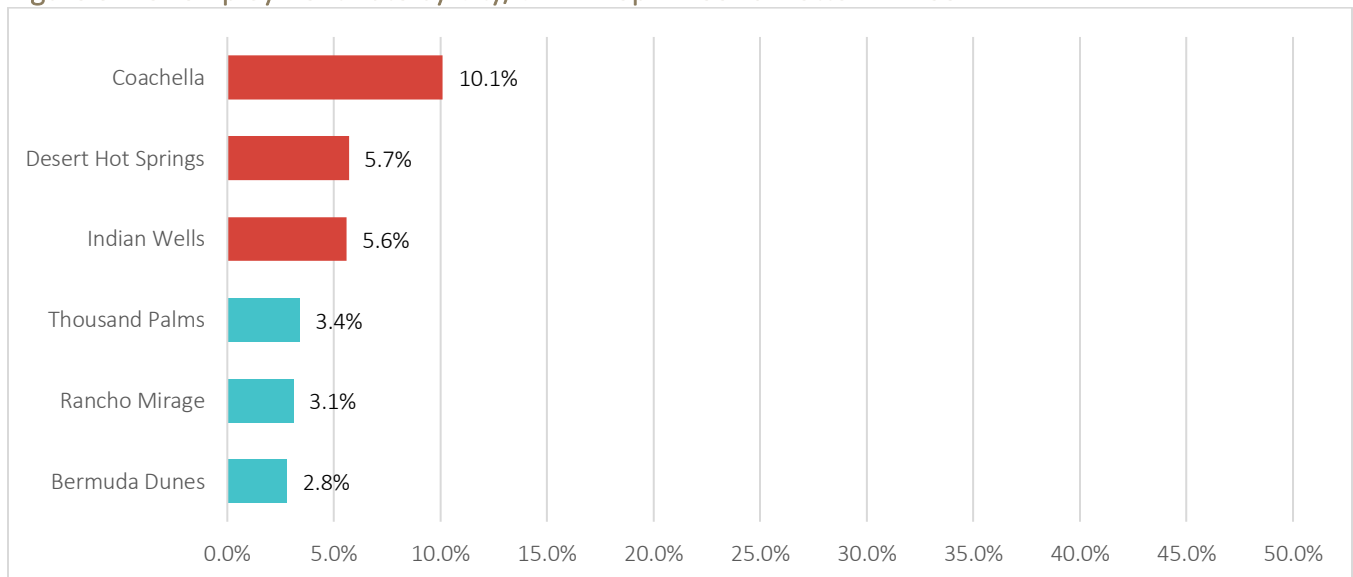


Source: California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS).

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[140] U.S. Census (2019). Glossary of Terms. Available online at: https://www.census.gov/glossary/#term_Unemploymentrate
[141] California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS)
[142] Ibid.

## Unemployment and COVID-19

Without question, the 2019 Coronavirus or COVID-19 has impacted several aspects of the economy, including unemployment rates. As such, the unemployment rates on the previous page may be considered outdated, as they are pre-pandemic. While there is not yet unemployment data for every Coachella Valley city/CDP, preliminary 2020 data suggests that the cities with the current highest rates of unemployment are Desert Hot Springs, Coachella, and Cathedral City. The cities with the lowest unemployment rates are Indian Wells, Rancho Mirage, and Thousand Palms.

Compared to the unemployment rates that all of these cities held before COVID-19 (that is, prior to March 2020), unemployment has more than doubled in each of these cities. See Appendix 23, for unemployment rates on the 12 cities/CDPs with data available during COVID-19.

### Figure 35. Unemployment Rate by City/CDP – Top Three vs. Bottom Three in May 2020
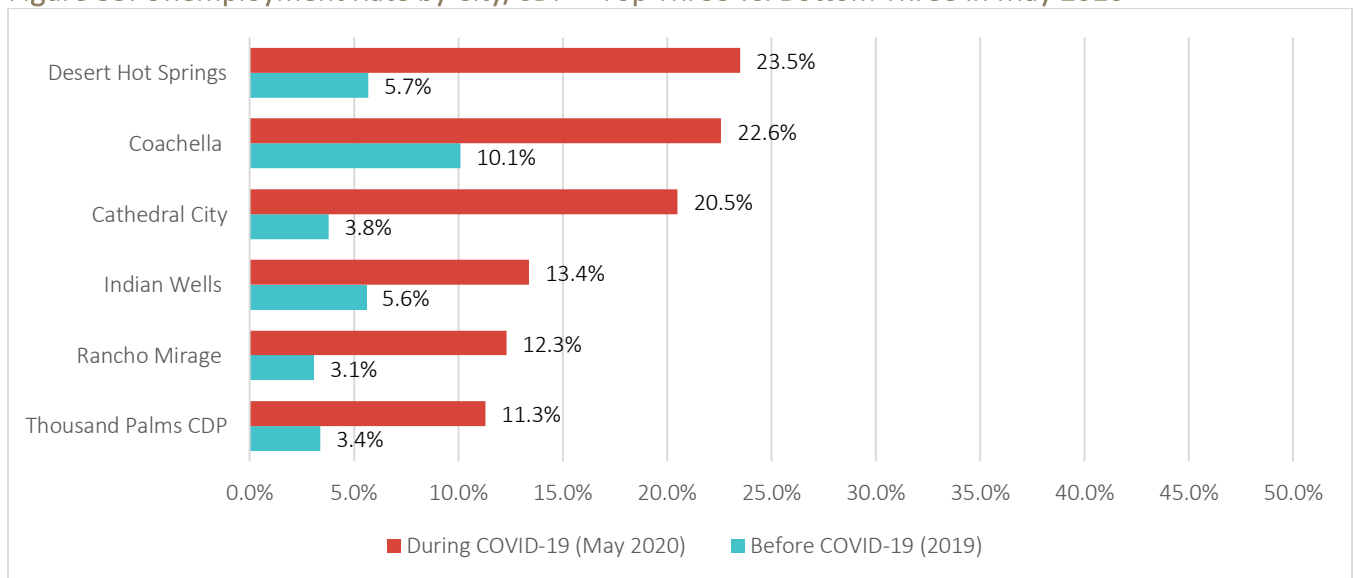


Source: California Employment Development Department. (May 2020). Monthly Labor Force Data for Cities and Census Designated Places (CDP).

# Income and Poverty

## Median Household Income

Median income is the middle point of all incomes in a region. In other words, the median indicates that half of households have an income above that amount and half of households have an income below that amount. In Riverside County, the median household income is $67,005.[143]

The figure below illustrated the three cities/CDPs with the highest median income and the three cities/CDPs with the lowest median income. As illustrated below, the difference between the highest and lowest is substantial. The city/CDP with the highest annual median household income is Indian Wells ($107,500) and the city/CDP with the lowest median income is in Oasis ($19,457 per year). Note that the three cities/CDPs with the lowest median income are all located in the eastern Coachella Valley.

See Appendix 24 for median household income data on all 21 cities/CDPs.

Figure 36. Median Household Income by City/CDP – Top Three vs. Bottom Three
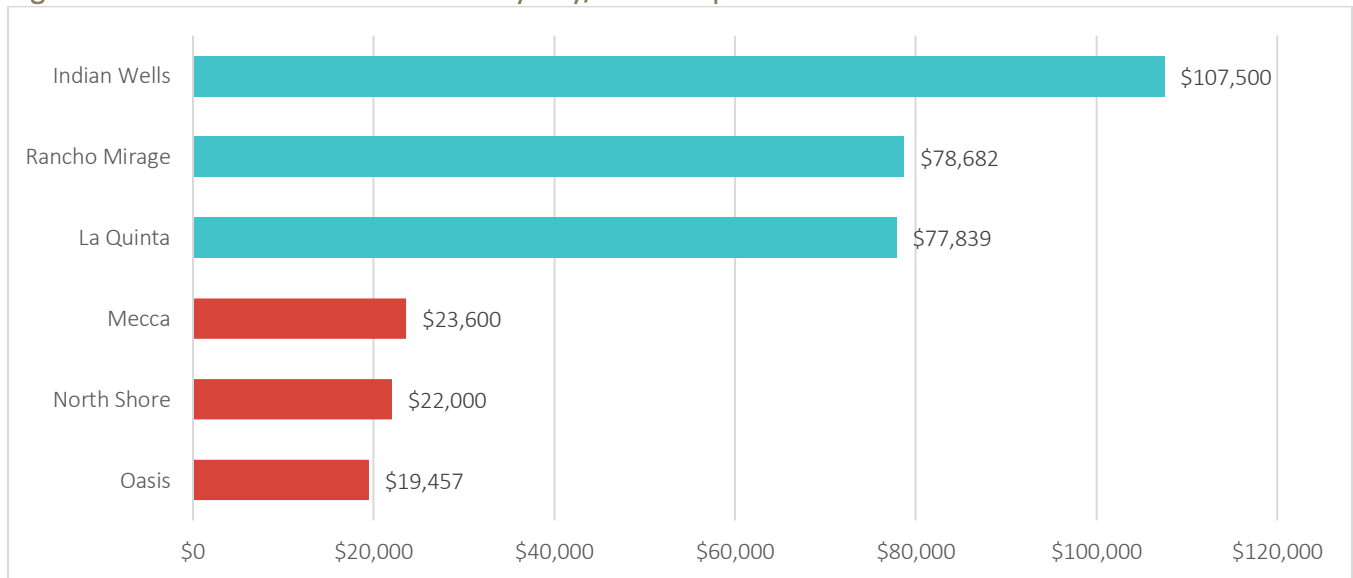


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[143] American Community Survey – Five Year Estimates. (2015-2019).

## Map: Median Household Income by City/CDP



**Median Household Income**
- $10,000 - $19,999
- $20,000 - $29,999
- $30,000 - $39,999
- $40,000 - $49,999
- $50,000 - $59,999
- $60,000 - $69,999
- $70,000 - $79,999
- $100,000+

Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## People Living in Poverty

Poverty status is determined by combining annual income with the number of people in the household and comparing to a poverty threshold established by the federal government.[144] The threshold varies by the age, number of family members, and household income—however, the same thresholds are used throughout the United States. In 2018, the poverty threshold for a single individual under 65 years old, was $13,064. If that person's income is below $13,064, he/she is considered living in poverty. For a family of two the poverty threshold was $16,889, and for a family of three the threshold was $19,985.[145]

As illustrated in the figure below, the cities/CDPs with the highest percent of people living in poverty (represented in red in the figure) include Oasis (51.8%), Mecca (39.3%), and Thermal (32.6%). The three cities/CDPs with the lowest percent of residents living in poverty are represented in teal. It is worth noting that even in very wealthy cities with high median incomes, there are still people living in poverty.

See Appendix 24 for poverty data on all 21 cities/CDPs.

### Figure 37. Poverty by City/CDP – Top Three vs. Bottom Three
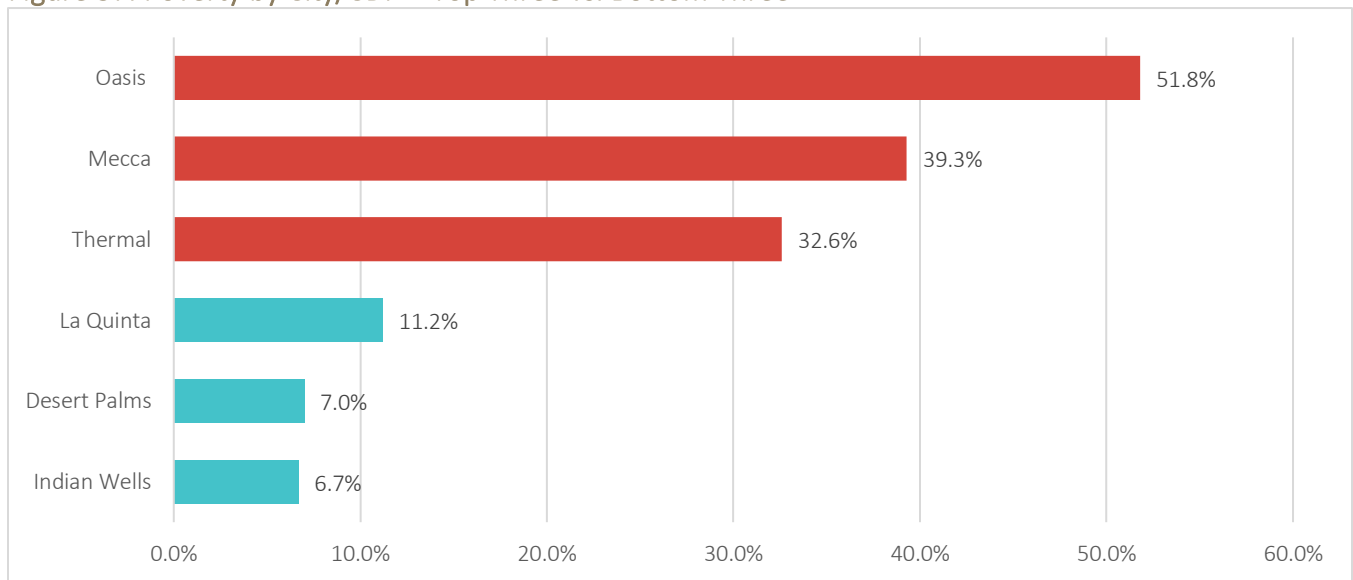


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[144] U.S. Census Bureau. Poverty Measures. Available online at: https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html
[145] U.S. Census Bureau. Poverty Thresholds for 2018 by Size of Family and Number of Related Children Under 18 Years. Available online at: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

*Map: Percent of People Living in Poverty*



**Persons Living in Poverty**
- 1.0% - 9.9%
- 10.0% - 19.9%
- 20.0% - 29.9%
- 30.0% - 39.9%
- 50.0% - 59.9%
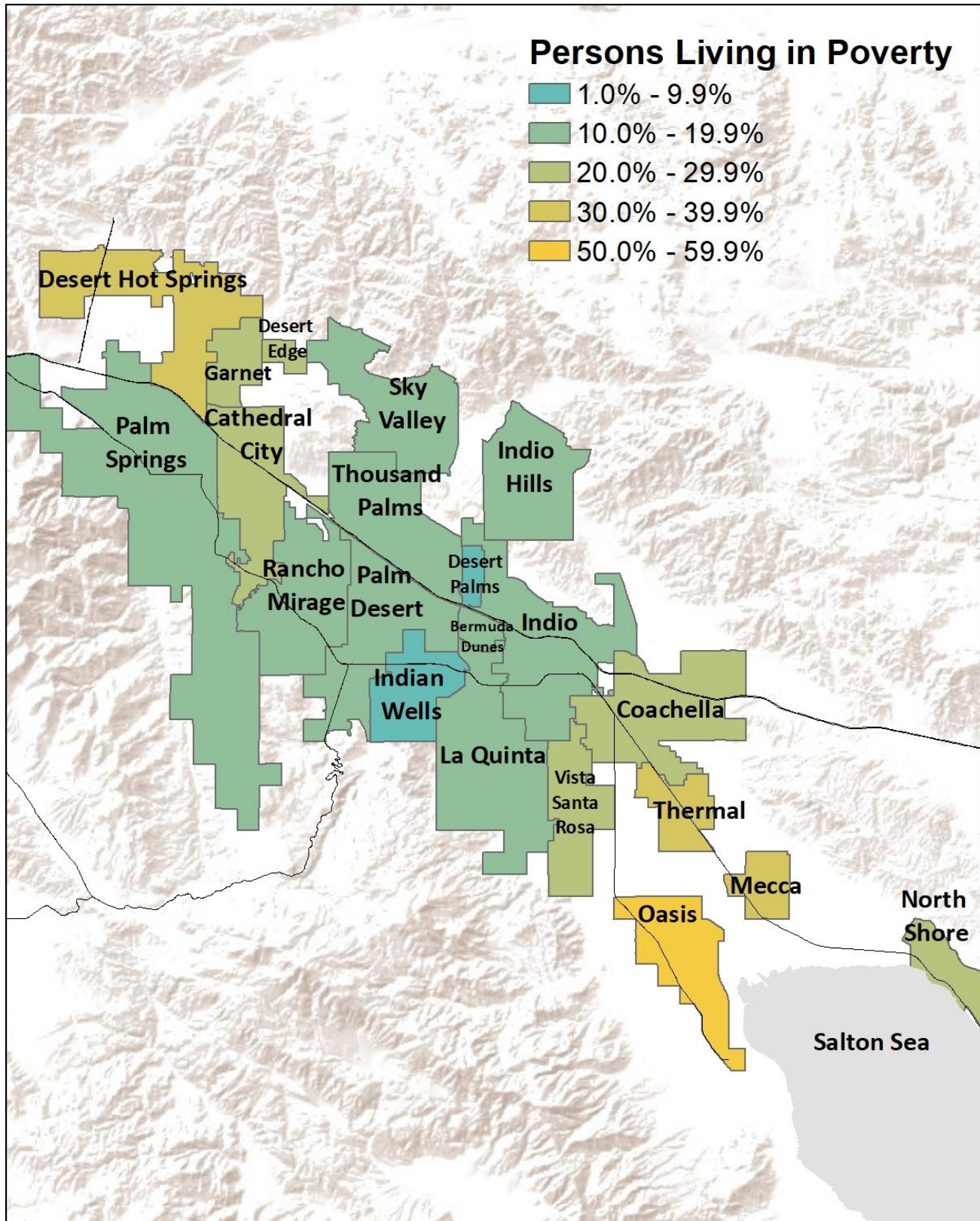
Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

## Children in Poverty (ages 0 to 17)

Nationally, approximately 18.5% of children (below the age of 18) live in poverty, as defined on the previous page. Similarly, California has a child poverty rate of 18.1% and Riverside County has a child poverty rate of 18.2%.

The figure below illustrates the percent of children living in poverty by city/CDP. The cities/CDPs with the highest rate of child poverty (represented in red) include Oasis (68.4%), Desert Edge (62.1%), and Thermal (52.3%). Note that in these cities/CDPs more than half of children are living in poverty.

Cities/CDPs with the lowest proportion of children living in poverty (represented in teal) include Sky Valley (9.9%), Indio Hills (0.0%), and Indian Wells (0.0%).

See Appendix 25 for child poverty data on all 21 cities/CDPs.

Figure 38. Children Living in Poverty by City/CDP – Top Three vs. Bottom Three
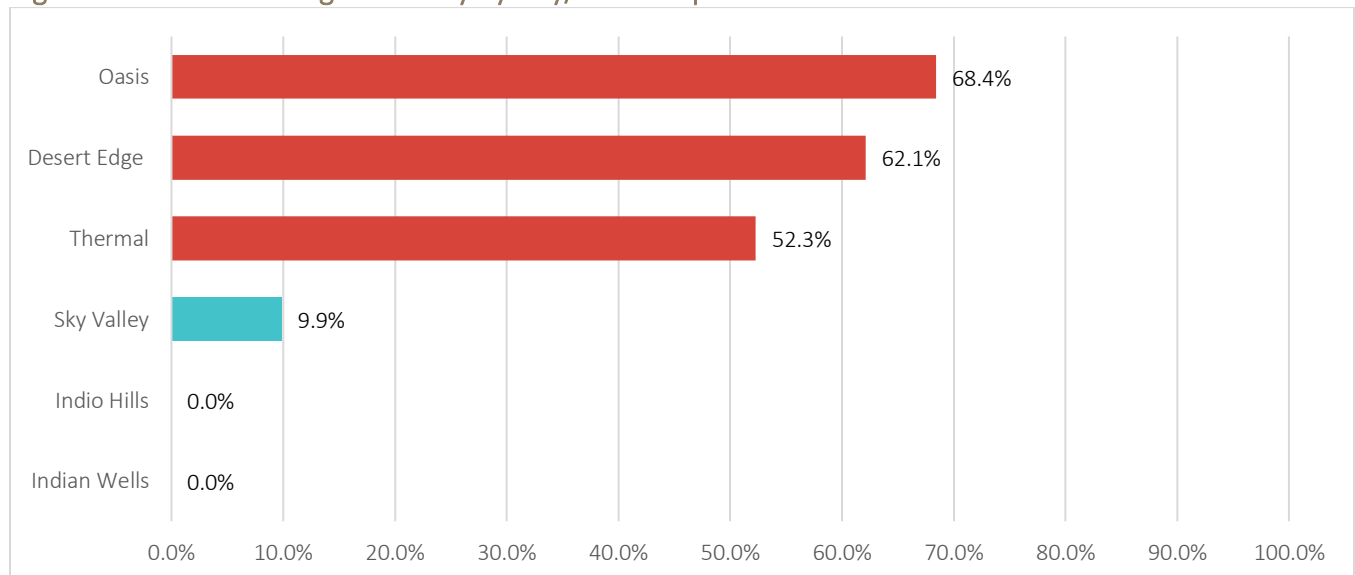


Source: American Community Survey – Five Year Estimates. (2015-2019).

# Internet Access

The data below show the cities/CDPs with or without an Internet subscription. An Internet "subscription" refers to a service that someone pays to have access to Internet, which includes a data plan, broadband such as cable, fiber optic or DSL, or other type of service.[146] The category of "without an Internet subscription" includes people who accessed the internet without a subscription or do not have Internet access at all.[147]

The three cities/CDPs with the lowest access to internet include Oasis (47.3%), Thermal (56.9%) and North Shore (64.7%). In contrast, the cities/CDPs with majority of households having an internet subscription include, La Quinta (90.6%), Bermuda Dunes (91.9%), and Desert Palms (93.3%).

See Appendix 26 for internet access data on all 21 cities/CDPs.

## Figure 39. Have Internet Access by City/CDPs – Top Three vs. Bottom Three
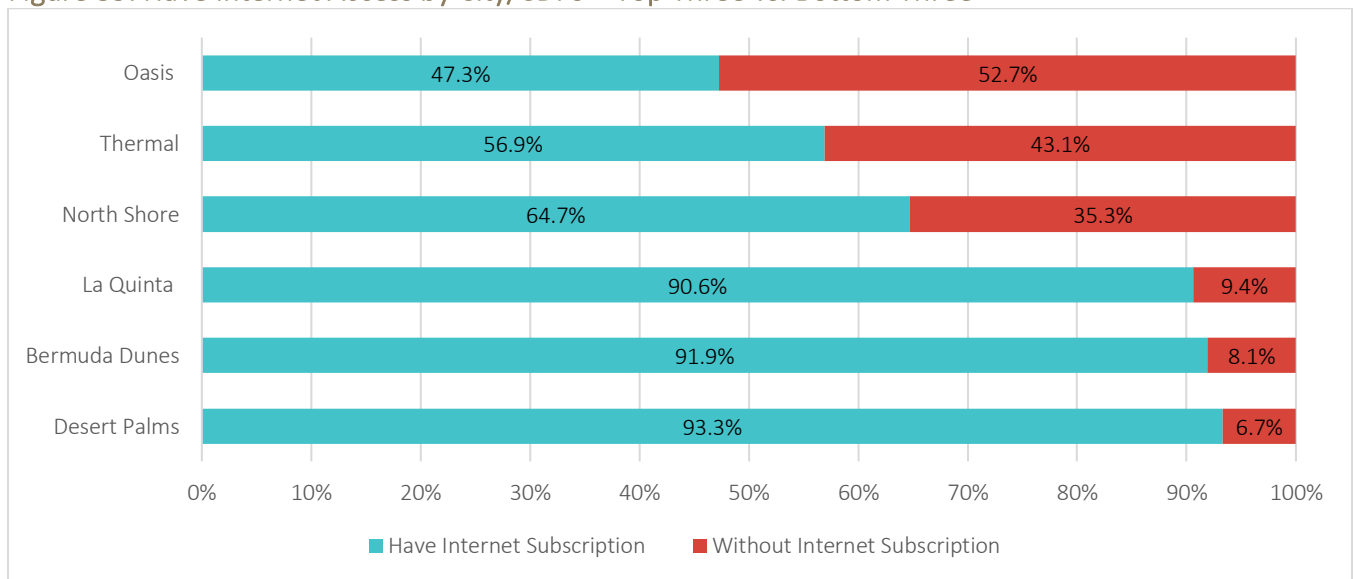


Source: American Community Survey – Five Year Estimates. (2015-2019).

## Smartphone Access

A smartphone is a cellular telephone that includes added software functions such as an Internet browser or email.[148] For individuals who don't have internet subscription or a computer in their home, a smartphone is often their only connection to the internet.

The three cities/CDPs with the lowest access to smartphones include Desert Edge (43.4% of people do not have smartphones), Indio Hills (41.5% do not have smartphones) and Oasis (40.1% do not have smartphones). Conversely, nearly everyone in Indio (81.7%), Indian Wells (83.7%), and Bermuda Dunes (91.2%) have smartphones.
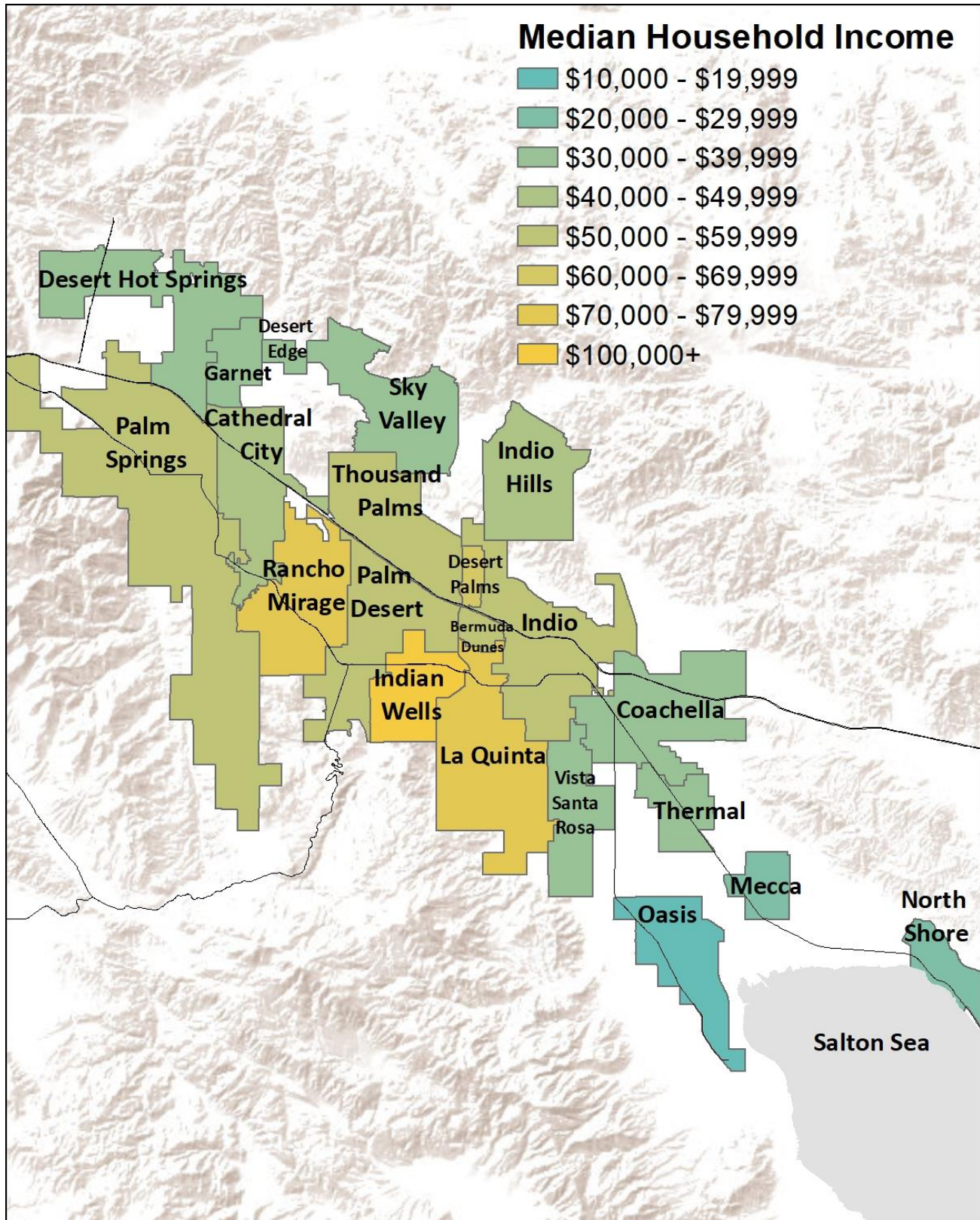
See Appendix 27 for smartphone data on 20 cities/CDPs.

Figure 40. Have a Smartphone by City/CDPs – Top Three vs. Bottom Three
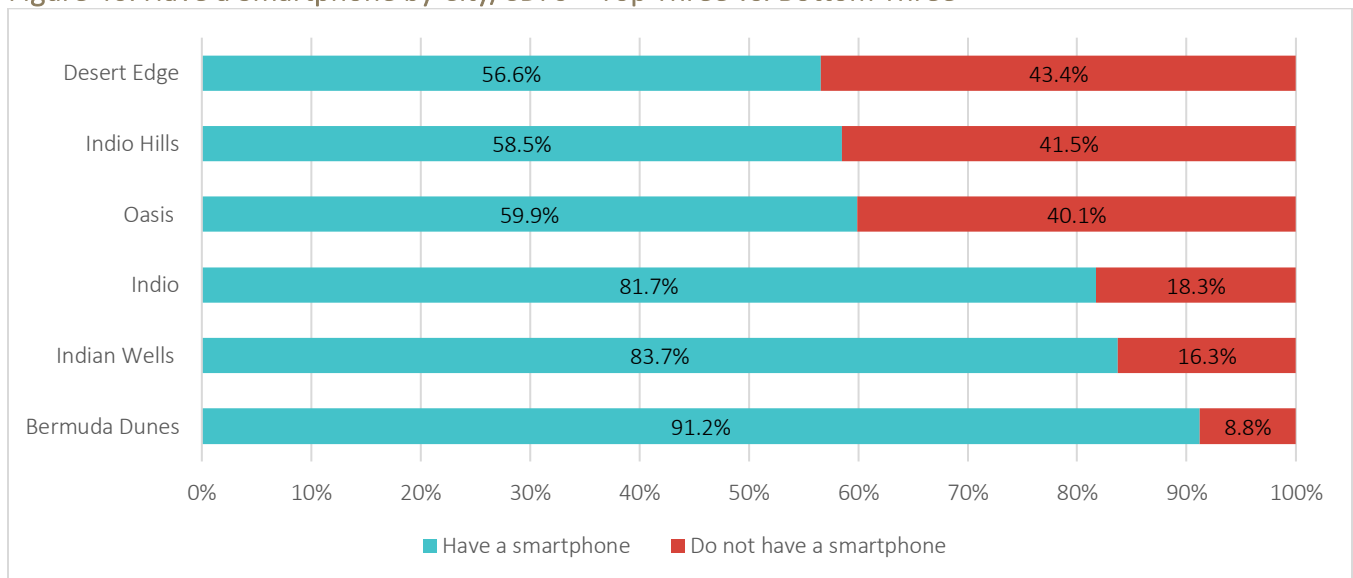


Source: American Community Survey – Five Year Estimates. (2015-2019)

[148] Webster's Dictionary. Smartphone definition. Available online at: https://www.merriam-webster.com/dictionary/smartphone

# Housing

## Housing Cost Burden

Any household that spends more than 30% of their total household income on rent or mortgage costs is considered housing-cost burdened.[149] Households that spend less than 30% of their income on rent or mortgage costs can afford other necessities and are more financially stable than those who spend a large percentage of their income on housing.

Nationally, 49.6% of households are rent-burdened; in California, it is slightly higher at 54.8%.[150]

As illustrated in the figure below, even the best-performing cities/CDPs in the Coachella Valley have nearly half of their residents experiencing housing-cost burden, spending more than 30% of their income on housing. The cities/CDPs with the highest proportion of residents spending more than 30% of income on housing include Indian Hills (72.6%), Desert Edge (66.5%), and Coachella (66.2%).

See Appendix 28 for housing-cost burden on all 21 cities/CDPs. The appendix includes separated data for renters and homeowners in addition to this combined data.

**Figure 41. Households Spending 30%+ of Income on Housing by City/CDP– Top Three vs. Bottom Three**
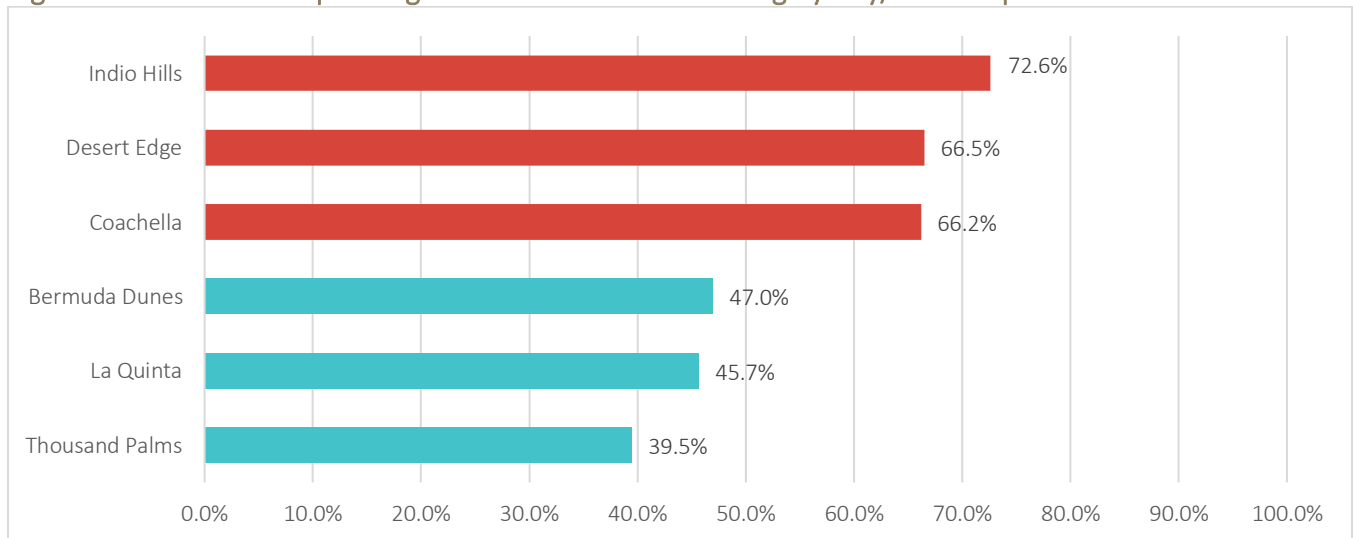


Source: American Community Survey – Five Year Estimates. (2015-2019).

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[149] U.S. Department of Housing and Urban Development (HUD). Affordable Housing.
https://www.hud.gov/program_offices/comm_planning/affordablehousing/
[150] American Community Survey – Five Year Estimates. (2015-2019).

## Chronic Homelessness Point-In-Time Count

The homeless Point-In-Time Count ("PIT Count") is an annual survey mandated by the U.S. Department of Housing and Urban Development (HUD) that all counties must conduct. The methods for collecting unsheltered homelessness data (e.g., those living in cars, parks, sidewalks, etc.) are collected via a street-based count.[151] It is important to note that the PIT Count provides a snapshot of visible homelessness and is _not_ intended to illustrate the entire population of homeless individuals.[152] The table below shows the number of unsheltered homeless people captured in the 2019 PIT Count. It is clear that Palm Springs is the city that most struggles with the issue of homelessness.

Table 14. Number of Unsheltered Homeless People

| City/CDP | Total Number |
|---|---|
| Palm Springs | 196 |
| Unincorporated Areas of District 4 | 98 |
| Cathedral City | 82 |
| Indio | 52 |
| Coachella | 51 |
| Desert Hot Springs | 45 |
| Palm Desert | 23 |
| La Quinta | 9 |
| Rancho Mirage | 6 |
| Indian Wells | 2 |
| Coachella Valley Total | 564 |

Source: Riverside County PIT Count (2019).

Based on the PIT count, unsheltered homelessness has increased 50.4% from 2015 to 2019, which represents a very concerning trend.[153]

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[151] Riverside County Department of Public Social Services (April 2019). County of Riverside 2019 Point-In-Time Count. Available online at http://dpss.co.riverside.ca.us/files/pit/pit-count-report-final.pdf
[152] Ibid.
[153] The Path Forward: Recommendations to Advance an End to Homelessness in the Coachella Valley, (2018). Barbara Poppe and Associates.

## Sheltered Homeless

The methods for collecting sheltered homeless data (e.g.., those living in shelters) are specified by HUD and is collected via the Homeless Management Information system (HMIS). Note that if a client receives services one month, leaves the shelter, then re-enters the following month, the client will be counted twice towards the total. In other words, the count below is likely duplicative.

This table below demonstrates the number of homeless people that residing in Coachella Valley shelters in 2019. Specifically, the cities/CDPs of Indio ($n$ = 533) and Palm Springs of ($n$ = 417) have a high number of sheltered housing occurrences.

Table 15. Number of Sheltered Homeless People

| City/CDP | Total Number |
|---|---|
| Indio (and unincorporated Bermuda Dunes and Chiriaco Summit) | 533 |
| Palm Springs | 417 |
| Cathedral City | 133 |
| Coachella | 104 |
| Desert Hot Springs (and unincorporated Sky Valley and Desert Edge) | 91 |
| Palm Desert | 37 |
| La Quinta | 32 |
| Unincorporated: Mecca, North Shore | 29 |
| Unincorporated: Salton Sea, Thermal | 14 |
| Unincorporated: Thousand Palms | 13 |
| Rancho Mirage | 11 |
| Coachella Valley Total | 1,415 |

Source: County of Riverside, Homeless Management Information System (HMIS) data (2019).

## Homelessness Among School-Aged Children

While adult homelessness is important, it is also important to examine homelessness among school-aged children. According to the California Department of Education,[154] homeless children and youths are those who lack a fixed, regular, and adequate nighttime residence, which includes: children living in motels, trailer parks, shelters, substandard housing, or are sharing a home with other persons due to a loss of housing or economic hardship, to name a few.

As illustrated in the figure below, there are a high proportion of homeless students attending Palm Springs Unified School District. There are fewer homeless youth attending CVUSD (2.4%) and DSUSD (0.9%). Overall, Coachella Valley rates are slightly higher than county and state rates. More specifically, the total number of homeless youth at each school district are as follows: 428 at CVUSD, 4,298 at DSUSD, and 4,298 at PSUSD.

See Appendix 29 for total enrollment and the raw number of homeless youth in all geographic regions listed below.

Figure 42. Homelessness Among School-Aged Children
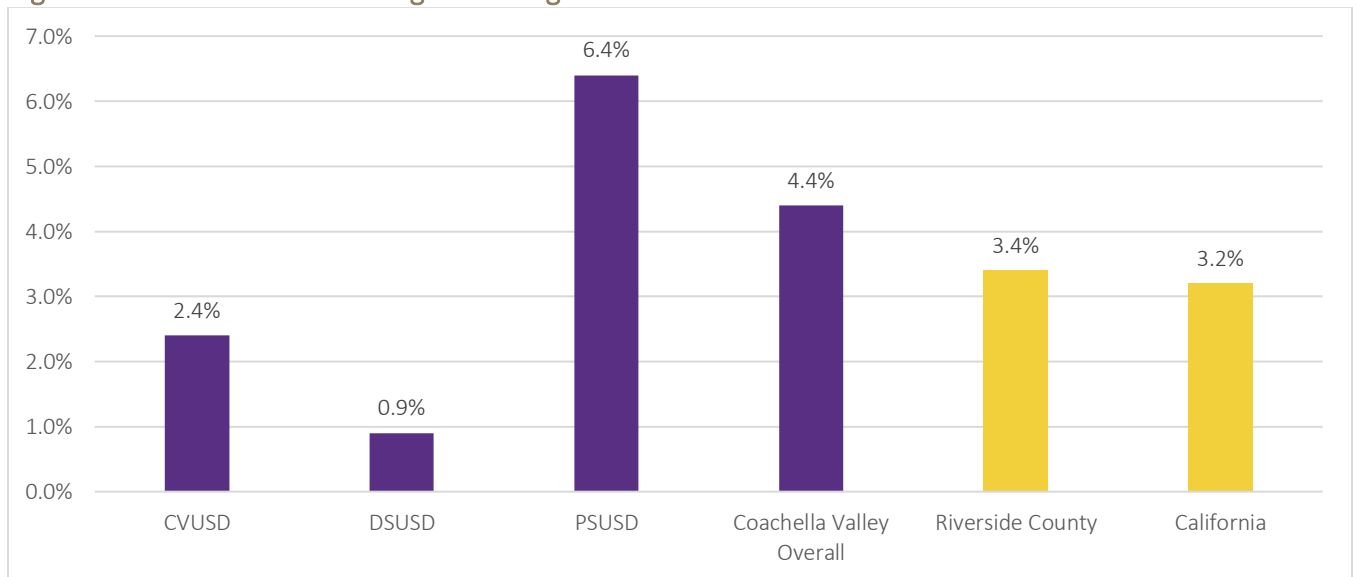


Source: California Department of Education (2019-2020). California Longitudinal Pupil Achievement Data System (CALPADS) UPC Source File for grades K–12.

