
Eisenhower Health

Community Health Needs Assessment

2019

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Executive Summary

Since 1971, Eisenhower Health has been a leader in health care for the Coachella Valley. As required by state and federal law, Eisenhower Health has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Eisenhower Health. The health needs identified in this report help to guide the hospital's community benefit activities.

Community Definition

Eisenhower Health is located at 39000 Bob Hope Drive, Rancho Mirage, California, 92270. The service area includes 15 ZIP Codes, representing 11 cities in Riverside County. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through a survey of 93 community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

Significant Health Needs

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. A brief description of the significant health needs listed in priority order follows:

1. **Mental health** – Among adults in Riverside County, 9.3% experienced serious psychological distress in the past year. Serious psychological distress was experienced in the past year by 16.7% of area teens, which was higher than the state level (10%). Community stakeholders commented people are unwilling to share they have a mental health issue because of stigma
2. **Access to health care** – Health insurance coverage is a key component to accessing health care. The service area has 83.4% insurance coverage across all ages, which is lower than the county rate (85.3%). When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care (81.1%). Community stakeholders commented that many people lack health insurance, or have a hard time reaching health care because of transportation issues or long wait times for appointments.
3. **Homelessness** – In 2018, there were 2,316 homeless identified in the annual homeless count. 72.8% of the Riverside County homeless were unsheltered. Among children, 5.7% of public school enrollees in Riverside County were recorded as being homeless at some point during the 2015-2016 school year. Community stakeholders noted with a lack of affordable housing and little money to pay bills, it is difficult for many to maintain housing.
4. **Substance use and misuse** – Among Riverside County adults, 34.7% had engaged in binge drinking in the past year. 0.7% of Riverside County teens binge drank in the past month. In Riverside County, 11.7% of adults smoke cigarettes, which is higher than the state rate (11.5%). 18.7% of Riverside County residents had smoked an e-cigarette, which is higher than the state rate (16.7%). The rate of opioid prescriptions in Riverside County was 586.1 per 1,000 persons. This rate was higher than the state rate of opioid prescribing (508.7 per 1,000 persons).
5. **Food insecurity** – Among the population in Riverside County, 9.8% experienced food insecurity at some point in the past year. Among children in Riverside County, 19% lived in households that experienced food insecurity at some point in the year. A community stakeholder noted “A lack of economic stability is the root cause of food insecurity.”
6. **Economic instability** – When examined by ZIP Code, community poverty rates are highest among residents of Desert Hot Springs 92240 (32.1%), Coachella (29.9%) and North Palm Springs (27.3%). 30.6% of service area children, under age 18, are living in poverty. Among service area seniors, 9.8% are living in poverty. 45.9% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 44.2%.
7. **Preventive practices** – The Healthy People 2020 objective is for 70% of the

population to receive a flu shot. 38.3% of Riverside County adults received a flu shot, which is lower than the state rate (42.6%) and the Healthy People 2020 objective. Among area seniors, 62.8% had received a flu shot. Among children, 6 months to 17 years of age, 47.9% in Riverside County received the flu shot. Survey participants commented preventive practices are a low priority for patients. Patients either don't see the value in preventive practices or they have other priorities that are more important.

8. **Diabetes** – Among adults in Riverside County, 13.8% have been diagnosed as pre-diabetic and 10% have been diagnosed with diabetes. Hospitalizations for diabetes in Riverside County occur at a rate of 19.9 per 10,000 persons. ER visits for diabetes occur at a rate of 29.8 per 10,000 persons. These rates are higher than the diabetes hospitalization and ER rates in California.
9. **HIV** – The mortality rate from HIV in the service area is 6.7 deaths per 100,000. This is higher than the county rate (2.1 per 100,000 persons) and the state rate (1.9 deaths per 100,000 persons). The HIV death rate in the service area is more than twice the Healthy People 2020 objective for HIV deaths of 3.3 per 100,000 persons.
10. **Overweight and obesity** – In Riverside County, 34.5% of adults, 19.3% of teens, and 15.6% of children are overweight. In Riverside County, 31.5% of adults and 20% of teens are obese. When adult obesity levels are tracked over time, Riverside County shows a 7.8% increase in obesity from 2005 through 2017. This increase in obesity is higher than the state level increase of 5.3%. Diet was the most common theme noted by survey participants as they described that people don't have access to good food and conversely have easy access to unhealthy food. One survey participant described, "There is addicting fast food on every corner in low-income communities."
11. **Heart disease** – In the hospital service area, heart disease is the leading cause of death. For adults in Riverside County, 7.2% have been diagnosed with heart disease, which is higher than the state rate (6.5%).
12. **Dental care** – 17.2% of children, 3 to 11 years of age, in Riverside County have never been to a dentist; this is higher than the state rate of 15.5%. In the past year, 6.8% of area children needed dental care and did not receive it. 1.7% of children had been to the ER or Urgent Care for a dental issue. A lack of dentists and dental services was mentioned as a barrier to care by the survey participants. There are few dentists, oral specialists, or low-cost options for those who need dental care.
13. **Violence and community safety** – Violent crime rates in Riverside County increased from 2014 to 2017. The property crime rate in Riverside County showed a slight decrease from 2014 to 2017. In the service area, high property crime rates were reported in Palm Desert and Palm Springs. High violent crime rates were reported in Desert Hot Springs, Indio and Palm Springs. Survey respondents noted substance use, mental health issues, and gang violence contribute to community violence.

14. **Environmental pollution** – In 2016, Riverside County recorded 69 days of ground-level ozone concentrations (air pollution) that exceeded the U.S. standard of 0.070 parts per million. The average across the state was 22 days with readings above the U.S. standard. Survey respondents noted a number of issues impacting pollution in the area, including the Salton Sea, Highway I-10, agriculture and other area industries.
15. **Asthma** – In Riverside County, 15.8% of the population has been diagnosed with asthma. 20.4% of children, ages 0-17, have been diagnosed with asthma. Survey participants noted there are a lack of asthma providers, lack of asthma services, and a lack of preventive asthma care.
16. **Liver disease** – Mortality from liver disease is 17.2 deaths per 100,000 persons. This is higher than the county rate (13.9 per 100,000 persons) and state rate (13.8 deaths per 100,000 persons), and is more than twice the Healthy People 2020 objective for liver disease deaths of 8.2 per 100,000 persons.
17. **Unintentional injuries** – The age-adjusted death rate from unintentional injuries in the service area is 41.9 deaths per 100,000 persons. This rate is higher than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Eisenhower Health Board of Directors in June 2019.

This report is widely available to the public on the hospital's web site, <https://www.eisenhowerhealth.org/about-us/community-health-needs-assessment/>. Written comments on this report can be submitted to TellUs@eisenhowerhealth.org.

Introduction

Background and Purpose

Situated on a 130-acre campus in the heart of California's Coachella Valley, Eisenhower Health is a dynamic, progressive health care complex comprised of a 463-bed hospital, the Annenberg Center for Health Sciences at Eisenhower and the Barbara Sinatra Children's Center at Eisenhower. The Hazelden/Betty Ford Center is located on the Eisenhower campus.

Dedicated in 1971, Eisenhower Health (Eisenhower) is named in honor of President Dwight D. Eisenhower, who lived part-time in the Coachella Valley during his retirement. As the Valley's only nonprofit hospital, Eisenhower Health has provided high quality, compassionate care for more than 45 years through a full range of state-of-the-art diagnostic, treatment and emergency facilities. Eisenhower is an accredited teaching hospital, with a School of Graduate Medical Education training new physicians in the specialties of family medicine and internal medicine as well as a fellowship program in sports medicine. Eisenhower Health has established health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert and La Quinta to serve the health needs of a diverse population.

In 2017, Eisenhower Health was one of a select group of 302 health care facilities nationwide to be named Leaders in LGBTQ Healthcare Equality. Facilities awarded this title meet key criteria for equitable care, including non-discrimination policies for LGBTQ patients and employees, a guarantee of equal visitation for same-sex partners and parents, and LGBTQ health education for key staff members.