[154] California Department of Education (2020). Definition of Homelessness. Available online here:
https://www.cde.ca.gov/sp/hs/homelessdef.asp

## Housing Instability

Stable housing is of paramount importance for thriving economically, academically, and socially. In HARC's 2019 Coachella Valley Community Health Survey, residents were asked, "What is your living situation today?". There were three response options: "I have a steady place to live" (categorized as "stable housing"), "I have a place to live today but I am worried about losing it in the future", and "I do not have a steady place to live" (both of which were categorized as "unstable housing").

The three cities/CDPs with the highest percentage of adults experiencing unstable housing include Sky Valley, Indio, and Desert Hot Springs, as illustrated in the figure below. In contrast, the three cities/CDPs with the lowest percentage of adults experiencing unstable housing are Thousand Palms, Thermal, and Vista Santa Rosa.

See Appendix 30 for housing instability on 11 cities/CDPs.

Figure 43. Housing Instability for Adults by City/CDP – Top Three vs. Bottom Three
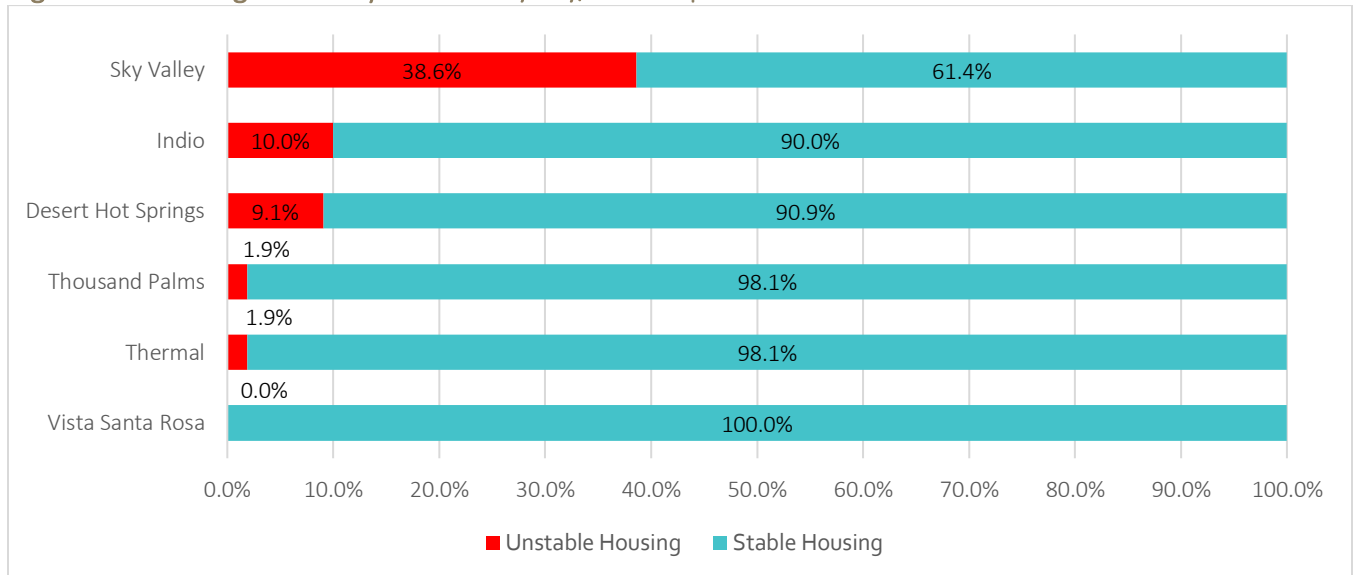


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

## Substandard Housing

Housing characteristics and conditions are other aspects to consider when observing housing patterns. Substandard housing is often defined by state and local governments as incomplete bathroom and/or kitchen facilities.[155] Specifically, the ACS tracks data on the percent of housing that lack complete plumbing facilities—that is, hot and cold piped water, a flush toilet, and a bathtub or shower. This source also tracks whether households have complete kitchen facilities—that is, a sink with piped water, a range or cookstove, and a refrigerator.[156] The figure below indicates five cities/CDPs with the highest total percentage of households lacking facilities (plumbing and kitchen).

North Shore has a fair portion of homes that lack plumbing facilities (3.6%) and kitchen facilities (5.3%). Oasis also shows a high percent of households lacking plumbing facilities (4.6%). Other cities/CDPs of concern include Sky Valley, Rancho Mirage, and Palm Springs, as illustrated in the figure below. See Appendix 31 for substandard housing data (as defined by a lack of complete kitchen and/or plumbing facilities) on 14 cities/CDPs.

Figure 44. Top Five Cities/CDPs Lacking Complete Kitchen and/or Plumbing Facilities
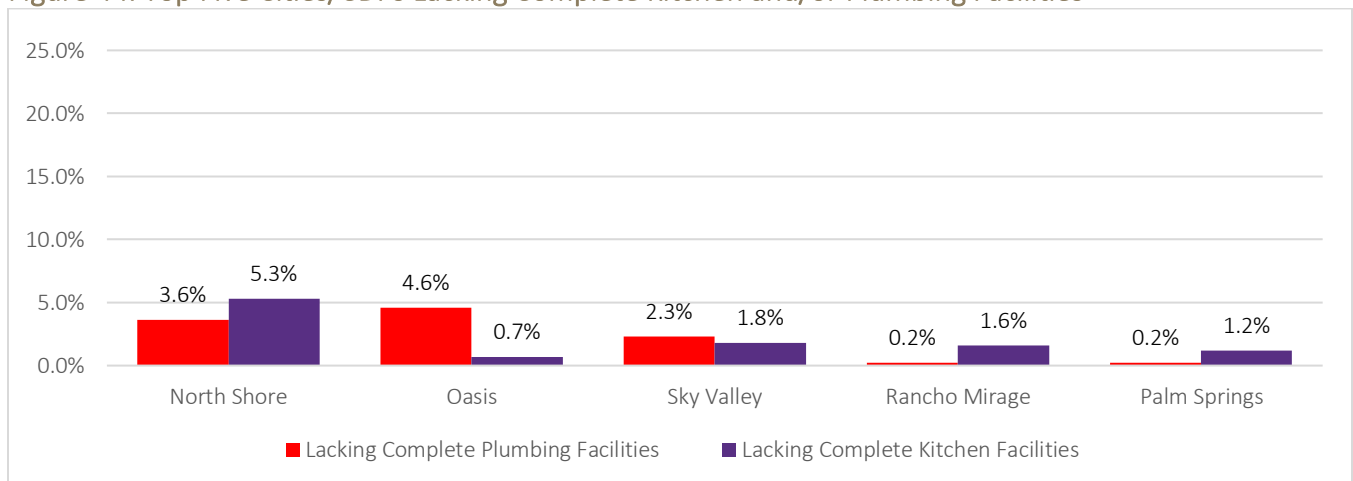


Source: American Community Survey – Five Year Estimates. (2015-2019).

These numbers may be underestimates; local subject matter experts state that there are many trailer parks in the East Valley that are inhabited by farmworkers that are lacking facilities. However, these individuals may be hesitant to report it, and thus, it is not fully captured by the data.

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[155] American Community Survey. Why We Ask: Acreage, Agricultural Sales, and Business on Property. Available online here: https://www2.census.gov/programs-surveys/acs/about/qbyqfact/Housing.pdf
[156] American Community Survey. We asked… you told us. Complete plumbing and kitchen facilities. Available online here: https://www2.census.gov/library/publications/decennial/1990/cqc/cqc-25.pdf

## Transportation

### Automobile Access

Automobile access allows us to understand possible transportation needs throughout the Coachella Valley. The figure below illustrates the three cities/CDPs with the highest percentages of households with no access to a vehicle as compared to the three cities/CDPs with lowest percentages of households with no access to a vehicle.

Approximately 8.0% of households in Desert Hot Springs have no access to a vehicle. This is similarly an issue for those in Desert Edge and Palm Springs. In contrast, virtually no households in Indio Hills lack access to a vehicle.

See Appendix 32 for vehicle data on all 21 cities/CDPs.

Figure 45. Number of Vehicles by City/CDP – Top Three vs. Bottom Three
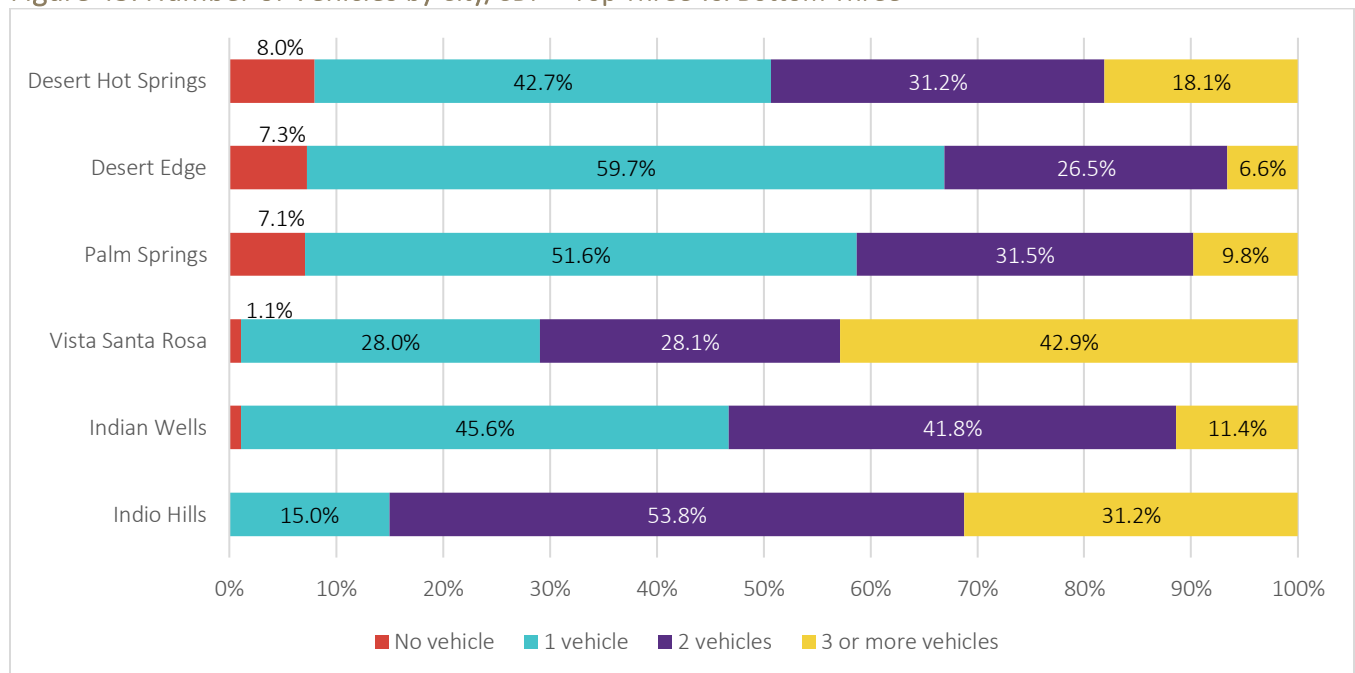


Source: American Community Survey – Five Year Estimates. (2015-2019).

# Injury and Violence

Injury and violence are important indicators to assess as they can negatively impact a community's sense of safety and well-being.

## Leading Causes of Death

The leading causes of death highlight some of the most pressing health issues for our community, though they do not precisely tell us the issues that are of the greatest health importance. The rank ordering of causes of death is delineated by the most frequently causes of death among the causes of death that are available.[157] As illustrated in Table 16, the top two leading causes of death are consistently heart disease and cancer.[158] [159]

Table 16. Leading Causes of Death

| Rank | United States | California | Riverside County | Coachella Valley |
|---|---|---|---|---|
| 1 | Heart disease | Heart disease | Heart disease | Heart disease |
| 2 | Cancer | Cancer | Cancer | Cancer |
| 3 | Accidents | Stroke | Alzheimer's disease | COPD |
| 4 | Chronic lower respiratory diseases | Alzheimer's disease | COPD | Alzheimer's disease |
| 5 | Stroke | Chronic lower respiratory diseases | Stroke | Stroke |
| 6 | Alzheimer's disease | Accidents | Diabetes | Accidents - poison |
| 7 | Diabetes | Diabetes | Accidents - poison | Diabetes |
| 8 | Influenza and pneumonia | Influenza and pneumonia | Cirrhosis | Cirrhosis |
| 9 | Nephritis, nephrotic syndrome, and nephrosis | Hypertension and hypertensive renal disease | Pneumonia | Suicide |
| 10 | Suicide | Chronic liver disease and cirrhosis | Suicide | Accidents – motor vehicle |

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[157] Centers for Disease Control. Death: Leading Causes of Death for 2017. National Vital Statistics Report. Available online here: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

[158] Centers for Disease Control. Leading Causes of Death for the United States and Each State (2017). https://www.cdc.gov/nchs/data/dvs/lcwk/lcwk5_hr_2017-508.pdf

[159] Riverside University Health System—Public Health (2019).

Looking more closely at the leading causes of death in the Coachella Valley, the number of deaths in 2019 under each cause is as follows: heart disease (*n* = 1,290), cancer (*n* = 951), COPD (*n* = 259), Alzheimer's disease (*n* = 225), and stroke (*n* = 218).

As illustrated in the figure below, unintentional is the main cause of injury (32.31 per 100,000) for Riverside County. This rate for Riverside County is slightly higher than the rate for California's unintentional cause of injury (28.65 per 100,000), but slightly lower than the unintentional cause of injury for the United States (38.37 per 100,000). Suicide (10.26 per 100,000) is more than two times higher than the homicide rate (4.36 per 100,000), and this rate seems fairly consistent with California and the United States.

Figure 46. Riverside County - Age-Adjusted Death Rate per 100,000 Population Due to Injury by Intent
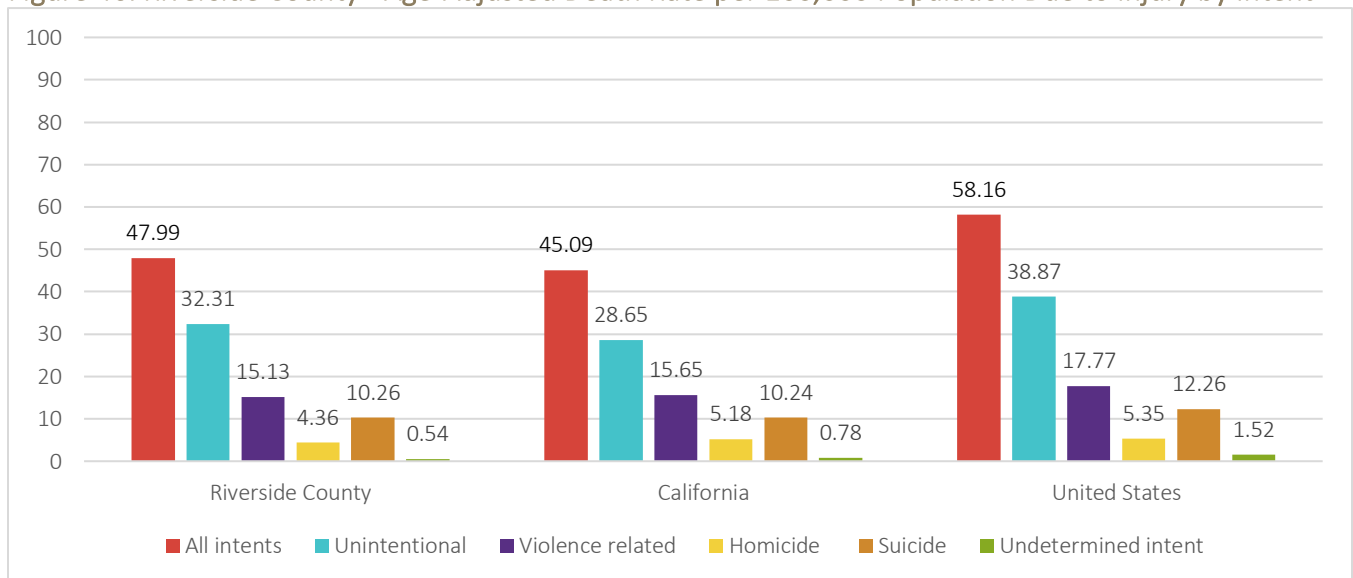


Source: CDC's WISQARS (Web-based Injury Statistics Query and Reporting System). (2008-2014).

## Total Crime Index

The total crime index is an aggregate of all crimes, both personal and property crimes, per 100,000 people in a year. The figure below illustrates the three cities/CDPs with the highest total crime index compared to the three cities/CDPs with the lowest total crime index. The city/CDP with the highest total crime index is Palm Springs (186) followed by Thermal (162) and Palm Desert (145). Cities/CDPs with a low crime index include Sky Valley (60), Desert Palms (56), and Desert Edge (51).

See Appendix 33 for crime data on all 21 cities/CDPs.

Figure 47. Total Crimes per 100,000 Population Per Year by City/CDP – Top Three vs. Bottom Three
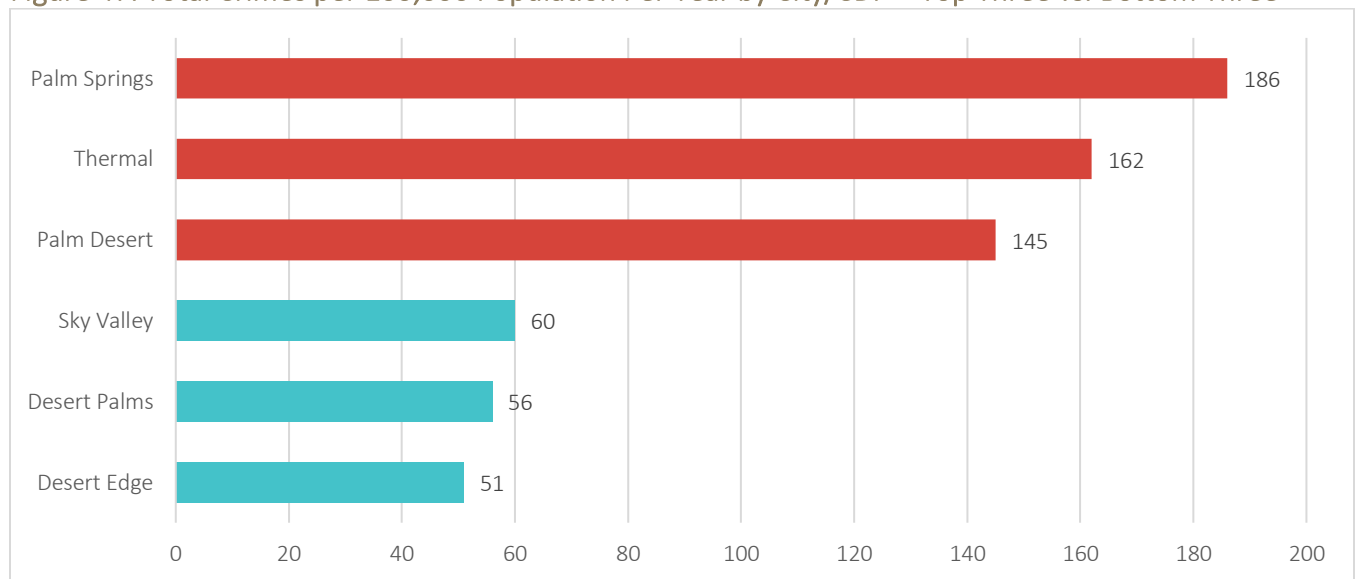


Source: Data pulled from Applied Geographic Solutions which utilizes data from Uniform Crime Report. (2019).

# Homicides

The Uniform Crime Reporting program of the FBI includes data on the number of arrests for murder and non-negligent manslaughter.

When looking at each of the nine reporting agencies, and then the total population of the city that these reporting agencies reside in, the overall arrest rate per 100,000 for murder and non-negligent manslaughter is 3.1. Thus, for every 100,000 people, about three are arrested for murder or non-negligent manslaughter.

Desert Hot Springs appears to have the highest murder and non-negligent manslaughter rate (7.0 per 100,000), which is considerably higher than the remaining reporting agencies, California, and the United States. That said, the rate per 100,000 for cities of La Quinta (4.9), Palm Springs (4.2), Palm Desert (3.8), and Cathedral City (3.7) are all greater than Riverside County (3.1), California (3.4), and the United States (2.9).

Table 17. Murder and Non-Negligent Manslaughter Arrest Rate per 100,000

| Reporting Agency | Number of Arrests | Population | Rate per 100,000 |
|---|---|---|---|
| Cathedral City Police Department | 2 | 54,357 | 3.7 |
| Coachella Police Department | 1 | 45,181 | 2.2 |
| Desert Hot Springs Police Department | 2 | 28,585 | 7.0 |
| Indian Wells Police Department | - | 5,370 | - |
| Indio Police Department | 1 | 89,469 | 1.1 |
| La Quinta Police Department | 2 | 41,076 | 4.9 |
| Palm Desert Police Department | 2 | 52,575 | 3.8 |
| Palm Springs Police Department | 2 | 47,897 | 4.2 |
| Rancho Mirage Police Department | - | 18,193 | - |
| Coachella Valley Total | 12 | 382,703 | 3.1 |
| Comparison: Riverside County | 74 | 2,411,439 | 3.1 |
| Comparison: California | 1,320 | 39,283,497 | 3.4 |
| Comparison: United States | 9,352 | 324,697,795 | 2.9 |

Source: 2019 Crime data are from Federal Bureau of Investigation, Crime Data Explorer. Population data are from American Community Survey – Five Year Estimates (2015-2019) and were used to calculate the rate per 100,000. California data are from 730 law enforcement agencies that submitted 12 months of arrest data of 743 total number of law enforcement agencies in California. United States data are from 11,788 law enforcement agencies that submitted 12 months of arrest data out of 18,671 total number of law enforcement agencies in the country.

# Maternal, Infant, and Child Health

## Total Preterm Live Births

A preterm birth is one that takes place before 37 weeks of pregnancy have taken place—typically, full-term pregnancy lasts 40 weeks. Pre-term babies face a number of obstacles as their bodies are less prepared for the outside world. Pre-term babies often need help overcoming challenges such as feeding/sucking, breathing, and even seeing.[160] Nationally, 10.0% of births are preterm[161], as are 8.7% in California.[162] In the Coachella Valley, approximately 9.0% of all births are preterm births – as illustrated in the figure below.

The figure below highlights the total number of preterm births as well as the percentage of preterm births (out of all births) by city/CDP. The cities/CDPs with the highest proportion of preterm births include Indian Wells (16.7%), Palm Springs (13.4%), and Thousand Palms (11.9%). The cities with the lowest proportion of preterm births (represented in teal) include Palm Desert (5.6%), North Shore (5.3%), and Rancho Mirage (4.7%). See Appendix 34 for preterm birth data on 14 cities/CDPs.

Figure 48. Total Number & Percent of Preterm Births in 2019 by City/CDP – Top Three vs. Bottom Three
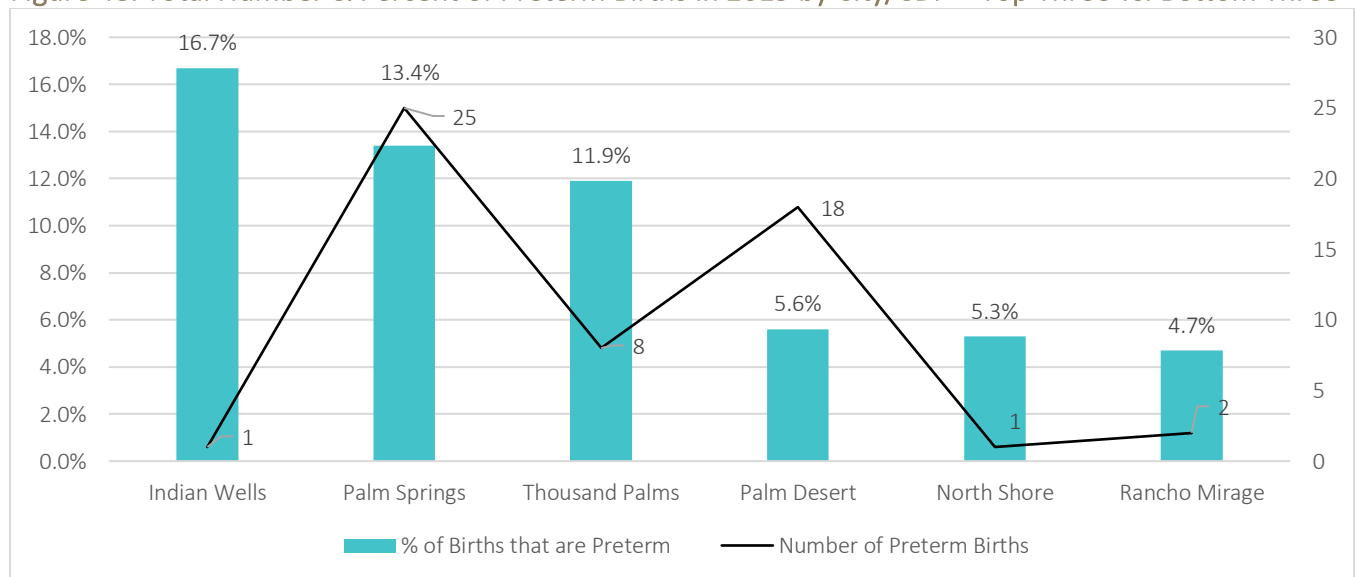


Source: Riverside University Health System—Public Health (2019).

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[160] World Health Organization. What Health Challenges do Pre-Term Babies Face? November (2013). Available online at:
https://www.who.int/news-room/q-a-detail/what-health-challenges-do-preterm-babies-face
[161] Centers for Disease Control. National Vital Statistics Report. (2018). Available online here:
https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf
[162] California Department of Public Health (2019). Birth Statistical Master Files; CDC WONDER, Natality Public-Use Data.

# Low Birth Weight Infants

*Partner Data – Low Birth Weight Infants at Borrego Health*

In 2019, there were 443 babies born to Borrego Health prenatal care patients residing in the Coachella Valley. Of these, 0.4% were "very low birth weight" (below 1,500 grams), while 5.9% were "low birth weight" (1,500 to 2,499 grams). The majority of the infants, 91.4%, were "normal birth weight" (2,500 grams or more), with 2.3% of babies where the weight was not documented.

# Infant Mortality Rate

Based on the latest data (2012-2018), the rate of infant mortality in the U.S. is 5.9 deaths for every 1,000 births while the infant mortality rate for Riverside County is slightly lower with 4.5 deaths for every 1,000 births.[163] In the Coachella Valley, the rate is 7.0 deaths for every 1,000 births.[164]

The figure below illustrates the rate of infant mortality for every 1,000 births by city. Specifically, data is presented for the three cities/CDPs with the highest rates of infant mortality compared to the three cities/CDPs with the lowest rates of infant mortality. The city with the highest rate of infant mortality is Thousand Palms, with a rate of 14.9 infant deaths for every 1,000 births. In contrast, the nearby city of La Quinta had the lowest infant mortality rate at 3.8 deaths per 1,000 births. Notably, the city of Indio had the highest raw number of infant deaths with 6—however there were many more infant births than the other cities, so the large number of infant mortalities is comprehensible.

See Appendix 35 for infant mortality data on 8 cities/CDPs.

Figure 49. Infant Mortality Rate by City/CDP for every 1,000 births – Top Three vs. Bottom Three
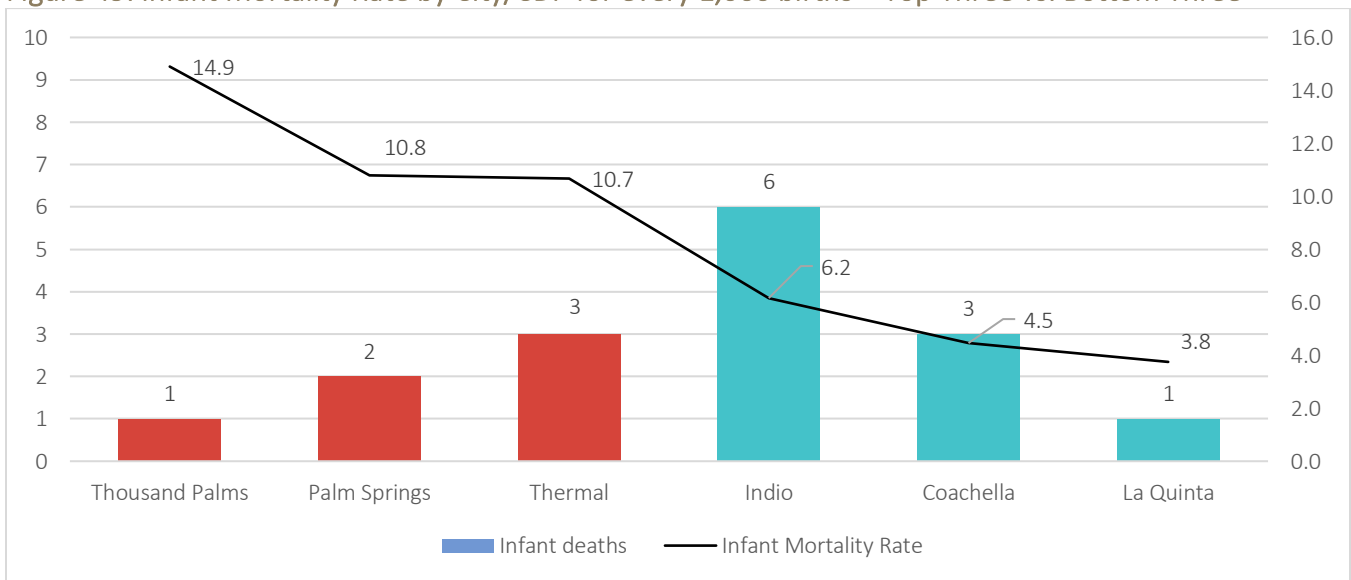


Source. Riverside County Public Health (2019). Note that not all cities were included due to low raw numbers.

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[163] National Center for Health Statistics (NCHS) 2012-2018 Data.

[164] Riverside County Public Health (2019). Calculations made by HARC.

# Life Expectancy at Birth

Life expectancy can be influenced by lifestyle behaviors as well as environmental conditions. The Centers for Disease Control has estimated life expectancy for states and census tracts across the nation. HARC averaged the census tract data to create Coachella Valley, Riverside County, and national estimates.[165]

The average life expectancy at birth for a child born in the Coachella Valley is 79.6 years, which is very similar to Riverside County's average (79.0), California's estimate (81.3), and the nation's average (78.3).

Individuals born in certain areas of Palm Desert (census tract 451.15) and Indian Wells (census tract 451.23) have a life expectancy of 87 at birth. This is substantially higher than state and national averages. Conversely, life expectancy is lowest in Desert Hot Springs (census tracts 445.09 and 445.1), with an average life expectancy of only 72. Thus, these individuals live a full 15 years less than their counterparts just a few miles away in Palm Desert and Indian Wells, as illustrated in the figure below.

Figure 50. Life Expectancy at Birth by Census Tract – Top Three vs. Bottom Three
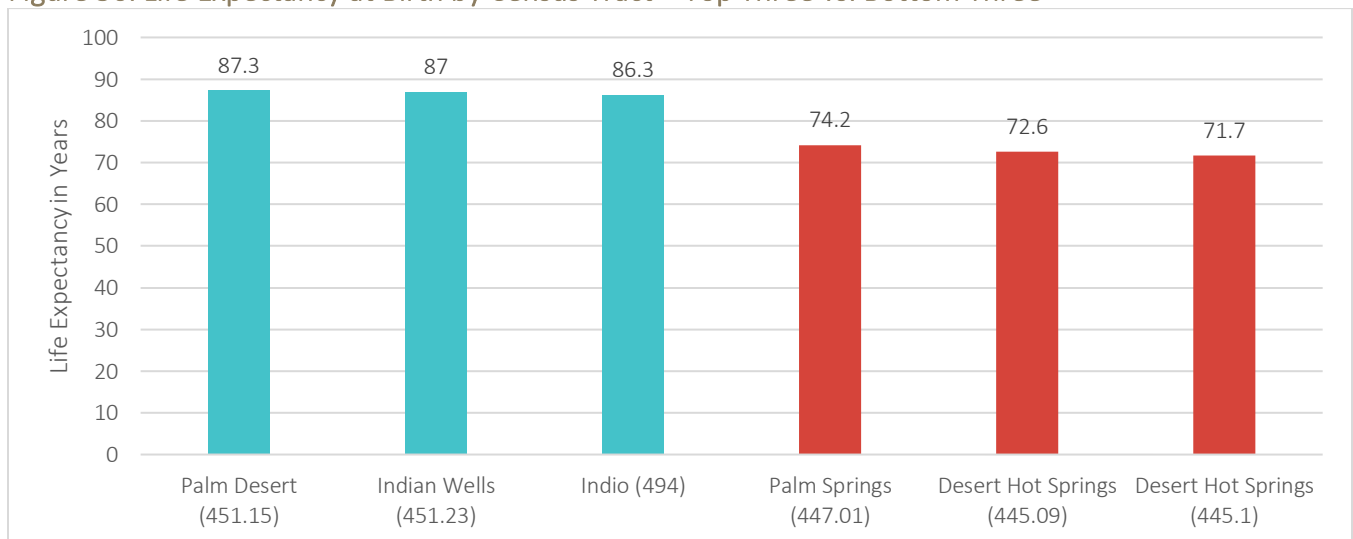


Source: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Note that averages (Coachella Valley, Riverside County, and United States) were calculated by HARC.

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[165] Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Note that averages (Coachella Valley, Riverside County, and United States) were calculated by HARC.

## Map: Life Expectancy at Birth by Census Tract
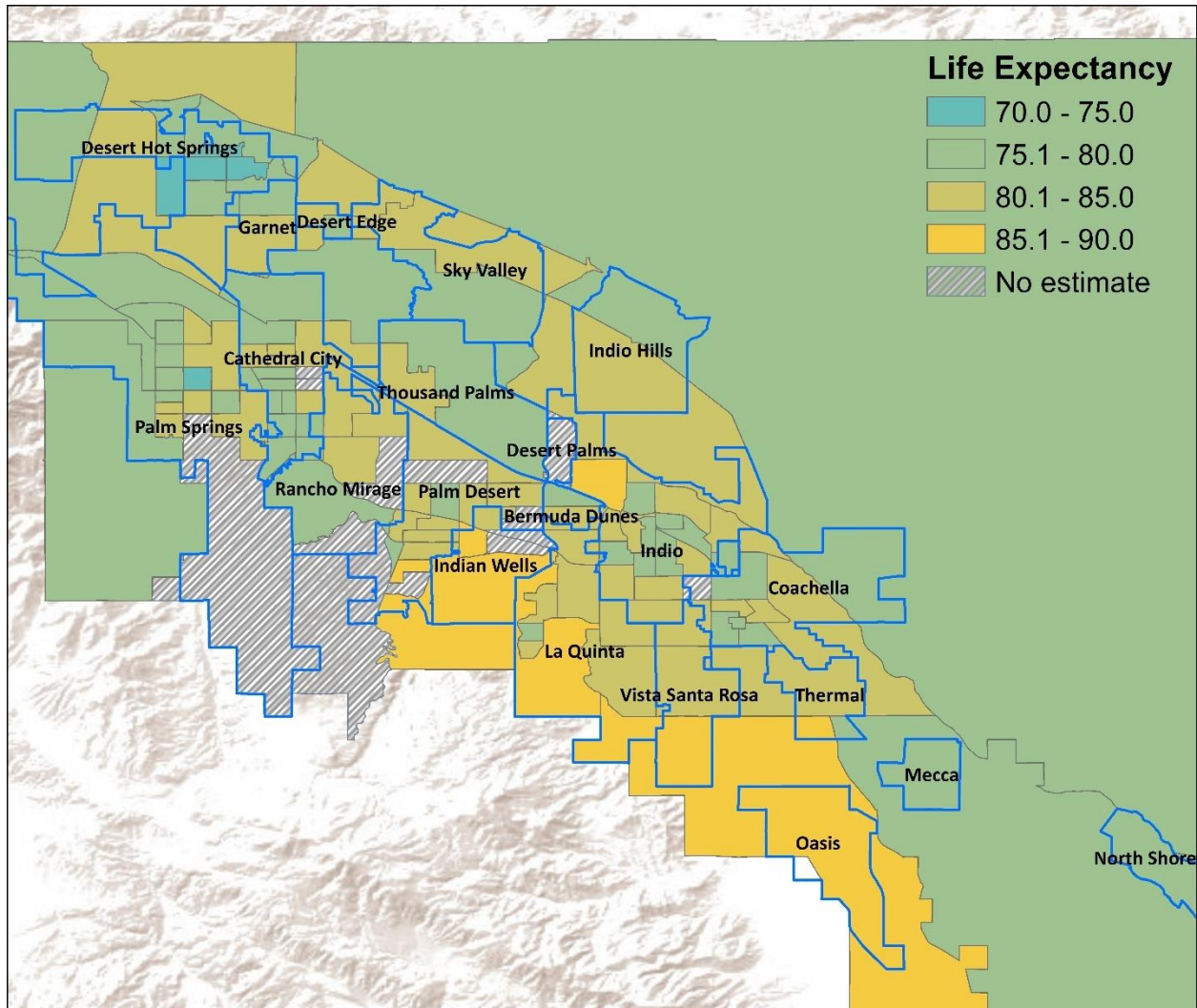


Source: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant, B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Map created by HARC.

# Mental Health

## Suicide Rate

Nationally, suicide is the 10th leading cause of death. Suicide rates are standardized by calculating the number of deaths per 100,000 people; that way, we can easily compare cities that are drastically different sizes. In the U.S., there are 14.6 suicide deaths per 100,000 individuals.[166] California comes in a little lower at 11.0 deaths by suicide per 100,000.[167] The figure below illustrates the number of suicides per 100,000 people for the Coachella Valley cities/CDPs. Specifically, data is presented for the three cities/CDPs with the highest rates of suicide per 100,000 people and the three cities/CDPs with the lowest rates of suicide.

The city with the highest rate of suicide is Rancho Mirage with 43.7 deaths per 100,000 people, followed by Palm Springs (35.2) and Desert Hot Springs (27.2). The cities/CDPs with the lowest rates of suicide include Bermuda Dunes (12.6), La Quinta (12.2), and Indio (10.0), as illustrated in the figure below.

See Appendix 36 for suicide data on 9 cities/CDPs.

Figure 51. Suicide Rate per 100,000 People
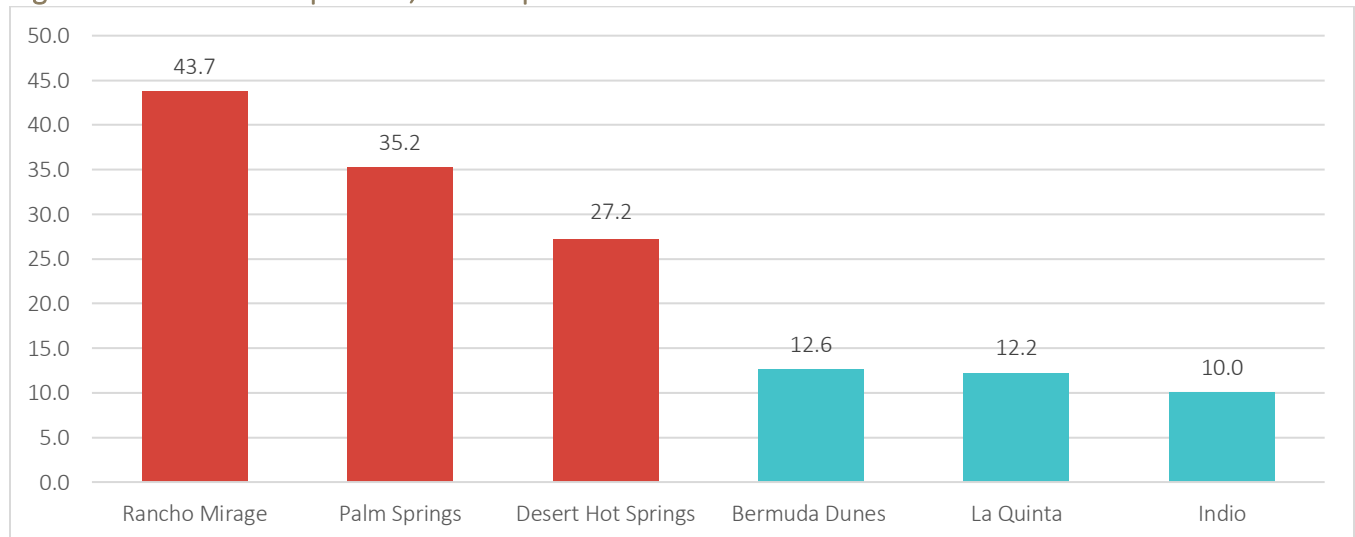


Source. Riverside University Health System - Public Health (2019).

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[166] Centers for Disease Control and Prevention (2018). Suicide Mortality by State.
https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm
[167] Ibid.