Most recently, Eisenhower Health was recognized as a Best Hospital for 2018-2019 by *U.S. News & World Report* and ranked #2 in the Inland Empire. Additionally, Eisenhower Health received accreditation from the Accreditation Council for Graduate Medical Education (ACGME) for its Emergency Medicine Residency Program, and will welcome its first Emergency Medicine residents in July 2019.

The passage of the Patient Protection and Affordable Care Act and California SB 697 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Eisenhower Health is located at 39000 Bob Hope Drive, Rancho Mirage, California, 92270. The service area includes 15 ZIP Codes, representing 11 cities in Riverside County. The hospital service area was determined from the ZIP Codes that reflect a majority of patient admissions.

Eisenhower Health Service Area

Geographic Area	ZIP Code
Cathedral City	92234
Coachella	92236
Desert Hot Springs	92240, 92241
Indian Wells	92210
Indio	92201, 92203
La Quinta	92253
North Palm Springs	92258
Palm Desert	92211, 92260
Palm Springs	92262, 92264
Rancho Mirage	92270
Thousand Palms	92276

Project Oversight

The Community Health Needs Assessment process was overseen by: Elizabeth Wholihan, Vice President, Marketing and Public Relations, Eisenhower Health in consultation with Samantha Heckman, Senior Counsel, Chief Compliance Officer, Eisenhower Health

Consultants

Biel Consulting, Inc. conducted the CHNA. Biel Consulting, Inc. is a specialist in the field of community benefit for nonprofit hospitals. Dr. Melissa Biel has over 24 years of experience conducting hospital Community Health Needs Assessments. For this CHNA, she was assisted by Denise Flanagan, BA and Irene Graff, MA. www.bielconsulting.org

Health Assessment and Research for Communities (HARC) conducted the community survey. HARC is a nonprofit agency located in Palm Desert, California. It is dedicated to providing research and evaluation services to improve community health, wellness and quality of life in the Coachella Valley. Jenna LeComte-Hinely, PhD and Cassaundra Leier, PhD led the survey process. www.harcddata.org

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, disability and disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Riverside County and California to help frame the scope of an issue as it relates to the broader community.

Sources of data include: U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

Eisenhower conducted the primary data collection using surveys to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Individuals identified to participate in the survey included representatives from city government, elected officials, school districts, institutions of higher education, and relevant county offices, including public health. Nonprofits that serve disadvantaged communities, and leaders and representatives of medically underserved, low-income and minority populations were also represented in the sample. Ninety-three (93) surveys were completed from January 17, 2019 to February 15, 2019.

Community stakeholders identified by Eisenhower and HARC were contacted and asked to participate in the needs assessment survey. The identified stakeholders were invited by email to participate in the electronic survey. The purpose of the survey was explained, the stakeholders were assured their responses would remain confidential,

and the link to the survey was provided. A list of the stakeholder survey organizations can be found in Attachment 2. To increase participation in the survey, a \$100 incentive was offered. One participant was selected at random to receive the incentive.

Survey questions focused on the following topics:

- Major health issues impacting the Coachella Valley
- Health and social services that are missing or difficult to access
- The population groups in the Coachella Valley most impacted by health needs
- Resources available to meet health needs

Summarized survey responses are included in the following Community Health Needs Assessment chapters.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.eisenhowerhealth.org/about-us/community-health-needs-assessment/>. To date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

- Access to health care
- Asthma
- Dental care
- Diabetes
- Economic instability
- Environmental pollution
- Food insecurity
- Heart disease
- HIV
- Homelessness
- Liver disease
- Mental health
- Overweight and obesity
- Preventive practices
- Substance use and misuse
- Unintentional injuries
- Violence and community safety

Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholder surveys were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;

- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the respondents, 100% indicated economic instability, homelessness and mental health had serious and very severe negative consequences for the community. Environmental pollution, homelessness and mental health had the highest score for worsened over time. Mental health, homelessness and economic instability had the highest rankings of insufficient or absent resources.

Significant Health Need	Serious and Very Severe Negative Consequences	Worsened over Time	Insufficient or Absent Resources
Access to health care	98.3%	21.8%	82.5%
Asthma	96.0%	71.4%	83.3%
Dental care	83.9%	36.0%	80.0%
Diabetes	94.9%	73.5%	93.5%
Economic instability	100%	63.4%	97.3%
Environmental pollution	95.5%	84.2%	95.2%
Food insecurity	97.2%	53.1%	77.1%
Heart disease	91.3%	44.4%	71.5%
HIV	82.1%	11.1%	35.7%
Homelessness	100%	82.9%	97.4%
Liver disease	90.0%	50.0%	66.6%
Mental health	100%	80.0%	97.9%
Overweight and obesity	91.4%	67.7%	83.4%
Preventive practices	93.8%	33.3%	90.0%
Substance use and misuse	94.9%	70.6%	88.6%
Unintentional injuries	77.8%	57.1%	71.4%
Violence and community safety	88.9%	43.5%	76.9%

The stakeholders were also asked to prioritize the health needs according to highest level of importance in the community. A total importance score was created by summing the response scores (not very important = 1, somewhat important = 2, important = 3, very important = 4) for each significant health need. The maximum score any health need could receive was 368, where all 92 participants rated the item “very important”. The lowest score possible was 92, where all 92 participants rated it “not very important”.

Among the survey respondents, mental health, access to health care, and homelessness were ranked as the top three priorities in the service area. Calculations from the community surveys resulted in the following prioritization of the significant

health needs.

Prioritization of Health Needs

Significant Health Need	Total Importance Score (Potential Maximum Score of 368)
Mental health	285
Access to health care	281
Homelessness	273
Substance use and misuse	269
Food insecurity	268
Economic instability	266
Preventive practices	266
Diabetes	264
HIV	256
Overweight and obesity	255
Heart disease	254
Dental care	243
Violence and community safety	242
Environmental pollution	237
Asthma	214
Liver disease	205
Unintentional injuries	189

Resources to Address Significant Health Needs

Through surveys, stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2016, Eisenhower Health conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2016 CHNA addressed access to health care, chronic diseases, and preventive care through a commitment of community benefit programs and charitable resources. The impact of the actions Eisenhower Health used to address these significant health needs can be found in Attachment 4.

Community Demographics

Population

The population of the Eisenhower Health service area is 412,809.

Population of the Service Area

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Eisenhower Service Area	412,809	499.50	826.44
Riverside County	2,323,892	7,206.29	322.48
California	38,654,206	155,792.65	248.11

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>.

Source geography: Tract. Accessed from CARES Engagement Network. <http://www.engagementnetwork.org/assessment>

From 2011 to 2016, the population of the service area increased by 7.2%, which is lower than the 7.8% increase in population countywide.

Total Population and Change in Population, 2011-2016

	Eisenhower Service Area	Riverside County
Total population	412,809	2,323,892
Change in population, 2011-2016	7.2%	7.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. <http://factfinder.census.gov>

Of the area population, 50.5% are male and 49.5% are female.

Population by Gender

	Eisenhower Service Area	Riverside County
Male	50.5%	49.7%
Female	49.5%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 22.3% of the population of the service area. 55.3% of residents are adults, ages 18-64, and 22.4% of residents are seniors, 65 and over. The service area has a higher percentage of adults, 55 years old and older, than compared to the county.

Population by Age

	Eisenhower Service Area	Riverside County
0 – 4	5.8%	6.8%
5 – 9	6.5%	7.4%
10 – 14	6.3%	7.5%
15 – 17	3.8%	4.7%
18 – 20	3.7%	4.6%
21 – 24	4.0%	5.8%
25 – 34	11.7%	13.5%

	Eisenhower Service Area	Riverside County
35 – 44	11.3%	12.8%
45 – 54	12.2%	13.0%
55 – 64	12.3%	10.7%
65 – 74	12.0%	7.4%
75 – 84	7.6%	4.1%
85+	2.8%	1.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

In the service area, Coachella (92236) has the largest percentage of youth, ages 0-17 (33.5%). Indian Wells (92210) has the highest percentage of residents ages 65 and older (62.2%).