# Frequent Mental Distress

Frequent mental distress (FMD) is the percentage of adults who experience 14 or more days of self-reported poor mental health in the past month.[168] FMD is an indicator of mental health disorders and overall quality of life in a community.

While there is not Coachella Valley data available for FMD, there is data for the city of Indio, in which approximately 15.0% of residents experienced 14 or more days of poor mental health in the past month. Although that is a small percentage, that figure is higher than the overall percentage for the county and the state, as illustrated in the figure below.

Figure 52. Rate of Frequent Mental Distress
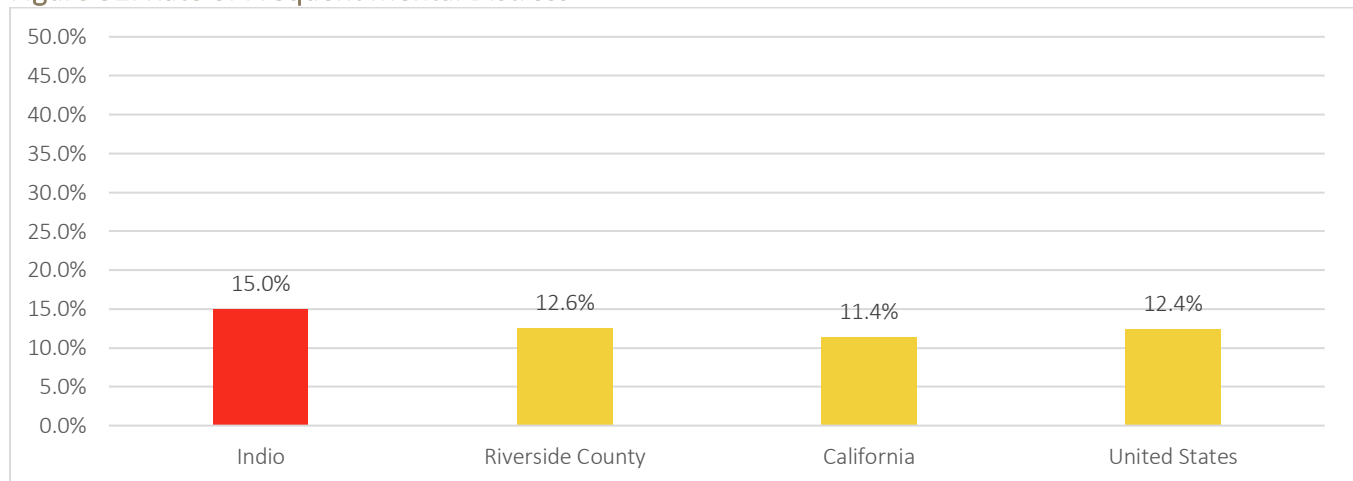


Source: 2020 County Health Rankings (2017 data). Note that Indio was the only Coachella Valley city with data available.

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*Partner Data – Depression Screening at Borrego Health*

In 2019, Borrego Health saw 20,023 Coachella Valley residents age 12 and older. Of these, 79.0% were screened for depression at their visit (using an age-appropriate standardized depression screening tool) and if they were positive, a follow-up plan was documented on the date of the positive screen. The other 21.0% were either not screened for depression, or, if they screened positive, a follow-up plan was not documented.

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[168] Frequent Mental Distress (2020). County Health Rankings. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-mental-distress

# Any Mental Health Disorder

Anyone can acquire a mental health disorder throughout the lifespan. In the Coachella Valley, approximately 28.6% of adults (about 97,340 adults) and 18.5% of children (about 13,521 under the age of 17) have been diagnosed with a mental health disorder at some point.[169] Among the adults, the most common mental health disorders are depression (14.2% of adults), anxiety disorder (12.4%), and PTSD (9.3%). Among children, the most common mental health disorders are ADD/ADHD (7.4%), Anxiety disorder (5.8%) and developmental delay (5.3%). As illustrated in the figure below, the cities/CDPs with the greatest proportions of adults with any mental health disorder include Thermal (41.0%), Cathedral City (33.2%), and Desert Hot Springs (32.6%). Conversely, the cities/CDPs with the lowest proportion of adults with any mental health disorder include Palm Springs (28.5%), Coachella (25.2%), and Indio (24.7%).

See Appendix 37 for percentages/estimates of adults with any mental health disorder for 9 cities/CDPs.

Figure 53. Any Mental Health Disorder
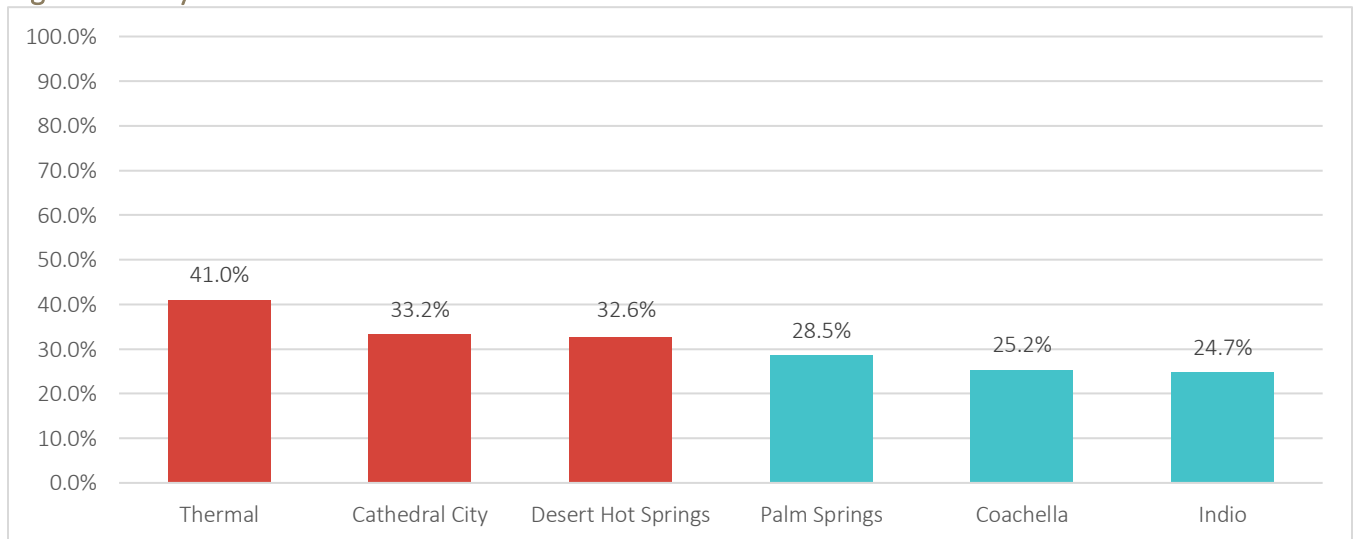


Source. 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

Among Coachella Valley adults with mental health diagnoses and/or mental health concerns, about 13.1% (18,387 adults) needed mental health care within the past year and could not get it.[170] Additionally, about 7.9% (11,072 adults) needed mental health medication within the past year and could not get it.[171]

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[169] 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).
[170] Ibid.
[171] Ibid.

# Nutrition, Physical Activity, and Obesity

## Exercise

Regular and consistent exercise is a fundamental component to reducing health risks and improving physical health, mental health, and ultimately, quality of life. This section explores physical activity by age group, opportunities for exercise, an examination of local rates of each body mass index (BMI), and lastly food insecurity.

### Regular Exercise among Children

Parents were asked "not including physical education, on how many days of the past seven days was your child physically active for at least 60 minutes?" The figure below illustrates the number of days per week that children ages six through 17 get an hour or more of exercise (excluding school physical education, or PE). As illustrated in the figure below, about a third of children ages 6 and over are getting an hour or more of exercise every day, while the others are not.

Figure 54. Number of Days/Week of Physical Activity (1 Hour+) for Children 6+ in the Coachella Valley
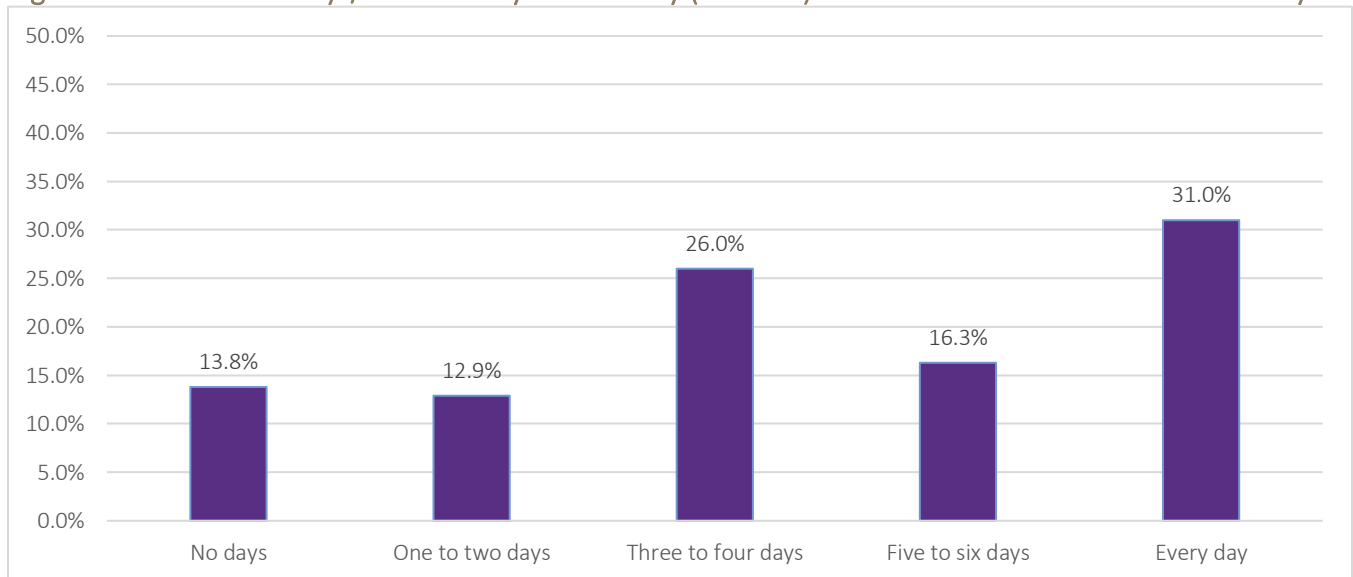


Source: 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

The figure below includes data from the California Physical Fitness Test (PFT).[172] California has chosen the FITNESSGRAM® as the annual PFT for students in grades five, seven, and nine in public schools. The FITNESSGRAM® is a comprehensive health-related fitness test developed by The Cooper Institute. The PFT includes a range of comprehensive assessments such as aerobic capacity (testing involving running), abdominal strength and endurance (testing involving curl-ups), upper body strength and endurance (testing involving push-ups, pull-ups, and arm hangs), trunk extensor strength and flexibility (testing involving trunk lifts), body composition (testing involving body fat and BMI), and flexibility (sitting and reach, and shoulder stretching).[173]

As illustrated in the figure below, most fitness categories are unvaried among the school districts in the Coachella Valley, Riverside County, and California. However, more than half of CVUSD ninth graders (50.4%) need improvement or need improvement with a health risk in upper body strength, which is considerably higher than ninth graders at DSUSD (29.5%), PSUSD (39.6%), Riverside County (30.1%), and California (31.5%). Note that the California Physical Fitness Test Reference Guide does not explicitly define "health risk".

Further, about 52.0% of ninth graders at PSUSD need improvement or need improvement with a health risk in aerobic capacity, which is also much higher than ninth graders at DSUSD (40.6%), CVUSD (43.5%), Riverside County (41.4%), and California (40.0%).

Figure 55. Percent of Ninth Graders Needing Improvement or Needs Improvement and Health Risk
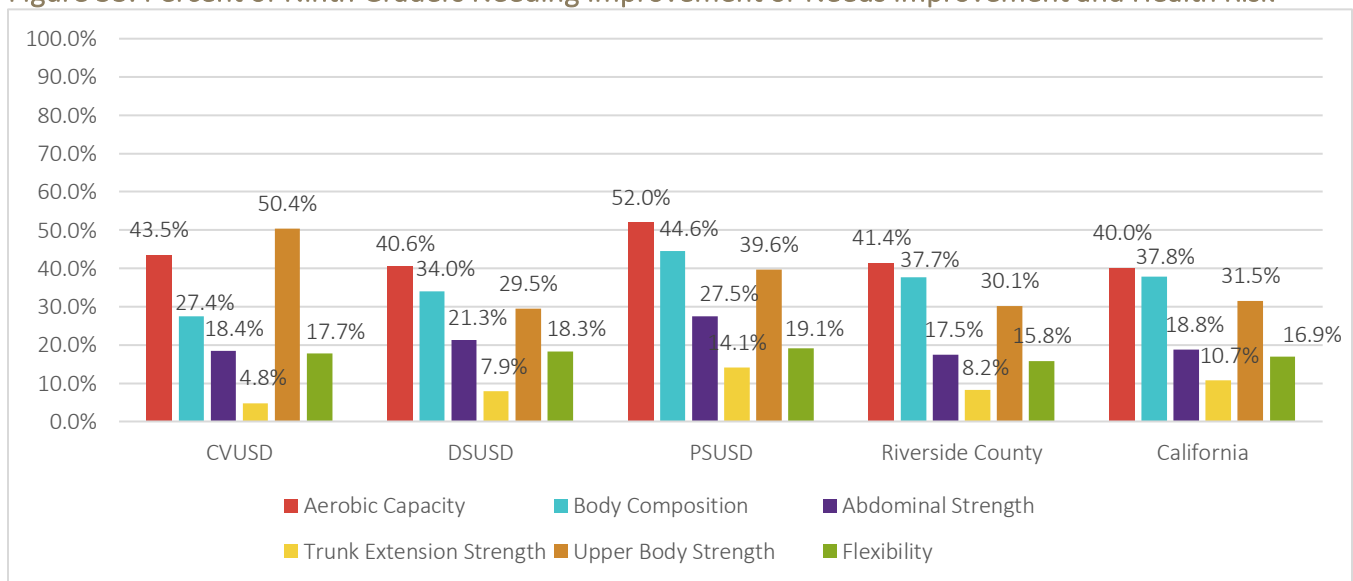


Source: California Department of Education DataQuest (2018-2019).

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[172] Physical Fitness Test. (2018). Available online here: https://pftdata.org/files/pft-factsheet.pdf
[173] Physical Fitness Test Reference Guide. (2020). Available online here: https://pftdata.org/files/Reference_Guide.pdf

## Regular Exercise Among Adults

For the Coachella Valley Community Health Survey, residents were asked, "During the last seven days, on how many days did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

In the Coachella Valley, about 19.4% of adults get no aerobic exercise and another 14.5% only get one to two days per week, as illustrated in the figure below.

Figure 56. Days of Aerobic Exercise Per Week for Adults 18+ in Coachella Valley
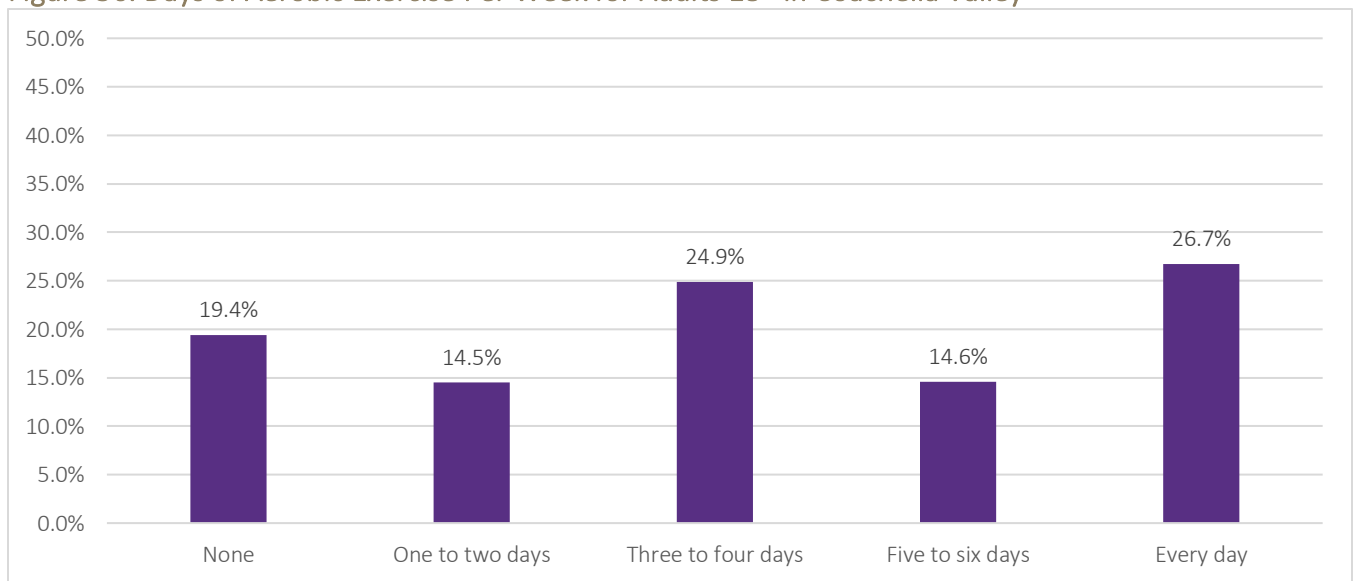


Source: 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

The figure below illustrates the percent of adults walked for at least 150 minutes in the prior week (either for transportation or for leisure). In California as a whole, 38.9% of adults walk at least 150 minutes per week; in Riverside County, the rate is 36.9%.[174]

The figure below represents the top three cities/CDPs and the bottom three cities/CDPs for this measure. Oasis (42.6%), Indian Wells (40.2%), and Coachella (39.4%) had the highest percentages of adults who walked 150 minutes or more per week (represented in teal), all of which are higher than Riverside County (36.9%) and California (38.9%). Conversely, Desert Palms (36.5%), Thousand Palms (35.4%) and Garnet (34.0%) had lower rates of walking at least 150 minutes a week (represented in red).

See Appendix 38 for walking data for adults on 19 cities/CDPs.

### Figure 57. Walking (Adults) – Top Three vs. Bottom Three
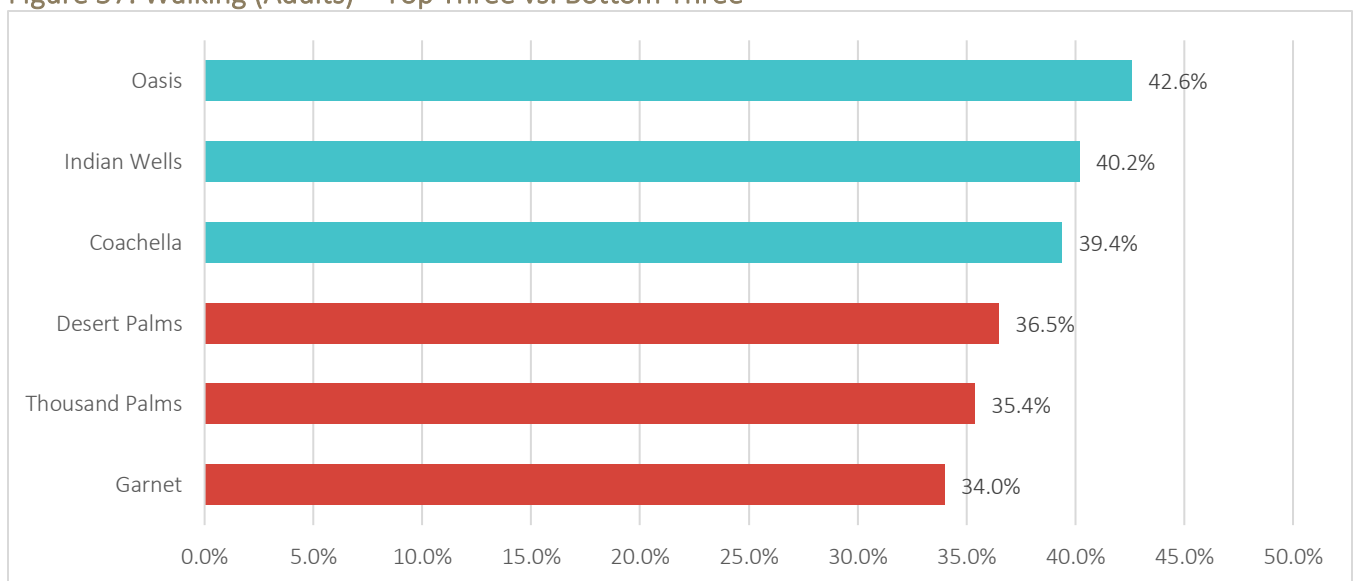


Source: California Health Interview Survey (CHIS) Neighborhood Edition (2016). Adults ages 18+ who walked for transportation or leisure for at least 150 minutes in the past week.

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[174] California Health Interview Survey (CHIS) Neighborhood Edition (2016).

# Body Mass Index and Obesity

## BMI Categories for Adults and Children

Maintaining a normal weight is important for quality of life as becoming overweight/obese leads to an increased risk of heart disease, type 2 diabetes, and various types of cancer. BMI is a value calculated from the height and weight of a person. BMI is strongly correlated with body fat, and thus, is used as an indicator of body fat.[175] It is useful for screening weight categories, which could lead to health problems, but is not a direct measure of body fat.[176] It is possible for athletes for have higher BMIs due to increased muscularity, rather than body fat.[177] BMI has a high specificity rate, but low sensitivity rate for detection of fat among children.[178] BMI (or BMI percentiles, for children) is generally reported in four categories: underweight, normal/healthy weight, overweight, and obese.[179]

As illustrated in Figure 62, two-thirds (65.9%) of the adult population are overweight/obese and nearly half (46.1%) of the child population is overweight/obese.

Figure 58. BMI Categories for Adults and Children
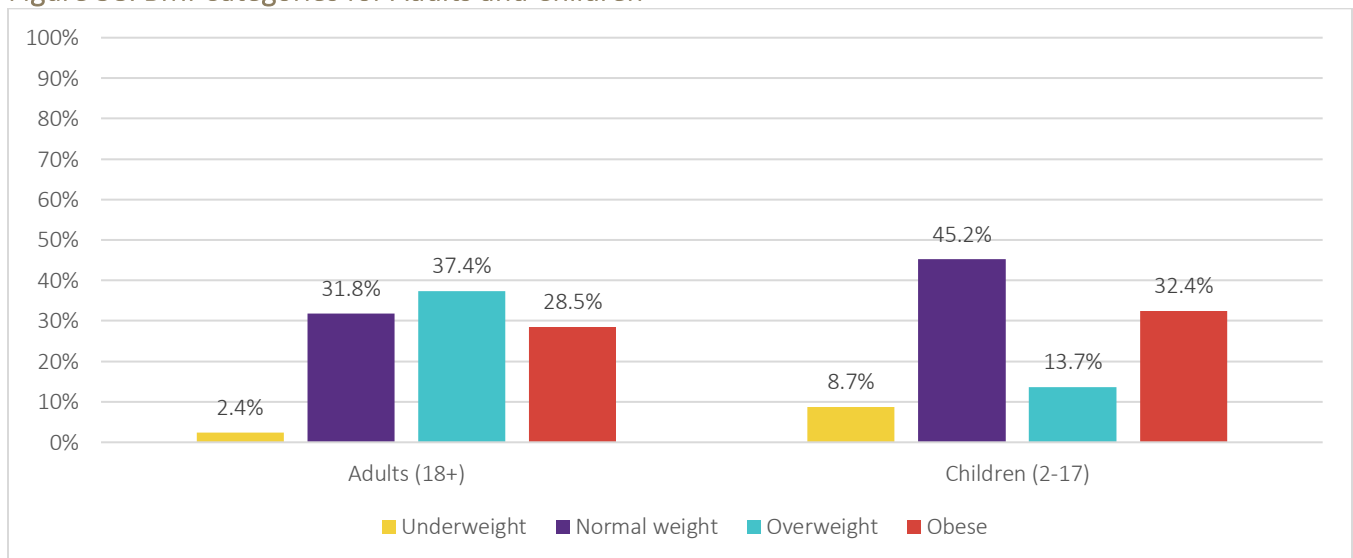


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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[175] About Adult BMI. (2020). Centers for Disease Control and Prevention. Available online at:
https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/#Definition
[176] Body Mass Index. (2020). Centers for Disease Control and Prevention.
https://www.cdc.gov/healthyweight/assessing/bmi/index.html
[177] Ibid.
[178] Wohlfahrt-Veje, C., Tinggaard, J., Winther, K., Mouritsen, A., Hagen, C. P., Mieritz, M. G., ... & Main, K. M. (2014). Body Fat throughout Childhood in 2647 Healthy Danish Children: Agreement of BMI, Waist circumference, Skinfolds with Dual X-Ray Absorptiometry. *European journal of clinical nutrition, 68*(6), 664-670.
[179] Ibid.

## Overweight or Obese Children

Obesity for children is often assessed by calculating the BMI percentile, which takes into account height, weight, age, and gender. The result is the following categories: underweight (within lowest 5th percentile), normal weight (5th to 85th percentile), overweight (85th to 95th percentile), and obese (highest 5th percentile).

The figure below illustrates the cities/CDPs with the highest percentage of overweight or obese children and the three cities/CDPs with the lowest percentage of overweight or obese children (ages 2 to 17). The cities/CDPs with the highest percentage of children who are overweight or obese are Mecca (69.1%), Coachella (62.2%), and Cathedral City (56.4%). Cities/CDPs with the lowest percentage of overweight or obese children include Palm Springs (32.6%), Palm Desert (31.9%), and La Quinta (20.1%).

See Appendix 39 for child (2 to 17) overweight and obese data on 8 cities/CDPs.

Figure 59. Overweight or Obese Children (Ages 2 to 17) by City/CDP – Top Three vs. Bottom Three
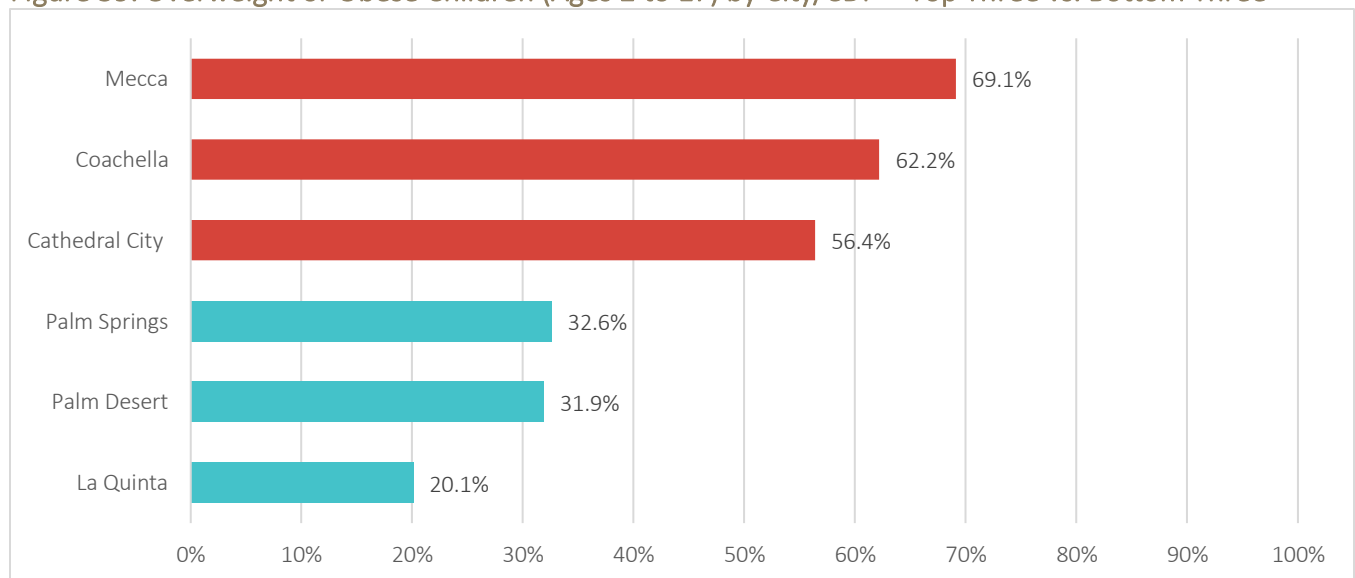


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

## Overweight or Obese Adults

The rates of overweight/obesity are quite high throughout the entire Coachella Valley. The cities of Mecca (86.7%), Coachella (76.8%), and Desert Hot Springs (73.3%) have the highest percent of adults who are overweight or obese. That said, the cities with the lowest rates of overweight/obesity are still quite high. The cities with the lowest rates of adults who are overweight or obese include Indian Wells (57.6%), Thermal (54.9%), and Bermuda Dunes (54.2%).

See Appendix 40 for adult overweight/obesity data on 11 cities/CDPs.

Figure 60. Adults who are Overweight or Obese by City/CDP – Top Three vs. Bottom Three
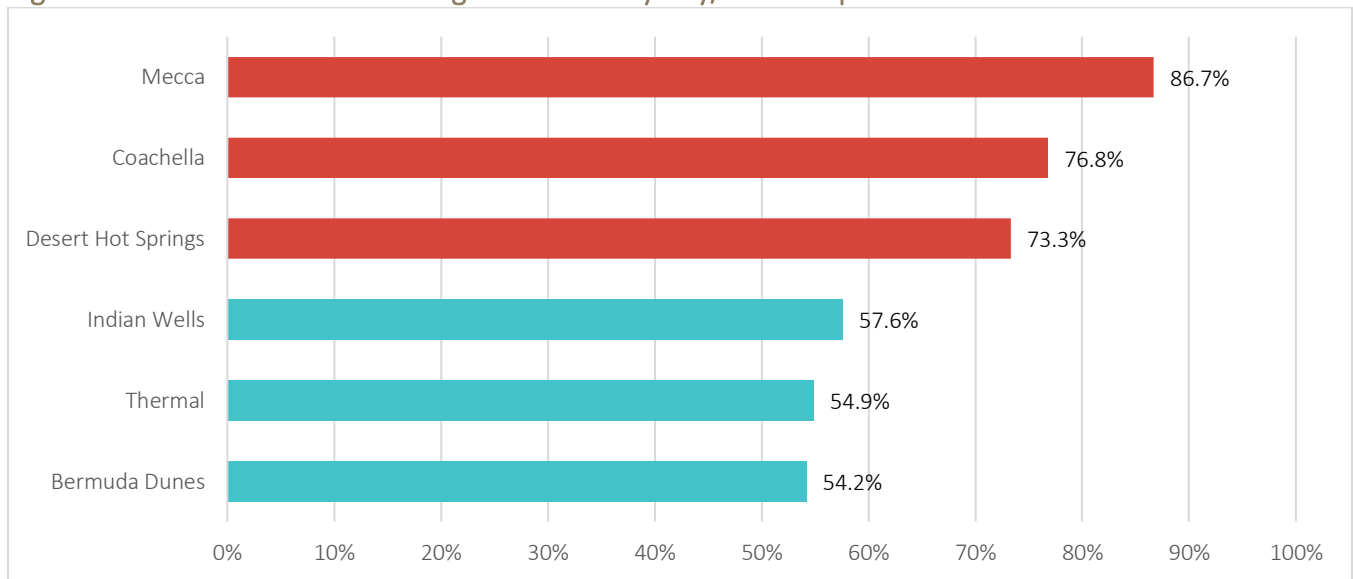


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

### Partner Data – Adult BMI Documentation and Follow-Up

The likelihood of harmful effects of obesity can be reduced if providers regularly calculate and record the BMI for their adult patients, identify those with weight problems, and develop a follow-up plan for overweight and underweight patients.

"Compliance" for this measure is whether adult patients have a BMI documented within the past year. If the BMI is outside of normal parameters (i.e., too high or too low), a follow-up plan is created and documented in the patient's file.

During 2019, Borrego Health saw 20,685 Coachella Valley adults with a BMI that was outside of normal parameters. Of these, 58.0% received a follow-up plan that was logged in the patient's file, while 42.0% did not.

# Food Insecurity

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Food insecurity is an important health issue because it is not an isolated health issue, it often overlaps with poverty and lack of other basic needs.

## Skipping/Cutting Meals

One measure of food insecurity is whether individuals or others in their household had to cut the size of meals or skip meals because there was not enough money for food in the past year.

Across the Coachella Valley, based on data collected in 2019, about 10.4% of adults have had to cut the size of or skip their meals in the past 12 months because there was not enough money to buy food.

The figure below illustrates the cities with the highest rates and lowest rates of food insecurity using this particular measure. The data shows the cities with the highest rates of food insecurity on this measure were Desert Hot Springs (16.0%), Indio (15.9%), and Palm Springs (12.2%). Cities with lower rates on food insecurity include Coachella (9.7%), Cathedral City (8.9%), and Palm Desert (5.6%). Note that these are the only cities with sample sizes that were sufficient enough to report.

Figure 61. Skipped or Cut Meals in the Past Year by City/CDP
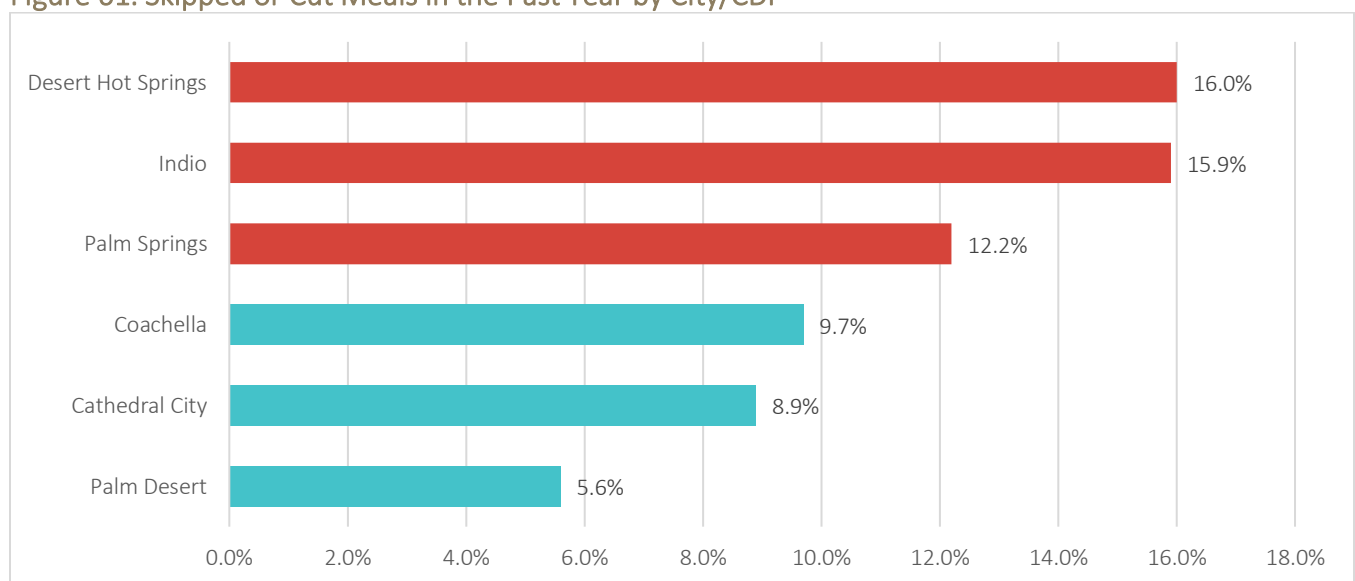


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

## Emergency Food

Another measure asked individuals whether they or someone else in their household received emergency food from a church, food pantry, food bank, or soup kitchen. About 9.8% of adults in the Coachella Valley had to get emergency food in 2019. The figure below shows the three cities with the highest rates of accessing emergency food (represented in red in the figure below; Desert Hot Springs, Indio and Coachella) and those with the lowest rates of accessing emergency food (represented in teal; Palm Springs, Cathedral City, and Palm Desert).

See Appendix 41 for utilization of emergency food resources data on 14 cities/CDPs.

Figure 62. Accessed Emergency Food by City /CDP – Top Three vs. Bottom Three
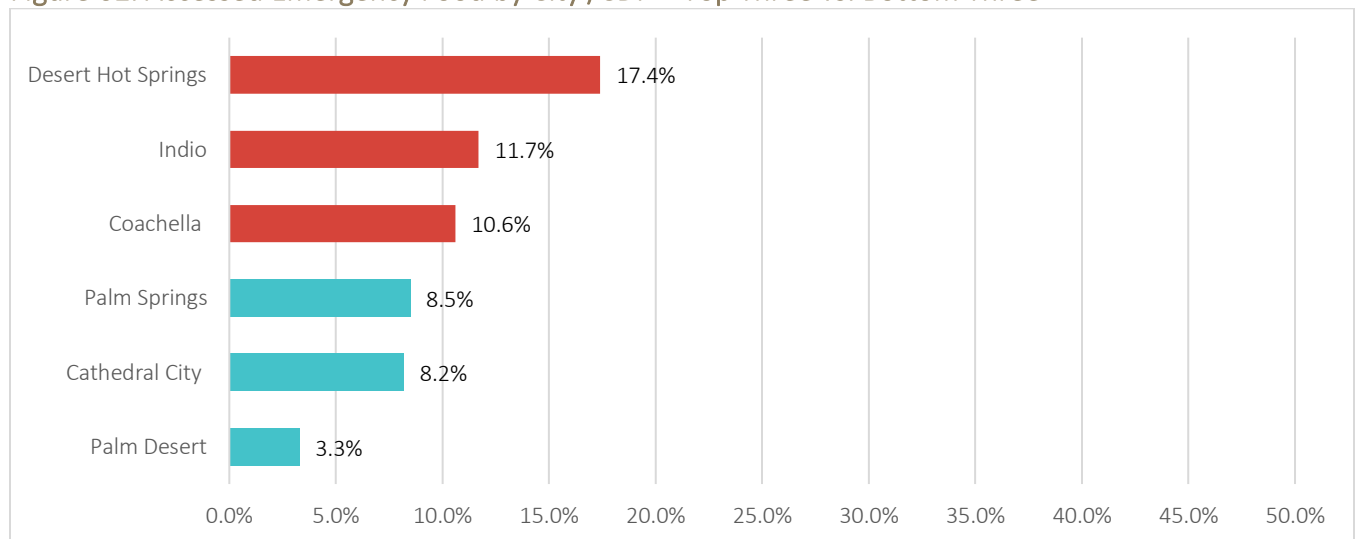


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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*Partner Data – Food Distribution at FIND Food Bank*

Locally, FIND Food Bank distributes food to those who need it in the community through food pantries, soup kitchens, after-school and summer care, senior centers, faith-based organizations, and homeless shelters.

In 2019, FIND served meals to 1,125,701 people in the Coachella Valley. Specifically, the people who were served consisted of 9.0% children aged zero to five, 32.8% people aged five to 19, 32.7% people aged 20 to 54, and 25.5% of people aged 55 and over.[180]

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[180] Data provided by FIND Food Bank (2019).

## Children Eligible for Free or Reduced-Price Lunch

Children are eligible for free and reduced lunch based on their parents' income. Over half of Riverside County students (65.1%) are eligible for free and reduced-price lunch. This is higher than the state average (59.3%).[181] Free and reduced-price lunch is an important resource for students in our community because it may be the only warm meal students are guaranteed throughout the week. The fact that many students are eligible for free and reduced lunch suggests many of our students may be food insecure.

Over two-thirds of students enrolled in DSUSD (69.2%) are eligible for free or reduced lunch. Substantially higher proportions in CVUSD (90.0%) and PSUSD (89.6%) are eligible for free or reduced lunch. Across the board, all three of our local school districts have higher-than-average rates when compared to California as a whole, indicating high levels of poverty and potential food insecurity among our children.

### Figure 63. Children Eligible for Free Lunch and Reduced Lunch
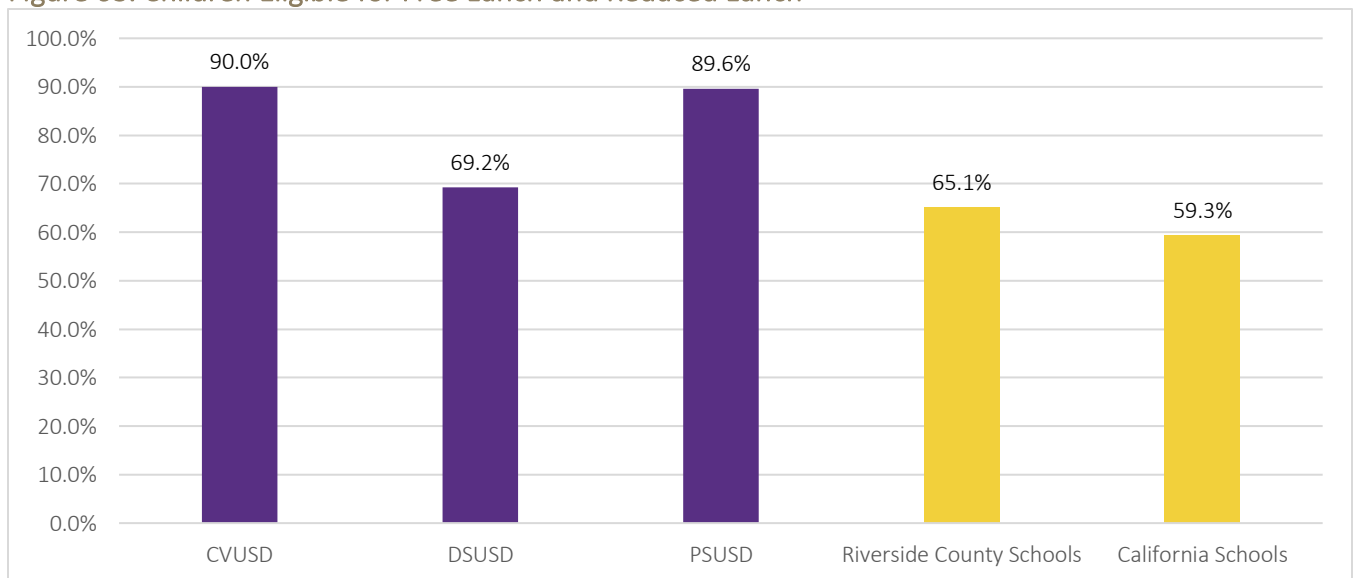


Source: Data are from the California Department of Education, 2019-2020.

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[181] Data Quest. (2019-2020). California Department of Education. https://data1.cde.ca.gov/dataquest/

The federal food stamp program is known as Supplemental Nutrition Assistance Program (SNAP); in the state of California, SNAP is referred to as CalFresh.[182] Thus, CalFresh/SNAP/food stamps all refer to the same program. Individuals are eligible for CalFresh up to a maximum gross household income of 200% of the FPL.[183] Under CalFresh, eligible households can receive up to $194 per month in food on an Electronic Benefits Transfer (EBT) card.[184]

The figure below illustrates the three cities/CDPs with the highest percentage of households receiving CalFresh benefits and three cities/CDPs with the lowest percentage of households receiving CalFresh benefits. Indio Hills (23.9%), Desert Hot Springs (17.8%), and Oasis (17.5%) have the highest proportions of households receiving these types of benefits.

See Appendix 42 for CalFresh/SNAP/food stamp data on all 21 cities/CDPs.

Figure 64. Households Receiving Food Stamp/SNAP Benefits
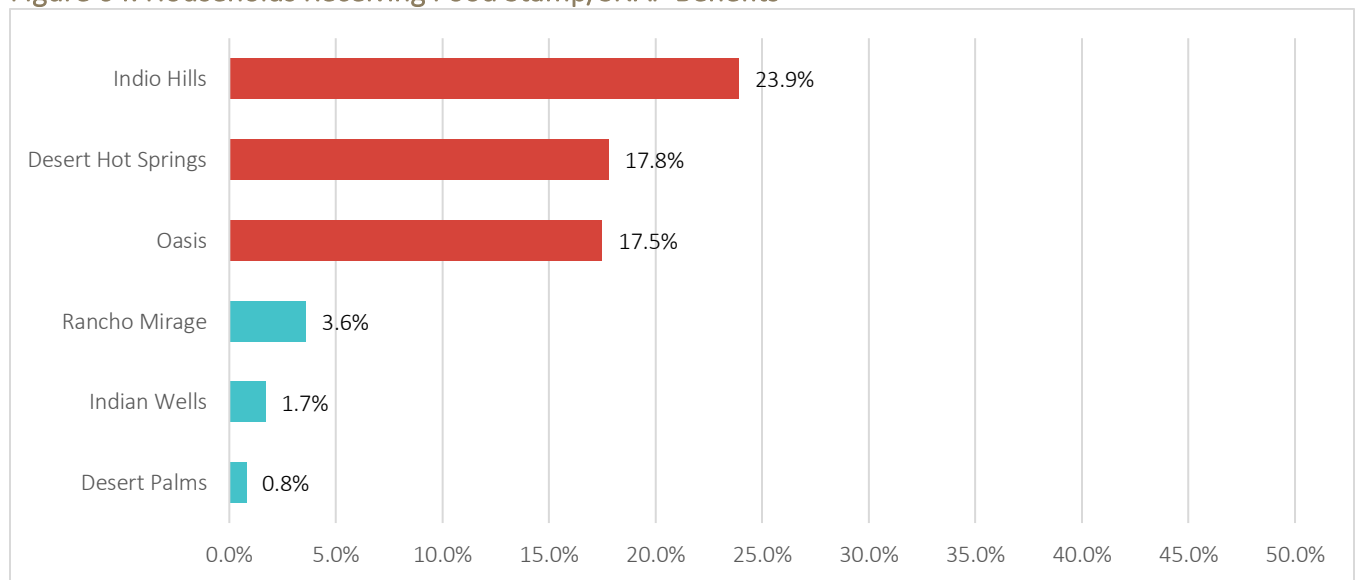


Note: American Community Survey – Five Year Estimates. (2015-2019). Food Stamps/Supplemental Nutrition Assistance Program.

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[182] CalFresh. California Department of Social Services. Available online at: https://www.cdss.ca.gov/inforesources/calfresh
[183] Eligibility and Issuance Requirements. California Department of Social Services. Available online at: https://www.cdss.ca.gov/inforesources/cdss-programs/calfresh/eligibility-and-issuance-requirements
[184] Food Stamps EBT Card Guidelines. Available online at: https://foodstampsebt.com/food-stamps-eligibility/

## Households with Children Receiving SNAP Benefits

Diving deeper into the data presented on the previous page, this indicator looks at households with children under the age of 18 living in them, and their participation in CalFresh.

The figure below shows the three cities/CDPs with the highest usage of CalFresh among households with children and the three cities/CDPs with the lowest usage of CalFresh among households with children. As illustrated below, 100.0% of households with children in them in Bermuda Dunes are receiving CalFresh benefits, as 92.0% in Oasis, and 89.7% in Mecca. Conversely, fewer households with children in them utilize CalFresh in Rancho Mirage (39.3%), Palm Springs (35.6%), and Desert Edge (20.4%).

See Appendix 43 for CalFresh/SNAP/food stamp data for children on all 21 cities/CDPs.

**Figure 65. Households with Children under 18 Receiving Food Stamp/SNAP Benefits**
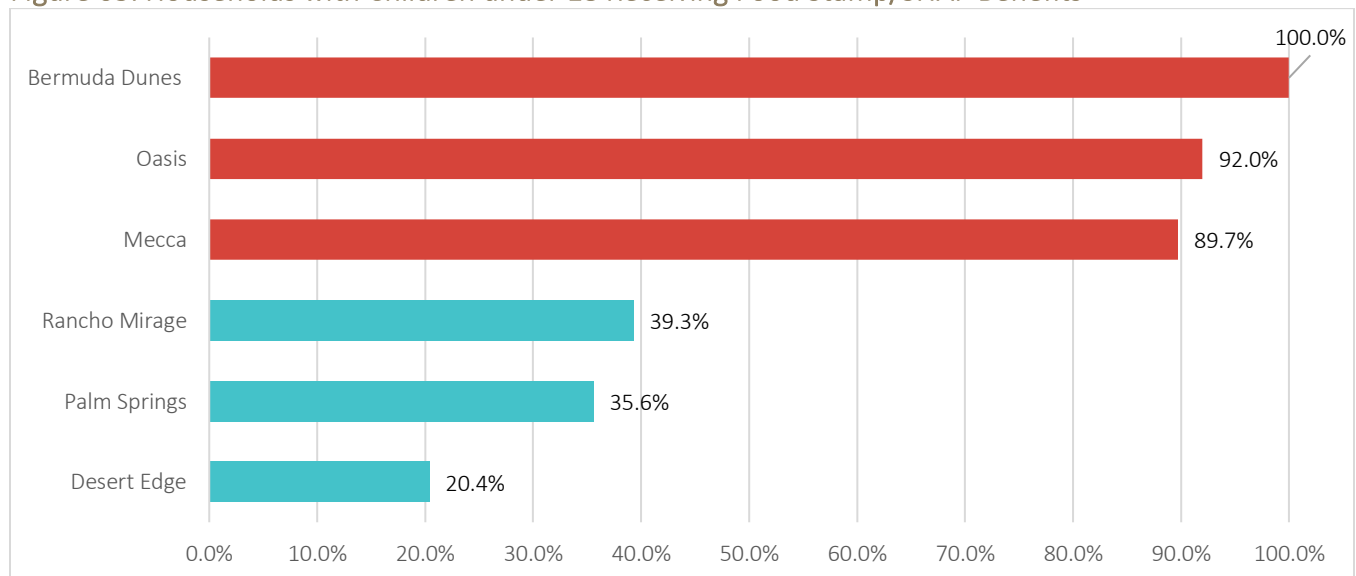


Source: American Community Survey – Five Year Estimates. (2015-2019).

# Oral Health

Oral health is an important facet of overall health. The mouth is the entry point to the digestive and respiratory tracts[185], so bad hygiene warrants a higher likelihood of contracting gum disease or causing tooth decay[186]. Practicing good hygiene has been linked to lower rates of heart disease, cancer, and diabetes, so it is important to maintain good oral health.[187]

## Dental Visits by Adults

This indicator measures whether local adults have been to a dentist in the past year. Approximately 47.2% of adults in the Coachella Valley have visited a dentist in the past six months, and 20.8% have visited a dentist in the past six months to one year. As illustrated in the figure below, relatively few adults have not been to a dentist in the past five years.

Figure 66. Dental Visits by Adults in the Coachella Valley
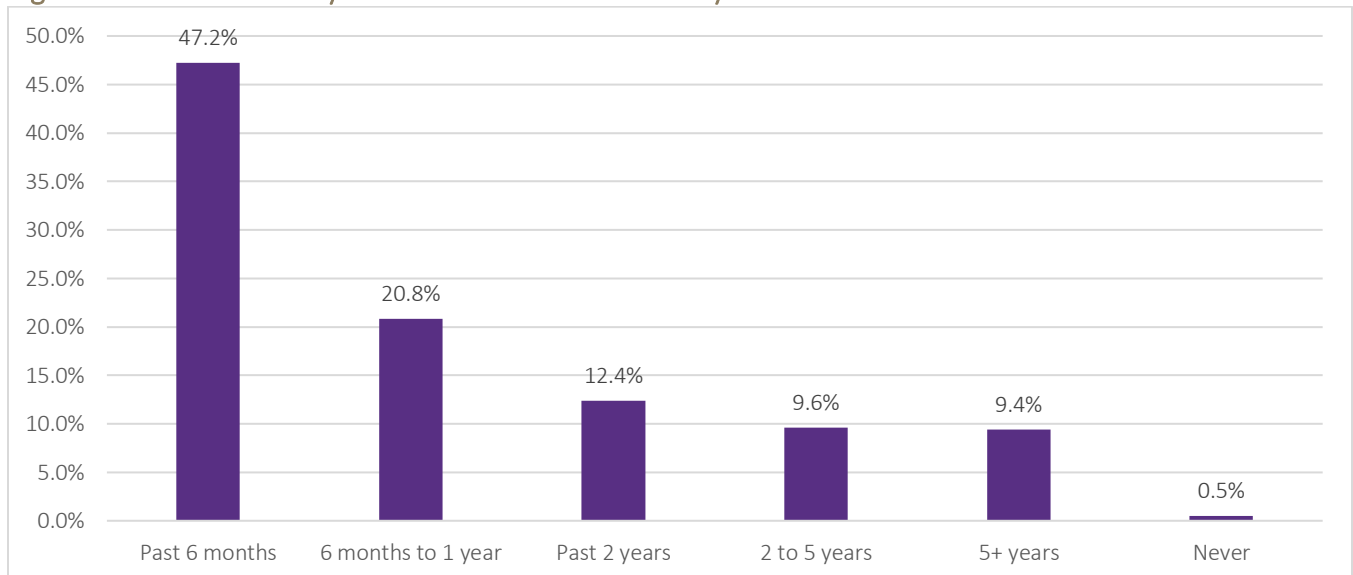


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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[185] Gao L, Xu T, Huang G, Jiang S, Gu Y, Chen F. Oral microbiomes: more and more importance in oral cavity and whole body. Protein Cell. 2018;9(5):488-500. doi:10.1007/s13238-018-0548-1

[186] Centers for Disease Control. (2020). Oral Health Conditions. Available online at: https://www.cdc.gov/oralhealth/conditions/index.html

[187] Ibid.

Regular dental visits are important for oral health and overall well-being.[188] The figure below illustrates cities with the highest rates of visiting a dentist in the past six months were Indian Wells (67.1%), Rancho Mirage (66.4%), and Palm Desert (65.6%).

The cities with the lowest rates of visiting a dentist in the past six months were Thousand Palms (36.2%), Desert Hot Springs (33.4%), and Coachella (30.4%).

See Appendix 44 for adult dental visit data on 12 cities/CDPs.

Figure 67. Dental Visits by Adults in the Past Six Months by City/CDP – Top Three vs. Bottom Three
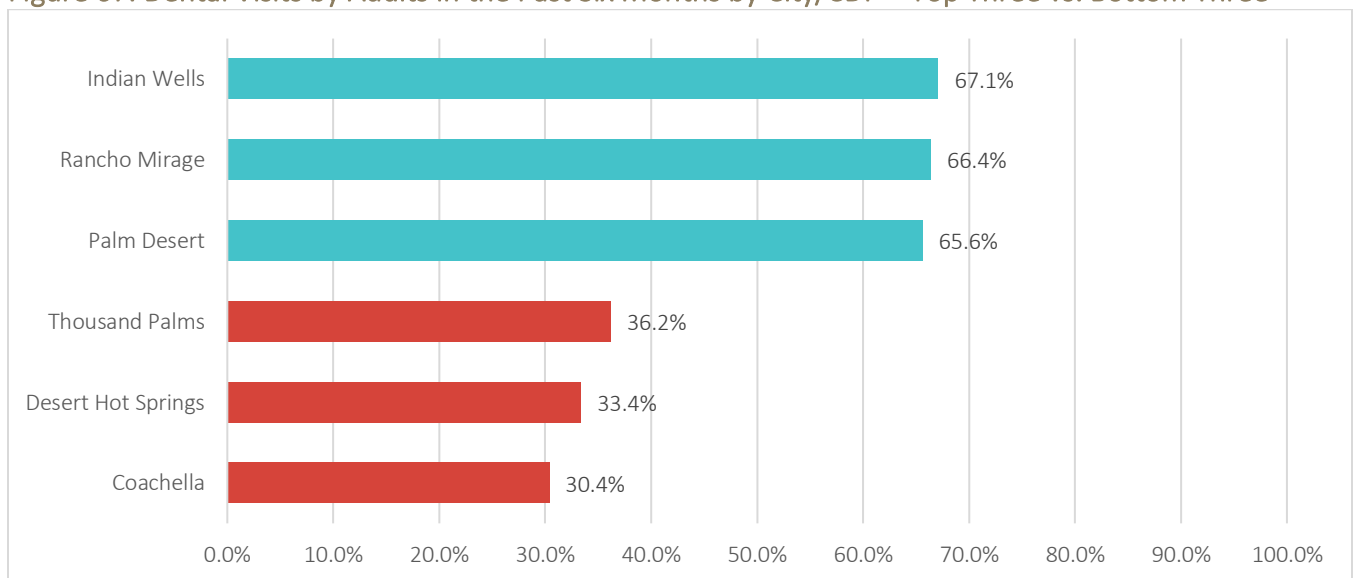


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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[188] World Health Organization. Oral Health (2020). Available online here: https://www.who.int/health-topics/oral-health/#tab=tab_1

## Dental Visits by Children

The figure below illustrates whether local children ages zero to 17 have ever been to the dentist and if so, how long it has been since their last visit.

Fortunately, nearly three quarters (59.9%) of local children have been to a dentist within the past 6 months, nearly a fifth of children (16.7%) have been to the dentist in the past six months to a year, 4.8% have been to the dentist in the past one to two years, 1.3% of children have been to the dentist in the past two to five years, and 0.3% of children have been to the dentist in the past five or more years.

Unfortunately, approximately 17.0% of local children have never been to a dentist.

Figure 68. Most Recent Dental Visit by Children 0 to 17
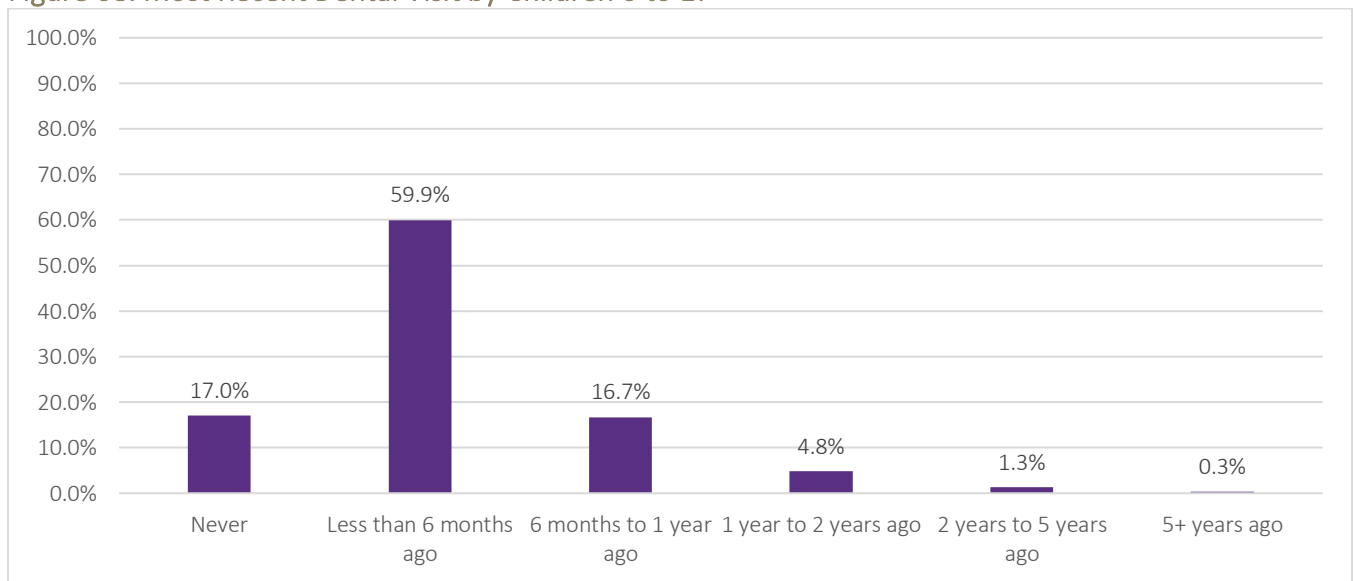


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

The figure below illustrates the cities with the highest and lowest rates of dental visits by children within the past six months. Cities with the highest proportion of children visiting a dentist in the past six months include Mecca (78.0%), La Quinta (72.5%), and Indio (69.4%).

The cities with the lowest rates of dental visits in the past six months were Desert Hot Springs (54.0%), Cathedral City (46.0%), and Coachella (33.7%).

See Appendix 45 for child dental visit data on 9 cities/CDPs.

Figure 69. Dental Visits by Children in the Past Six Months by City/CDP – Top Three vs. Bottom Three
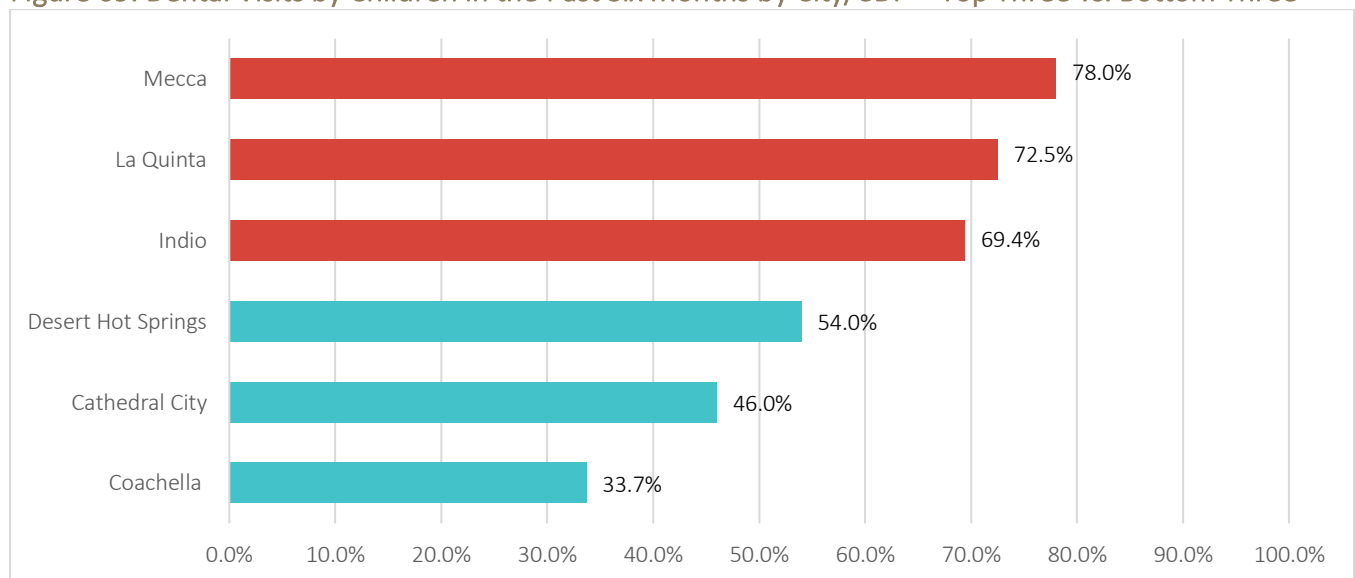


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

# Reproductive and Sexual Health

Reproductive and sexual health is an important part of intimate relationships. Equally as important is the need to be proactive with respect to your reproductive and sexual health. There are many sexually transmitted diseases (STDs) that may harm your health. Although some diseases are easily treated and curable, others are not. That is why it is important to practice safe sex and to get tested regularly.

## Adults Who Have Been Sexually Active in the Past Year

This indicator assesses whether adults have engaged in sexual activity in the past year. The cities/CDPs with the highest proportion of sexually active adults include Thermal (77.3%), Mecca (76.7%), and La Quinta (70.1%). The cities/CDPs with the lowest proportion of sexually active adults include Palm Desert (53.6%), Indian Wells (46.7%), and North Shore (32.8%).

See Appendix 46 for sexual activity data on all 14 cities/CDPs.

Figure 70. Adult Sexual Activity in Past Year by City/CDP – Top Three vs. Bottom Three
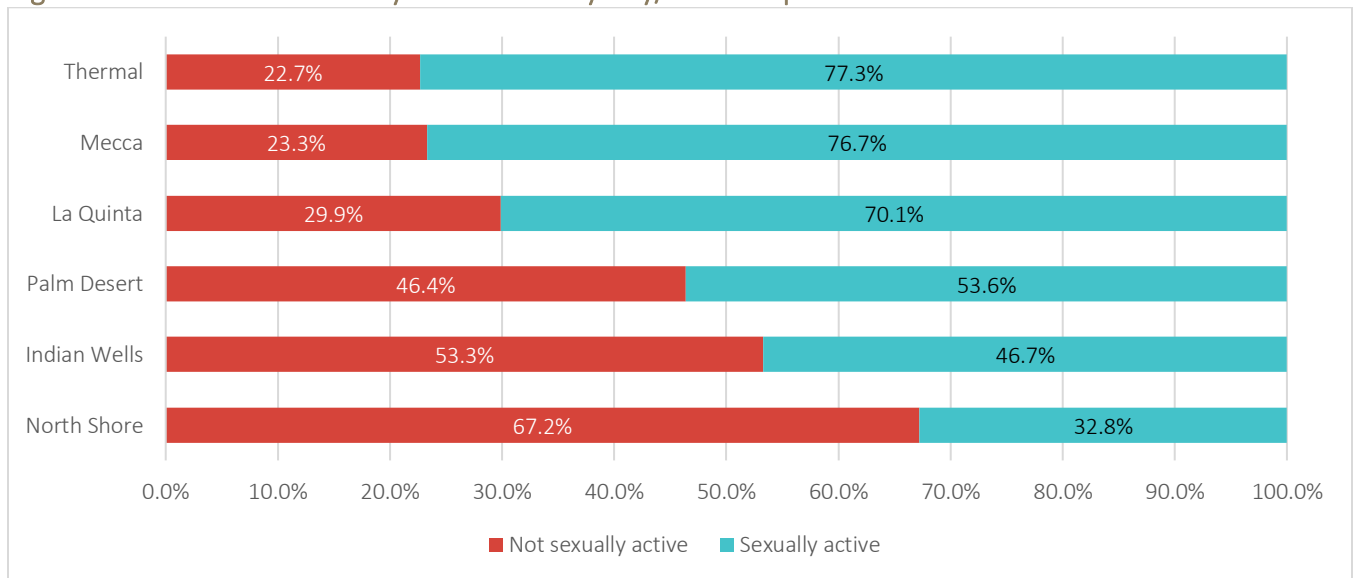


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

# HIV/AIDS

HIV (human immunodeficiency virus) is a virus that attacks the immune system. The last stage of HIV is AIDS (acquired immune deficiency syndrome). There is no known cure for HIV/AIDS.[189]

According to the most recently available data (2017), there are approximately 8,984 people living with HIV/AIDS (PLWH/A) in Riverside County. Of these, the majority—5,977 PLWH/A—reside in eastern Riverside County (the Coachella Valley and the city of Blythe). As illustrated in the figure below, the prevalence rate of PLWH/A in the Palm Springs area is 6,897 cases per 100,000—a rate that is more than 18 times higher than the California overall rate (which is only 376 cases per 100,000).[190]

## Figure 71. Prevalence of People Living with HIV/AIDS
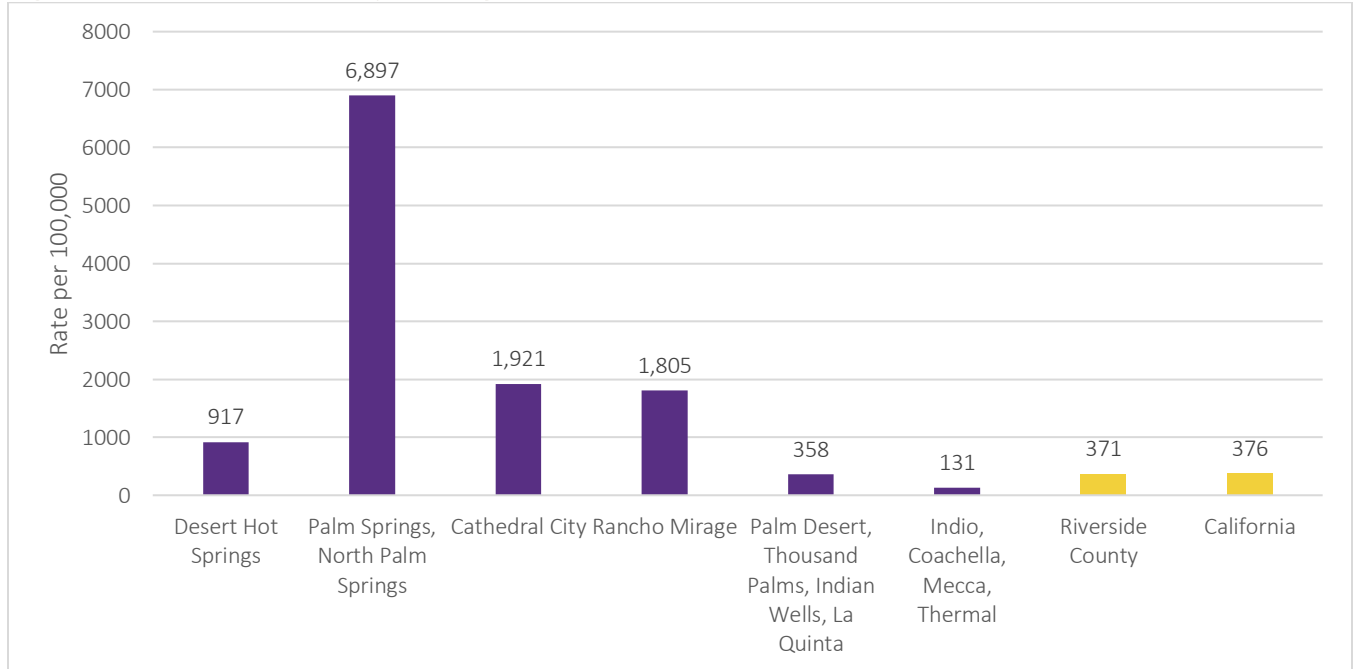


Source: Riverside University Health System—Public Health, Epidemiology and Program Evaluation (December 2018). *Epidemiology of HIV/AIDS in Riverside County, 2017.*

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[189] https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids

[190] Riverside University Health System—Public Health, Epidemiology and Program Evaluation (December 2018). *Epidemiology of HIV/AIDS in Riverside County, 2017.*

# Sexually Transmitted Diseases

Sexually transmitted diseases refer to infectious diseases contracted through sexual contact. Diseases include syphilis, gonorrhea, etc. Abstinence is the only way to definitively avoid contracting an STD. However, there are contraception's such as condoms that highly reduce the likelihood of contracting an infectious disease.

Some STDs are curable with the use of antibiotics, while others are treatable but do not have a cure. It is important to engage in healthy sexual practices, otherwise it may be detrimental to one's health.

The table below shows the total number of cases of each STD along with the rate per 100,000 people—and these are outlined for both Riverside County and the Coachella Valley. Note that data was not available for all STDs for all regions.

The most common STD for both Riverside County and the Coachella Valley is chlamydia, followed by gonorrhea. It is worth noting that the rate of primary and secondary syphilis in the Coachella Valley is nearly triple the rate for the County as a whole.

Table 18. Sexually Transmitted Diseases

| Type of STD | Number of Cases in Riverside County | Rate per 100,000 People | Number of Cases in the Coachella Valley | Rate per 100,000 People |
|---|---|---|---|---|
| Primary and Secondary Syphilis | 253 | 10.4 | 132 | 29.3 |
| Early Latent Syphilis | 283 | 11.7 | Not Available | Not Available |
| Congenital Syphilis | 10 | 32.6 | Not available | Not Available |
| Chlamydia | 11,150 | 460.1 | 2,717 | 602.6 |
| Gonorrhea | 3,351 | 138.3 | 1,003 | 222.5 |
| Hepatitis B | Not available | Not available | 113 | 25.1 |
| Hepatitis C (Chronic) | Not available | Not available | 838 | 185.9 |

Source: Riverside County data is from The Centers for Disease Control. AtlasPlus (2017). Coachella Valley data was provided by Riverside Unified Health System—Public Health (2019).

# Substance Use

Substance use refers to the use of drugs or alcohol, and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. Substance use is a serious health problem because it may lead to addiction and/or mental health disorders. The use of drugs or alcohol has negative health outcomes and poor quality of life and is linked to higher rates of incarceration, higher rates of depression, and death.

## Substance Use Among Adolescents

### LIFETIME USE OF ALCOHOL/DRUGS AMONG ADOLESCENTS

Youth can be susceptible to substance use. Contributing factors include peer pressure, glamorization in the media, and coping mechanisms. There are resources to help those affected by substance use, but prevention and early intervention are critical to avoid the use of drugs or alcohol.

The chart below illustrates self-reported lifetime use of alcohol or drugs of 7th, 9th, and 11th grade students across our three school districts. The data below shows an upward trend of substance use for DSUSD and PSUSD students. However, there is an ebb and flow trend for CVUSD students. Compared to the state of California, there is a significant difference between the state average use of alcohol/drugs among grade 7 students relative to grade 7 students in our community. That indicates a strong need for anti-drug campaigns and an emphasis on substance use in health education curriculum.

Figure 72. Adolescent Use of Alcohol or Drugs Ever by School District and State
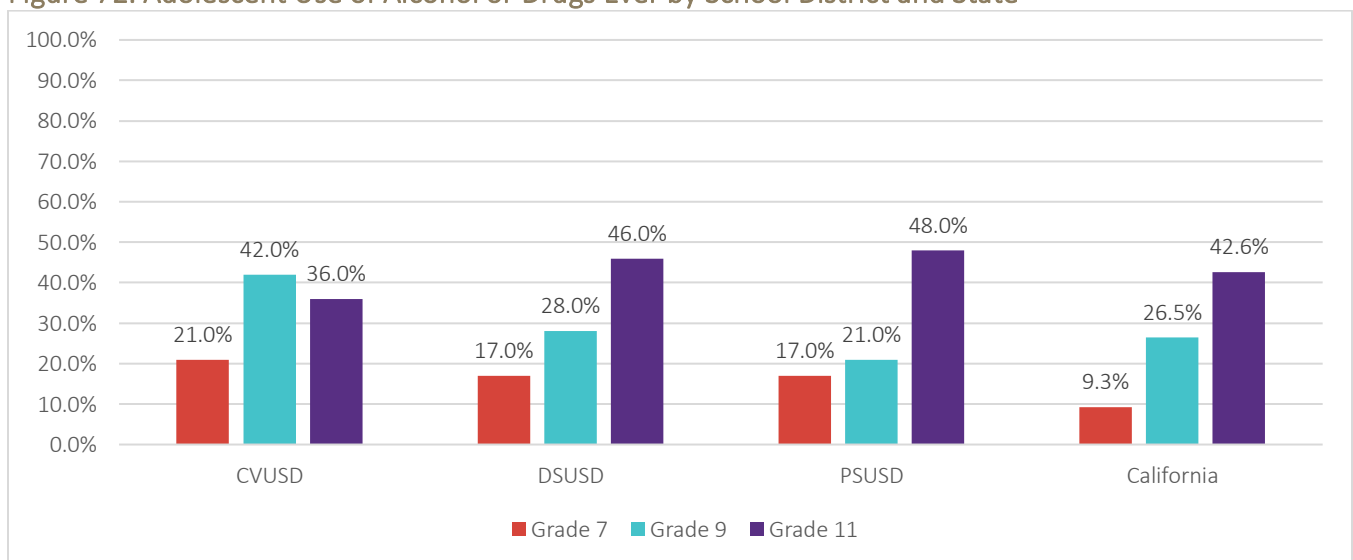


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

## CURRENT USE OF ALCOHOL/DRUGS AMONG ADOLESCENTS

Current (past 30 days) alcohol or other drug usage increases with grade level at DSUSD, PSUSD, and to a lesser degree, CVUSD. About a quarter (25.0%) of eleventh graders at PSUSD and 24.0% at DSUSD are current alcohol or other drug users. A slightly smaller percentage of 11th grade students at CVUSD are current alcohol or other drug users.

It is alarming to find that CVUSD 9th grade students are nearly twice as likely to be current users of alcohol or drugs as DSUSD students of the same age. There is also a high percentage of PSUSD 9th grade students that are current alcohol or other drug users. The data shows there is a need for strengthened drug prevention and early intervention measures to be implemented across our school districts, particularly because the rate of alcohol/drug use is higher in some areas compared to the state level.

Figure 73. Adolescent Use of Alcohol or Drugs in Past 30 Days by School District
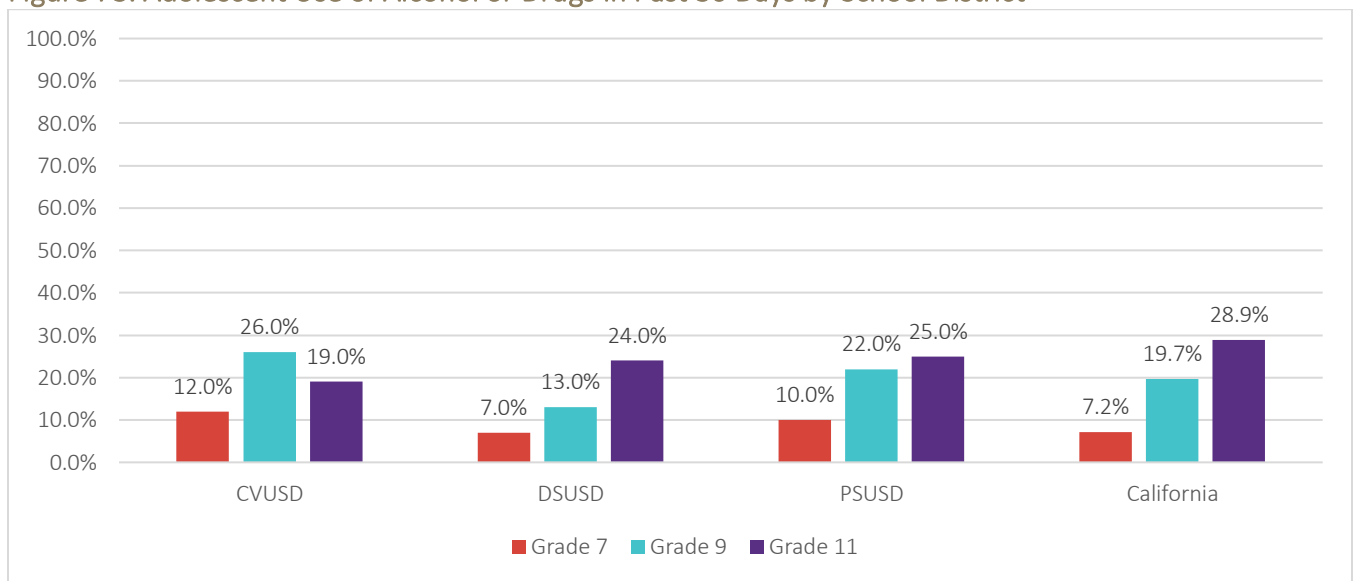


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

## CURRENT CIGARETTE USE AMONG ADOLESCENTS

Cigarette use refers to smoking tobacco and inhaling tobacco smoke. Prolonged cigarette use may have negative health outcomes such as lung disease, cancer, and death. It is important for our community to monitor cigarette use because it not only negatively impacts the health of smokers but as well as the health of those around them.

Cigarette usage is the least common of reported drug usage among students across the three school districts. While current cigarette users are far less common, there are still at least 1.0% to 3.0% of students at each grade level, across the three districts that are current cigarette smokers. These rates are all lower than adolescent smoking rates for the state of California (7th grade, 3.3%; 9th grade, 3.8%; 11th grade, 4.6%).

While the local rates of cigarette smoking among adolescents are low, these youth who do smoke are at risk for developing health and addiction issues as they grow older.

Figure 74. Adolescent Cigarette Usage in Past 30 Days by School District
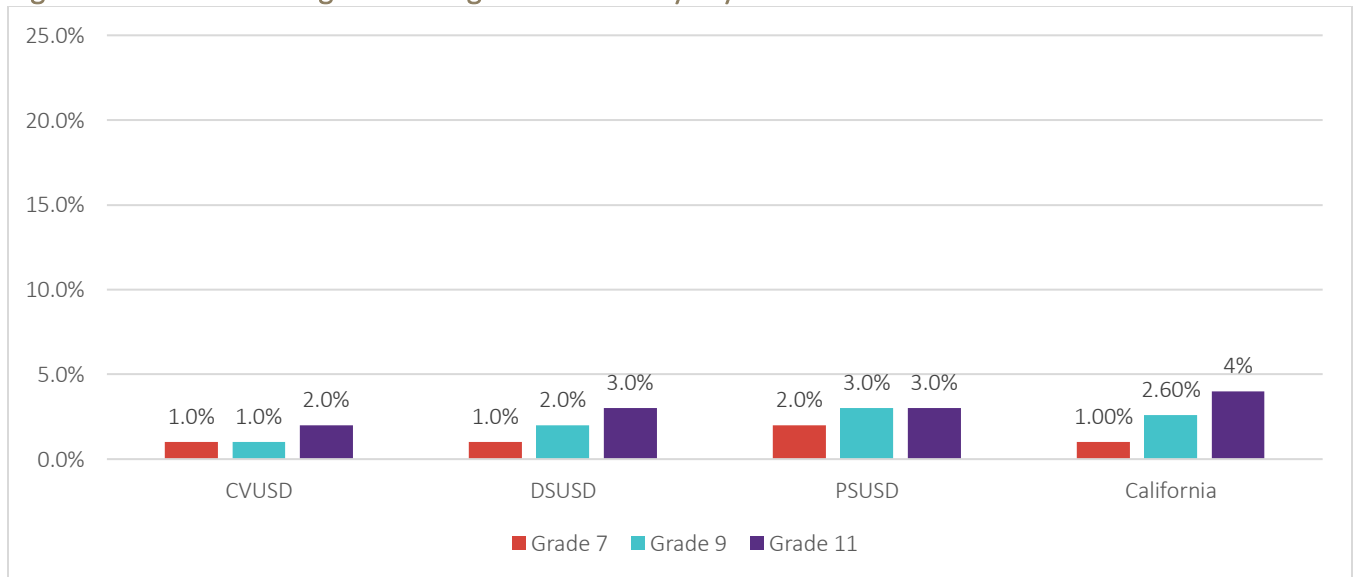


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

## CURRENT ELECTRONIC CIGARETTE USE AMONG ADOLESCENTS

The figure below illustrates adolescents' use of electronic cigarettes or "e-cigarettes". It should be noted that the rate of smoking e-cigarettes is more common than the rate of cigarette smoking. This suggests there is a need for anti-smoking resources at schools. There should also be an emphasis on the dangers of e-cigarettes because adolescents may view them as less harmful than traditional cigarettes. This is especially true because the chart below illustrates students in seventh grade are already beginning to form a relationship with e-cigarettes. The rate of e-cigarette use by seventh grade students in our community surpasses the state average use of e-cigarette use for students in the same age group. The dangers of smoking can lead to health problems that last a lifetime and it is the community's responsibility to prevent our adolescents from smoking or intervene early.