Population by Youth, Ages 0-17, and Seniors, Ages 65+

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Cathedral City	92234	53,253	25.3%	15.2%
Coachella	92236	44,124	33.5%	5.2%
Desert Hot Springs	92240	35,684	30.2%	12.5%
Desert Hot Springs	92241	9,212	19.9%	30.4%
Indian Wells	92210	4,987	3.0%	62.2%
Indio	92201	64,436	28.0%	13.3%
Indio	92203	29,768	24.1%	20.1%
La Quinta	92253	39,435	21.2%	24.2%
North Palm Springs	92258	435	0.5%	28.0%
Palm Desert	92211	24,623	10.6%	49.0%
Palm Desert	92260	33,834	17.1%	30.6%
Palm Springs	92262	27,561	15.4%	23.9%
Palm Springs	92264	19,778	9.5%	36.6%
Rancho Mirage	92270	17,876	8.0%	51.5%
Thousand Palms	92276	7,803	20.6%	24.4%
Eisenhower Service Area		412,809	22.3%	22.4%
Riverside County		2,323,892	26.4%	13.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Seniors living alone may be isolated and lack adequate support systems. In the service area, seniors living alone range from 14.6% in Coachella to 38% in Palm Springs 92264. Most area ZIP Codes have a higher percentage of seniors living alone than the county or the state.

Seniors Living Alone

	ZIP Code	Percent
Cathedral City	92234	32.3%
Coachella	92236	14.6%
Desert Hot Springs	92240	22.5%
Desert Hot Springs	92241	26.2%

	ZIP Code	Percent
Indian Wells	92210	18.9%
Indio	92201	19.0%
Indio	92203	18.7%
La Quinta	92253	18.3%
North Palm Springs	92258	25.4%
Palm Desert	92211	24.5%
Palm Desert	92260	31.7%
Palm Springs	92262	34.5%
Palm Springs	92264	38.0%
Rancho Mirage	92270	25.4%
Thousand Palms	92276	28.7%
Riverside County		21.6%
California		23.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Accessed from SHAPE Riverside County, <http://www.shaperivco.org/>.

Race/Ethnicity

In the service area, 50.2% of the population is Hispanic/Latino, 42.4% are White, 2.9% are Asian, 2.6% are Black/African American, and the remaining 1.9% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, or multiple races. In the service area, there are higher percentages of Latinos and Whites compared to the county and lower percentages of Asians and Blacks/African Americans.

Race/Ethnicity

	Eisenhower Service Area	Riverside County
Hispanic/Latino	50.2%	47.5%
White	42.4%	37.2%
Asian	2.9%	6.0%
Black/African American	2.6%	5.9%
Other/Multiple	1.6%	2.7%
American Indian/Alaska Native	0.2%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Coachella has the highest percentage of Hispanics/Latinos (97.4%) among service area cities. The highest percentage of Whites is found in Indian Wells (88.5%) and Rancho Mirage (84.9%). Palm Springs 92264 (6.0%) and Indian Wells (5.8%) have the highest percentage of Asians in the service area. The highest percentage of Blacks/African Americans resides in North Palm Springs (9.2%).

Race/Ethnicity by ZIP Code

	ZIP Code	Hispanic/ Latino	White	Asian	Black/ African American
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	ZIP Code	Hispanic/ Latino	White	Asian	Black/ African American
Cathedral City	92234	60.5%	31.2%	4.2%	2.4%
Coachella	92236	97.4%	1.7%	0.1%	0.6%
Desert Hot Springs	92240	56.9%	31.6%	2.1%	6.2%
Desert Hot Springs	92241	43.5%	52.9%	0.7%	1.8%
Indian Wells	92210	2.9%	88.5%	5.8%	1.3%
Indio	92201	75.0%	19.1%	2.0%	3.0%
Indio	92203	44.6%	48.1%	2.6%	2.2%
La Quinta	92253	34.0%	59.0%	2.9%	1.8%
North Palm Springs	92258	55.9%	34.9%	0.0%	9.2%
Palm Desert	92211	12.4%	79.6%	3.3%	1.6%
Palm Desert	92260	31.1%	60.7%	4.3%	1.9%
Palm Springs	92262	30.3%	55.8%	3.8%	6.6%
Palm Springs	92264	20.6%	69.1%	6.0%	1.4%
Rancho Mirage	92270	8.8%	84.9%	3.5%	1.3%
Thousand Palms	92276	60.0%	36.9%	1.0%	1.7%
Eisenhower Service Area		50.2%	42.4%	2.9%	2.6%
Riverside County		47.5%	37.2%	6.0%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

Language

English is spoken in the home among 56.1% of the service area population and Spanish is spoken in the home among 39.2% of the population. 2.0% of the population speaks an Asian language, and 2.3% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	Eisenhower Service Area	Riverside County
Speaks Spanish	39.2%	33.2%
Speaks only English	56.1%	60.0%
Speaks Asian/Pacific Islander language	2.0%	4.1%
Speak Indo-European language	2.3%	2.1%
Speaks other language	0.4%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

In the service area, Coachella 92236 (87.6%) and Indio 92201 (59.9%) have the highest percentage of Spanish speakers. Indian Wells 92210 (5.7%) and Palm Springs 92264 (4.1%) have the highest percentage of Asian language speakers. The highest percentage of Indo-European languages spoken at home is found in Palm Springs 92262 and Rancho Mirage 92270 (4.6%).

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Cathedral City	92234	45.8%	49.2%	3.0%	1.8%
Coachella	92236	12.1%	87.6%	0.1%	0.1%
Desert Hot Springs	92240	53.9%	42.6%	1.9%	1.1%
Desert Hot Springs	92241	59.5%	37.8%	0.4%	2.1%
Indian Wells	92210	88.3%	2.3%	5.7%	3.1%
Indio	92201	37.5%	59.9%	1.2%	1.2%
Indio	92203	65.3%	30.6%	1.8%	1.7%
La Quinta	92253	74.8%	20.3%	1.5%	2.6%
North Palm Springs	92258	45.1%	53.3%	0%	1.6%
Palm Desert	92211	85.8%	8.0%	2.3%	3.3%
Palm Desert	92260	69.4%	22.9%	3.0%	4.4%
Palm Springs	92262	68.6%	23.9%	2.5%	4.6%
Palm Springs	92264	74.6%	16.4%	4.1%	4.4%
Rancho Mirage	92270	86.3%	6.2%	2.3%	4.6%
Thousand Palms	92276	52.3%	45.2%	0.6%	1.9%
Eisenhower Service Area		56.1%	39.2%	2.0%	2.3%
Riverside County		60.0%	33.2%	4.1%	2.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

English Learners are defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Riverside County school districts, the percentage of students who were classified English Learners was 19.1%. Among area school districts, English Learners ranged from 23.1% in Desert Sands Unified to 46% in Coachella Valley Unified.

English Learners (EL)

	Number	Percentage
Coachella Valley Unified School District	8,441	46.0%
Desert Sands Unified School District	6,635	23.1%
Palm Springs Unified School District	7,448	32.3%
Riverside County	81,722	19.1%
California	1,271,150	20.5%

Source: California Department of Education DataQuest, 2017-2018. <http://dq.cde.ca.gov/dataquest/>

Veterans

In the service area, 8.3% of the civilian population 18 years and older, are veterans, which is higher than county (7.5%) and state (5.9%) rates.

Veteran Status

	Eisenhower Service Area	Riverside County	California
Veterans	8.3%	7.5%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Citizenship

In the service area, 24.7% of the population is foreign-born, which is higher than

Riverside County (21.9%). Of the foreign-born, 62.1% are not citizens, which is higher than the county (54%) and the state (50.8%).

Foreign-Born Residents and Citizenship

	Eisenhower Service Area	Riverside County	California
Foreign born	24.7%	21.9%	27.0%
Not a U.S. citizen	62.1%	54.0%	50.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, income inequality, social support, and others. In 2018, Riverside County is ranked as 26, near the midpoint of all California counties, according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Riverside County	26

Source: County Health Rankings, 2018. www.countyhealthrankings.org

The SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value as compared to all Riverside County ZIP Codes. The service area communities with the highest Index Value (highest socioeconomic need) were: Coachella, Desert Hot Springs, and Indio. The communities with the lowest socioeconomic need were: Indian Wells, Rancho Mirage, Palm Desert and La Quinta.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Coachella	92236	99.2	5
Desert Hot Springs	92240	97.0	5
Indio	92201	93.9	5
Desert Hot Springs	92241	92.0	5
Cathedral City	92234	88.4	4
Palm Springs	92262	72.0	3
Thousand Palms	92276	66.6	3
Palm Springs	92264	49.5	2
Palm Desert	92260	40.2	2
Indio	92203	36.6	2
La Quinta	92253	27.4	1
Palm Desert	92211	23.0	1
Rancho Mirage	92270	11.7	1
Indian Wells	92210	6.0	1

Source: 2018 SocioNeeds Index, <https://www.conduent.com/community-population-health/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the Federal Poverty Level (FPL) was set at an annual income of \$11,880 for one person and \$24,300 for a family of four. Among the residents represented in the hospital service area, 19.3% have incomes <100% of the Federal Poverty Level. When examined by ZIP Code, community poverty rates are highest among residents of Desert Hot Springs 92240 (32.1%), Coachella (29.9%) and North Palm Springs (27.3%).

44.1% of residents in the service area are categorized as low-income (defined as earning less than 200% of the FPL). Desert Hot Springs 92240 (63.7%) and Coachella (62.2%) have the highest percent of low-income individuals in the service area. Indian Wells has the lowest levels of poverty (4.8%) and low-income (14.2%) individuals in the service area.

Ratio of Income to Poverty Level, by ZIP Code (<100% FPL and <200% FPL)

	ZIP Code	<100% FPL	<200% FPL
Cathedral City	92234	21.8%	51.6%
Coachella	92236	29.9%	62.2%
Desert Hot Springs	92240	32.1%	63.7%
Desert Hot Springs	92241	24.2%	52.5%
Indian Wells	92210	4.8%	14.2%
Indio	92201	22.5%	50.4%
Indio	92203	10.9%	29.8%
La Quinta	92253	10.2%	27.7%
North Palm Springs	92258	27.3%	55.7%
Palm Desert	92211	8.5%	22.8%
Palm Desert	92260	14.3%	36.5%
Palm Springs	92262	20.4%	43.2%
Palm Springs	92264	18.8%	38.8%
Rancho Mirage	92270	10.1%	25.5%
Thousand Palms	92276	13.4%	54.8%
Eisenhower Service Area		19.3%	44.1%
Riverside County		16.5%	37.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

30.6% of service area children, under age 18, are living in poverty. Palm Springs 92264 has the highest rate of children in poverty (49.3%) in the service area. Among service area seniors, 9.8% are living in poverty. Coachella has the highest rate of seniors in poverty in the service area (17.5%). Among females who are head of household (HoH), with children under 18, 44.6% in the service area are living in poverty. The highest rate of females HOH living in poverty in the service area is found in Desert Hot Springs 92240 (61.3%).

Poverty Levels of Children, Seniors, and Female Head of Household with Children

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children*
Cathedral City	92234	31.6%	14.2%	43.9%
Coachella	92236	42.3%	17.5%	56.8%
Desert Hot Springs	92240	43.4%	8.4%	61.3%
Desert Hot Springs	92241	39.2%	12.6%	56.7%
Indian Wells	92210	0.0%	4.1%	N/A
Indio	92201	31.7%	13.8%	37.8%
Indio	92203	15.0%	12.4%	18.3%
La Quinta	92253	15.0%	7.3%	45.7%
North Palm Springs	92258	N/A	12.3%	N/A
Palm Desert	92211	5.8%	7.1%	6.0%
Palm Desert	92260	22.5%	9.0%	43.5%
Palm Springs	92262	32.3%	9.7%	47.7%
Palm Springs	92264	49.3%	8.6%	43.7%
Rancho Mirage	92270	13.4%	7.3%	33.5%
Thousand Palms	92276	22.5%	12.1%	27.5%
Eisenhower Service Area		30.6%	9.8%	44.6%
Riverside County		22.8%	9.9%	38.3%
California		21.9%	10.3%	37.5%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701 & *S1702. <http://factfinder.census.gov>

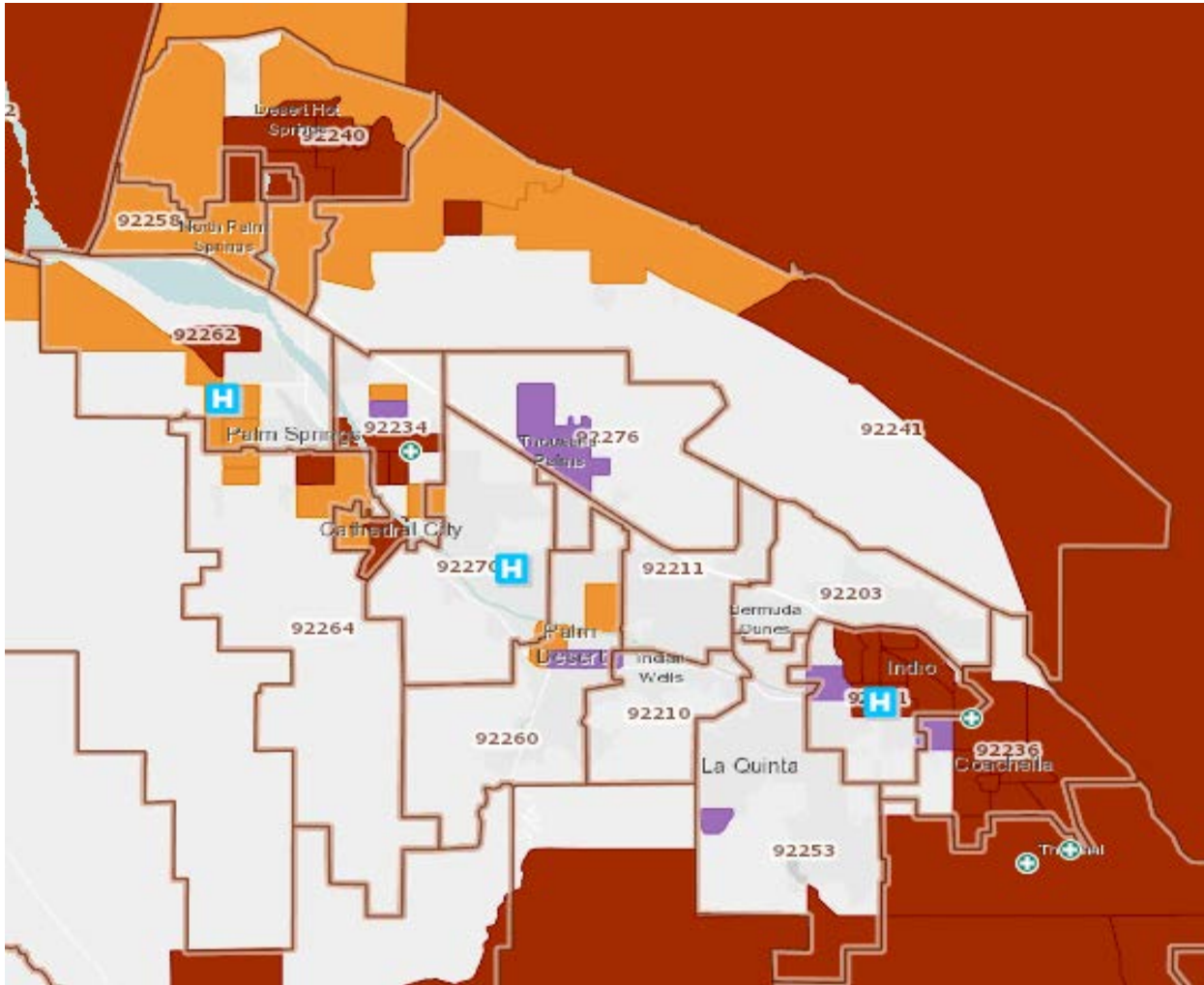
*Care should be taken when interpreting rates for a ZIP Code with a small population.