Figure 75. Adolescent Electronic Cigarette Smoking in Past 30 Days by School District
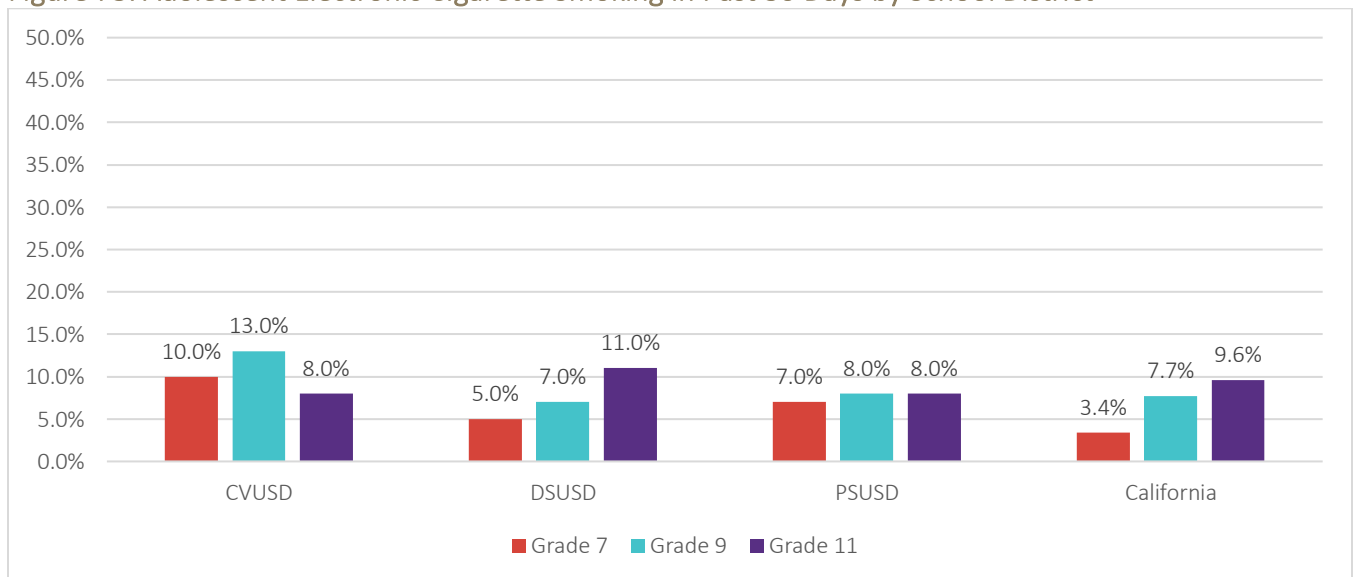


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

## LIFETIME MARIJUANA USE AMONG ADOLESCENTS

The figure below shows lifetime marijuana use (smoking, vaping, eating, or drinking) for 7th, 9th, and 11th grade students across our three school districts. Generally speaking, the likelihood of having tried marijuana increases with age, with the exception of at CVUSD.  The rate of lifetime marijuana use in our community is similar to the state level when comparing students in the 11th grade. However, the rate tends to be higher for most of our grade 7 and grade 9 students. This signals a need for stronger anti-drug programs across our school districts.

Figure 76. Adolescent Marijuana Use Ever by School District
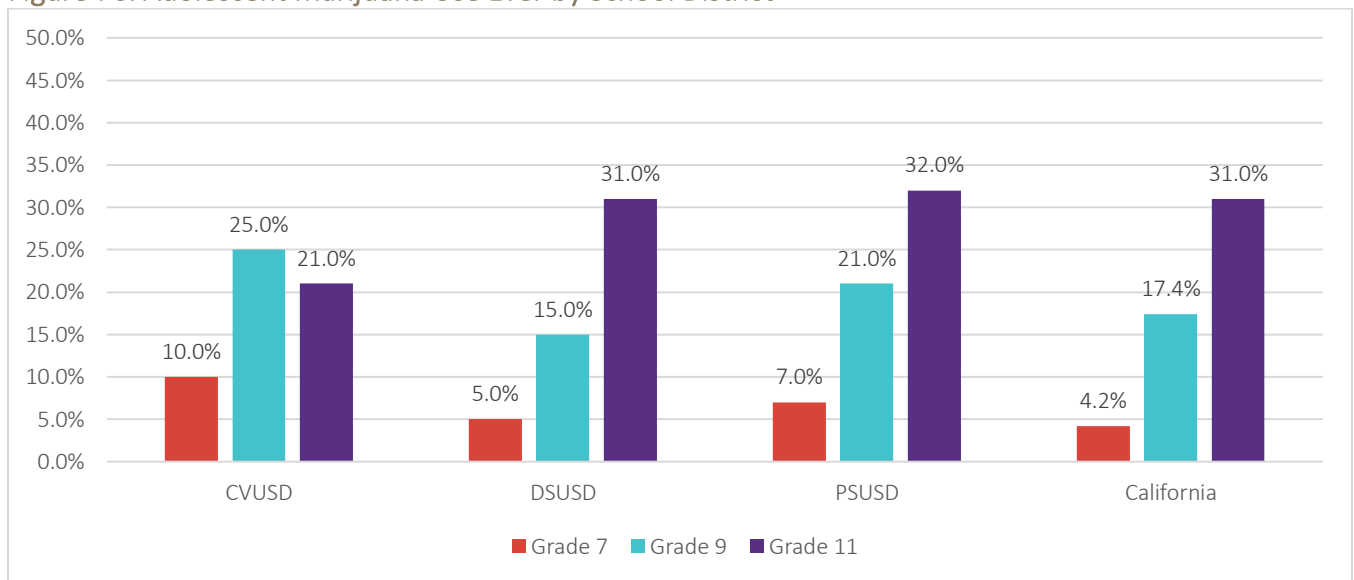


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

## CURRENT MARIJUANA USE AMONG ADOLESCENTS

Current marijuana usage (smoking, vaping, eating, drinking) is much less common among all grades and all school districts. Among 11th graders, about 12.0% at CVUSD, 17.0% at DSUSD, and 14.0% at PSUSD are current marijuana users. Like with other drugs, marijuana usage does appear to be increasing with grade level across the school districts.

Figure 77. Adolescent Marijuana Use in Past 30 Days by School District
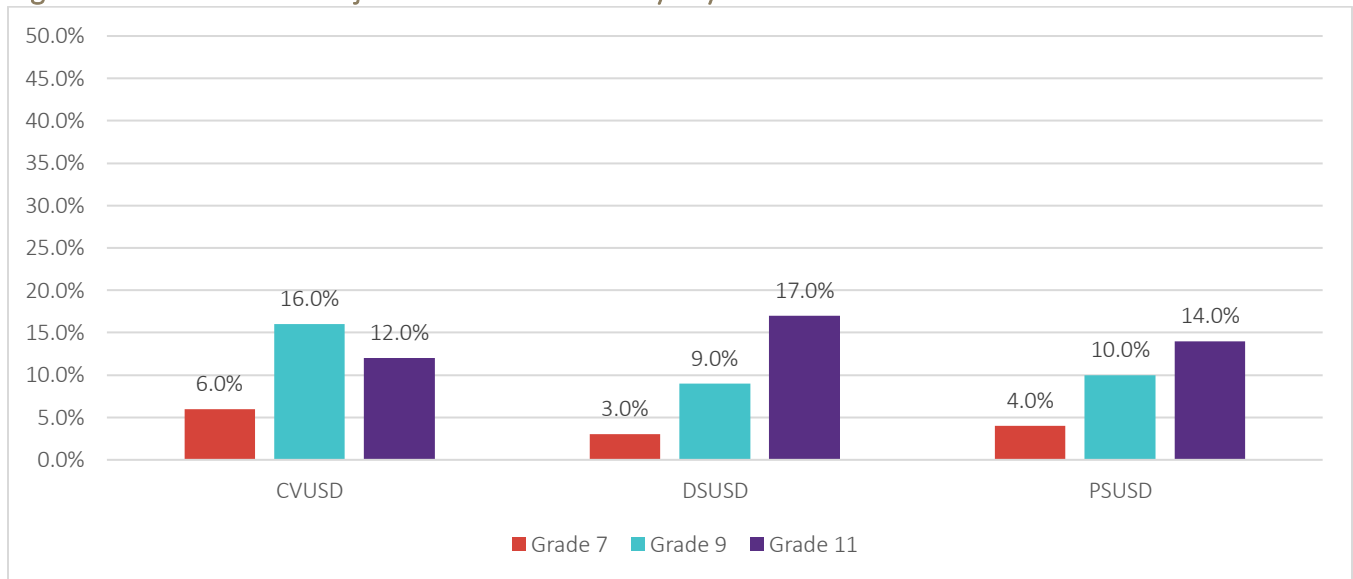


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

**Substance Use Among Adults**

## CURRENT ALCOHOL CONSUMPTION AMONG ADULTS

Dietary guidelines for Americans suggest that drinking alcohol is acceptable as long as it is done in moderation. Moderate drinking is considered up to one drink per day for women and up to two drinks per day for men.[191] Large quantities of alcohol consumption can lead to negative health outcomes such as addiction, risky behavior, mental health disorders, and more. Alcohol abuse includes behaviors such as binge drinking, heavy drinking, and consuming alcoholic beverages under the age of 21.

The figure below illustrates the percent of adults in each city/CDP who drank at least once in the past 30 days. The cities/CDPs with the highest proportion of adults who drank at least once include La Quinta (71.5%), Palm Springs (66.1%), and Palm Desert (64.4%). In contrast, the cities with the lowest proportion of adults who drank at least once include Indio (51.2%), Mecca (41.2%), and Coachella (41.2%).

See Appendix 47 for adult alcohol use data on 14 cities/CDPs.

Figure 78. Adults who Drank Alcohol in the Last 30 Days by City/CDP – Top Three vs. Bottom Three



| City/CDP | Does not drink | Drank at least once |
|---|---|---|
| La Quinta | 28.5% | 71.5% |
| Palm Springs | 33.9% | 66.1% |
| Palm Desert | 35.6% | 64.4% |
| Indio | 48.8% | 51.2% |
| Mecca | 58.8% | 41.2% |
| Coachella | 58.8% | 41.2% |
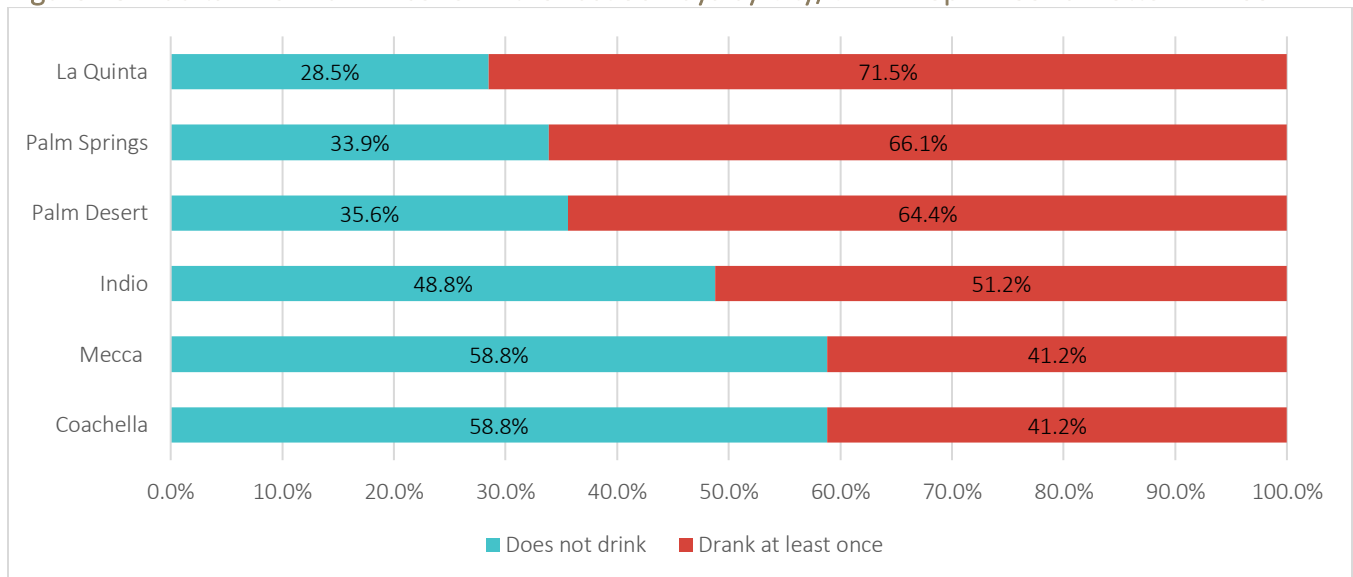
Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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[191] 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.

## BINGE DRINKING AMONG ADULTS

Consuming alcohol in large quantities can be detrimental to one's health. For example, binge drinking, defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men.[192]

Across the Coachella Valley, approximately 31.2% (61,855 adults) of adult drinkers have binge drank at least once in the last month. The cities with the highest proportion of active drinkers who binged at least once in the past month include Coachella (47.6%), Cathedral City (42.3%), and Desert Hot Springs (31.7%), while the cities with the lowest proportion include Palm Springs (29.8%), Indio (28.0%), and Palm Desert (18.7%).

Figure 79. Binge Drinking Among Adults
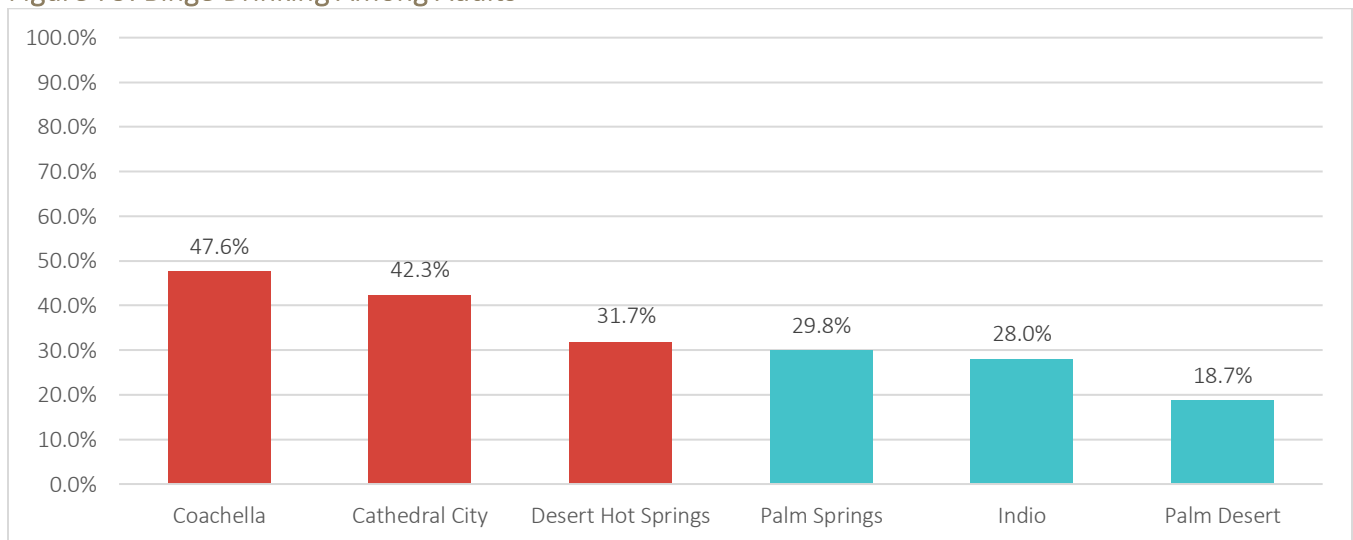


Source. 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

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[192] Alcohol Use and Your Health. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

## CURRENT CIGARETTE USE AMONG ADULTS

Tobacco use has been linked to many poor health outcomes, including cancer, heart disease, stroke, lung disease, diabetes, and chronic obstructive pulmonary disease (COPD).[193]

Approximately 11.3% of Coachella Valley adults smoke cigarettes "some days" or "every day", as illustrated in the figure below. Of these current smokers (those who smoke cigarettes some days or every day), more than half (55.0%) have tried to quit smoking in the past year.[194]

Figure 80. Adult Cigarette Use in Coachella Valley



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

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### Partner Data – Tobacco Use Screening and Cessation Counseling at Borrego Health

Patients that are regularly asked about their tobacco use will be more likely to quit. Providers should provide cessation counseling and/or pharmacologic intervention to their tobacco-using patients.

In 2019, Borrego Health saw 15,277 Coachella Valley adults who were screened for tobacco use. Of these, 85.3% had cessation counseling documented in their files while the other 14.7% did not.

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### Partner Data – Tobacco Use Screening and Cessation Counseling at Eisenhower

In 2019, Eisenhower saw 3,817 Coachella Valley adults who were screened for tobacco use. Of these, 22.2% had cessation counseling documented in their files while the other 77.8% did not.

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[193] Centers for Disease Control and Prevention (2018). Smoking and Tobacco Use. Available online at www.cdc.gov/tobacco/basic_information_health_effects/index.htm
[194] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

## CURRENT MARIJUANA USE AMONG ADULTS

This indicator shows the percent of adults who have used marijuana in the past 30 days (either for medicinal purposes or recreational purposes).

Cities/CDPs with the highest percent of adults who are active marijuana users include Thermal (26.6%), Palm Springs (24.2%), and Indio (22.7%). The cities/CDPs with the lowest percent of adults who are active marijuana users are Coachella (18.2%), Rancho Mirage (17.7%), and Cathedral City (17.0%).

See Appendix 48 for adult marijuana use data on 9 cities/CDPs.

Figure 81. Marijuana Use in the Past 30 Days by City/CDP – Top Three vs. Bottom Three
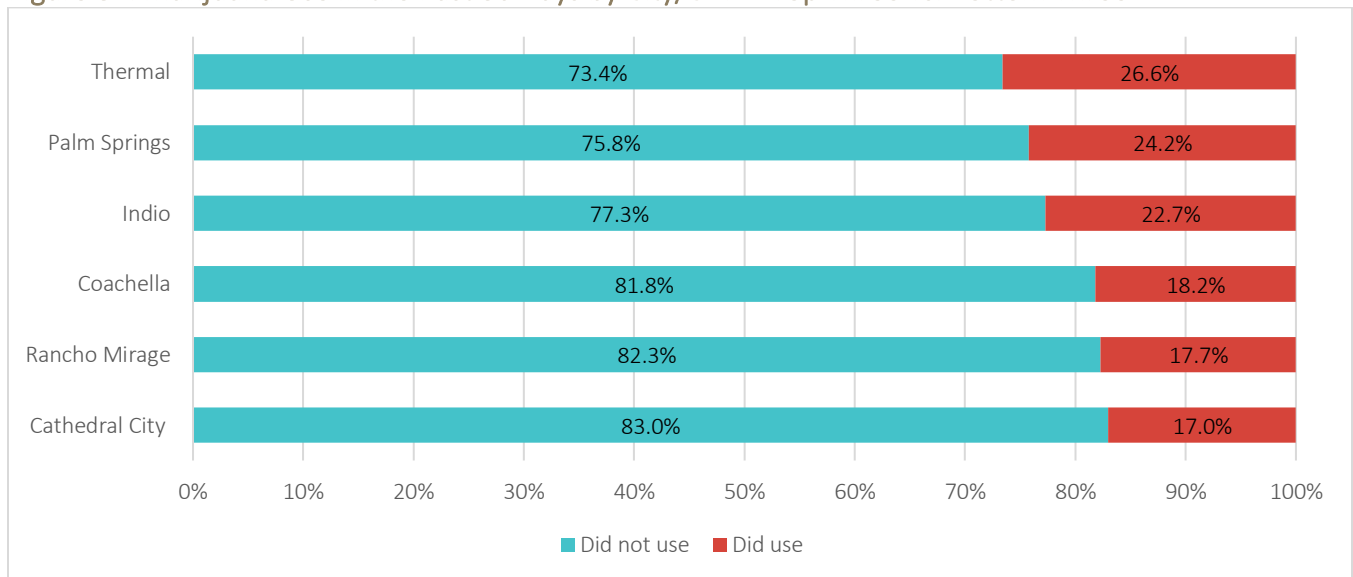


Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

# Conclusion

The Coachella Valley is a 50-mile stretch of land that is home to more than 430,000 people from all walks of life. While many residents in the Coachella Valley are white and/or Hispanic Latino, we also have a number of Blacks/African Americans, Native Americans, and Asians. Given that our region is viewed as a desirable retirement destination, we have a population that is disproportionately older whose children and grandchildren commonly live elsewhere. Some of these residents are seasonal, leaving the Valley during the hotter months of the year.

The majority of data in this report are presented for the population as a whole or are broken out geographically. However, it is important to note that this can sometimes mask the unique needs experienced by sub-groups, and thus data disaggregation is important whenever possible. Examples of these sub-groups include young children, veterans, seniors, LGBTQIA+, farmworkers, people of color, and people with disabilities.

Socioeconomic factors vary wildly across our Valley and have both direct and indirect impacts on health and well-being. One example of this variability is household income: the median household in Indian Wells is six figures, nearly five times higher than it is in Oasis, which is only 30 miles away. Similarly, the percent of households living in poverty varies substantially. Over a third of community members in West Valley communities like Desert Hot Springs and Garnet are living in poverty, as are more than a third of East Valley communities like Mecca, Oasis, and Thermal. In contrast, the percent of households in poverty is in the single digits for Indian Wells and Desert Palms. Issues of income and poverty have only become exacerbated by COVID-19, with some of the very poorest losing their incomes (e.g., those in the hospitality industry impacted by hotel shut-downs, etc.).

Income is closely tied to education, and educational levels vary similarly across our region. Overall, 19% of Coachella Valley adults age 25 and older lack even a high school degree—although it is as high as 60% in the far East Valley community of Thermal, and as low as 0.7% in the retirement destination of Desert Palms (Sun City Palm Desert).

Locally our children fall slightly behind the state of California as a whole on many metrics, including reading skills, absenteeism, and school suspensions. On the positive side, two local districts (DSUSD and PSUSD) outperform the state on measure of four-year graduation rates. More than half of local students graduating from high school then enroll in higher education within a year.

The Coachella Valley does have a robust hospital system made up of three hospitals and 867 staffed beds. This equates to a ratio of about 2 beds per 1,000 people, which is similar to the ratio for all of

California (1.8 beds per 1,000 people). However, access is not always easy for residents. Lack of insurance is one barrier; nearly one in five working-age adults lack insurance, a rate that is substantially worse than that in California or the U.S.

Medicaid/Medi-Cal covers more than 30% Coachella Valley residents, so it is critically important that there are high-quality healthcare services available that accept Medicaid/Medi-Cal. There are several federally qualified health centers and one free clinic that can take patients who are uninsured/under-insured, but areas that remain medically underserved include Desert Hot Springs as well as Coachella, Indio, and the unincorporated areas of the East Valley.

Most local adults receive their clinical preventative screenings, but not all. Similarly, most adults with chronic illnesses such as high blood pressure or diabetes have these issues under control, but roughly 40% do not have these diseases properly managed. This may be a function of access to care, whether it be that they are uninsured, under-insured, or simply don't have a care provider.

Most local infants get a good start in life in the Coachella Valley; more than 90% are carried to term and are born at a normal birth rate. The life expectancy for a baby born in the Coachella Valley is 80 years, which is very comparable to that in California (81 years) and the nation as a whole (78 years). We do have a slightly elevated infant mortality rate of 7 deaths per 1,000 births (the national rate is 6 deaths per 1,000 births).

Mental/behavioral health is a major concern for many local entities. For example, the suicide rate in the Coachella Valley is nearly double the average for the state of California, and some of our cities have suicide rates of more than three times the state average.

The Coachella Valley has some unique features in the natural environment, as our climate is warm and dry when compared to the rest of the state and nation. Overall, data shows that our air quality is relatively good, as measured by particulate matter and ground-level ozone. This is likely related to geography; the San Gorgonio pass effectively blocks a great deal of pollution from entering the Valley, as is immediately evident on most days when driving over the pass and out of the Valley into smog.

Our built environment unfortunately does not encourage walking; a car is required for most errands. On the bright side, most households have access to several cars to address this issue, but active transportation is not widespread throughout the Valley—due in part to the extreme heat in the summer months.

One aspect of our built environment that is growing more and more crucial is that of internet access. While always important, the COVID-19 pandemic has highlighted that internet access is necessary to

participate in modern life, including schooling and some types of work. Approximately 20% of local households do not have internet access in their homes, and about 26% of people do not have a smartphone that allows them access to the internet. Thus, a substantial proportion of our residents are unable to easily access the internet and are likely struggling now more than ever with this barrier.

Data presented in this report highlight some of our strengths as well as some areas that need improvement. While some people experience wealth, abundance, and good health, others experience poverty, hunger, and limited access to important resources. While many issues come as a consequence of a lack of income, other issues are pervasive across all income brackets. For example, there are some educational setbacks across the districts, suicide is an issue in even the wealthiest cities, and obesity is an issue everywhere. The hope is that this report provides a thorough, in-depth examination of our community so that the forthcoming health improvement plan facilitates meaningful improvements to the health of our entire region.

# Prioritization of Health Needs

After the data was collected, Desert Healthcare District and Foundation and HARC embarked on a journey to prioritize the health needs described in the preceding pages and narrow it down to five health priorities to address in the coming years. Prioritization was conducted via three methods: community engagement, input from the Advisory Council, and ranking of the CHNA data by subject-matter experts using a standardized prioritization tool.

## Community Engagement and Prioritization

HARC worked with the Advisory Council and community partners to recruit participants for virtual focus groups. Each focus group lasted approximately one hour, and participants were given a $25 Visa card as a thank-you for their time.

At the focus groups, HARC shared the high-level overview of the data presented in this report, and then solicited feedback. First, HARC asked the participants if they had any questions, if anything surprised them, and if they felt anything had been left out. Next, HARC asked participants to share what they felt was the most common issue was, what the most important issue to address was, and if they had anything else to share.

Overall, HARC hosted 40 virtual focus groups, consisting of 205 community members who weighed in on the prioritization. Of these, 32% were held in Spanish, while 68% were held in English. Participants came from across the Coachella Valley, from Desert Hot Springs in the west to Mecca and Oasis in the east. The most common hometowns for focus group participants were Coachella (21%), Indio (20%), and Palm Springs (15%).

## Advisory Council and Prioritization

Next, HARC conducted the same prioritization efforts with members of the Advisory Council. All members of the Advisory Council were invited to participate. A total of eight focus groups were held with 31 community leaders. Participating members included representatives from Braille Institute, Coachella Valley Housing Coalition, Coachella Valley Unified School District, Desert Highland Gateway, Desert Arc, Desert Oasis Healthcare, Desert Sands Unified School District, Eisenhower Health, FIND Food Bank, IEHP, Molina Healthcare, OneFuture Coachella Valley, Palm Springs Unified School District, Pueblo Unido, RAP Foundation, and Riverside County Office on Aging.

## Prioritization by Subject Matter Experts Using a Scoring Rubric

Finally, HARC had six subject matter experts each rank the data presented in this report using a standardized tool. This tool came from the American Public Health Association's 2019 annual meeting,

entitled, "Maximizing Community Health Needs Assessments and Their Impact: Determining What's Important When It All Seems Important".[195]

This tool enables raters to score each health need based on well-defined micro criteria (e.g., prevalence, severity, etc.), macro criteria (e.g., trends over time, root causes of other problems, social/economic cost to community, etc.), and equity criteria (e.g., are vulnerable populations disproportionately impacted, how persistent the disparities are, etc.). Each of the raters received the CHNA report, a template for entering scores based on the rubric, and instructions. Each of the scores were then tallied and averaged across raters.

## Final Prioritization

Table 19 summarizes the prioritization activities, the methods used, the people/agencies that were involved, the dates of the activities, and the priorities that emerged as a result (listed in alphabetical order).

Table 19. Summary of Prioritization Activities

| Prioritization Source | Methods | People/Agencies Involved | Dates | Priorities that Emerged |
|---|---|---|---|---|
| Community engagement | Virtual focus groups | Braille Institute, Clinicas de Salud del Pueblo, DAP Health, Eisenhower Health, El Sol, OneFuture Coachella Valley, etc. | 9/2020 to 12/2020 | Access to healthcare<br>Economic stability<br>Education<br>Environment<br>Injury and violence<br>Mental health |
| Advisory Council | Virtual focus groups | CVUSD, Desert Arc, Desert Oasis Healthcare, DSUSD, FIND Food Bank, Joslyn Center, PSUSD, Pueblo Unido, RAP Foundation, etc. | 11/2020 | Access to healthcare<br>Economic stability<br>Education<br>Environment<br>Mental health<br>Nutrition, obesity, physical activity |
| CHNA data report | Bramlett et al. (2019) prioritization tool | DHCD & F, HARC, UC Irvine Public Health, UC Riverside School of Medicine Center for Healthy Communities | 1/2021 | Access to healthcare<br>Economic stability<br>Environment<br>Nutrition, obesity, physical activity<br>Mental health<br>Reproductive and sexual health |

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[195] Bramlett, M., Bagwell Adams, G., Bardgett, S. (2019). Maximizing community health needs assessments and their impact: Determining what's important when it all seems urgent. American Public Health Association Annual Meeting and Expo.

HARC and DHCD & F then combined the data from all three sources to select the following five health priorities for the Coachella Valley. The priorities listed below are not in order of importance but rather listed alphabetically.

- Access to Care
- Economic Stability
- Education Access and Quality
- Environment
- Mental Health

# Next Steps

The next steps will be to use this CHNA report to create a Community Health Improvement Plan (CHIP). The CHIP will be developed in conjunction with the Advisory Council. The CHIP will be a separate document from this CHNA report.

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# Appendices

Appendix 1. Population Size and Expected Growth by City/CDP

| City/CDP | 2019 Total Population | 2025 Predicted Total Population | 2020-2025 Population: Annual Growth Rate |
|---|---|---|---|
| Bermuda Dunes | 6,704 | 8,355 | 0.97% |
| Cathedral City | 54,357 | 56,493 | 0.83% |
| Coachella | 45,181 | 48,053 | 1.25% |
| Desert Edge | 3,319 | 4,863 | 1.07% |
| Desert Hot Springs | 28,585 | 31,333 | 1.26% |
| Desert Palms | 6,755 | 7,300 | 0.55% |
| Garnet | 5,285 | 7,184 | 0.90% |
| Indian Wells | 5,370 | 5,862 | 0.91% |
| Indio | 89,469 | 96,739 | 1.37% |
| Indio Hills | 782 | 1,212 | 3.01% |
| La Quinta | 41,076 | 42,770 | 0.97% |
| Mecca | 6,635 | 9,952 | 1.08% |
| North Shore | 2,756 | 3,730 | 0.58% |
| Oasis | 2,857 | 8,429 | 1.16% |
| Palm Desert | 52,575 | 56,408 | 1.33% |
| Palm Springs | 47,897 | 50,041 | 0.90% |
| Rancho Mirage | 18,193 | 19,795 | 1.50% |
| Sky Valley | 2,227 | 2,669 | 0.75% |
| Thermal | 1,333 | 3,025 | 0.63% |
| Thousand Palms | 6,794 | 8,548 | 0.79% |
| Vista Santa Rosa | 2,739 | 3,345 | 1.15% |
| **Coachella Valley Total** | **430,889** | **476,106** | **10.5%** |

Source: Data was pulled from Esri Data Analyst which utilizes data from the United States Census Bureau and the American Community Survey. (2020). Total population growth was calculated based on raw numbers from total population and predicted population growth, rather than adding the annual growth rate for each of the cities/CDPs. 2019 total population data from American Community Survey – Five Year Estimates. (2015-2019).

Appendix 2. Language Spoken at Home by Non-English Speakers

| City/CDP | Spanish | | Other Indo-European Languages | | Asian and Pacific Island Languages | | Other Languages | |
|---|---|---|---|---|---|---|---|---|
| | Pop. | % | Pop. | % | Pop. | % | Pop. | % |
| Bermuda Dunes | 1,309 | 20.5% | 36 | 0.6% | 109 | 1.7% | 0 | 0.0% |
| Cathedral City | 24,522 | 47.9% | 950 | 1.9% | 2,410 | 4.7% | 67 | 0.1% |
| Coachella | 37,658 | 88.3% | 50 | 0.1% | 60 | 0.1% | 75 | 0.2% |
| Desert Edge | 884 | 26.7% | 142 | 4.3% | 19 | 0.6% | 0 | 0.0% |
| Desert Hot Springs | 10,391 | 38.8% | 329 | 1.2% | 658 | 2.5% | 263 | 1.0% |
| Desert Palms | 217 | 3.2% | 143 | 2.1% | 73 | 1.1% | 0 | 0.0% |
| Garnet | 3,165 | 63.3% | 31 | 0.6% | 7 | 0.1% | 26 | 0.5% |
| Indian Wells | 161 | 3.0% | 118 | 2.2% | 121 | 2.3% | 0 | 0.0% |
| Indio | 42,427 | 50.3% | 741 | 0.9% | 1,052 | 1.2% | 135 | 0.2% |
| Indio Hills | 365 | 55.4% | 10 | 1.5% | 0 | 0.0% | 0 | 0.0% |
| La Quinta | 8,467 | 21.7% | 957 | 2.4% | 908 | 2.3% | 181 | 0.5% |
| Mecca | 5,808 | 98.3% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| North Shore | 2,529 | 92.5% | 0 | 0.0% | 0 | 0.0% | 0 | 0.0% |
| Oasis | 2,441 | 91.1% | 3 | 0.1% | 12 | 0.4% | 4 | 0.1% |
| Palm Desert | 8,446 | 16.7% | 1,896 | 3.7% | 1,747 | 3.4% | 334 | 0.7% |
| Palm Springs | 9,376 | 20.2% | 1,741 | 3.8% | 1,456 | 3.1% | 308 | 0.7% |
| Rancho Mirage | 1,012 | 5.7% | 830 | 4.6% | 456 | 2.6% | 96 | 0.5% |
| Sky Valley | 638 | 29.2% | 0 | 0.0% | 21 | 1.0% | 0 | 0.0% |
| Thermal | 1,103 | 91.5% | 6 | 0.5% | 0 | 0.0% | 0 | 0.0% |
| Thousand Palms | 2,967 | 44.8% | 80 | 1.2% | 46 | 0.7% | 0 | 0.0% |
| Vista Santa Rosa | 1,899 | 71.0% | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Coachella Valley Total | 165,785 | 40.4% | 8,063 | 2.0% | 9,155 | 2.2% | 1,490 | 0.4% |
| Comparison: Riverside County | 768,866 | 34.1% | 43,546 | 1.9% | 96,395 | 4.3% | 16,541 | 0.7% |
| Comparison: California | 10,578,516 | 28.7% | 1,660,914 | 4.5% | 3,669,314 | 10.0% | 383,273 | 1.0% |
| Comparison United States | 40,709,597 | 13.4% | 11,136,849 | 3.7% | 10,727,303 | 3.5% | 3,374,024 | 1.1% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 3. United States Citizenship by City/CDP

| City/CDP | U.S. Citizen | | Not a U.S. Citizen | |
|---|---|---|---|---|
| | Population | Percent | Population | Percent |
| Bermuda Dunes | 6,289 | 93.8% | 415 | 6.2% |
| Cathedral City | 44,779 | 82.4% | 9,578 | 17.6% |
| Coachella | 33,652 | 74.5% | 11,529 | 25.5% |
| Desert Edge | 2,672 | 80.5% | 647 | 19.5% |
| Desert Hot Springs | 23,861 | 83.5% | 4,724 | 16.5% |
| Desert Palms | 6,450 | 95.5% | 305 | 4.5% |
| Garnet | 4,528 | 85.7% | 757 | 14.3% |
| Indian Wells | 5,110 | 95.2% | 260 | 4.8% |
| Indio | 78,903 | 88.2% | 10,566 | 11.8% |
| Indio Hills | 616 | 78.8% | 166 | 21.2% |
| La Quinta | 38,356 | 93.4% | 2,720 | 6.6% |
| Mecca | 3,510 | 52.9% | 3,125 | 47.1% |
| North Shore | 1,469 | 53.3% | 1,287 | 46.7% |
| Oasis | 1,490 | 52.2% | 1,367 | 47.8% |
| Palm Desert | 47,981 | 91.3% | 4,594 | 8.7% |
| Palm Springs | 42,678 | 89.1% | 5,219 | 10.9% |
| Rancho Mirage | 16,829 | 92.5% | 1,364 | 7.5% |
| Sky Valley | 1,982 | 89.0% | 245 | 11.0% |
| Thermal | 933 | 70.0% | 400 | 30.0% |
| Thousand Palms | 5,975 | 87.9% | 819 | 12.1% |
| Vista Santa Rosa | 2,238 | 81.7% | 501 | 18.3% |
| Coachella Valley Total | 370,301 | 85.9% | 60,588 | 14.1% |
| Comparison: Riverside County | 2,155,487 | 89.4% | 255,952 | 10.6% |
| Comparison: California | 34,187,373 | 87.0% | 5,096,124 | 13.0% |
| Comparison United States | 306,489,539 | 93.4% | 21,749,984 | 6.6% |

Source: American Community Survey – Five Year Estimates. (2015-2019). Percentages calculated by HARC.

Appendix 4. Expected Payer Source by Hospital

| Payer Source | Desert Regional Medical Center | | Eisenhower Health | | JFK Memorial Hospital | |
|---|---|---|---|---|---|---|
| | Number | Percent | Number | Percent | Number | Percent |
| Medicare | 7,971 | 35.9% | 12,254 | 61.9% | 1,256 | 15.5% |
| Medi-Cal | 7,897 | 35.5% | 3,000 | 15.2% | 4,786 | 59.1% |
| Private Coverage | 5,486 | 24.7% | 3,982 | 20.1% | 1,873 | 23.1% |
| Workers' Compensation | 76 | 0.3% | 78 | 0.40% | 6 | 0.1% |
| County Indigent Programs | 1 | 0.0% | 0 | 0.0% | 6 | 0.1% |
| Other Government | 455 | 2.1% | 115 | 0.6% | 45 | 0.6% |
| Other Indigent | 102 | 0.5% | 0 | 0.0% | 0 | 0.0% |
| Self-Pay | 217 | 1.0% | 361 | 1.8% | 122 | 1.5% |
| Other Payer | 21 | 0.1% | 7 | 0.0% | 6 | 0.1% |
| Unknown | 0 | 0.0% | 0 | 0.0% | 1 | 0.0% |
| Total | 22,226 | 100.0% | 19,797 | 100.0% | 8,101 | 100.0% |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2018.