Vulnerable Populations

When vulnerable populations in the area are mapped, a picture of poverty emerges. The map shows the hospital service area and surrounding areas, highlighting the percentage of each subarea that has more than 20% of the population living in poverty and more than 20% of the population with low education levels, defined as less than a high school education.

Areas that exceed the vulnerable threshold for low education alone are displayed in lavender. Areas that exceed the threshold for poverty alone are tan. Areas with high rates of poverty and low education are shown in brown. High rates of vulnerable populations are found along the south and east edges of the service area, as well as most of Desert Hot Springs and pockets of Palm Springs and Cathedral City. Some portions of Desert Hot Springs, Palm Springs, Cathedral City and areas on the north side of the service area have higher rates of education, but high rates of poverty remain. Thousand Palms has a low rate of education but without the accompanying poverty.

Vulnerable Populations in the Hospital Service Area



Source: by Census Tract. Accessed from Community Commons, www.communitycommons.org/.

Households

In the hospital service area, there are 157,328 households and 224,245 housing units. Over the last five years, population grew by 7.2%, households grew by 6.6%, housing units grew by 6.3%, and vacant units grew by 5.5%. Owner-occupied housing rates increased by 0.9% and renter-occupied housing rates increased by 18.6%.

Households and Housing Units, and Percent Change, 2011-2016

	Eisenhower Service Area			Riverside County			California		
	2011	2016	Percent Change	2011	2016	Percent Change	2011	2016	Percent Change
Households	147,535	157,328	6.6%	672,896	705,716	4.9%	12,433,172	12,807,387	3.0%
Housing units	210,957	224,245	6.3%	794,478	820,300	3.3%	13,631,129	13,911,737	2.1%
Owner occ.	99,790	100,713	0.9%	465,385	454,924	-2.2%	7,055,642	6,929,007	(-1.8%)
Renter occ.	47,745	56,615	18.6%	207,511	250,792	20.9%	5,201,849	5,878,380	13.0%
Vacant	63,422	66,917	5.5%	121,582	114,584	-5.8%	1,197,957	1,104,350	(-7.8%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. <http://factfinder.census.gov>

In the service area, there are 157,328 households. There is a larger percentage of one-

and two-person households, and a lower percentage of households with three or more occupants, than found at county and state levels.

Household Size

	Eisenhower Service Area	Riverside County	California
1 person households	30.8%	20.9%	24.0%
2 person households	36.2%	29.1%	30.1%
3 person households	11.2%	15.3%	16.6%
4+ person households	21.9%	34.6%	29.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2501. <http://factfinder.census.gov>

Safe and affordable housing is an essential component of healthy communities. 45.9% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. This percent is higher than the county rate of 44.2%. The service area cities where the highest percentage of households spends 30% or more of their income on housing are Coachella (58%) and Cathedral City (51.9%). The community with the lowest percentage of households spending 30% or more of their income on housing is North Palm Springs; however, there are only 157 households in that community whose housing expenses are known, so the percentage is based on a low number of total households.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Cathedral City	92234	51.9%
Coachella	92236	58.0%
Desert Hot Springs	92240	48.6%
Desert Hot Springs	92241	39.8%
Indian Wells	92210	41.3%
Indio	92201	48.0%
Indio	92203	41.6%
La Quinta	92253	40.5%
North Palm Springs	92258	25.5%
Palm Desert	92211	40.1%
Palm Desert	92260	42.6%
Palm Springs	92262	47.2%
Palm Springs	92264	46.2%
Rancho Mirage	92270	43.3%
Thousand Palms	92276	37.7%
Eisenhower Service Area		45.9%
Riverside County		44.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP04. <http://factfinder.census.gov>

Median Household Income

Household income is defined as the sum of money received over a calendar year by all

household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The weighted mean of the median household income in the service area is \$50,574. Median household income in the service area ranges from \$32,629 in Desert Hot Springs 92241 to \$96,201 in Indian Wells 92210.

Median Household Income

	ZIP Code	Median Household Income
Cathedral City	92234	\$41,743
Coachella	92236	\$36,300
Desert Hot Springs	92240	\$35,393
Desert Hot Springs	92241	\$32,629
Indian Wells	92210	\$96,201
Indio	92201	\$42,453
Indio	92203	\$65,947
La Quinta	92253	\$72,203
Palm Desert	92211	\$58,274
Palm Desert	92260	\$51,426
Palm Springs	92262	\$46,162
Palm Springs	92264	\$45,166
Rancho Mirage	92270	\$66,083
Thousand Palms	92276	\$43,308
Eisenhower Service Area		*\$50,574
Riverside County		\$57,972
California		\$63,783

Source: U.S. Census Bureau, American Community Survey, 2014-2016, DP03. <http://factfinder.census.gov>

*Weighted mean of the medians. No data for North Palm Springs.

Free and Reduced-Price Meals

The percentage of students eligible for the free and reduced-price school meal program is one indicator of socioeconomic status. Among county school districts, between 68.2% and 88.6% of the student population is eligible for the free and reduced-price meal program, indicating a high level of low-income families.

Free and Reduced Price Meals Eligibility

	Percent Eligible Students
Coachella Valley Unified School District	88.6%
Desert Sands Unified School District	68.2%
Palm Springs Unified School District	86.8%
Riverside County	65.3%
California	60.1%

Source: California Department of Education, 2017-2018. <http://data1.cde.ca.gov/dataquest/>

Unemployment

The unemployment rate in Riverside County was 5.2% in 2017, which was higher than the state rate (4.8%). The service area city with the highest unemployment rate was

Coachella (8.2%). Rancho Mirage (3.3%) and Palm Desert (3.4%) had the lowest unemployment rates in the service area.

Unemployment Rate, 2017 Average

	Percent
Cathedral City	4.5%
Coachella	8.2%
Desert Hot Springs	5.4%
Indian Wells	4.0%
Indio	5.5%
La Quinta	4.3%
Palm Desert	3.4%
Palm Springs	5.0%
Rancho Mirage	3.3%
Thousand Palms	4.0%
Riverside County	5.2%
California	4.8%

Source: California Employment Development Department, Labor Market Information.

<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Public Program Participation

In Riverside County, 41.9% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat. 23.6% of those making less than 300% of the FPL utilize food stamps. WIC benefits are more readily accessed. Among county children, 6 years and under, 35.9% have parents who access WIC benefits.

TANF/CalWorks has a participation rate of 6.9% of county residents, compared to 9.7% for the state.

Public Program Participation

	Riverside County	California
Not able to afford food (<200%FPL)	41.9%	43.8%
Food stamp recipients (<300% FPL)	23.6%	22.6%
WIC usage among children, 6 years and under	35.9%	44.1%
TANF/CalWorks recipients	6.9%	9.7%

Source: California Health Interview Survey, 2015-2016. <http://ask.chis.ucla.edu/>

In the service area, 5.3% of residents receive SSI benefits, 3.1% receive cash public assistance income, and 8.9% of residents receive food stamp benefits; these rates are lower than county and state rates.