Appendix 5. Licensed Healthcare Facilities in the Coachella Valley

| Type of Facility and Name | Total Number |
|---|---|
| Clinic | 26 |
|     Barbara Sinatra Children's Center at Eisenhower | |
|     Bermuda Dunes Dialysis | |
|     Cathedral City Dialysis | |
|     Centro Medico, Cathedral City | |
|     Centro Medico, Coachella | |
|     Centro Medico, Oasis | |
|     Coachella Health Clinic | |
|     Coachella Kidney Institute | |
|     Desert AIDS Project | |
|     Desert Hot Springs Community Health Center | |
|     Desert Hot Springs Health & Wellness Center | |
|     Desert Oasis Women's Health Center | |
|     Health to Hope Clinics (CVRM) | |
|     Indio Dialysis | |
|     Indio Surgery Center Inc. | |
|     Kidney Institute at EMC LLC | |
|     Kidney Institute of The Desert | |
|     La Quinta Kidney Center, LLC | |
|     Mecca Health Clinic | |
|     Palm Springs Dialysis | |
|     Planned Parenthood – Coachella Valley | |
|     Planned Parenthood-Rancho Mirage Center | |
|     Rai – Monroe – Indio | |
|     Rai Corporate Way – Palm Desert | |
|     Refuge Pregnancy Center | |
| Home Health Agency/Hospice | 30 |
|     Alef Home Health | |
|     Ardent Hospice of The Desert, Inc. | |
|     Blue Horizon Hospice | |
|     Bridge Home Health Inland Empire | |
|     Calmed Home Health Care, Inc. | |
|     Calmed Hospice Care, Inc | |
|     Care Dimensions of The Desert | |
|     Charter Home Health of The Desert, LLC | |
|     Charter Hospice of The Desert | |
|     Desert Care Hospice | |
|     Desert Home Health Care, Inc. | |
|     Desert Home Health Services, Inc. | |
|     Desert Oasis Healthcare-Home Health Services | |
|     Destiny Hospice of the Desert | |

| Type of Facility and Name | Total Number |
|---|---|
| Family Hospice Care, LLC | |
| Guardian Angel Home Care, Inc. | |
| H.O.P.E. Professional Services, Inc. – Branch | |
| Healthy Living at Home – Palm Desert, LLC | |
| High Care Hospice, Inc. | |
| Kindred Hospice | |
| Legacy Care Home Health, Inc. | |
| Live Life Home Health LLC | |
| Maxim Healthcare Services, Inc. | |
| Mirage Home Health, LLC | |
| Mission Home Health of Rancho Mirage – Branch | |
| Mission Hospice Services of Rancho Mirage, Inc. | |
| Reliance Hospice, Inc. | |
| Serenity Hospice LLC | |
| Vitas Healthcare Corporation of California – Branch | |
| VNA California – Branch – Palm Desert | |
| Hospital | 6 |
| Desert Regional Medical Center | |
| Eisenhower Health | |
| John F. Kennedy Memorial Hospital | |
| Telecare Riverside County Psychiatric Health Facility | |
| The Betty Ford Center | |
| Vibra Rehabilitation Hospital of Rancho Mirage | |
| Long Term Care Facility | 15 |
| Avalon Care Homes, Inc. | |
| Brookdale Rancho Mirage | |
| California Nursing and Rehabilitation Center | |
| Canyon Springs | |
| Desert Springs Healthcare & Wellness Centre | |
| Indio Nursing and Rehabilitation Center | |
| Jack Surnow House | |
| Manorcare Health Services-Palm Desert | |
| Monterey Palms Health Care Center | |
| Palm Springs Healthcare & Rehabilitation Center | |
| Palm Springs Villa, Inc. | |
| Premier Care Center for Palm Springs | |
| Rancho Mirage Health and Rehabilitation Center | |
| Serenity Congregate Care | |
| The Springs at The Carlotta | |
| TOTAL NUMBER OF FACILITIES | 77 |

Source: California Department of Public Health/U.S Department of Health and Human Service's Centers for Medicare and Medicaid Services.

Appendix 6. Reasons for Visiting the Emergency Room – Principle Diagnosis by Hospital

| Diagnosis | Desert Regional Medical Center | Eisenhower Health | JFK Memorial Hospital |
|---|---|---|---|
| Blood Disorders | 0.3% | 0.1% | 0.3% |
| Circulatory System | 6.9% | 7.5% | 6.0% |
| Digestive System | 6.4% | 4.4% | 7.9% |
| Endocrine Diseases | 1.3% | 0.7% | 1.9% |
| Genitourinary System | 6.5% | 4.7% | 6.3% |
| Infections | 2.0% | 0.6% | 4.6% |
| Injuries/Poisonings | 15.8% | 12.4% | 20.6% |
| Mental Disorders | 5.6% | 2.7% | 6.3% |
| Musculoskeletal System | 8.9% | 14.5% | 5.2% |
| Nervous System | 8.3% | 11.5% | 7.8% |
| Perinatal Disorders | 0.2% | 0.1% | 0.3% |
| Pregnancies | 7.0% | 1.6% | 4.0% |
| Respiratory System | 11.1% | 11.0% | 13.1% |
| Skin Disorders | 3.9% | 3.9% | 2.9% |
| Symptoms | 14.3% | 22.7% | 11.6% |

Source: California Office of State Health Planning and Development (OSHPD). (2019). Total number of diagnosis for each hospital is as follows: Desert Regional Medical Center (63,314), Eisenhower Health (56,660), and JFK Memorial (50,020).

Appendix 7. Number of Licensed Healthcare Providers

| Type of Provider License | California | | Riverside County | | Coachella Valley | |
|---|---|---|---|---|---|---|
| | Licenses | Rate per 100,000 | Licenses | Rate per 100,000 | Licenses | Rate per 100,000 |
| Dental | | | | | | |
| Additional Office Permit | 2,618 | 6.7 | 231 | 9.6 | 33 | 7.7 |
| Conscious Sedation | 513 | 1.3 | 16 | 0.7 | 5 | 1.2 |
| Dental Referral Services | 7 | 0.0 | - | - | - | - |
| Dental Sedation Assistant | 20 | 0.1 | 2 | 0.1 | - | - |
| Dentist | 32,009 | 81.5 | 1,108 | 45.9 | 231 | 53.6 |
| Dentist General Anesthesia | 882 | 2.2 | 36 | 1.5 | 11 | 2.6 |
| Elective Facial Cosmetic Surgery | 29 | 0.1 | 2 | 0.1 | 2 | 0.5 |
| Extramural Dental Facility | 17 | 0.0 | - | - | - | - |
| Fictitious Name Permit | 7,033 | 17.9 | 454 | 18.8 | 268 | 62.2 |
| Medical General Anesthesia | 123 | 0.3 | - | - | - | - |
| Mobile Dental Clinic | 38 | 0.1 | - | - | - | - |
| Oral Conscious Sedation | 2,359 | 6.0 | 97 | 4.0 | 18 | 4.2 |
| Oral Maxillofacial Surgery | 88 | 0.2 | 2 | 0.1 | 2 | 0.5 |
| Orthodontic Assistant | 401 | 1.0 | 34 | 1.4 | | - |
| Registered Dental Assistant in Extended Functions | 1,018 | 2.6 | 49 | 2.0 | 6 | 1.4 |
| Registered Dental Hygienist Alternative Practice | 487 | 1.2 | 23 | 1.0 | 4 | 0.9 |
| Registered Dental Hygienist Extended Function | 19 | 0.0 | 1 | 0.0 | 1 | 0.2 |
| Registered CE Provider | 780 | 2.0 | 34 | 1.4 | 7 | 1.6 |
| Registered Dental Assistant | 19,622 | 49.9 | 1,324 | 54.9 | 168 | 39.0 |
| Registered Dental Fictitious Name Permit | 98 | 0.2 | 10 | 0.4 | 2 | 0.5 |
| Registered Dental Hygienist | 14,595 | 37.2 | 723 | 30.0 | 99 | 23.0 |
| Special Permit Faculty | 35 | 0.1 | 1 | 0.0 | 1 | 0.2 |
| Medical | | | | | | |
| Clinical Nurse Specialist | 3,019 | 7.7 | 113 | 4.7 | 13 | 3.0 |
| Continuing Education Provider | 1,498 | 3.8 | 63 | 2.6 | 15 | 3.5 |
| Emergency RN Temp License | 4 | 0.0 | 1 | 0.0 | | - |
| Fictitious Name Permit | 13,359 | 34.0 | 680 | 28.2 | 268 | 62.2 |
| Interim Permit | 487 | 1.2 | 13 | 0.5 | 2 | 0.5 |
| Licensed Midwife | 423 | 1.1 | 13 | 0.5 | 2 | 0.5 |
| Nurse Anesthetist | 2,127 | 5.4 | 104 | 4.3 | 27 | 6.3 |
| Nurse Midwife | 1,216 | 3.1 | 39 | 1.6 | 1 | 0.2 |
| Nurse Midwife Furnishing | 984 | 2.5 | 33 | 1.4 | - | - |
| Nurse Practitioner | 25,538 | 65.0 | 1,097 | 45.5 | 195 | 45.3 |
| Nurse Practitioner Furnishing | 23,602 | 60.1 | 1,027 | 42.6 | 185 | 42.9 |
| Osteopathic Physician and Surgeon 20A | 8,754 | 22.3 | 551 | 22.8 | 159 | 36.9 |
| PGM - Physician Assistant | 14 | 0.0 | 1 | 0.0 | | - |
| Physician and Surgeon A | 82,249 | 209.4 | 2,402 | 99.6 | 574 | 133.2 |

| Type of Provider License | California | | Riverside County | | Coachella Valley | |
|---|---|---|---|---|---|---|
| | Licenses | Rate per 100,000 | Licenses | Rate per 100,000 | Licenses | Rate per 100,000 |
| Physician and Surgeon C | 8,453 | 21.5 | 310 | 12.9 | 160 | 37.1 |
| Physician and Surgeon G | 30,848 | 78.5 | 890 | 36.9 | 394 | 91.4 |
| Physician Assistant | 12,581 | 32.0 | 741 | 30.7 | 142 | 33.0 |
| Polysomnographic Technician | 135 | 0.3 | 11 | 0.5 | 2 | 0.5 |
| Polysomnographic Technologist | 570 | 1.5 | 31 | 1.3 | 8 | 1.9 |
| Polysomnographic Trainee | 48 | 0.1 | 1 | 0.0 | - | - |
| Postgraduate Training License | 6,188 | 15.8 | 445 | 18.5 | 134 | 31.1 |
| Psychiatric Mental Health Nurse | 190 | 0.5 | 7 | 0.3 | 4 | 0.9 |
| Public Health Nurse | 34,732 | 88.4 | 1,739 | 72.1 | 189 | 43.9 |
| Registered Nurse | 378,811 | 964.3 | 21,780 | 903.2 | 3,150 | 731.0 |
| Research Psychoanalyst | 63 | 0.2 | 1 | 0.0 | 1 | 0.2 |
| Special Faculty Permit | 24 | 0.1 | - | - | - | - |
| Student Research Psychoanalyst | 17 | 0.0 | - | - | - | - |
| Temporary RN License | 246 | 0.6 | 11 | 0.5 | 4 | 0.9 |
| Mental/Behavioral Health | | | | | | |
| Associate Professional Clinical Counselor | 3,612 | 9.2 | 315 | 13.1 | 52 | 12.1 |
| Associate Clinical Social Worker | 13,694 | 34.9 | 629 | 26.1 | 72 | 16.7 |
| Associate Marriage & Family Therapist | 12,296 | 31.3 | 669 | 27.7 | 100 | 23.2 |
| Licensed Clinical Social Worker | 26,396 | 67.2 | 860 | 35.7 | 154 | 35.7 |
| Licensed Educational Psychologist | 1,434 | 3.7 | 64 | 2.7 | 10 | 2.3 |
| Licensed Marriage and Family Therapist | 40,083 | 102.0 | 1,550 | 64.3 | 328 | 76.1 |
| Licensed Professional Clinical Counselor | 2,084 | 5.3 | 100 | 4.1 | 18 | 4.2 |
| MRF | 25 | 0.1 | - | - | - | - |
| Psychologist | 17,409 | 44.3 | 342 | 14.2 | 114 | 26.5 |
| Registered Psychological Assistant | 1,350 | 3.4 | 39 | 1.6 | 8 | 1.9 |
| Registered Psychologist | 109 | 0.3 | 2 | 0.1 | - | - |
| Physical Therapy | | | | | | |
| Occupational Therapist | 13,071 | 33.3 | 415 | 17.2 | 83 | 19.3 |
| Occupational Therapist Limited Permit | 8 | 0.0 | - | - | - | - |
| Occupational Therapy Assistant | 3,288 | 8.4 | 256 | 10.6 | 28 | 6.5 |
| Occupational Therapy Asst Limited Permit | 1 | 0.0 | - | - | - | - |
| Physical Therapist (up to 6/30/2019) | 24,878 | 63.3 | 896 | 37.2 | N/A | N/A |
| Physical Therapist Assistant (up to 6/30/2019) | 7,493 | 19.1 | 515 | 21.4 | N/A | N/A |

Note: Data are from Department of Consumer Affairs (DCA), (February 2021). DCA data are updated once a month.
Population data are from ACS 5-year estimates, 2015-2019. Rates calculated by HARC.

## Appendix 8. Physician FTE Calculations by Specialty based on Patient Hours

| Primary Area of Practice | Hours of Patient Care by Category | | | | | | Calculations | |
|---|---|---|---|---|---|---|---|---|
| | 1-9 hours | 10-19 hours | 20-29 hours | 30-39 hours | 40+ hours | Est. Total Patient Hours | Estimated FTEs | Estimated FTE Ratio Per 100,000 |
| All Other Specialties | 10 | 10 | 12 | 30 | 69 | 4,310 | 107.8 | 25.1 |
| Anesthesiology | 3 | 1 | 0 | 7 | 32 | 1,555 | 38.9 | 9.0 |
| Cardiology | 1 | 0 | 3 | 6 | 25 | 1,290 | 32.3 | 7.5 |
| Dermatology | 1 | 1 | 1 | 4 | 9 | 545 | 13.6 | 3.2 |
| Emergency Medicine | 4 | 5 | 7 | 10 | 25 | 1,620 | 40.5 | 9.4 |
| Endocrinology | 0 | 0 | 1 | 1 | 2 | 140 | 3.5 | 0.8 |
| Family Medicine | 8 | 11 | 15 | 30 | 71 | 4,470 | 111.8 | 26.0 |
| Gastroenterology | 1 | 0 | 0 | 1 | 13 | 560 | 14.00 | 3.3 |
| General Practice | 5 | 2 | 1 | 6 | 7 | 570 | 14.3 | 3.3 |
| General Surgery | 3 | 0 | 1 | 0 | 20 | 840 | 21.0 | 4.9 |
| Infectious Disease | 0 | 1 | 3 | 1 | 7 | 405 | 10.1 | 2.4 |
| Internal Medicine | 9 | 4 | 13 | 24 | 91 | 4,910 | 122.8 | 28.6 |
| Nephrology | 0 | 0 | 0 | 1 | 8 | 355 | 8.9 | 2.1 |
| Neurology | 0 | 0 | 3 | 1 | 15 | 710 | 17.8 | 4.1 |
| Obstetrics & Gynecology | 6 | 0 | 2 | 7 | 14 | 885 | 22.1 | 5.1 |
| Oncology | 0 | 1 | 0 | 2 | 10 | 485 | 12.1 | 2.8 |
| Ophthalmology | 1 | 2 | 4 | 10 | 13 | 1,005 | 25.1 | 5.8 |
| Orthopedic Surgery | 3 | 1 | 3 | 3 | 14 | 770 | 19.3 | 4.5 |
| Otolaryngology | 1 | 1 | 1 | 2 | 7 | 395 | 9.9 | 2.3 |
| Pathology | 2 | 0 | 1 | 0 | 6 | 275 | 6.9 | 1.6 |
| Pediatrics | 0 | 0 | 0 | 10 | 17 | 1,030 | 25.8 | 6.0 |
| Physical Medicine & Rehab | 2 | 0 | 1 | 1 | 4 | 230 | 5.8 | 1.3 |
| Plastic Surgery | 0 | 1 | 1 | 2 | 11 | 550 | 13.8 | 3.2 |
| Psychiatry | 6 | 6 | 9 | 13 | 17 | 1,480 | 37.0 | 8.6 |
| Pulmonary | 0 | 1 | 1 | 3 | 5 | 345 | 8.6 | 2.0 |
| Radiology | 5 | 7 | 1 | 3 | 20 | 1,060 | 26.5 | 6.2 |
| Urology | 0 | 1 | 1 | 1 | 6 | 315 | 7.9 | 1.8 |
| Coachella Valley Total | 86 | 62 | 101 | 213 | 599 | 35,300 | 882.5 | 205.3 |

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Calculations by HARC. Est. total patient hours = (# of "1-9 hours" x 5) + (# of "10-19 hours" x 15) + (# of "20-29 hours" x 25) + (# of "30-39 hours" x 35) + (# of "40+ hours" x 40). Estimated FTEs = (Est. total patient hours) / (40).

Appendix 9. Adults (19 to 64) Health Insurance by City/CDP

| City/CDP | Uninsured | Insured |
|---|---|---|
| Bermuda Dunes | 12.8% | 87.2% |
| Cathedral City | 18.3% | 81.7% |
| Coachella | 19.7% | 80.3 |
| Desert Edge | 27.4% | 72.6% |
| Desert Hot Springs | 20.4% | 79.6% |
| Desert Palms | 13.4% | 86.6% |
| Garnet | 30.3% | 69.7% |
| Indian Wells | 4.1% | 95.9% |
| Indio | 12.5% | 87.5% |
| Indio Hills | 31.9% | 68.1% |
| La Quinta | 9.8% | 90.2% |
| Mecca | 25.4% | 74.6% |
| North Shore | 23.9% | 76.1% |
| Oasis | 31.9% | 68.1% |
| Palm Desert | 10.8% | 89.2% |
| Palm Springs | 12.3% | 87.7% |
| Rancho Mirage | 7.5% | 92.5% |
| Sky Valley | 23.4% | 76.6% |
| Thermal | 30.3% | 69.7% |
| Thousand Palms | 14.5% | 85.5% |
| Vista Santa Rosa | 13.4% | 86.6% |
| Coachella Valley Total | 15.0% | 85.0% |
| Comparison: Riverside County | 12.8% | 87.2% |
| Comparison: California | 10.7% | 89.3% |
| Comparison: United States | 12.4% | 87.6% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 10. Child (Under 19 Years of Age) Health Insurance by City/CDP

| City/CDP | Not Insured | Insured |
|---|---|---|
| Bermuda Dunes | 0.0% | 100.0% |
| Cathedral City | 6.8% | 93.2% |
| Coachella | 5.1% | 94.9% |
| Desert Edge | 0.0% | 100.0% |
| Desert Hot Springs | 3.5% | 96.5% |
| Desert Palms | - | - |
| Garnet | 7.9% | 92.1% |
| Indian Wells | 0.0% | 100.0% |
| Indio | 2.2% | 97.8% |
| Indio Hills | 23.9% | 76.1% |
| La Quinta | 2.8% | 97.2% |
| Mecca | 3.3% | 96.7% |
| North Shore | 5.5% | 94.5% |
| Oasis | 3.2% | 96.8% |
| Palm Desert | 3.5% | 96.5% |
| Palm Springs | 1.8% | 98.2% |
| Rancho Mirage | 2.5% | 97.5% |
| Sky Valley | 16.6% | 83.4% |
| Thermal | 2.5% | 97.5% |
| Thousand Palms | 0.0% | 100.0% |
| Vista Santa Rosa | 1.6% | 98.4% |
| Coachella Valley Total | 3.7% | 96.3% |
| Comparison: Riverside County | 4.0% | 96.0% |
| Comparison: California | 3.3% | 96.7% |
| Comparison: United States | 5.1% | 94.9% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

### Appendix 11. People in Poverty Who Are Uninsured by City/CDP

| City/CDP | Number of People in Poverty Who are Uninsured | Percent of People in Poverty Who Are Uninsured |
|---|---|---|
| Bermuda Dunes | 89 | 10.8% |
| Cathedral City | 2,091 | 19.2% |
| Coachella | 1,493 | 15.2% |
| Desert Edge | 75 | 10.9% |
| Desert Hot Springs | 1,530 | 17.3% |
| Desert Palms | 0 | 0.0% |
| Garnet | 426 | 30.9% |
| Indian Wells | 0 | 0.0% |
| Indio | 1,931 | 13.2% |
| Indio Hills | 30 | 31.6% |
| La Quinta | 361 | 7.9% |
| Mecca | 651 | 24.9% |
| North Shore | 290 | 35.5% |
| Oasis | 281 | 19.0% |
| Palm Desert | 770 | 11.2% |
| Palm Springs | 852 | 10.3% |
| Rancho Mirage | 162 | 7.7% |
| Sky Valley | 75 | 21.7% |
| Thermal | 65 | 14.9% |
| Thousand Palms | 178 | 20.5% |
| Vista Santa Rosa | 80 | 14.4% |
| **Coachella Valley Total** | **11,430** | **14.9%** |
| Comparison: Riverside County | 44,025 | 13.5% |
| Comparison: California | 627,126 | 12.2% |
| Comparison: United States | 6,873,704 | 16.2% |

Source: American Community Survey – Five Year Estimates. (2015-2019). Indicator: "In Poverty" is defined as those at or below 100% of the Federal Poverty Line (FPL).

Appendix 12. Working Adults who are Uninsured by City/CDP

| City/CDP | Number of Working Adults (Ages 19 to 64) Who Are Uninsured | Percent of Working Adults (Ages 19 to 64) Who Are Uninsured |
|---|---|---|
| Bermuda Dunes | 297 | 13.3% |
| Cathedral City | 2,603 | 17.8% |
| Coachella | 2,915 | 19.1% |
| Desert Edge | 131 | 28.9% |
| Desert Hot Springs | 1,726 | 25.8% |
| Desert Palms | 0 | 0.0% |
| Garnet | 377 | 29.4% |
| Indian Wells | 29 | 3.3% |
| Indio | 2,477 | 10.0% |
| Indio Hills | 126 | 62.1% |
| La Quinta | 811 | 7.9% |
| Mecca | 360 | 27.6% |
| North Shore | 213 | 31.1% |
| Oasis | 116 | 23.5% |
| Palm Desert | 1,112 | 9.2% |
| Palm Springs | 1,156 | 10.4% |
| Rancho Mirage | 210 | 6.8% |
| Sky Valley | 158 | 31.6% |
| Thermal | 108 | 35.9% |
| Thousand Palms | 264 | 15.3% |
| Vista Santa Rosa | 71 | 12.5% |
| Coachella Valley Total | 15,260 | 14.0% |
| Comparison: Riverside County | 72,985 | 10.7% |
| Comparison: California | 1,073,531 | 8.8% |
| Comparison: United States | 9,962,101 | 9.5% |

Source: American Community Survey – Five Year Estimates. (2015-2019). "Working" is considered working full-time, year-round.

Appendix 13. Medicare Coverage by City/CDP

| City/CDP | Number on Medicare Coverage (alone or in combination) | Percent on Medicare Coverage (alone or in combination) |
|---|---|---|
| Bermuda Dunes | 1,267 | 18.9% |
| Cathedral City | 11,244 | 48.3% |
| Coachella | 4,273 | 9.5% |
| Desert Edge | 2,005 | 60.4% |
| Desert Hot Springs | 4,982 | 17.4% |
| Desert Palms | 19,144 | 84.4% |
| Garnet | 687 | 13.1% |
| Indian Wells | 3,116 | 58.0% |
| Indio | 18,832 | 21.2% |
| Indio Hills | 186 | 23.8% |
| La Quinta | 10,822 | 26.4% |
| Mecca | 594 | 9.0% |
| North Shore | 291 | 10.6% |
| Oasis | 235 | 8.2% |
| Palm Desert | 19,144 | 36.5% |
| Palm Springs | 16,584 | 34.8% |
| Rancho Mirage | 9,324 | 51.5% |
| Sky Valley | 725 | 32.7% |
| Thermal | 1,611 | 23.4% |
| Thousand Palms | 1,995 | 9.4% |
| Vista Santa Rosa | 441 | 16.1% |
| **Coachella Valley Total** | **112,575** | **26.1%** |
| Comparison: Riverside County | 367,619 | 15.4% |
| Comparison: California | 5,826,106 | 15.0% |
| Comparison: United States | 55,288,072 | 17.3% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 14. Medicaid/Medi-Cal by City/CDP

| City/CDP | Number of People on Medicaid (alone or in combination) | Percent of People on Medicaid (alone or in combination) |
|---|---|---|
| Bermuda Dunes | 1,109 | 16.5% |
| Cathedral City | 18,140 | 33.4% |
| Coachella | 23,360 | 51.7% |
| Desert Edge | 765 | 23.0% |
| Desert Hot Springs | 14,201 | 49.7% |
| Desert Palms | 384 | 5.7% |
| Garnet | 2,499 | 47.5% |
| Indian Wells | 319 | 5.9% |
| Indio | 30,841 | 34.7% |
| Indio Hills | 349 | 44.6% |
| La Quinta | 8,894 | 21.7% |
| Mecca | 4,792 | 72.2% |
| North Shore | 1,545 | 56.1% |
| Oasis | 1,866 | 65.3% |
| Palm Desert | 10,273 | 19.6% |
| Palm Springs | 11,661 | 24.5% |
| Rancho Mirage | 2,332 | 12.9% |
| Sky Valley | 638 | 28.8% |
| Thermal | 756 | 56.7% |
| Thousand Palms | 2,334 | 34.4% |
| Vista Santa Rosa | 1,501 | 54.8% |
| **Coachella Valley Total** | **138,559** | **32.2%** |
| Comparison: Riverside County | 687,634 | 28.8% |
| Comparison: California | 10,137,605 | 26.1% |
| Comparison: United States | 64,716,091 | 20.2% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

## Appendix 15. Ever had a Colonoscopy or Sigmoidoscopy (Ages 50+) by City/CDP

| City/CDP | Yes | No |
|---|---|---|
| Cathedral City | 74.8% | 25.2% |
| Coachella | 51.0% | 49.0% |
| Desert Hot Springs | 58.0% | 42.0% |
| Indio | 68.0% | 32.0% |
| La Quinta | 82.2% | 17.8% |
| Mecca | 50.5% | 49.5% |
| Palm Desert | 85.2% | 14.8% |
| Palm Springs | 83.0% | 17.0% |
| Rancho Mirage | 78.3% | 21.7% |
| Thermal | 49.4% | 50.6% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

## Appendix 16. Adverse Childhood Experiences (ACEs) among Children by City/CDP

| City/CDP | None of 4 ACEs | 1 of 4 or more ACEs |
|---|---|---|
| Cathedral City | 53.1% | 46.9% |
| Coachella | 65.6% | 34.4% |
| Desert Hot Springs | 60.7% | 39.3% |
| Indio | 63.3% | 36.7% |
| La Quinta | 68.4% | 31.6% |
| Mecca | 72.8% | 27.2% |
| Palm Desert | 53.6% | 46.4% |
| Palm Springs | 38.0% | 62.0% |
| Rancho Mirage | 50.2% | 49.8% |
| Thermal | 41.3% | 58.7% |
| **Coachella Valley Total** | **58.6%** | **41.4%** |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 17. Educational Attainment (Ages 25+) by City/CDP

| City/CDP | Less than high school | High school graduate | Some college, no degree | Associate degree | Bachelor's degree | Graduate or professional degree |
|---|---|---|---|---|---|---|
| Bermuda Dunes | 7.9% | 29.5% | 25.6% | 9.0% | 18.6% | 9.3% |
| Cathedral City | 21.7% | 28.4% | 21.2% | 7.1% | 13.9% | 7.7% |
| Coachella | 41.8% | 40.6% | 11.9% | 2.1% | 2.8% | 0.9% |
| Desert Edge | 21.5% | 26.0% | 25.6% | 10.3% | 10.0% | 6.7% |
| Desert Hot Springs | 24.8% | 34.2% | 22.2% | 6.4% | 8.1% | 4.2% |
| Desert Palms | 1.8% | 19.8% | 27.0% | 9.2% | 25.8% | 16.4% |
| Garnet | 38.4% | 30.0% | 17.0% | 3.8% | 5.6% | 5.3% |
| Indian Wells | 2.9% | 13.6% | 23.0% | 4.9% | 32.4% | 23.1% |
| Indio | 19.8% | 35.1% | 22.0% | 6.0% | 10.9% | 6.2% |
| Indio Hills | 44.8% | 23.4% | 25.0% | 2.4% | 4.4% | 0.0% |
| La Quinta | 9.3% | 20.1% | 26.5% | 7.9% | 22.7% | 13.5% |
| Mecca | 75.6% | 19.4% | 3.0% | 1.1% | 0.8% | 0.0% |
| North Shore | 62.8% | 31.5% | 2.8% | 0.7% | 2.2% | 0.0% |
| Oasis | 71.9% | 18.1% | 6.7% | 0.3% | 1.6% | 1.4% |
| Palm Desert | 7.8% | 20.0% | 27.3% | 8.1% | 22.5% | 14.4% |
| Palm Springs | 9.2% | 18.9% | 24.1% | 8.0% | 22.7% | 17.2% |
| Rancho Mirage | 4.3% | 16.8% | 28.1% | 5.8% | 25.0% | 20.0% |
| Sky Valley | 13.6% | 29.3% | 32.5% | 8.1% | 10.7% | 5.7% |
| Thermal | 62.2% | 24.1% | 12.9% | 0.8% | 0.0% | 0.0% |
| Thousand Palms | 16.8% | 39.9% | 24.0% | 7.0% | 6.8% | 5.5% |
| Vista Santa Rosa | 39.4% | 39.1% | 11.8% | 2.7% | 3.7% | 3.3% |
| **Coachella Valley Total** | **18.4%** | **27.2%** | **22.4%** | **6.4%** | **15.5%** | **10.0%** |
| Comparison: Riverside County | 9.1% | 26.9% | 24.8% | 8.1% | 14.2% | 8.1% |
| Comparison: California | 16.7% | 20.5% | 21.1% | 7.8% | 21.2% | 12.8% |
| Comparison: United States | 12.0% | 27.0% | 20.4% | 8.5% | 19.8% | 12.4% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

## Appendix 18. Walkability by City

| City | Walk Score |
| --- | --- |
| Cathedral City | 36 |
| Coachella | 38 |
| Desert Hot Springs | 34 |
| Indio | 31 |
| La Quinta | 22 |
| Palm Desert | 27 |
| Palm Springs | 35 |
| Rancho Mirage | 16 |

Source: 2020 Walkscore.

## Appendix 19. Park Access by City/CDP

| City/CDP | Percentage of residents within a 10-minute walk of a park |
| --- | --- |
| Bermuda Dunes | 5% |
| Cathedral City | 31% |
| Coachella | 63% |
| Desert Edge | 0% |
| Desert Hot Springs | 32% |
| Desert Palms | 26% |
| Garnet | 0% |
| Indian Wells | 10% |
| Indio | 32% |
| La Quinta | 54% |
| Mecca | 70% |
| North Shore | 0% |
| Oasis | 0% |
| Palm Desert | 28% |
| Palm Springs | 32% |
| Rancho Mirage | 13% |
| Sky Valley | 36% |
| Thermal | 6% |
| Thousand Palms | 12% |
| Vista Santa Rosa | 0% |

Source: The Trust for Public Land (2019.)

### Appendix 20. Asthma Diagnoses among Adults and Children

| City/CDP | Has Asthma | Does not Have Asthma |
|---|---|---|
| Cathedral City | 11.4% | 88.6% |
| Coachella | 10.5% | 89.5% |
| Desert Hot Springs | 16.8% | 83.2% |
| Indio | 12.7% | 87.3% |
| La Quinta | 16.0% | 84.0% |
| Palm Desert | 13.0% | 87.0% |
| Palm Springs | 9.3% | 90.7% |
| Rancho Mirage | 16.8% | 83.2% |
| **Coachella Valley Total** | **12.2%** | **87.8%** |
| Comparison: Riverside County | 11.1% | 88.9% |
| Comparison: California | 15.2% | 84.8% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Riverside County and California data are from the 2019 California Health Interview Survey.

### Appendix 21. Respiratory Disease among Adults

| City/CDP | Has Respiratory Disease | Does Not Have Respiratory Disease |
|---|---|---|
| Cathedral City | 6.9% | 93.1% |
| Desert Hot Springs | 6.9% | 93.1% |
| Indio | 5.0% | 95.0% |
| La Quinta | 4.2% | 95.8% |
| Palm Desert | 7.4% | 92.6% |
| Palm Springs | 6.3% | 93.7% |
| Rancho Mirage | 6.0% | 94.0% |
| **Coachella Valley Total** | **5.5%** | **94.5%** |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

Appendix 22. Unemployment Rate by City/CDP

| City/CDP | Unemployment Rate |
|---|---|
| Bermuda Dunes | 2.8% |
| Cathedral City | 3.8% |
| Coachella | 10.1% |
| Desert Hot Springs | 5.7% |
| Indian Wells | 5.6% |
| Indio | 5.2% |
| La Quinta | 4.2% |
| Mecca | 4.5% |
| Palm Desert | 4.2% |
| Palm Springs | 3.7% |
| Rancho Mirage | 3.1% |
| Thousand Palms | 3.4% |
| **Coachella Valley Total** | **5.6%** |
| Comparison: Riverside County | 4.2% |
| Comparison: California | 4.0% |

Source: California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS)

Appendix 23. Unemployment Rate by City/CDP During COVID-19

| City/CDP | Unemployment Rate |
|---|---|
| Bermuda Dunes | 14.3% |
| Cathedral City | 20.5% |
| Coachella | 22.6% |
| Desert Hot Springs | 23.5% |
| Indian Wells | 13.4% |
| Indio | 19.4% |
| La Quinta | 17.8% |
| Mecca | 17.0% |
| Palm Desert | 19.0% |
| Palm Springs | 18.0% |
| Rancho Mirage | 12.3% |
| Thousand Palms | 11.3% |
| **Coachella Valley Total** | **19.2%** |
| Comparison: Riverside County | 15.8% |

Source: (2020) California Employment Development Department. Monthly Labor Force Data for Cities and Census Designated Places (CDP).

Appendix 24. Median Household Income and Poverty Rate by City/CDP

| City/CDP | Median Household Income | Poverty Rate |
|---|---|---|
| Bermuda Dunes | $59,860 | 12.4% |
| Cathedral City | $46,521 | 20.1% |
| Coachella | $34,224 | 21.8% |
| Desert Edge | $31,604 | 20.7% |
| Desert Hot Springs | $33,046 | 31.1% |
| Desert Palms | $60,221 | 7.0% |
| Garnet | $38,654 | 26.4% |
| Indian Wells | $107,500 | 6.7% |
| Indio | $53,669 | 16.5% |
| Indio Hills | $45,729 | 12.2% |
| La Quinta | $77,839 | 11.2% |
| Mecca | $23,600 | 39.3% |
| North Shore | $22,000 | 29.6% |
| Oasis | $19,457 | 51.8% |
| Palm Desert | $59,977 | 13.1% |
| Palm Springs | $53,441 | 17.3% |
| Rancho Mirage | $78,682 | 11.6% |
| Sky Valley | $32,367 | 15.5% |
| Thermal | $30,433 | 32.6% |
| Thousand Palms | $52,697 | 12.8% |
| Vista Santa Rosa | $39,805 | 20.3% |
| **Coachella Valley Total** | **-** | **18.0%** |
| Comparison: Riverside County | $67,005 | 13.7% |
| Comparison: California | $75,235 | 13.4% |
| Comparison United States | $62,843 | 13.4% |

Source: American Community Survey – Five Year Estimates. (2015-2019). Indicator: "Poverty Rate" is the percent of households with an income at or below 100% of the Federal Poverty Line (FPL).

Appendix 25. Children in Poverty by City /CDP

| City/CDP | Children in Poverty (Under 18 years old) |
|---|---|
| Bermuda Dunes | 18.7% |
| Cathedral City | 29.1% |
| Coachella | 30.0% |
| Desert Edge | 62.1% |
| Desert Hot Springs | 42.2% |
| Desert Palms | - |
| Garnet | 28.3% |
| Indian Wells | 0.0% |
| Indio | 24.0% |
| Indio Hills | 0.0% |
| La Quinta | 16.6% |
| Mecca | 45.2% |
| North Shore | 31.2% |
| Oasis | 68.4% |
| Palm Desert | 18.8% |
| Palm Springs | 32.2% |
| Rancho Mirage | 24.1% |
| Sky Valley | 9.9% |
| Thermal | 52.3% |
| Thousand Palms | 20.2% |
| Vista Santa Rosa | 45.6% |
| **Coachella Valley Total** | **27.8%** |
| Comparison: Riverside County | 18.2% |
| Comparison: California | 18.1% |
| Comparison United States | 18.5% |

Source: American Community Survey – Five Year Estimates. (2015-2019). "Poverty Rate" is the percent of households with an income at or below 100% of the Federal Poverty Line (FPL).

Appendix 26. Internet Access by City/CDP

| City/CDP | Have Internet Subscription | Without Internet Subscription |
|---|---|---|
| Bermuda Dunes | 91.9% | 8.1% |
| Cathedral City | 82.9% | 17.1% |
| Coachella | 73.3% | 26.7% |
| Desert Edge | 76.7% | 23.3% |
| Desert Hot Springs | 76.2% | 23.8% |
| Desert Palms | 93.3% | 6.7% |
| Garnet | 74.3% | 25.7% |
| Indian Wells | 88.8% | 11.2% |
| Indio | 82.8% | 17.2% |
| Indio Hills | 66.7% | 33.3% |
| La Quinta | 90.6% | 9.4% |
| Mecca | 66.7% | 33.3% |
| North Shore | 64.7% | 35.3% |
| Oasis | 47.3% | 52.7% |
| Palm Desert | 85.2% | 14.8% |
| Palm Springs | 86.3% | 13.7% |
| Rancho Mirage | 90.0% | 10.0% |
| Sky Valley | 81.7% | 18.3% |
| Thermal | 56.9% | 43.1% |
| Thousand Palms | 76.1% | 23.9% |
| Vista Santa Rosa | 68.6% | 31.4 |
| **Coachella Valley Total** | **83.1%** | **16.9%** |
| Riverside County | 86.9% | 13.1% |
| California | 86.9% | 13.1% |
| United States | 83.0% | 17.0% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 27. Smartphone Ownership by City/CDP

| City/CDP | Have a Smartphone | Do Not Have a Smartphone |
|---|---|---|
| Bermuda Dunes | 91.2% | 8.8% |
| Cathedral City | 70.6% | 29.4% |
| Coachella | 79.1% | 20.9% |
| Desert Edge | 56.6% | 43.4% |
| Desert Hot Springs | 69.2% | 30.8% |
| Desert Palms | 75.3% | 24.7% |
| Garnet | 78.5% | 21.5% |
| Indian Wells | 83.7% | 16.3% |
| Indio | 81.7% | 18.3% |
| Indio Hills | 58.5% | 41.5% |
| La Quinta | 84.7% | 15.3% |
| Mecca | 66.2% | 33.8% |
| North Shore | 74.2% | 25.8% |
| Oasis | 59.9% | 40.1% |
| Palm Desert | 78.0% | 22.0% |
| Palm Springs | 77.9% | 22.1% |
| Rancho Mirage | 80.0% | 20.0% |
| Sky Valley | 70.5% | 29.5% |
| Thermal | 64.3% | 35.7% |
| Thousand Palms | 65.2% | 34.8% |
| Vista Santa Rosa | 77.1% | 22.9% |
| **Coachella Valley Total** | **77.6%** | **22.4%** |
| Riverside County | 83.5% | 16.5% |
| California | 84.6% | 15.4% |
| United States | 79.9% | 20.1% |

Source: American Community Survey – Five Year Estimates. (2015-2019)

Appendix 28. Percent of Households Spending More than 30% of Income on Housing by City/CDP

| City/CDP | Renters | Homeowners | Combined |
|---|---|---|---|
| Bermuda Dunes | 46.3% | 47.7% | 47.0% |
| Cathedral City | 64.8% | 45.9% | 55.3% |
| Coachella | 73.6% | 62.2% | 66.2% |
| Desert Edge | 75.9% | 46.3% | 66.5% |
| Desert Hot Springs | 70.0% | 51.0% | 63.5% |
| Desert Palms | 63.0% | 43.9% | 48.6% |
| Garnet | 63.0% | 57.3% | 59.8% |
| Indian Wells | 81.9% | 41.1% | 53.2% |
| Indio | 59.9% | 48.4% | 52.7% |
| Indio Hills | 100% | 68.1% | 72.6% |
| La Quinta | 48.0% | 48.0% | 45.7% |
| Mecca | 52.2% | 54.8% | 52.9% |
| North Shore | 36.4% | 69.8% | 65.6% |
| Oasis | 55.2% | 87.5% | 61.4% |
| Palm Desert | 54.1% | 44.4% | 49.3% |
| Palm Springs | 58.9% | 42.8% | 51.3% |
| Rancho Mirage | 57.5% | 49.5% | 51.8% |
| Sky Valley | 87.5% | 39.1% | 60.0% |
| Thermal | 35.2% | 48.7% | 40.7% |
| Thousand Palms | 44.7% | 36.3% | 39.5% |
| Vista Santa Rosa | 73.9% | 57.5% | 61.5% |
| **Coachella Valley Total** | **60.4%** | **48.2%** | **53.6%** |
| Comparison: Riverside County | 58.6% | 39.9% | 47.5% |
| Comparison: California | 54.8% | 38.2% | 47.0% |
| Comparison: United States | 49.6% | 27.8% | 37.7% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 29. Homelessness Among School-Aged Children

| School District | Total Student Enrollment | # of Homeless Students | % of Homeless Students |
|---|---|---|---|
| CVUSD | 17,887 | 428 | 2.4% |
| DSUSD | 99,311 | 4,298 | 0.9% |
| PSUSD | 22,433 | 1,445 | 6.4% |
| **Coachella Valley Total** | **139,631** | **6,171** | **4.4%** |

Source: California Department of Education (2019-2020). California Longitudinal Pupil Achievement Data System (CALPADS) UPC Source File for grades K–12.

## Appendix 30. Housing Instability by City/CDP

| City/CDP | Unstable Housing | Stable Housing |
|---|---|---|
| Bermuda Dunes | 8.0% | 92.0% |
| Cathedral City | 6.3% | 93.7% |
| Coachella | 6.1% | 93.9% |
| Desert Hot Springs | 9.1% | 90.9% |
| Indio | 10.0% | 90.0% |
| Thousand Palms | 1.9% | 98.1% |
| Palm Springs | 8.0% | 92.0% |
| Rancho Mirage | 2.8% | 97.2% |
| Sky Valley | 38.6% | 61.4% |
| Thermal | 1.9% | 98.1% |
| Vista Santa Rosa | 0.0% | 100.0% |
| **Coachella Valley Total** | **6.8%** | **93.2%** |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

"Unstable Housing" is calculated by those who responded to the question, "What is your living situation today?" with either "I have a place to live today but I am worried about losing it in the future" or "I do not have a steady place to live". "Stable Housing" are those people who responded to the question with "I have a steady place to live."