Household Supportive Benefits

	Eisenhower Service Area	Riverside County	California
Total households	157,328	705,716	12,807,387
Supplemental Security Income (SSI)	5.3%	6.0%	6.2%

Public Assistance	3.1%	3.8%	3.8%
Food Stamps/SNAP	8.9%	10.7%	9.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

Community Input – Economic Instability

The most common barriers related to economic instability was a lack of jobs and employment. Survey participants described there are not enough jobs; there is a lack of high paying jobs, and a lack of year-round employment. “There is a lack of employment opportunities that offer a living wage.” “Disabled adults have a difficult time with needs of housing, food and utilities. Many people have to make the decision of paying for medication or paying for basic living needs.”

Another theme was the high cost of housing. Survey respondents described the pairing of low wages with subpar employment options makes it extremely difficult to stay afloat. Some mentioned the lack of educational opportunities as a barrier to economic stability. For example, “There is a lack of higher education opportunities. It is difficult to get into college classes and there are limited class offerings.” Finally, other themes included homelessness, lack of resources and transportation.

Most Impacted by Economic Instability

Survey results indicated economic instability disproportionately impacted low-income and minorities/immigrants/migrant workers. Other groups frequently mentioned as most impacted included: seniors, children, people with limited education, and those who are homeless.

CalFresh Eligibility and Participation

CalFresh is California’s food stamp program. According to the California Department of Social Services, 421,674 individuals in Riverside County are eligible to receive food stamps (CalFresh), however only 287,643 (68.2%) of them participate in the program.

CalFresh Eligibility and Participation

	Number Eligible	Participation Rate
Riverside County	287,643	68.2%
California	6,034,578	71.8%

Source: California Department of Social Services’ CalFresh Data Dashboard, 2016. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially-acceptable ways. Among the population in Riverside County, 9.8% experienced food insecurity at some point in the past year. Among children in Riverside

County, 19% lived in households that experienced food insecurity at some point in the year.

Food Insecurity

	Riverside County	California
Total population experienced food insecurity during the year	9.8%	11.7%
Children under 18 experienced food insecurity during the year	19.0%	19.0%

Source: *Feeding America, 2016*, accessed at SHAPE Riverside County, <http://www.shaperivco.org/>

Community Input – Food Insecurity

The most common themes that emerged from survey participants specific to food insecurity were poverty and economic instability. Survey participants listed some of the causes of economic instability, including:

- Homelessness/the high cost of housing
- High cost of food: “Cost of good healthy food impacts food insecurity”
- Lack of jobs that pay a living wage and provide year-round employment: “Lack of year-round employment. People go without the basics approximately five months out of the year.”

Other themes included issues with immigration (“Isolation of undocumented families”) and food distribution systems (“We need to improve in the local food safety net infrastructure”). There is an issue of food availability and food deserts: “A lack of economic stability is the root cause of food insecurity. Individuals and families do not have enough household income to pay for high-quality food. We can't solve food insecurity unless we increase average incomes, and focus on the cost of housing and transportation.” “While not as widespread, food deserts are a real challenge as well. If a household has enough income to pay for quality food, but then spends that income on transportation because the locations to get food are far away, we are not addressing the problem.”

Most Impacted by Food Insecurity

Participants identified five major groups who are disproportionately impacted by food insecurity:

- Children, youth
- Seniors (especially those who are homebound)
- Homeless
- Low-income people
- Immigrants/undocumented workers and migrant farmworkers

Educational Attainment

In the service area, 19.4% of the adult population has less than a high school education.

This rate is the same as the county rate. A quarter of service area adults (25.1%) are high school graduates and 55.5% have a college degree.

Educational Attainment of Adults, 25 Years and Older

	Eisenhower Service Area	Riverside County	California
Population age 25 and over	288,896	1,468,896	25,950,818
Less than 9 th grade	9.4%	9.4%	9.9%
Some high school, no diploma	10.0%	10.1%	8.0%
High school graduate	25.1%	25.9%	20.6%
Some college, no degree	23.9%	25.5%	21.7%
Associate degree	6.6%	7.9%	7.8%
Bachelor degree	15.3%	13.5%	20.1%
Graduate or professional degree	9.7%	7.7%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshman enrolled four years earlier. The high school graduation rate for Coachella Valley Unified School District (81.1%) is lower than county (89.9%) and state (87.3%) rates, and does not meet the Healthy People 2020 objective of an 87% high school graduation rate. Palm Springs Unified School District (92.4%) and Desert Sands Unified School District (89.6%) meet the Healthy People 2020 objective.

High School Graduation Rates, 2017-2018

	High School Graduation Rate
Coachella Valley Unified School District	81.1%
Desert Sands Unified School District	89.6%
Palm Springs Unified School District	92.4%
Riverside County	89.9%
California	87.3%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percentage of 3 and 4 year olds enrolled in preschool in the service area (33%) is lower than for the county (35.7%) or state (48.6%).

Children, 3 and 4 Years of Age, Enrolled in Preschool

	ZIP Code	Percent
Cathedral City	92234	27.9%
Coachella	92236	18.2%
Desert Hot Springs	92240	30.9%
Desert Hot Springs	92241	17.3%
Indian Wells	92210	0.0%
Indio	92201	31.0%

	ZIP Code	Percent
Indio	92203	54.0%
La Quinta	92253	36.1%
Palm Desert	92211	77.7%
Palm Desert	92260	45.1%
Palm Springs	92262	50.0%
Palm Springs	92264	25.2%
Rancho Mirage	92270	53.0%
Thousand Palms	92276	7.6%
Eisenhower Service Area		33.0%
Riverside County		35.7%
California		48.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1401. <http://factfinder.census.gov>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 62.3% of adults interviewed in Riverside County responded yes to this question, which was lower than the California rate of 64.7%.

Children, Ages 0 to 5, Who Were Read to Daily by a Parent or Family Member

	Riverside County	California
Children read to daily	62.3%	64.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu>

Parks, Playgrounds and Open Spaces

89.3% of county children, 1-17 years of age, lived within walking distance to a park, playground or open space; 83.3% had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	Riverside County	California
Walking distance to park, playground or open space	89.3%	90.0%
Visited park, playground or open space in past month, ages 1 to 17	83.3%	85.6%

Source: California Health Interview Survey, 2014-2017; <http://ask.chis.ucla.edu>. *Statistically unstable due to sample size.

Homelessness

The County of Riverside's Department of Public Social Services conducts an annual 'point-in-time' count of homelessness in Riverside County. In 2018, 72.8% of the Riverside County homeless were unsheltered.

Among children, 5.7% of public school enrollees in Riverside County were recorded as being homeless at some point during the 2015-2016 school year, according to the California Department of Education (Source: kidsdata.org, October 2018).

Homeless Annual Count, Riverside County, 2017 and 2018

Year of Count	Total Homeless	Sheltered	Unsheltered
2017	2,406	768	1,638
2018	2,316	631	1,685

Source: County of Riverside Department of Public Social Services, Homeless Program Unit, 2018.
<http://dpss.co.riverside.ca.us/homeless-programs>

Among the unsheltered homeless, 31.4% were chronically homeless individuals. 39.5% of unsheltered homeless reported drug use, an increase of 5.4% over 2017. PTSD was reported in 24.4% of the homeless. Almost one-third of unsheltered homeless (32.7%) reported having a physical disability, an increase of 11.3% over 2017.

Unsheltered Homeless Subpopulations, Riverside County, 2017-2018

	2017		2018		2017-2018	
	Count	Percent	Count	Percent	Count	Percent
Chronically Homeless	341	30.2%	387	31.4%	46	13.5%
Drug Use	461	40.9%	486	39.5%	25	5.4%
PTSD	268	25.5%	300	24.4%	32	11.9%
Physical Disability	362	34.5%	403	32.7%	41	11.3%

Source: County of Riverside Department of Public Social Services, Homeless Program Unit, 2018.
<http://dpss.co.riverside.ca.us/homeless-programs>

Community Input - Homelessness

The most common theme noted by survey participants related to homelessness was the lack of affordable housing. Some respondents also mentioned there is a lack of jobs, especially high paying jobs. With a lack of affordable housing and little money to pay bills, it is difficult for many to maintain housing.