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 31. Substandard Housing by City/CDP

| City/CDP | Lacking Plumbing Facilities | Lacking Kitchen Facilities |
|---|---|---|
| Bermuda Dunes | 0.0% | 0.0% |
| Cathedral City | 0.2% | 0.2% |
| Coachella | 0.1% | 0.3% |
| Desert Edge | 0.0% | 0.0% |
| Desert Hot Springs | 0.0% | 0.5% |
| Desert Palms | 0.0% | 0.0% |
| Garnet | 0.0% | 0.0% |
| Indian Wells | 0.0% | 0.0% |
| Indio | 0.1% | 0.3% |
| Indio Hills | 0.0% | 0.0% |
| La Quinta | 0.1% | 0.2% |
| Mecca | 0.0% | 0.0% |
| North Shore | 3.6% | 5.3% |
| Oasis | 4.6% | 0.7% |
| Palm Desert | 0.1% | 0.8% |
| Palm Springs | 0.2% | 1.2% |
| Rancho Mirage | 0.2% | 1.6% |
| Sky Valley | 2.3% | 1.8% |
| Thermal | 6.1% | 0.0% |
| Thousand Palms | 0.6% | 0.4% |
| Vista Santa Rosa | 1.1% | 0.0% |
| Coachella Valley Total | 0.2% | 0.5% |
| Comparison: Riverside County | 0.4% | 0.7% |
| Comparison: California | 0.4% | 1.1% |
| Comparison United States | 0.4% | 0.8% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 32. Number of Vehicles by City/CDP

| City/CDP | No vehicle | 1 vehicle | 2 vehicles | 3 or more vehicles |
|---|---|---|---|---|
| Bermuda Dunes | 2.9% | 38.7% | 37.9% | 20.4% |
| Cathedral City | 5.6% | 36.9% | 35.6% | 21.9% |
| Coachella | 2.1% | 23.6% | 40.8% | 33.5% |
| Desert Edge | 7.3% | 59.7% | 26.5% | 6.6% |
| Desert Hot Springs | 8.0% | 42.7% | 31.2% | 18.1% |
| Desert Palms | 3.9% | 54.8% | 36.4% | 4.9% |
| Garnet | 6.1% | 26.6% | 35.1% | 32.3% |
| Indian Wells | 1.1% | 45.6% | 41.8% | 11.4% |
| Indio | 4.0% | 32.6% | 41.3% | 22.2% |
| Indio Hills | 0.0% | 15.0% | 53.8% | 31.2% |
| La Quinta | 3.3% | 31.0% | 47.8% | 17.9% |
| Mecca | 3.4% | 32.5% | 45.1% | 19.0% |
| North Shore | 6.8% | 16.1% | 41.6% | 35.5% |
| Oasis | 1.2% | 37.3% | 48.5% | 13.0% |
| Palm Desert | 5.0% | 49.8% | 33.8% | 11.5% |
| Palm Springs | 7.1% | 51.6% | 31.5% | 9.8% |
| Rancho Mirage | 5.1% | 43.5% | 38.2% | 13.2% |
| Sky Valley | 2.9% | 42.7% | 28.6% | 25.9% |
| Thermal | 7.0% | 47.3% | 21.9% | 23.8% |
| Thousand Palms | 3.8% | 45.1% | 30.7% | 20.3% |
| Vista Santa Rosa | 1.1% | 28.0% | 28.1% | 42.9% |
| **Coachella Valley Total** | 4.8% | 39.6% | 37.4% | 18.2% |
| Comparison: Riverside County | 4.2% | 28.2% | 37.6% | 30.0% |
| Comparison: California | 7.1% | 30.4% | 37.2% | 25.3% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

## Appendix 33. Total Crime Index by City/CDP

| City/CDP | 2019 Crimes Per 100,000 |
| --- | --- |
| Bermuda Dunes | 84 |
| Cathedral City | 95 |
| Coachella | 128 |
| Desert Edge | 51 |
| Desert Hot Springs | 136 |
| Desert Palms | 56 |
| Garnet | 92 |
| Indian Wells | 134 |
| Indio | 111 |
| Indio Hills | 77 |
| La Quinta | 111 |
| Mecca | 97 |
| North Shore | 70 |
| Oasis | 68 |
| Palm Desert | 145 |
| Palm Springs | 186 |
| Rancho Mirage | 128 |
| Sky Valley | 60 |
| Thermal | 162 |
| Thousand Palms | 124 |
| Vista Santa Rosa | 144 |

Source: Data pulled from Applied Geographic Solutions which utilizes data from Uniform Crime Report. (2019)

Appendix 34. Preterm Births by City/CDP

| City/CDP | Number of Preterm Births | Number of Total Births | Percent of Births that are Preterm |
|---|---|---|---|
| Bermuda Dunes | 6 | 69 | 8.7% |
| Cathedral City | 47 | 513 | 9.2% |
| Coachella | 56 | 672 | 8.3% |
| Desert Hot Springs | 51 | 590 | 8.6% |
| Indian Wells | 1 | 6 | 16.7% |
| Indio | 80 | 974 | 8.2% |
| La Quinta | 17 | 267 | 6.4% |
| Mecca | 19 | 191 | 9.9% |
| North Shore | 1 | 19 | 5.3% |
| Palm Desert | 18 | 322 | 5.6% |
| Palm Springs | 25 | 186 | 13.4% |
| Rancho Mirage | 2 | 43 | 4.7% |
| Thermal | 25 | 281 | 8.9% |
| Thousand Palms | 8 | 67 | 11.9% |

Source. Riverside County Public Health (2019). "Preterm births" is defined as those less than 37 weeks.

Appendix 35. Infant Mortality Rate by City/CDP

| City/CDP | Infant Deaths | Infant Births | Infant Mortality Rate |
|---|---|---|---|
| Cathedral City | 5 | 513 | 9.75 |
| Coachella | 3 | 672 | 4.46 |
| Desert Hot Springs | 4 | 590 | 6.78 |
| Indio | 6 | 974 | 6.16 |
| La Quinta | 1 | 267 | 3.75 |
| Palm Springs | 2 | 186 | 10.75 |
| Thermal | 3 | 281 | 10.68 |
| Thousand Palms | 1 | 67 | 14.92 |

Source. Riverside County Public Health (2019).

Appendix 36. Suicide Data by City/CDP

| City/CDP | Death by Suicide | Total Population | Suicide Rate per 100,000 People |
|---|---|---|---|
| Bermuda Dunes | 1 | 7,960 | 12.6 |
| Cathedral City | 9 | 54,453 | 16.5 |
| Coachella | 6 | 45,020 | 13.3 |
| Desert Hot Springs | 8 | 29,457 | 27.2 |
| Indio | 9 | 89,863 | 10.0 |
| La Quinta | 5 | 40,872 | 12.2 |
| Palm Desert | 12 | 53,035 | 22.6 |
| Palm Springs | 17 | 48,358 | 35.2 |
| Rancho Mirage | 8 | 18,313 | 43.7 |
| Coachella Valley Total | 75 | 387,331 | 19.4 |
| Riverside County | 272 | 2,383,286 | 11.4 |
| California | 4,312 | 39,148,760 | 11.0 |
| United States | 47,173 | 322,903,030 | 14.6 |

Source: Riverside Public Health (2019).

Appendix 37. Any Mental Health Diagnosis Among Adults by City/CDP

| City/CDP | Percentage | Weighted Estimate |
|---|---|---|
| Thermal | 41.0% | 3,760 |
| Cathedral City | 33.2% | 12,617 |
| Desert Hot Springs | 32.6% | 10,160 |
| La Quinta | 29.8% | 9,362 |
| Palm Springs | 28.5% | 12,414 |
| Palm Desert | 28.4% | 13,482 |
| Rancho Mirage | 25.7% | 3,877 |
| Coachella | 25.2% | 7,663 |
| Indio | 24.7% | 15,827 |
| Coachella Valley Total | 28.6% | 97,340 |

Source: 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

Appendix 38. Walking (18+) by City/CDP

| City/CDP | Percent of adults who walked at least 150 minutes in past week |
|---|---|
| Bermuda Dunes | 37.8% |
| Cathedral City | 36.9% |
| Coachella | 39.4% |
| Desert Edge | 36.8% |
| Desert Hot Springs | 37.5% |
| Desert Palms | 36.5% |
| Garnet | 34.0% |
| Indian Wells | 40.2% |
| Indio | 36.9% |
| Indio Hills | 37.9% |
| La Quinta | 37.8% |
| Oasis | 42.6% |
| Palm Desert | 37.6% |
| Palm Springs | 38.1% |
| Rancho Mirage | 39.1% |
| Sky Valley | 37.5% |
| Thermal | 39.3% |
| Thousand Palms | 35.4% |
| Vista Santa Rosa | 39.0% |
| Coachella Valley Total | 37.7% |
| Comparison: Riverside County | 36.9% |
| Comparison: California | 38.9% |

Source: CHIS Neighborhood Edition. (2016).

Appendix 39. Children (2 to 17) who are Overweight or Obese by City/CDP

| City/CDP | Children Age 2 to 17 who are Overweight or Obese for Age |
|---|---|
| Cathedral City | 56.4% |
| Coachella | 62.2% |
| Desert Hot Springs | 54.6% |
| Indio | 43.6% |
| La Quinta | 20.1% |
| Mecca | 69.1% |
| Palm Desert | 31.9% |
| Palm Springs | 32.6% |
| Coachella Valley Total | 46.1% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 40. Adults (18+) who are Overweight or Obese by City/CDP

| City/CDP | Adults who are Obese or Overweight |
|---|---|
| Bermuda Dunes | 54.2% |
| Cathedral City | 65.6% |
| Coachella | 76.8% |
| Desert Hot Springs | 73.3% |
| Indian Wells | 57.6% |
| Indio | 68.0% |
| La Quinta | 65.7% |
| Mecca | 86.7% |
| Palm Desert | 62.1% |
| Palm Springs | 59.3% |
| Thermal | 54.9% |
| Coachella Valley Total | 65.9% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 41. Utilized Emergency Food Resources by City/CDP

| City/CDP | Yes | No |
|---|---|---|
| Bermuda Dunes | 7.5% | 92.% |
| Cathedral City | 8.2% | 91.8% |
| Coachella | 10.6% | 89.4% |
| Desert Hot Springs | 17.4% | 82.6% |
| Indian Wells | 20.2% | 79.8% |
| Indio | 11.7% | 88.3% |
| La Quinta | 7.5% | 92.5% |
| Mecca | 16.2% | 83.8% |
| Palm Desert | 3.3% | 96.7% |
| Palm Springs | 8.5% | 91.5% |
| Rancho Mirage | 1.6% | 98.4% |
| Thermal | 15.6% | 84.4% |
| Thousand Palms | 6.2% | 93.8% |
| Vista Santa Rosa | 100.0% | 0.0% |
| Coachella Valley Total | 9.8% | 90.2% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Indicator: Adults who received food from an emergency food program in past year.
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 42. CalFresh/SNAP/Food Stamps by City/CDP

| City/CDP | Number of Households Receiving SNAP | Percent of Households Receiving SNAP |
|---|---|---|
| Bermuda Dunes | 107 | 3.8% |
| Cathedral City | 1,687 | 9.0% |
| Coachella | 1,658 | 10.7% |
| Desert Edge | 167 | 9.3% |
| Desert Hot Springs | 1,868 | 17.8% |
| Desert Palms | 31 | 0.8% |
| Garnet | 174 | 10.5% |
| Indian Wells | 46 | 1.7% |
| Indio city | 2,549 | 7.9% |
| Indio Hills | 56 | 23.9% |
| La Quinta | 587 | 3.7% |
| Mecca | 301 | 16.2% |
| North Shore | 64 | 6.8% |
| Oasis | 174 | 17.5% |
| Palm Desert | 1,273 | 5.2% |
| Palm Springs | 1,840 | 7.6% |
| Rancho Mirage | 336 | 3.6% |
| Sky Valley | 60 | 6.2% |
| Thermal | 68 | 15.9% |
| Thousand Palms | 368 | 14.1% |
| Vista Santa Rosa | 79 | 9.8% |
| Coachella Valley Total | 13,493 | 7.8% |
| Riverside County | 67,436 | 9.3% |
| California | 1,164,713 | 8.9% |
| United States | 14,171,567 | 11.7% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 43. CalFresh/SNAP/Food Stamps for Children by City/CDP

| City/CDP | Number of Households with Children Under 18 Receiving SNAP Benefits | Percent of Households with Children Under 18 Receiving SNAP Benefits |
|---|---|---|
| Bermuda Dunes | 107 | 100.0% |
| Cathedral City | 973 | 57.7% |
| Coachella | 1,215 | 73.3% |
| Desert Edge | 34 | 20.4% |
| Desert Hot Springs | 1,129 | 60.4% |
| Desert Palms | 0 | 0.0% |
| Garnet | 133 | 76.4% |
| Indian Wells | 0 | 0.0% |
| Indio | 1,691 | 66.3% |
| Indio Hills | 47 | 83.9% |
| La Quinta | 420 | 71.6% |
| Mecca | 270 | 89.7% |
| North Shore | 0 | 0.0% |
| Oasis | 160 | 92.0% |
| Palm Desert | 691 | 54.3% |
| Palm Springs | 655 | 35.6% |
| Rancho Mirage | 132 | 39.3% |
| Sky Valley | 0 | 0.0% |
| Thermal | 45 | 66.2% |
| Thousand Palms | 179 | 48.6% |
| Vista Santa Rosa | 69 | 87.3% |
| Coachella Valley Total | 7,950 | 20.9% |
| Comparison: Riverside County | 44,904 | 66.6% |
| Comparison: California | 747,180 | 64.2% |
| Comparison: United States | 7,105,912 | 50.1% |

Source: American Community Survey – Five Year Estimates. (2015-2019).

Appendix 44. Adult Dental Visit in Past 6 Months by City/CDP

| City/CDP | Less than 6 months ago |
|---|---|
| Bermuda Dunes | 50.2% |
| Cathedral City | 40.4% |
| Coachella | 30.4% |
| Desert Hot Springs | 33.4% |
| Indian Wells | 67.1% |
| Indio | 49.1% |
| La Quinta | 47.6% |
| Palm Desert | 65.6% |
| Palm Springs | 49.9% |
| Rancho Mirage | 66.4% |
| Thermal | 40.3% |
| Thousand Palms | 36.2% |
| **Coachella Valley Total** | **47.2%** |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 45. Child Dental Visit in Past 6 Months by City/CDP

| City/CDP | Less than 6 months ago |
|---|---|
| Cathedral City | 46.0% |
| Coachella | 33.7% |
| Desert Hot Springs | 54.0% |
| Indio | 69.4% |
| La Quinta | 72.5% |
| Mecca | 78.0% |
| Palm Desert | 61.8% |
| Palm Springs | 59.9% |
| Thermal | 59.2% |
| **Coachella Valley Total** | |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

## Appendix 46. Sexual Activity Data by City/CDP

| City | Yes | No |
|---|---|---|
| Bermuda Dunes | 65.2% | 34.8% |
| Cathedral City | 64.3% | 35.7% |
| Coachella | 66.4% | 33.6% |
| Desert Hot Springs | 59.3% | 40.7% |
| Indian Wells | 46.7% | 53.3% |
| Indio | 63.1% | 36.9% |
| La Quinta | 70.1% | 29.9% |
| Mecca | 76.7% | 23.3% |
| North Shore | 32.8% | 67.2% |
| Palm Desert | 53.6% | 46.4% |
| Palm Springs | 65.0% | 35.0% |
| Rancho Mirage | 60.9% | 39.1% |
| Thermal | 77.3% | 22.7% |
| Thousand Palms | 58.4% | 41.6% |
| Coachella Valley Total | 62.9% | 37.1% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Indicator: During the past 12 months, have you been sexually active? Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

## Appendix 47. Adult Alcohol Consumption by City/CDP

| City | Does not Drink | Drank at least once |
|---|---|---|
| Bermuda Dunes | 48.1% | 51.9% |
| Cathedral City | 44.0% | 56.0% |
| Coachella | 58.8% | 41.2% |
| Desert Hot Springs | 51.3% | 48.7% |
| Desert Palms | 40.9% | 59.1% |
| Indio | 48.8% | 51.2% |
| La Quinta | 28.5% | 71.5% |
| Mecca | 58.8% | 41.2% |
| Palm Desert | 35.6% | 64.4% |
| Palm Springs | 33.9% | 66.1% |
| Rancho Mirage | 41.6% | 58.4% |
| Sky Valley | 44.4% | 55.6% |
| Thermal | 58.3% | 41.7% |
| Thousand Palms | 42.5% | 57.5% |
| Coachella Valley Total | 44.2% | 55.8% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 48. Current Marijuana Use by City/CDP

| City | Did not use in marijuana in past month | Used once or more in the past month |
|---|---|---|
| Cathedral City | 83.0% | 17.0% |
| Coachella | 81.8% | 18.2% |
| Desert Hot Springs | 78.1% | 21.9% |
| Indio | 77.3% | 22.7% |
| La Quinta | 81.5% | 18.5% |
| Palm Desert | 77.7% | 22.3% |
| Palm Springs | 75.8% | 24.2% |
| Rancho Mirage | 82.3% | 17.7% |
| Thermal | 73.4% | 26.6% |
| Coachella Valley Total | 79.1% | 20.9% |

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

2021

# Community Health Implementation Plan

## for the Coachella Valley

**DESERT HEALTHCARE**
**DISTRICT & FOUNDATION**

# About This Report

This report was created by HARC, Inc. (Health Assessment and Research for Communities) for the Desert Healthcare District and Foundation.

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

To learn more about HARC, visit www.HARCdata.org.

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If you have any questions or concerns about the report, please contact Dr. Cassaundra Leier, HARC's Director of Research and Evaluation, at CLeier@HARCdata.org.

# Acknowledgements

As with all work done for the community, the most meaningful and successful work is done with the participation of many different people and organizations. The Desert Healthcare District is immensely grateful for the support of our funders, steering committee, advisory council, and the residents of our Coachella Valley community.

## Funders

We are grateful for the support of the funders of this Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). The support from funders was invaluable in making this project possible, including generous contributions from:

- Borrego Community Health Foundation
- The California Endowment
- Desert Care Network
- First 5 Riverside

## Community Members

Thank you to our community. Our process was intentionally designed to be community-driven, in that we wanted the voices of our community to inform how we understand local health issues and how we address those issues. We appreciate all the community members who provided input and helped us to understand their needs, the disparities, and the opportunities to create meaningful change.

## Steering Committee

We would also like to thank the Steering Committee, for helping to oversee our approach and assist with contributing local community health data that was pertinent to this project:

- Borrego Community Health Foundation
- The California Endowment
- Coachella Valley Economic Partnership (CVEP)
- Desert Care Network
- First 5 Riverside
- Inland Empire Health Plan (IEHP)
- Riverside University Health System – Behavioral Health
- Riverside University Health System – Public Health
- University of California Riverside – School of Medicine

## Advisory Council

A big thank you to our community partner organizations who helped us to optimally understand the community we serve and who helped us communicate with our community-at-large:

- Alianza Coachella Valley
- Alzheimer's Coachella Valley
- Angel View
- Braille Institute
- CSUSB – Palm Desert
- City of Coachella Water Authority
- Clinicas de Salud del Pueblo
- Coachella Valley Housing Coalition
- Coachella Valley Unified School District (CVUSD)
- Coachella Valley Volunteers in Medicine (CVVIM)
- Comite Civico del Valle
- County of Riverside - Mecca Farmworker's Service Center
- County of Riverside – Office of Supervisor V. Manuel Perez
- Desert AIDS Project (DAP)
- Desert Arc
- Desert Highland Gateway
- Desert Oasis Healthcare
- Desert Sands Unified School District (DSUSD)
- East Agriculture Advisor for Supervisor V. Manuel Perez
- Eisenhower Health
- El Sol Neighborhood Education Center
- FIND Food Bank
- Galilee Center
- Growing Coachella Valley
- Inland Empire Health Plan
- Jewish Family Service of the Desert
- Joslyn Center
- Kaiser Permanente
- Latino Commission
- LGBTQ Community Center of the Desert
- Lideres Campesinas
- Lift to Rise
- Loma Linda University - SAC Health System
- Martha's Village and Kitchen
- Mizell Senior Center
- Molina Healthcare
- Neuro Vitality Center
- OneFuture Coachella Valley
- Office on Aging
- Operation SafeHouse
- Palm Springs Unified School District (PSUSD)
- Planned Parenthood of the Pacific Southwest
- Pueblo Unido Community Development Corporation
- RAP Foundation
- Riverside County Latino Commission
- Riverside County Office on Aging
- Riverside County Sheriff's Department
- Shelter from the Storm
- South Coast Air Quality Management District
- SMaRT Education

# Acronym Page

The following acronyms may appear one or more times in this report, so this page can be used as a reference to "decode" those acronyms.

ACEs: Adverse Childhood Experiences

ACS: American Community Survey

AHRQ: Agency for Healthcare Research & Quality

AIDS: Acquired Immunodeficiency Syndrome

AQI: Air Quality Index

ASL: American Sign Language

BIPOC: Black, Indigenous and people of color

CDC: Centers for Disease Control & Prevention

CDP: Census Designated Place

CGR: College-Going Rate

CHIP: Community Health Implementation Plan

CHIS: California Health Interview Survey

CHKS: California Healthy Kids Survey

CHNA: Community Health Needs Assessment

CMS: Centers for Medicare & Medicaid Services

COVID-19: Novel Coronavirus

CVEP: Coachella Valley Economic Partnership

CVUSD: Coachella Valley Unified School District

CVVIM: Coachella Valley Volunteers in Medicine

DAP: Desert AIDS Project

DHCD & F: Desert Healthcare District & Foundation

DRMC: Desert Regional Medical Center

DSUSD: Desert Sands Unified School District

EBT: Electronic Benefits Card

EPA: Environmental Protection Agency

FMD: Frequent Mental Distress

FPL: Federal Poverty Line

FPL: Future Physician Leaders

FTE: Full-Time Equivalent

HARC: Health Assessment & Research for Communities

HCC: Health Career Connections Internship Program

HEAL: Healthy Eating, Active Living

HIV: Human Immunodeficiency Virus

HOSA: Future Health Professionals, formerly known as Health Occupations Students of America

HRSA: Health Resources & Services Administration

ICD-10: International Classification of Diseases, Tenth Revision

IEHP: Inland Empire Health Plan

IMU: Index of Medical Underservice

JFK Memorial Hospital: John F. Kennedy Memorial Hospital

LGBTQIA: Lesbian, gay, bisexual, transgender, questioning, intersex, asexual

MUA: Medically Underserved Areas

MUP: Medically Underserved Population

NCHS: National Center for Health Statistics

OSHPD: California's Office of Statewide Health Planning & Development

PIT: Homelessness Point-In-Time Count

PM: Particulate Matter

POC: People of Color

PSUSD: Palm Springs Unified School District

PTSD: Post-Traumatic Stress Disorder

RCMA: Riverside County Medical Association

RDA: Registered Dental Assistant

RDH: Registered Dental Hygienist

RUHS: Riverside University Health System

SNAP: Supplemental Nutrition Assistance Program (e.g., food stamps)

STD: Sexually Transmitted Disease

STI: Sexually Transmitted Infections

VA: Veterans Affairs

WHO: World Health Organization

# Contents

# Executive Summary

## Introduction

In November 2018, local voters approved an expansion of the Desert Healthcare District and Foundation (DHCD & F) to cover the entire Coachella Valley region. As a result of this District expansion and the need for a new strategic plan, DHCD & F has embarked on the endeavor of conducting a Community Health Needs Assessment (CHNA) of the Coachella Valley, followed by a Community Health Improvement Plan (CHIP).

In January of 2020, DHCD & F hired HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research organization, to conduct a CHNA and CHIP. This report is the CHIP component, the CHNA report can be found here: (link to website address once it is posted online).

## CHNA

DHCD & F and HARC collaboratively designed the methods for conducting this CHNA/CHIP process. Specifically, DHCD & F and HARC assembled a Steering Committee, assembled an Advisory Council, and refined a list of more than 100 indicators under 12 categories to assess the health and social determinants of health for our local population. The indicator list was developed using Healthy People 2020's leading health indicators as well as input from the Advisory Council.

HARC gathered a wealth of secondary data across the 12 categories, which was then presented to the community during the community engagement phase. Community input helped to narrow down the needs from 12 categories to the top five health needs. Selection of the top five health needs took into account information from three different sources:

- Community engagement via 40 virtual focus groups consisting of 205 community members.
- Group prioritization with the Advisory Council via eight virtual focus groups consisting of 31 Advisory Council members.
- Six subject matter experts ranked the health needs, using the data from the CHNA report and a prioritization rubric.

HARC and DHCD & F then combined data from these three sources to select the following five health priorities for the Coachella Valley (in alphabetical order):

- Access to Care
- Economic Stability
- Education Access and Quality
- Environment
- Mental Health

CHIP

Next, HARC created draft goals and objectives for each of the top five health needs based on community feedback and Healthy People 2030's objectives. These draft goals and objectives were presented to community leaders through a series of focus groups and key informant interviews. Feedback shaped and changed these objectives while adding activities and potential partners for each of them.

The goals and objectives for each of the top five health needs are as follows:

*Access to Care*
- Goal: Increase access to comprehensive, high-quality healthcare services.
  - Objective 1: Increase the proportion of people with health insurance.
  - Objective 2: Increase the proportion of people with health insurance who understand and fully utilize their benefits.
  - Objective 3: Increase the proportion of people with a usual primary care provider.
  - Objective 4: Reduce the proportion of people who can't get medical care when they need it.
  - Objective 5: Reduce the proportion of people who can't get prescriptions when they need them.
  - Objective 6: Increase the availability and use of preventative care.
  - Objective 7: Empower community members to engage in healthy behaviors and avoid preventable illnesses/complications.
  - Objective 8: Increase the number of healthcare providers, especially those who accept Medi-Cal, speak Spanish, are primary care providers, who serve the LGBTQ community, and/or those who practice in low-income geographies.

*Economic Stability*
- Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.
  - Objective 1: Increase employment in working-age people/reduce unemployment.
  - Objective 2: Increase the number of jobs that pay a living wage.
  - Objective 3: Reduce the percent of adolescents and young adults who aren't in school or working.
  - Objective 4: Reduce the proportion of people living in poverty.
  - Objective 5: Reduce the percent of families that spend more than 30% of income on housing.
  - Objective 6: Increase the number of homeless people who are successfully housed.

## *Education*

- Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.
    - o Objective 1: Increase the percentage of students with reading skills at or above the proficient level on their standardized tests.
    - o Objective 2: Increase the percentage of students with math skills at or above the proficient level on their standardized tests.
    - o Objective 3: Increase the percentage of high school students who graduate in four years.
    - o Objective 4: Increase the percentage of high school graduates who enroll in college within a year after graduating from high school.
    - o Objective 5: Increase the number of Coachella Valley residents enrolled in college who complete a degree or obtain a certification.
    - o Objective 6: Increase the number and size of scholarships available for Coachella Valley residents, including family stipends.

## *Environment*

- Goal: Promote healthier environments to improve health.
    - o Objective 1: Reduce diseases and deaths related to heat.
    - o Objective 2: Reduce the number of days people are exposed to unhealthy air, especially as related to the Salton Sea.
    - o Objective 3: Reduce health and environmental risks from hazardous sites.
    - o Objective 4: Improve drinking water within vulnerable communities.
    - o Objective 5: Improve infrastructure and public transportation to encourage walkability in communities.
    - o Objective 6: Improve infrastructure and public transportation to encourage walkability in communities.

## *Mental Health*

- Goal: Improve mental health.
    - o Objective 1: Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment.
    - o Objective 2: Reduce suicide attempts and the suicide rate.
    - o Objective 3: Increase the number of mental health providers, clinics, resources.

## Conclusion

This CHIP will help DHCD & F with strategic planning going forward. Many of the activities listed in this CHIP involve a multitude of partners coming together to make progress on these goals.

# Introduction

The Coachella Valley is a unique geographic area in Eastern Riverside County, California. It is a part of the greater "Inland Empire" (the counties of San Bernardino and Riverside) but has many aspects that make it unique, including the relative geographic isolation created by extensive mountain passes.

Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley, with Cook Street as a cutoff. Once established, the District then built and operated Desert Hospital, now known as Desert Regional Medical Center (DRMC).[1]

Through a system implemented in 1998, much of the impact for District residents today results from programs and grants approved by the Board of Directors, creating the Desert Healthcare District & Foundation (DHCD & F). About $4 million per year is committed for its grant-making program to support and collaborate with local nonprofits to improve the health of District residents.

In November 2018, Coachella Valley voters approved extending the District boundaries east of Cook Street. The expansion enlarged the District to include La Quinta, Indio, Coachella, the rest of Palm Desert and Indian Wells, Bermuda Dunes, Thermal, Mecca, North Shore, and other unincorporated communities. This expansion more than doubled the coverage area, and thus it became necessary to reassess the entire Coachella Valley and get a clear picture of the health needs in the District.

In January of 2020, HARC Inc. was hired to conduct a community health needs assessment (CHNA) and create a community health improvement plan (CHIP) to support DHCD & F's ability to strategically address health issues in the region. This CHIP includes a health equity approach to the unique needs of the Coachella Valley as the identified goals/objectives and activities to meet these goals/objectives will vary across geography and cultural/ethnic groups.

First, HARC conducted a CHNA for DHCD & F. The CHNA report can be found at (website address to CHNA report when posted online, hyperlinked). The current report summarizes the CHIP, which followed logically from the CHNA.

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[1] http://www.DHCD.org

# Methods

A CHIP is fundamentally intertwined with the CHNA. Thus, in order to understand the CHIP report, a brief summary of the CHNA process and results is presented here.

## CHNA

DHCD & F and HARC collaboratively designed the methods for conducting the CHNA/CHIP process. Specifically, DHCD & F and HARC assembled a Steering Committee, assembled an Advisory Council, and refined a list of indicators to assess the health and social determinants of health for our local population. The indicator list was developed using the Healthy People 2030's leading health indicators as well as input from the Advisory Council. There were more than 100 indicators across 12 content areas (presented here in alphabetical order):

1. Access to Care
2. Clinical Preventative Services
3. Economic Stability
4. Education
5. Environment
6. Injury and Violence
7. Maternal, Infant, and Child Health
8. Mental Health
9. Nutrition, Physical Activity, and Obesity
10. Oral Health
11. Reproductive and Sexual Health
12. Substance Use

Secondary data sources were pulled by HARC from a variety of sources including American Community Survey, California Department of Education, and California Health Interview Survey, just to name a few. Additionally, we asked our local partners to provide local data that was pertinent to our list of health indicators. To provide granular data, the results are provided by city and Census-Designated Places (CDPs) whenever possible. There are 21 cities/CDPs in the Coachella Valley.

HARC created a written CHNA report that included the data on the 100+ indicators across the 12 content areas, as well as a shorter visual report designed for sharing with the public. HARC also put the highlights of the results into a PowerPoint for the community engagement phase.

Community engagement is a central part of the CHNA process. HARC gathered community feedback via virtual focus groups. Each of our partners serving on the Advisory Council were invited to help recruit their clients/patients/members for an online focus group. Each focus group was presented with the PowerPoint of data from the CHNA report and was asked to provide feedback—what is the most common issue in our community, what is most important to address, etc. Focus groups were facilitated by HARC staff with additional note-takers; focus groups were offered in English and in Spanish. All participants were provided with $25 Visa gift cards to compensate them for their time and expertise. There was a total of 40 community focus groups held with 205 members of the community. Data from all the focus groups were compiled, analyzed, and the most common themes were considered the top priorities according to the community.

HARC also gathered feedback from the Advisory Council using a similar process as the community engagement; HARC held a total of eight focus groups held with 31 community leaders. Data from all Advisory Council meetings were compiled, analyzed, and the most common themes were deemed top priorities according to our Advisory Council.

The next step after gathering this information was to prioritize health needs to identify the top five to focus on in the coming years. HARC used three different sources of data to select the top five health issues from the list of 12. These three sources include:

- Community engagement via 40 virtual focus groups consisting of 205 community members.
- Group prioritization with the Advisory Council via eight virtual focus groups consisting of 31 Advisory Council members.
- Six subject matter experts ranked the health needs, using the data from the CHNA report and a prioritization rubric.

HARC and DHCD & F then combined data from these three sources to select the following five health priorities for the Coachella Valley. The priorities listed below are not in order of importance but rather listed alphabetically.

- Access to Care
- Economic Stability
- Education
- Environment
- Mental Health

# CHIP

HARC used Healthy People 2030's objectives and data sources, combined with the feedback received during the CHNA process, to create draft goals and objectives for each of the five priorities. These draft goals and objectives were presented to the Advisory Council via a series of virtual focus groups and one-on-one interviews.

Overall, HARC conducted 10 focus groups and 5 key informant interviews, and obtained feedback from 40 representatives of the following organizations:

- Borrego Health
- Clinicas de Salud del Pueblo
- Coachella Valley Volunteers in Medicine (CVVIM)
- Comite Civico del Valle
- Desert Care Network
- Desert Oasis Healthcare
- FIND Food Bank
- Galilee Center
- Inland Empire Health Plan (IEHP)
- Jewish Family Service of the Desert
- Joslyn Senior Center
- Kaiser Permanente
- LGBTQ Community Center of the Desert
- Lift to Rise
- Martha's Village and Kitchen

- Mizell Senior Center
- Molina Healthcare
- Neuro Vitality Center
- OneFuture Coachella Valley
- Palm Springs Unified School District
- Pueblo Unido
- Riverside County Board of Supervisors, 4th District
- RUHS – Behavioral Health
- RUHS – Public Health
- SAC Health System
- SMaRT Education
- South Coast Air Quality Management District
- UC Riverside School of Medicine

Feedback from these experts was used to revise the draft goals and objectives, and to support those with potential activities and partners for each of these efforts. HARC staff took the feedback from these experts, refined it, and organized it. This report summarizes the results of that process.

# Results

The results are presented here in five sections:
1. Access to Care
2. Economic Stability
3. Education
4. Environment
5. Mental Health

Each section includes one overall goal for that particular health priority. Each of these goals are then supported by between three to eight objectives; each objective has its own separate page in this report.

Whenever possible, HARC has identified the data source and the level of granularity of measurement (e.g., by city, by Coachella Valley, by county, etc.) that will be used to measure progress towards the objective. These measures will be important for assessing population-level change over the years. There are some objectives that are not currently measured; for these, baseline data should be planned and collected.

Each objective is also supported by several potential activities that could be implemented to "move the needle" and make progress towards the objective and, ultimately, the overall goal. It is worth noting that there are many other activities that could make a difference; this list is by no means exhaustive. Agencies striving to make a difference in these five areas are encouraged to explore innovative ways of reaching the goals and objectives.

It is also worth noting that not all of these activities are activities that DHCD & F will undertake; some activities are more appropriately the domain of other key partners and agencies. A list of potential partners accompanies each objective; the list of partners is by no means exhaustive but does provide a strong starting point for discussions about collaboration.

# Access to Care

## Goal: Increase access to comprehensive, high-quality healthcare services.
### Objective 1: Increase the proportion of people with health insurance.

**Measurement for Objective 1:**
- Census Bureau American Community Survey 5-Year Estimates: Percent Uninsured (by city/CDP).
- HARC's triennial survey: "Do you have any kind of health care coverage?" (Coachella Valley level)

**Potential Activities Under Objective 1:**
a. Expand eligibility for Medi-Cal (primary partners: elected officials and lobbyists).
b. Decrease stigma regarding Medi-Cal.
c. Decrease the fear that undocumented individuals/mixed status families have about enrolling in Medi-Cal. Note: requires rebuilding trust.
d. Educate immigrants on the importance of enrolling in health insurance.
e. Educate young adults on the importance of enrolling in health insurance.
f. Provide enrollment assistance (for Medi-Cal, Covered California, Medicare, etc.). Note: must be provided at logical points of contact (e.g., at food distribution sites, at clinic sites, in low-income housing developments, etc.).
g. Encourage employers to educate employees about whether they are eligible for federal insurance programs (e.g., Medi-Cal, Medicare).

**Key Players/Partners for Objective 1:**
- All healthcare providers, including federally qualified health centers (FQHCs), free clinics, hospitals, for-profit healthcare providers, medical groups, etc.
- Care coordinators, case managers, etc.
- Community health workers/promotores
- Elected officials
- Health insurance plans (e.g., IEHP, Kaiser Permanente, Molina Healthcare, etc.)
- Lobbyists
- Unions

## Goal: Increase access to comprehensive, high-quality healthcare services.

### Objective 2: Increase the proportion of people with health insurance who understand and fully utilize their benefits.

**Measurement for Objective 2:** No single good source.
- Will rely on program-specific evaluations.

**Potential Activities Under Objective 2:**
a. Provide healthcare navigation assistance for all (provided by community health workers/promotores, care coordinators, etc.).
b. Provide easy-to-understand description of benefits and expected copays for healthcare services, in English and Spanish.
c. Promote 24/7 text or call helplines to assist individuals in understanding what is covered by their specific insurance and where they can go for care.
d. Promote websites with live chat to assist individuals in understanding what is covered by their specific insurance and where they can go for care.

**Key Players/Partners for Objective 2:**
- Care coordinators, case managers etc.
- Community health workers/promotores
- Health insurance plans (e.g., IEHP, Kaiser Permanente, Molina Healthcare, etc.)

## Goal: Increase access to comprehensive, high-quality healthcare services.

### Objective 3: Increase the proportion of people with a usual primary care provider.

Measurement for Objective 3:
- HARC's triennial survey: "When you are sick or in need of care, where do you usually go?" (Coachella Valley level)
- National data: Medical Expenditure Panel (MEPS) by AHRQ: Number of persons who report that they have a usual primary care provider. We should consider collecting local data using their exact question.

Potential Activities Under Objective 3:
a. Assist in enrollment in health insurance programs (see Access to Care, Objective 1).
b. Increase the number of healthcare providers (see Access to Care, Objective 8).
c. Explore "team-based" healthcare options (see "Evidence Based Programs" appendix for more detail).
d. Expand hours of operation for primary care providers so that individuals who work long hours can still utilize a primary care provider rather than urgent care, emergency department or other after-hours care.
e. Provide education to patients as to which issues warrant use of urgent care vs. emergency department vs. primary care provider routine care.
f. Counsel patients who come into urgent care and/or emergency department for routine issues to find a primary care provider.
g. Increase the telehealth capabilities of local providers and patients. Note: requires solid technological infrastructure.

Key Players/Partners for Objective 3:
- Healthcare providers and their employers.
- Front-desk staff at healthcare providers' offices and hospitals.

## Goal: Increase access to comprehensive, high-quality healthcare services.

### Objective 4: Reduce the proportion of people who are not able to obtain medical care or have to delay medical care when they need it.

**Measurement for Objective 4:** No single good source.

- HARC's triennial survey: "Was there ever a time in the past 12 months when you needed mental health care and could not get it?" (Coachella Valley level). Would need to add other types of care (e.g., physical care) as well to make it a better measure for this objective.
- National data: Medical Expenditure Panel (MEPS) by AHRQ: Number of persons who report not being able to obtain or having delay needed medical care. We should consider collecting local data using their exact question.

**Potential Activities Under Objective 4:**

a. Assist in enrollment in health insurance programs (see Access to Care, Objective 1).
b. Increase the number of healthcare providers (see Access to Care, Objective 8).
c. Provide healthcare navigation assistance (e.g., care coordinators, etc.).
d. Provide healthcare in locations that are convenient for community members (rather than expecting them to come to the site of the clinic or hospital), for example, mobile units deployed to schools, "street medicine", vaccine clinics at work sites, etc.
e. Increase the use of satellite clinics/part-time space use to expand geographical coverage and reduce travel needs for patients.
f. Increase the telehealth capabilities of local providers and patients. Note: requires solid technological infrastructure.
g. Provide sliding scale fees for low-income uninsured/underinsured patients.
h. Support the provision of free healthcare services (e.g., free clinics like CVVIM, free healthcare opportunities like the Flying Doctors event, etc.).
i. Remove transportation barriers by providing low-to-no-cost transportation options for low-income patients (e.g., ride shares, etc.).
j. Extend clinic hours to evenings and weekends.

**Key Players/Partners for Objective 4:**

- All healthcare providers, including federally qualified health centers (FQHCs), free clinics, hospitals, for-profit healthcare providers, medical groups, etc.
- Community health workers and other trusted messengers who provide health education (e.g., El Sol, promotores, etc.).
- Transportation organizations (e.g., Desert Blind & Handicapped, SunLine/SunBus, etc.).