Another common theme was the lack of shelters for the homeless. There are more beds needed—particularly in the West Valley. “Social services that connect people to affordable housing are difficult to access, because of the lack of supply of affordable housing units.”

Mental health and substance use issues were also identified as impacting homelessness. Many experience mental health issues and there is a lack of services or housing to help rehabilitate these individuals. Finally, other themes include a general lack of resources, stigma, and a lack of efforts being made to address homelessness.

Most Impacted by Homelessness

Survey results indicated homelessness impacts the entire community. Groups identified as highly impacted by homelessness included those who are mentally ill, substance

users, and those who are low-income/unemployed. Other populations impacted by homelessness included:

- Veterans
- At-risk youth
- Children
- Seniors
- Individuals with diabetes
- People exiting the jail system

Air Quality

In 2016, Riverside County recorded 69 days of ground-level ozone concentrations that exceeded the U.S. standard of 0.070 parts per million. The average across the state was 22 days with readings above the U.S. standard.

Days with Ozone Levels above Regulatory Standard, 2016

	Riverside County	California
Day with high ozone levels	69	22

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, Aug. 2017 via <http://www.kidsdata.org>

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma. PM 2.5 concentrations in Riverside County were measured at 14.1 micrograms per cubic meter, above the national standard.

Annual Average Particulate Matter Concentration, Micrograms per Cubic Meter, 2016

	Riverside County	California
PM 2.5 concentrations	14.1	9.0

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, U.S. EPA Particulate Matter Trends, July 2017 via <http://www.kidsdata.org>

Water Quality

Maximum Contaminant Level (MCL) violations occur when contaminant levels in drinking water supplies exceed limits set by the California Department of Public Health. Monitoring and reporting violations occur when a public water system fails to have its water tested as required or fails to report test results correctly. Exposure to contaminants in drinking water can result in numerous adverse health effects, particularly for children. In 2015, 2.5% of California's MCL violations and 6% of its monitoring and reporting violations originated in Riverside County.

Water Quality Violations, 2015

	Riverside County		California
	Number	Percentage	Number
Maximum Contaminant Level violations	38	2.5%	1,533
Monitoring and reporting violations	103	6.0%	1,711

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, U.S. EPA Particulate Matter Trends, July 2017 via <http://www.kidsdata.org>

Community Input – Environmental Pollution

Many survey participants mentioned the Salton Sea as a major challenge related to environmental pollution. For example: “The Salton Sea! We need to do something about that. Everyone is worried about the San Andres Fault; we need to worry about the Salton Sea. It is killing us little by little.”

Others mentioned the cost associated with addressing pollution, as well as political will. For example, one participant said, “Funds (Money), Interest” while another stated, “funding, advocacy, politics”.

Finally, several survey participants mentioned the relationship between environmental pollution and various industries. For example: “Highway I-10 is a major corridor for trucks.” and “Air pollution comes in from outside the region. There are limited options for the agricultural industry.” Another participant stated: “Balancing development with smart growth that relies more on green energy will be crucial. A looming disaster like the Salton Sea will be a great challenge for generations of people who live near the sea, and for industries (especially agriculture) that are close by.”

Most Impacted by Environmental Pollution

According to survey participants, populations disproportionately impacted by environmental pollution include:

- Valley residents
- Children, youth
- Low-income individuals and families
- Seniors
- Those living in the East Valley/near the Salton Sea
- Those who are exposed to pollution as a result of where they work or live

One survey participant identified those persons most impacted by pollution: “Most definitely the working class and those exposed to pollution and toxins like farm workers, individuals living near the Salton Sea, and people living in certain areas of the eastern Coachella Valley who lack access to clean and safe drinking water and other basic infrastructure such as sewage and electricity.”

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime rates in Riverside County increased from 2014 to 2017. The property crime rate in Riverside County showed a slight decrease from 2014 to 2017. In the service area, high property crime rates were reported in Palm Desert and Palm Springs. High violent crime rates were reported in Desert Hot Springs, Indio and Palm Springs.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2014 and 2017

	Property Crimes		Violent Crimes	
	2014	2017*	2014	2017*
Cathedral City	2,237.3	1,440.9	239.8	256.7
Coachella	2,640.2	2,615.0	380.4	293.4
Desert Hot Springs	4,130.2	2,791.4	598.2	1,039.7
Indian Wells*	2,219.3	2,852.5	111.0	17.9
Indio	2,614.1	2,705.2	551.2	755.8
La Quinta	2,399.8	2,169.6	218.9	121.4
Palm Desert	4,273.0	4,072.9	274.7	178.5
Palm Springs	5,833.1	4,206.6	632.2	621.5
Rancho Mirage	3,776.6	3,190.9	161.8	156.2
Riverside County*	2,650.4	2,559.1	270.1	302.5
California	2,459.0	2,544.5	393.3	443.9

Source: CA Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime>

Source for 2014 city data (number and rate), with the exception of Indian Wells: US Bureau of Justice Statistics <https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm>

*State rates were provided by the CA DOJ; County rates and rates for Indian Wells were calculated based on population totals provided by CA Department of Finance and all 2017 rates for cities were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates. NOTE: No data available for North Palm Springs or Thousand Palms. Data for Indian Wells should be treated with extreme caution, as the population covered by the relevant police department may vary significantly from the population provided by the Department of Finance.

Teens were asked to evaluate neighborhood cohesion. Teens felt adults in their neighborhood could be counted on to watch that children are safe and don't get into trouble (89.7%), people in their neighborhood are willing to help (82.6%), and neighbors can be trusted (84.1%).

Neighborhood Cohesion, Percent of Teens Who Agree or Strongly Agree

	Riverside County	California
Adults in neighborhood look out for children	89.7%	87.8%
People in neighborhood are willing to help	82.6%	86.4%
People in neighborhood can be trusted	84.1%	82.7%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu>

Calls for domestic violence are categorized as with or without a weapon. 22.9% of domestic violence calls in Riverside County involved a weapon. Higher rates of ‘With Weapon’ domestic violence calls occurred in Desert Hot Springs (60%) and Indio (44%).

Domestic Violence Calls, Rate per 1,000 Persons, 2017

	Total	Rate*	Without Weapon	With Weapon
Cathedral City	139	2.61	88.5%	11.5%
Coachella	126	2.86	90.5%	9.5%
Desert Hot Springs	180	4.01	40.0%	60.0%
Indian Wells	9	1.80	88.9%	11.1%
Indio	352	3.74	56.0%	44.0%
La Quinta	67	1.70	88.1%	11.9%
Palm Desert	145	2.48	82.8%	17.2%
Palm Springs	226	4.77	84.5%	15.5%
Rancho Mirage	30	1.68	90.0%	10.0%
Riverside County	7,126	3.07	77.1%	22.9%
California	169,362	4.38	55.7%	44.3%

Source: California Department of Justice, Office of the Attorney General, 2017. <https://oag.ca.gov/crime> *Rate calculated using 2012-2016 ACS Population Estimates. No data available for North Palm Springs or Thousand Palms.

In Riverside County, the rate of children under 18 years of age, who experienced abuse or neglect was 8.2 per 1,000 children. This rate was higher than the state rate of 7.5 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, Cases per 1,000 Children

	Riverside County	California
Substantiated child abuse	8.2	7.5

Source: Child Welfare Dynamic Report System, 2017. Accessed from SHAPE Riverside County at <http://www.shaperivco.org/>.

Community Input – Violence and Community Safety

Survey respondents commented there are scarce resources to address the problems of violence and community safety. Specifically, law enforcement is understaffed and there are few shelters for people escaping domestic violence. For example, “Some parts of the Valley tend to have higher numbers of incidents (i.e. Desert Hot Springs) and inadequate resources to address the problems”.

Substance use, mental health issues, and gang violence were also noted as contributing to community violence. Participants felt these issues were a barrier to the community being a safe place. Other themes identified include: lack of education/awareness, poverty, homelessness, and a lack of reporting to law enforcement.