## Goal: Increase access to comprehensive, high-quality healthcare services.

### Objective 5: Reduce the proportion of people who can't get prescriptions when they need them.

**Measurement for Objective 5:** No single good source.

- HARC's triennial survey: "Was there ever a time in the past 12 months when you needed mental health medication and could not get it?" (Coachella Valley level). Would need to add other types of medication as well to make it a better measure for this objective.
- National data: Medical Expenditure Panel (MEPS) by AHRQ: Number of persons who report not being able to obtain or having delay in obtaining needed prescription medications. We should consider collecting local data using their exact question.

**Potential Activities Under Objective 5:**

a. Assist in enrollment in health insurance programs (see Access to Care, Objective 1).
b. Educate community members on prescription discount programs (e.g., "Good Rx", etc.) and encourage their use.
c. Encourage providers to prescribe generic prescriptions whenever possible.
d. Encourage pharmacies to deliver for low-to-no-cost; educate patients about delivery options.
e. Provide financial assistance to those with high prescription costs (e.g., the way Desert Cancer Foundation pays for expensive cancer drugs for low-income patients with cancer).

**Key Players/Partners for Objective 5:**

- All healthcare providers, including federally qualified health centers (FQHCs), free clinics, hospitals, for-profit healthcare providers, medical groups, etc.
- Community health workers and other trusted messengers who provide health education (e.g., El Sol, promotores, etc.).
- Nonprofits that provide financial assistance to low-income patients unable to pay for their prescriptions (e.g., Desert Cancer Foundation, Michelle's Place, etc.).
- Pharmacies and pharmacists.

## Goal: Increase access to comprehensive, high-quality healthcare services.
### Objective 6: Increase the availability and use of preventative care.

**Measurement for Objective 6:**
- Individual activity measurements are more appropriate (see below) than overall objective measures.

**Potential Activities Under Objective 6:**
a. Educate the community on the importance and guidelines of preventative healthcare.
b. Increase the availability and administration of appropriate vaccinations for children.
   - Measurement:
     - California Department of Public Health, Immunization Branch: Percent of kindergarteners with all immunizations (county-level data only).
     - HARC's triennial survey: "Has your child ever had the HPV vaccine?" (Coachella Valley level).
c. Increase the availability and administration of appropriate vaccinations for adults (e.g., annual flu shots, COVID-19 vaccinations, shingles vaccinations, etc.).
   - Measurement:
     - RUHS - Public Health for COVID-19 shots (by city/CDP by special request)
     - HARC's triennial survey: "During the past 12 months, have you had a flu vaccine in any form?" (Coachella Valley level). Would need to add this question back in (removed from the 2019 survey).
d. Increase the number of people who have had a preventive healthcare visit or check-up in the past year.
   - Measurement: HARC's triennial survey: "About how long has it been since you last visited a doctor for a routine check-up?" (Coachella Valley level).
e. Increase the proportion of adults who receive cancer screenings (e.g., lung, breast, colorectal, cervical, etc.).
   - Measurement: HARC's triennial survey (Coachella Valley level), including:
     - "Have you ever had a mammogram?"
     - "Have you ever had a Pap smear?"
     - "Have you ever had a colonoscopy or sigmoidoscopy to check for colon cancer?"
f. Provide free HIV testing for all so that everyone is aware of their HIV status.
   - Measurement: HARC's triennial survey: "Have you ever been tested for HIV?" (Coachella Valley level).

g. Provide community education on the importance of preventative healthcare (including oral care), especially for the Latinx community.

h. Bring healthcare services to patients in their community spaces (e.g., mobile units, school-based clinics, visiting mobile home parks or tribal grounds, etc.).

i. Increase accessibility of bilingual service providers and/or translators.

### Key Players/Partners for Objective 6:

- All healthcare providers, including federally qualified health centers (FQHCs), free clinics, hospitals, for-profit healthcare providers, medical groups, etc.
- Community health workers and other trusted messengers who provide health education (e.g., El Sol, promotores, etc.).
- Pharmacies and pharmacists.

## Goal: Increase access to comprehensive, high-quality healthcare services.

### Objective 7: Empower community members to engage in healthy behaviors and avoid preventable illnesses/ complications.

**Measurement for Objective 7:** No single good source.

**Potential Activities Under Objective 7:**
a. Provide health education to children and youth (in school or outside of school) that empowers them to make healthy decisions.
b. Provide health education to adults. Note: needs to be accessible, encouraging, and in settings that are comfortable and convenient for adults. Should include information about healthy eating, active living as well as education on chronic diseases (e.g., asthma, cancer, diabetes, heart disease, etc.).
c. Encourage healthy eating/healthy cooking, especially programs that promote healthy foods that are culturally appropriate.
d. Provide text message-based health interventions, especially for self-management of chronic conditions.
e. Provide opportunities for free-or-low-cost exercise in community-based settings (e.g., Zumba, kickboxing, salsa dancing, etc.).
f. Provide healthy socialization programming, especially for seniors or others at risk for social isolation (e.g., book clubs, lotería, volunteerism, etc.).

**Key Players/Partners for Objective 7:**
- Community health workers and other trusted messengers who provide health education (e.g., El Sol, promotores, etc.)
- Community-based organizations providing healthy eating, active living programming (e.g., Boys & Girls Clubs, Desert Recreation District, senior centers, etc.).
- Faith-based communities

## Goal: Increase access to comprehensive, high-quality healthcare services.

Objective 8: Increase the number of healthcare providers, especially those who accept Medi-Cal, speak Spanish, are primary care providers, who serve the LGBTQ community, and/or those who practice in low-income geographies.

### Measurement for Objective 8:
- California Office of State Health Planning and Development (OSHPD): Patient care hours by week by physician specialty (by special request based on ZIP codes/cities; delivered at the Coachella Valley level).
- Department of Consumer Affairs: Number of Physician Licenses (by city).

### Potential Activities Under Objective 8:
a. Encourage high school students to attend college and pursue health professions (see Education, Objective 4).
b. Provide support (such as counselor check-ins, college navigating mentors, support groups, etc.) to college students to finish their degrees (see Education, Objective 5).
c. Provide financial support for students pursuing an undergraduate or graduate healthcare degree (see Education, Objective 6).
d. Encourage the career pipeline to "grow our own" healthcare providers, starting in high school.
e. Support and expand Health Academies to foster interest in health careers in high schoolers.
f. Provide local internships and other opportunities for aspiring healthcare professionals to obtain hands-on experience in the healthcare field (especially paid opportunities).
g. Support existing, local residency programs for new healthcare professionals; add additional residency programs whenever possible.
h. Recruit physicians from out of area, with a focus on those who help meet the gaps in our services.
i. Incentivize providers to accept Medi-Cal.
j. Incentivize providers to practice in the East Valley.
k. Increase the number of sponsorships of Visas for foreign students.

### Key Players/Partners for Objective 8:
- OneFuture Coachella Valley
- School districts: CVUSD, DSUSD, PSUSD (especially Health Academies)
- Organizations that encourage youth to be interested in healthcare (e.g., FPL, HOSA, etc.)
- Internship programs that provide students with experience in healthcare (e.g., HCC, etc.)
- Higher education, including medical schools (e.g., COD, CSUSB, UCR, etc.)

- Organizations that run residency programs (e.g., hospitals, FQHCs)
- Riverside County Medical Association (for recruiting)
- Employers of healthcare providers (e.g., hospitals, clinics, private practice etc.)

# Economic Stability

## Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

### Objective 1: Increase employment in working-age people/reduce unemployment.

Measurement for Objective 1:
- California Employment Development Department: Local Area Unemployment Statistics (LAUS).
- California Employment Development Department: Monthly Labor Force Data (by city/CDP).
- HARC's triennial survey: "Are you currently employed for wages, self-employed, out of work, a homemaker, a student, retired, or unable to work?" (Coachella Valley level).

Potential Activities Under Objective 1:
a. Create more opportunities for job skills training, internships, and network building.
b. Provide training on how to prepare/enter the workforce (e.g., the basics such as completing applications, what to wear, doing well in an interview, creating a resume, arriving on time, appropriate communication skills with supervisors and coworkers, etc.).
c. Provide support for jobseekers to find and apply for possible jobs (e.g., providing aptitude tests, assessing potential jobs based on previous education and experience, assistance navigating job posting sites, etc.).

Key Players/Partners for Objective 1:
- Center for Employment Training (CET)
- Desert Best Friend's Closet
- Higher education (e.g., California Indian Nations College, College of the Desert, CSUSB, UCR, etc.)
- Martha's Village and Kitchen
- Riverside County Workforce Development Department

# Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

## Objective 2: Increase the number of jobs that pay a living wage.

**Measurement for Objective 2:**
- Quarterly Census of Employment and Wages (QCEW) Major Industry Level (county level only)

**Potential Activities Under Objective 2:**
a. Recruit companies that have a high average earnings wage to operate in the Valley (e.g., wind and solar, logistics, etc.).
b. Create career pathways for local students that lead to high wage jobs.
c. Create more opportunities for job skills training/internships, especially paid opportunities.
d. Increase the minimum wage.
e. Promote labor unions among organizations.
f. Incentivize employers that provide professional development opportunities to employees and promote from within.

**Key Players/Partners for Objective 2:**
- Coachella Valley Economic Partnership (CVEP)
- Community Action Partnership (CAP) of Riverside County
- Economic Development Departments within each of the nine cities
- Elected officials
- HARC's Workplace Wellness Awards
- Lobbyists
- Riverside County Workforce Development Department

## Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

### Objective 3: Reduce the percent of adolescents and young adults who aren't in school or working.

**Measurement for Objective 3:**
- Census Bureau ACS 5-Year Estimates: Youth age 16 to 19 who are not enrolled in school and not working (by city/CDP)

**Potential Activities Under Objective 3:**
a. Encourage graduation from high school or completion of a general equivalency degree (GED, see Education, Objective 3).
b. Encourage college enrollment among young adults (see Education, Objective 4).
c. Provide training on how to become an employee (e.g., the basics such as completing applications, what to wear, doing well in an interview, creating a resume, arriving on time, appropriate communication skills with supervisors and coworkers, etc.)
d. Create more opportunities for job skills training/internships, especially paid opportunities.
e. Incentivize young people to go to school (e.g., food, social engagement/activities/hobbies, etc.).

**Key Players/Partners for Objective 3:**
- Center for Employment Training (CET)
- Community Action Partnership (CAP) of Riverside County
- Higher education (e.g., California Indian Nations College, College of the Desert, CSU San Bernardino, UC Riverside)
- Internship programs such as Health Career Connections
- Riverside County Workforce Development Department (especially the Youth Opportunity Centers)
- School districts: CVUSD, DSUSD, PSUSD

## Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

### Objective 4: Reduce the proportion of people living in poverty.

**Measurement for Objective 4:**
- Census Bureau ACS 5-Year Estimates: Percent below the poverty line (by city/CDP)

**Potential Activities Under Objective 4:**
a. Recruit companies that have a high average earnings wage to operate in the Valley (e.g., wind and solar, logistics, etc.)
b. Encourage graduation from high school or completion of a general equivalency degree (GED, see Education, Objective 3).
c. Encourage college enrollment among young adults (see Education, Objective 4).
d. Encourage completion of technical training programs (other than college) that can lead to a living wage (e.g., apprenticeships for electricians or plumbers, etc.).
e. Provide assistance (e.g., one-on-one support, reduced paperwork requirements, etc.) for creating a bank account for people who've never had a bank account to reduce the use of predatory businesses such as check cashing businesses and payday loans.
f. Provide low-to-no-cost job retraining opportunities.
g. Promote labor unions among organizations.
h. Increase the minimum wage.
i. Provide financial literacy/financial management classes to the public (note: needs to be by trusted providers, also available in Spanish).

**Key Players/Partners for Objective 4:**
- Center for Employment Training (CET)
- Coachella Valley Economic Partnership (CVEP)
- Community Action Partnership (CAP) of Riverside County (especially "Saving for Success" and education)
- Economic Development Departments within each of the nine cities
- Elected officials
- Higher education (e.g., California Indian Nations College, College of the Desert, CSU San Bernardino, UC Riverside, etc.)
- Lobbyists
- Riverside County Workforce Development Department

## Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

### Objective 5: Reduce the percent of families that spend more than 30% of income on housing.

**Measurement for Objective 5:**
- Census Bureau ACS 5-Year Estimates: Housing cost burden (renters and homeowners paying more than 30% of their income on mortgage or rent; by city/CDP)

**Potential Activities Under Objective 5:**
a. Increase the number of well-paying jobs and incomes to pay for housing (see other Economic Stability objectives).
b. Provide assistance to help people improve their rental and credit history.
c. Increase the availability of affordable housing by diversifying the portfolio of new housing to include low-income housing, multi-family housing, apartment/condo housing, tiny homes, etc. All should be visually appealing and desirable. Key partners: construction companies and housing developers.
d. Lessen restrictions on entry into housing.
e. Provide financial literacy/financial management classes to the public. Note: needs to be provided by trusted providers, also available in Spanish.

**Key Players/Partners for Objective 5:**
- California Department of Social Services
- Coachella Valley Association of Governments (CVAG)
- Construction companies
- Hope Through Housing Foundation
- Housing developers
- Lift to Rise
- Riverside County Economic Development Agency
- Riverside County Housing Authority
- United Way of the Desert

# Goal: Help people earn steady and sufficient incomes that allow them to meet their needs.

## Objective 6: Increase the number of homeless people who are successfully housed.

**Measurement for Objective 6:**
- County of Riverside, Homeless Management Information System (HMIS) data (by provider).
- Riverside County Point-in-Time Homelessness Count (by cities and unincorporated areas).

**Potential Activities Under Objective 6:**
a. Conduct check-ins and assessments of formerly homeless people who become housed.
b. Address mental health and substance use when housing people.
c. Increase the availability of affordable housing by diversifying the portfolio of new housing to include low-income housing, multi-family housing, apartment/condo housing, tiny homes, etc. All should be visually appealing and desirable. Key partners: construction companies and housing developers.
d. Lessen restrictions on entry into housing.
e. Provide financial literacy/financial management classes to the public. Note: needs to be provided by trusted providers, also available in Spanish.
f. Increase funding (including number of vouchers and length of time) for paying rent.
g. Increase permanent supportive housing programs.
h. Provide job-training for recently housed individuals.

**Key Players/Partners for Objective 6:**
- Coachella Valley Association of Governments (CVAG)
- Coachella Valley Rescue Mission
- Construction companies
- Housing developers
- Lift to Rise
- Martha's Village and Kitchen
- Path of Life Ministries
- Riverside County Continuum of Care
- Riverside County Department of Social Services
- Riverside County Housing Authority
- SafeHouse of the Desert
- Shelter from the Storm

# Education

## Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

### Objective 1: Increase the percentage of students with reading skills at or above the proficient level on their standardized tests.

**Measurement for Objective 1:**
- California Department of Education - California Assessment of Student Performance and Progress: Meeting/exceeding English/Language Arts standards (available in the following grades: 3rd, 6th, 8th, 11th; by school district)

**Potential Activities Under Objective 1:**
a. Promote a community holistic approach to improve education in the Coachella Valley.
b. Support school districts' abilities to provide sufficient education to children with low literacy.
c. Empower parents to assist with their child's reading development (e.g., providing them with books, literacy lessons for adults, education to emphasize the importance of reading to children in the home, etc.).
d. Conduct book fairs at elementary schools.
e. Implement "Reach Out and Read", which incorporates literacy support into well-child healthcare visits.
f. Provide out-of-school reading programs/projects at community-based organizations to combat the losses encountered over breaks (e.g., spring break, summer vacation, etc.).
g. Increase the number of informal educators with external, community-based organizations.

**Key Players/Partners for Objective 1:**
- Boys & Girls Clubs (Cathedral City, Coachella Valley, Palm Springs)
- First 5 Riverside
- Local libraries
- Nonprofits related to reading (e.g., Literacy, Language and Cultural Centers (LiLaC), Read With Me Volunteers, Tools for Tomorrow, etc.)
- School districts: CVUSD, DSUSD, PSUSD

# Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

## Objective 2: Increase the percentage of students with math skills at or above the proficient level on their standardized tests.

**Measurement for Objective 2:**

- California Department of Education - California Assessment of Student Performance and Progress: Meeting/exceeding math standards (available in the following grades: 3rd, 6th, 8th, 11th; by school district)

**Potential Activities Under Objective 2:**

a. Promote a community holistic approach to improve education in the Coachella Valley.
b. Support school districts' abilities to provide sufficient education to children with low math skills.
c. Provide out-of-school math programs at community-based organizations to combat the losses encountered over breaks (e.g., spring break, summer vacation, etc.).
d. Provide summer vacation math programming/projects to combat the losses encountered over breaks (e.g., spring break, summer vacation, etc.).
e. Increase the number of informal educators with external, community-based organizations.
f. Provide camps, classes, competitions, etc. that make math fun and encourage practical use of math skills (e.g., robotics, programming, app creation, etc.)

**Key Players/Partners for Objective 2:**

- Boys & Girls Clubs (Cathedral City, Coachella Valley, Palm Springs)
- College of the Desert's Summer Robotics Camp for Middle Schoolers
- Nonprofits related to math (e.g., SMaRT Education, Children's Discovery Museum of the Desert, Desert Recreation District's Robotics Camps, etc.)
- School districts: CVUSD, DSUSD, PSUSD

# Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

## Objective 3: Increase the percentage of high school students who graduate in four years.

**Measurement for Objective 3:**

- California Department of Education DataQuest: Four-year cohort graduation rate (by school district).

**Potential Activities Under Objective 3:**

- Support school districts' abilities to implement evidence-based programs that increase the graduation rate, such as career academies (see "Evidence-Based Programs" appendix).
- Conduct attendance interventions for chronically absent students to identify barriers to attendance and create strategies for overcoming those barriers.
- Provide mentorship for students in school and out of school.
- Provide students with socio-emotional skills training.

**Key Players/Partners for Objective 3:**

- Mentoring programs (e.g., Big Brothers Big Sisters of the Desert, Ophelia Project, etc.).
- School districts: CVUSD, DSUSD, PSUSD

## Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

### Objective 4: Increase the percentage of high school graduates who enroll in college within a year after graduating from high school.

**Measurement for Objective 4:**
- California Department of Education DataQuest: College-going rate (by school district).

**Potential Activities Under Objective 4:**
a. Promote FAFSA or California Dream Act completion by all high school seniors.
b. Increase A-G completion rates (UC/CSU readiness).
c. Increase access to college and financial aid navigators from within the community.
d. Raise awareness among high school students and their parents as to the benefits of a college education.
e. Raise awareness among undocumented high school students and their parents that college is an option, and they are eligible for financial aid, despite lack of documentation.
f. Provide college campus tours for high school students, including meeting with first-generation college students who are currently enrolled in college.
g. Increase the number of high school students that have a post-secondary and financial aid plan by high school graduation.

**Key Players/Partners for Objective 4:**
- Dreamer Resource Centers and organizations (e.g., Alas Con Futuro from College of the Desert, Undocumented Student Success Center from CSU San Bernardino, etc.)
- Higher education institutions: Cal Baptist University, California Indian Nations College, College of the Desert, CSU San Bernardino, Loma Linda University, UC Riverside, University of Redlands, etc.
- OneFuture Coachella Valley
- School districts: CVUSD, DSUSD, PSUSD

## Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

Objective 5: Increase the number of Coachella Valley residents enrolled in college who complete a degree or obtain a certification.

**Measurement for Objective 5:** No single good source.
- U.S. Census Bureau American Community Survey 5-Year Estimates: Educational Attainment adults 25+ (by city/CDP)

**Potential Activities Under Objective 5:**
a. Provide support groups for first-generation college students.
b. Support higher education institutions' ability to have counselors check in regularly with students to assess barriers to completion and help brainstorm ways to overcome those barriers.
c. Provide college-navigating mentors for students.
d. Provide financial aid for students (see Education, Objective 6).
e. Encourage students to enroll in programs that assist with student retention, such as the Educational Opportunity Program (EOP) or Extended Opportunity Program and Services (EOPS).

**Key Players/Partners for Objective 5:**
- Higher education institutions: (e.g., Cal Baptist University, California Indian Nations College, College of the Desert, CSU San Bernardino, Loma Linda University, UC Riverside, University of Redlands, etc.)
- OneFuture Coachella Valley
- School districts: CVUSD, DSUSD, PSUSD

## Goal: Increase educational opportunities and access to help children and adolescents with the intent to prepare them for post-secondary success and well-paying jobs.

### Objective 6: Increase the number and size of scholarships available for Coachella Valley residents, including family stipends.

**Measurement for Objective 6:** No single good source.

- Can get some good data from each of the key players/partners (such as financial aid departments within the higher education institutions of the Coachella Valley including College of the Desert, CSU San Bernardino, and UC Riverside), but no single population-level source of data.

**Potential Activities Under Objective 6:**

a. Create resource list consisting of scholarships and stipends available for students.
b. Leverage matching funds from private philanthropists, foundations, etc. to maximize the number and amount of scholarships available.
c. Support a Coachella Valley based, regional approach for scholarship funding.

**Key Players/Partners for Objective 6:**

- Boys & Girls Clubs of Coachella Valley
- Dr. Carreon Foundation
- Higher education (e.g., California Indian Nations College, College of the Desert, CSU San Bernardino, UC Riverside, etc.)
- OneFuture Coachella Valley

# Environment

## Goal: Promote healthier environments to improve health.

### Objective 1: Reduce diseases and deaths related to heat.

**Measurement for Objective 1:**
- Public Health: Causes of death (by city/CDP upon special request)
- California Office of Statewide Health Planning and Development: Age-adjusted ER rate/hospitalization rate due to dehydration (county level only)

**Potential Activities Under Objective 1:**
a. Expand and increase the number of cooling centers; promote and publicize use of the emergency cooling centers.
b. Increase the number of shade stations at bus stops
c. Add transportation options for people to access emergency cooling centers.
d. Add splash pads to parks that do not have any.
e. Promote the more affordable electricity programs for low-income families.
f. Provide air conditioning units to low-income families who could not otherwise afford them.
g. Electricity providers should continue to provide assistance programs to low-income customers to make electricity bills more affordable.

**Key Players/Partners for Objective 1:**
- City governments
- Community Action Plan (CAP) of Riverside County (especially the utility assistance program, the weatherization program, etc.)
- Electricity providers: Imperial Irrigation District, Southern California Edison
- Sunline Transit Agency

## Goal: Promote healthier environments to improve health.
### Objective 2: Reduce the number of days people are exposed to unhealthy air, especially as related to the Salton Sea.

Measurement for Objective 2:
- U.S. Environmental Protection Agency Air Quality System (AQS):
  - 2.5 PM pollutant (monitoring stations: Indio – 29 Palms Reservation, Indio – Jackson Street, Palm Springs – Fire Station, Salton Sea Park)
  - 10 PM pollutant (monitoring stations: Indio – 29 Palms Reservation, Indio – Jackson Street, Torres Martinez Administration Site, Mecca – Saul Martinez, Palm Springs – Fire Station, Salton Sea Park)
  - Ground level ozone (monitoring stations: Indio – 29 Palms Reservation, Indio – Jackson Street, Palm Springs – Fire Station)
- California Environmental Health Tracking Program: 10 PM pollutant

Potential Activities Under Objective 2:
a. Incentivize the use of hybrid/electric vehicles.
b. Incentivize travel via active transportation (e.g., walking, bicycling, etc.) or mass transit (e.g., bus routes).
c. Advocate for legislation that promotes healthy air (e.g., Clean Air Act, etc.). Key partners: elected officials, lobbyists.
d. Support efforts to address the exposed playa around the Salton Sea and windborne playa particles (e.g., Dust Suppression Action Plan by the Salton Sea Management Program).
e. Seek funding and policy changes to continue with habitat restoration projects around the Salton Sea.

Key Players/Partners for Objective 2:
- Coachella Valley Resource Conservation District
- Comite Civico del Valle
- Salton Sea-related agencies (e.g., Salton Sea Action Committee, Salton Sea Authority, State of California Salton Sea Management Program, etc.)
- South Coast Air Quality Management District
- Public Health Institute

## Goal: Promote healthier environments to improve health.
### Objective 3: Reduce health and environmental risks from hazardous sites.

**Measurement for Objective 3:** No single good source.
- United States Environmental Protection Agency SEMS: measures human exposure that is under control vs. not under control. There are four sites in the Coachella Valley, however, all four have insufficient data to determine human exposure.
- Toxic Release: Environmental Protection Agency: Risk-Screening Environmental Indicators (RSEI). RSEI scores are estimates of potential human health risk based on modeling of chemical concentrations at specific points in the environment, like in the air around a facility or in the water downstream from a facility. Data available at the facility level and updated annually.
- Cleanup Sites: Department of Toxic Substances Control. EnviroStor. Provides a database of sites that have known or potential contamination as well as facilities permitted to treat, store, or dispose of hazardous waste. Contains number of cleanup sites and site type. Data available at the facility level and continuously updated.
- Hazardous Waste: Department of Toxic Substances Control. EnviroStor. Provides a database of sites that have known or potential contamination as well as facilities permitted to treat, store, or dispose of hazardous waste. Contains number of cleanup sites and site type. Data available at the facility level and continuously updated.

**Potential Activities Under Objective 3:**
a. Follow-up with regulation and legal sanctions and fines for illegal dumping.
b. Provide fire prevention efforts to prevent mulch fires and other hazardous fires.
c. Ensure that all workers have access to personal protective equipment as needed.
d. Provide disaster preparedness training/education.

**Key Players/Partners for Objective 3:**
- Bureau of Indian Affairs
- Bureau of Land Management
- California Integrated Waste Management Board
- California Natural Resource Agency
- Coachella Valley Association of Governments (CVAG)
- Comite Civico del Valle
- Local city governments
- Riverside County Department of Environmental Health
- Riverside County Department of Waste Management
- Riverside County Fire

- Torres Martinez Desert Cahuilla Indians
- U.S. Environmental Protection Agency

# Goal: Promote healthier environments to improve health.
## Objective 4: Improve drinking water within vulnerable communities.

Measurement for Objective 4:
- Arsenic levels in water samples: Environmental Protection Agency (EPA)
- Safe Drinking Water Information System (SDWIS), EPA/OW databases
- Safe Drinking Water: Unites States Environmental Protection Agency. Safe Drinking Water Information System (SDWIS) Federal Reporting Services. Provides a database of public water systems and violation information including monitoring schedules, treatment techniques, maximum contaminant levels, and failing to communicate information to customers. Data available at the facility level and seems to be annually updated.
- Groundwater Threats. CA State Water Resources Control Board. Geo Tracker. Provides a database for sites that require cleanup, such as Leaking Underground Storage Tank (LUST) Sites, Department of Defense Sites, and Cleanup Program Site. GeoTracker also contains records for various unregulated projects as well as permitted facilities including: Irrigated Lands, Oil and Gas production, operating Permitted USTs, and Land Disposal Sites. Data available at the facility level and seems to be annually updated.

Potential Activities Under Objective 4:
a. Find alternative sources of water or point of entry systems.

Key Players/Partners for Objective 4:
- Coachella Valley Resource Conservation District
- Environmental Protection Agency
- Local and state government

## Goal: Promote healthier environments to improve health.
### Objective 5: Improve infrastructure and public transportation to encourage walkability in communities.

Measurement for Objective 5:
- Walkscore.com: 0 to 100 score that describes whether a car is needed for daily errands (ranges from car-dependent to somewhat walkable to very walkable to walker's paradise). Available by city.

Potential Activities Under Objective 5:
a. Provide low-to-no cost bus passes for low-income people.
b. Expand the bus service (e.g., more stops, more frequent routes, etc.).
c. Modify bus schedules to improve efficiency in the time it takes a person to commute.
d. Include sidewalks and bike lanes in all new street constructions.
e. Construct sidewalks and bike lanes in communities that are currently lacking them.
f. Provide more mixed-use zoning to allow grocery stores and workplaces to be within walking distance of residential homes.
g. Provide safe spaces for active transportation (e.g., CV Link).

Key Players/Partners for Objective 5:
- Coachella Valley Association of Governments (CVAG)
- Local cities (especially the planning departments of each city)
- Safe Routes to Schools
- Sunline Transit Agency

# Mental Health

## Goal: Improve mental health.
### Objective 1: Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment.

Measurement for Objective 1:
- HARC's triennial survey: questions about mental health diagnoses and concerns, treatment for mental health disorders/concerns by primary care providers, by mental health care providers, by medication. Also questions on inability to get mental healthcare when needed, inability to get mental health medication when needed. Available at the Coachella Valley level.
- CHIS: Adults needing and receiving behavioral health care services (only county-level data available).

Potential Activities for Objective 1:
a. Assist in enrollment in health insurance programs (see Access to Care, Objective 1).
b. Increase the proportion of people with health insurance who understand and fully utilize their benefits (see Access to Care, Objective 2).
c. Reduce the proportion of people who can't get prescriptions when they need them (see Access to Care, Objective 5).
d. Increase the number of mental healthcare providers (see Access to Care, Objective 8).
e. Provide education to reduce stigma about mental illness and treatment-seeking.
f. Increase the telehealth capabilities of local providers and patients. Note: requires solid technological infrastructure.
g. Provide sliding scale fees for low-income uninsured/underinsured patients.
h. Integrate behavioral health into primary care practice.

Key Players/Partners for Objective 1:
- All mental healthcare providers, including federally qualified health centers (FQHCs), free clinics, hospitals, for-profit healthcare providers, medical groups, etc.
- Community health workers and other trusted messengers who provide health education (e.g., El Sol, promotores, etc.).
- Nonprofit organizations that provide mental health services (e.g., JFS of the Desert, Joslyn Senior Center, LGBTQ Community Center of the Desert, etc.).

# Goal: Improve mental health.
## Objective 2: Reduce suicide attempts and the suicide rate.

**Measurement for Objective 2:**
- California Office of Statewide Health Planning and Development (OSHPD): Age-adjusted ER rate due to suicide and intentional self-inflicted injury (adolescents and adults; county-level only).
- Riverside University Health System - Public Health: Suicide deaths (by city/CDP; upon special request)

**Potential Activities for Objective 2:**
a. Build resiliency among adults and children.
b. Provide mental health education for children (in schools and in after-schools programming) to include mental illness, bullying, suicide, and positive mental health (e.g., accomplishment, fulfillment, self-care, joy, etc.).
c. Raise awareness of suicide prevention hotlines that are available.
d. Ensure that healthcare providers and pharmacists follow-up repeatedly with people who do not refill their mental healthcare prescriptions.
e. Encourage medication adherence among people with mental health prescriptions.
f. Provide healthy socialization programming, especially for seniors or others at risk for social isolation (e.g., book clubs, lotería, volunteerism, etc.).
g. Teach "Mental Health First Aid" (a skills-based training course that teaches people to identify, understand, and respond to mental health and substance use issues) to as many people as possible.

**Key Players/Partners for Objective 2:**
- School districts: CVUSD, DSUSD, PSUSD
- RUHS – Behavioral Health
- Organizations that provide socialization programs (e.g., Desert Recreation District, senior centers, community centers, teen centers, etc.).

## Goal: Improve mental health.

### Objective 3: Increase the number of mental health providers, clinics, resources.

Note: Same as Access to Care, Objective 8? Let's discuss.

# Conclusion and Next Steps

DHCD & F will use this CHIP to inform strategic planning going forward. Staff at DHCD & F will utilize this CHIP to design specific workplans, including approaching potential partners, creating SMART goals (goals that are specific, measurable, achievable, relevant, and time-bound) with program-specific evaluation, and setting timelines for change.

For questions or concerns, please contact DHCD & F or HARC:

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# Appendix: Evidence-Based Programs

This appendix provides a sampling of evidence-based programs—that is, those that are supported by scientific evidence as effective—that pertain to each of the five health priorities. Note that this appendix is by no means exhaustive; there are many other evidence-based programs available that pertain to the five health priorities. This simply provides a sampling of evidence-based programs that can be implemented to address these goals and objectives.

To look for more evidence-based programs, HARC recommends the use of the Results First Clearinghouse Database created by the Pew Charitable Trust:

> *"The Results First Clearinghouse Database is an online resource that brings together information on the effectiveness of social policy programs from nine national clearinghouses. It applies color-coding to the clearinghouses' distinct rating systems, creating a common language that enables users to quickly see where each program falls on a spectrum from negative impact to positive impact. As such, this database can help users easily access and understand the evidence base for a variety of programs."*

As of this writing, the database contains information on more than 3,000 programs and is updated at least once a month. Visit https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database# to search for evidence-based programs.

Evidence-Based Programs Related to Access to Care

| Relevant Objective | Program | Link |
|---|---|---|
| Empower community members to engage in healthy behaviors and avoid preventable illnesses/ complications | "Healthy Eating and Active Living (HEAL) Toolkit for Community Educators" by the California Department of Public Health | https://snaped.fns.usda.gov/library/materials/healthy-eating-and-active-living-heal-toolkit-community-educators |
| Empower community members to engage in healthy behaviors and avoid preventable illnesses/ complications | "Promising Strategies for Creating Healthy Eating and Active Living Environments" by the Prevention Institute | https://www.preventioninstitute.org/sites/default/files/publications/promisingstrategies.pdf |
| Empower community members to engage in healthy behaviors and avoid preventable illnesses/ complications | Text-message based health interventions | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/text-message-based-health-interventions |
| Increase the availability and use of preventative care | "Screen Out Cancer" by the Centers for Disease Control and Prevention | https://www.cdc.gov/screenoutcancer/interventions/index.htm |
| Increase the availability and use of preventative care | "Adaptation of an Evidence-Based Intervention to Improve Preventive Care Practices in a Federally Qualified Health Center in Appalachian Kentucky" | https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5609805/ |
| Increase the availability and use of preventative care | "What Works: Cancer Screening" by the Community Guide | https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-CancerScreening.pdf |
| Increase the proportion of people with a usual primary care provider | "Comprehensive Primary Care Plus" by the Centers for Medicare and Medicaid Services | https://innovation.cms.gov/innovation-models/comprehensive-primary-care-plus |
| Increase the proportion of people with a usual primary care provider | "Creating Patient-Centered Team-Based Primary Care" by Agency for Healthcare Research and Quality | https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care |
| Increase the proportion of people with a usual primary care provider | TeamSTEPPS for Office-Based Care | https://www.ahrq.gov/teamstepps/officebasedcare/index.html |

Evidence-Based Programs Related to Economic Stability

| Relevant Objective | Program | Link |
|---|---|---|
| Increase employment in working-age people/reduce unemployment | "Post-Assistance Self-Sufficiency (PASS) Program" by the Riverside County Department of Public Social Services | https://www.mdrc.org/public ation/results-post-assistance-self-sufficiency-pass-program-riverside-california |
| Increase employment in working-age people/reduce unemployment | "Minnesota Family Investment Program" by Minnesota Department of Human Services | https://www.mdrc.org/projec t/minnesota-family-investment-program#overview |
| Increase employment in working-age people/reduce unemployment | Adult vocational training | https://www.countyhealthran kings.org/take-action-to-improve-health/what-works-for-health/strategies/adult-vocational-training |
| Increase employment in working-age people/reduce unemployment | Transitional jobs | https://www.countyhealthran kings.org/take-action-to-improve-health/what-works-for-health/strategies/transitional-jobs |
| Increase the number of homeless people who are successfully housed | Housing First" | https://www.ncbi.nlm.nih.gov /pmc/articles/PMC4679127/ |
| Increase the number of homeless people who are successfully housed | "Housing for Health: Permanent Supportive Housing Program" | https://www.rand.org/pubs/r esearch_reports/RR1694.html |
| Reduce the percent of adolescents & young adults who aren't in school or working | "Job Corps" by the U.S. Department of Labor | https://crimesolutions.ojp.gov /ratedprograms/270 |
| Reduce the proportion of people living in poverty | "JobsFirst: Greater Avenues for Independence (GAIN)" by County of Los Angeles | https://evidencebasedprogra ms.org/programs/the-los-angeles-jobs-first-greater-avenues-for-independence-gain-program/ |
| Reduce the proportion of people living in poverty | Per Scholas Employment Training for Low-Income Workers | https://evidencebasedprogra ms.org/programs/per-scholas-employmenttraining-program-for-low-income-workers/ |

Evidence-Based Programs Related to Education

| Relevant Objective | Program | Link |
|---|---|---|
| Increase the percentage of students with math skills at or above the proficient level on their standardized tests | "Knowledge is Power" Program (KIPP) | https://ies.ed.gov/ncee/wwc/Intervention/1188 |
| Increase the percentage of students with reading skills at or above the proficient level on their standardized tests | "Project Learn" by Boys & Girls Clubs of America | https://www.bgca.org/programs/education/project-learn |
| Increase the percentage of students with reading skills at or above the proficient level on their standardized tests | Annual Book Fairs in High-Poverty Elementary Schools | https://evidencebasedprograms.org/programs/annual-book-fairs-in-high-poverty-elementary-schools/ |
| Increase the percentage of high school students who graduate in four years | Learning Accounts | https://evidencebasedprograms.org/programs/learning-accounts/ |
| Increase the percentage of high school students who graduate in four years | Health Equity: High School Completion Programs | https://www.thecommunityguide.org/findings/health-equity-high-school-completion-programs |
| Increase the percentage of high school students who graduate in four years | Career Academies | https://evidencebasedprograms.org/programs/career-academies/ |
| Increase the percentage of high school graduates who enroll in college within a year after graduating from high school | Dual Enrollment Programs | https://ies.ed.gov/ncee/wwc/Intervention/1043 |
| Increase the number of Coachella Valley residents enrolled in college who complete a degree | Accelerated Study in Associate Programs (ASAP) | https://evidencebasedprograms.org/programs/accelerated-study-in-associate-programs-asap/ |
| Increase the number of Coachella Valley residents enrolled in college who complete a degree | First Year Experience Courses | https://ies.ed.gov/ncee/wwc/Intervention/825 |
| Increase the number of Coachella Valley residents enrolled in college who complete a degree. | Success Boston Coaching | https://ies.ed.gov/ncee/wwc/Intervention/1618 |

Evidence-Based Programs Related to Environment

| Relevant Objective | Program | Link |
|---|---|---|
| Improve infrastructure and public transportation to encourage walkability in communities | "At the Intersection of Active Transportation and Equity: Joining Forces to Make Communities Healthier and Fairer" by Safe Routes to Schools | http://saferoutespartnership.org/sites/default/files/pdf/At-the-Intersection-of-Active-Transportation-and-Equity.pdf |
| Improve infrastructure and public transportation to encourage walkability in communities | "Environmental Justice and Safe Routes to School: Healthier Communities for Children and Their Families to Walk, Bike, and Thrive: Jurupa Valley Case Study" by Safe Routes to Schools | https://www.saferoutespartnership.org/sites/default/files/resource_files/ds-11789_vfhk_case_studies_jurapavalley.pdf |
| Improve infrastructure and public transportation to encourage walkability in communities | "Move This Way: Making Neighborhoods More Walkable and Bikeable" by ChangeLab Solutions | http://changelabsolutions.org/sites/default/files/MoveThisWay_FINAL-20130905.pdf |
| Improve infrastructure and public transportation to encourage walkability in communities | Complete streets and streetscape design initiative | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/complete-streets-streetscape-design-initiatives |
| Improve infrastructure and public transportation to encourage walkability in communities | Mixed use zoning | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mixed-use-development |
| Improve infrastructure and public transportation to encourage walkability in communities | Safe Routes to Schools | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/safe-routes-to-schools |
| Reduce the number of days people are exposed to unhealthy air, especially as related to the Salton Sea | Clean diesel technology fleet transition program | https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/clean-diesel-technology-fleet-transition-programs |

Evidence-Based Programs Related to Mental Health

| Relevant Objective | Program | Link |
|---|---|---|
| Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment | "The Way Forward: Federal Action for a System that Works for All People Living with SMI and SED and Their Families and Caregivers" by SAMHSA | https://store.samhsa.gov/product/The-Way-Forward-Federal-Action-for-a-System-That-Works-for-All-People-Living-With-SMI-and-SED-and-Their-Families-and-Caregivers-Full-Report/PEP17-ISMICC-RTC |
| Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment | "Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT" by SAMHSA | https://store.samhsa.gov/product/Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344 |
| Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment | "Treatment of Depression in Older Adults Evidence-Based Practices (EBP) KIT" by SAMHSA | https://store.samhsa.gov/product/Treatment-Depression-Older-Adults-Evidence-Based-Practices-EBP-Kit/SMA11-4631 |
| Increase the proportion of people (children, adolescents, adults) with mental illness who get treatment | "Strategies to Improve Mental Health Care for Children and Adolescents" review by the Agency for Healthcare Research and Quality. | https://effectivehealthcare.ahrq.gov/products/mental-health-children/research |
| Reduce suicide attempts and the suicide rate | "Treatment of Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth" by SAMHSA | https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf |
| Reduce suicide attempts and the suicide rate | "Zero Suicide Toolkit" by Suicide Prevention Resource Center | https://zerosuicide.edc.org/toolkit |
| Reduce suicide attempts and the suicide rate | Cyberbullying Prevention and Intervention Programs | https://crimesolutions.ojp.gov/ratedpractices/98 |