Most Impacted by Community Violence

The majority of survey participants indicated the entire community is impacted by violence. A number of groups were mentioned as most impacted by violence, including:

- Children
- Young adults
- Women
- Seniors
- Minorities/undocumented
- Low-income families

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is 100% insurance coverage for all population groups. The service area has 83.4% insurance coverage across all ages, which is lower than the county rate (85.3%). Health care coverage is higher among children, ages 0 to 17. 91.4% of children in the service area are insured, this is lower than the county (92.6%) and the state (94.6%).

Health Insurance Coverage

	ZIP Codes	All Ages	0 to 17	18 to 64
Cathedral City	92234	76.9%	87.4%	67.4%
Coachella	92236	74.3%	90.7%	63.5%
Desert Hot Springs	92240	80.7%	89.4%	72.4%
Desert Hot Springs	92241	79.2%	84.9%	64.6%
Indian Wells	92210	97.7%	100.0%	95.1%
Indio	92201	78.6%	91.9%	67.8%
Indio	92203	88.8%	96.8%	81.5%
La Quinta	92253	88.3%	90.4%	82.3%
North Palm Springs	92258	64.6%	100.0%	52.7%
Palm Desert	92211	93.8%	96.8%	86.0%
Palm Desert	92260	89.3%	93.8%	82.2%
Palm Springs	92262	84.9%	94.9%	76.8%
Palm Springs	92264	88.6%	93.2%	80.6%
Rancho Mirage	92270	94.5%	97.1%	88.7%
Thousand Palms	92276	82.0%	90.7%	71.0%
Eisenhower Service Area		83.4%	91.4%	74.0%
Riverside County		85.3%	92.6%	79.2%
California		87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

When the type of insurance coverage was examined for the county, 29.5% of residents had Medi-Cal coverage, which is higher than the 26.9% seen statewide. 38.2% of county residents have employment-based insurance, which is lower than the state (43.1%).

Insurance Coverage by Type

	Riverside County	California
Medi-Cal	29.5%	26.9%
Medicare only	2.5%	1.4%
Medi-Cal/Medicare	4.7%	4.2%
Medicare and others	9.7%	8.9%
Other public	1.3%*	1.4%

	Riverside County	California
Employment based	38.2%	43.1%
Private purchase	6.6%	6.2%
No insurance	7.5%	7.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors in Riverside County are the most likely to have a usual source of care (94.2%), followed by children (92.8%). Adults, 18 to 64, are the least likely to have a usual source of care (80.1%).

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Riverside County	92.8%	80.1%	94.2%*
California	91.4%	82.6%	94.5%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

When access to care through a usual source of care is examined by race/ethnicity, Latinos are the least likely to have a usual source of care (81.1%).

Usual Source of Care by Race/Ethnicity

	Riverside County	California
White	91.6%	91.1%
Asian	85.7%*	84.5%
African American	83.3%	88.4%
Latino	81.1%	81.6%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In Riverside County, 60.1% of residents access care at a doctor's office, HMO or Kaiser and 22.5% access care at a clinic or community hospital. 14.5% of county residents had no usual source of care, across all age groups.

Sources of Care

	Riverside County	California
Dr. Office/HMO/Kaiser Permanente	60.1%	59.5%
Community clinic/Government clinic/Community hospital	22.5%	24.4%
ER/Urgent care	2.1%	1.6%
Other place/No one place	0.7%*	0.8%
No usual source of care	14.5%	13.7%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Accessing health care can be affected by the number of providers in a community. According to the 2018 County Health Rankings, Riverside County ranks 44 out of 57

ranked California counties (Alpine County excluded) for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among other factors. The ratio of county population to health care providers shows fewer primary care physicians, dentists, and mental health providers for the population when compared to California.

Ratio of Population to Health Care Providers

	Riverside County	California
Primary Care Physicians, 2015	2,380:1	1,280:1
Dentists, 2016	2,000:1	1,210:1
Mental health providers, 2017	580:1	320:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org/app/california/2018/measure/factors/62/data>

An examination of Emergency Room (ER) use can lead to improvements in providing community-based prevention and primary care. 22.9% of Riverside County residents visited an ER over the period of a year. In Riverside County, adults 18 to 64, visited the ER at the highest rates (24.1%), followed by seniors (23.4%). The rates for children and adults exceeded the state rates, as well as the ER visit rates of low-income and poverty-level residents.

Use of Emergency Room

	Riverside County	California
Visited ER in last 12 months	22.9%	21.3%
0-17 years old	20.1%	18.9%
18-64 years old	24.1%	21.6%
65 and older	23.4%	23.6%
<100% of poverty level	27.1%	26.3%
<200% of poverty level	26.4%	24.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu>

Difficulty Accessing Care

5.9% of Riverside County residents had difficulty finding a primary-care doctor who would see them or take them as a new patient in the past year. For specialty care, 13.3% of county residents had difficulty accessing care. In the past year, 5.1% of county adults had been told by a primary care physician's office that their insurance would not be accepted.

Difficulty Accessing Care in the Past Year, Adults

	Riverside County	California
Reported difficulty finding primary care	5.9%	6.1%
Reported difficulty finding specialist care	13.3%*	13.1%
Primary care doctor not accepting their insurance	5.1%	5.6%
Specialist not accepting their insurance	8.6%*	10.7%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically-underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Riverside County (some ZIP Codes cross county borders, so populations are a close match to Riverside County but not an exact match) and information from the Uniform Data System (UDS)¹, 44.1% of the population in the county is categorized as low-income ($\leq 200\%$ of Federal Poverty Level) and 19.3% of the population are living in poverty.

There are seven Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: Borrego Community Health Foundation, Central City Community Health Center, Inc., Clinicas de Salud del Pueblo, Inc., Desert AIDS Project, Inc., Riverside County Health System, SAC Health System, and Urban Community Action Projects.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 57,273 patients in the Eisenhower service area, which equates to 31.6% coverage among low-income patients and 13.9% coverage among the total population. From 2015-2017, the clinic providers added 8,247 patients for a 16.8% increase in patients served by Community Health Centers. However, there remain 123,824 low-income residents, approximately 68.4% of the population at or below 200% FPL, that are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
181,097	57,273	31.6%	13.9%	123,824	68.4%

Source: UDS Mapper, 2017. <http://www.udsmapper.org>

Delayed or Forgone Care

10.5% of Riverside County residents delayed or did not get medical care when needed. Of these, 6.8% of county residents ultimately went without needed medical care. This is higher than the Healthy People 2020 objective of 4.2% of the population who forgo care.

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 44.5% of county residents who delayed or went without care listed ‘cost/insurance issues’ as a barrier. 9% of county residents delayed or did not fill prescriptions.

Delayed Care in Past 12 Months, All Ages

	Riverside County	California
Delayed or did not get medical care	10.5%	10.5%
Had to forgo needed medical care	6.8%	6.2%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	44.5%	45.8%
Delayed or did not get prescription meds	9.0%	9.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

Lack of Care Due to Cost, for Children

1.8% of children in Riverside County delayed or skipped care within the prior 12 months due to cost or lack of insurance; 1.7% of these children ultimately did not receive care. 4.1% of county children delayed or had unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children, 0 to 17

	Riverside County	California
Child’s care delayed or foregone due to cost/lack of insurance	1.8%*	1.7%
Child forewent care	1.7%*	1.3%
Child’s prescription medication delayed or unfilled	4.1%*	4.6%

Source: California Health Interview Survey, 2013-2017. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

Community Input – Access to Health Care

The most common access to care theme among the survey respondents was related to health care affordability, cost, and poverty. For example, “The high cost of health care from start to finish is a huge challenge. High monthly premiums make a big dent in a family’s budget. Then co-pays for doctors’ visits, and co-pays for prescriptions add to the burden. Senior citizens face extremely high copays of \$100+ for some medications.”

Another theme was the lack of access. For example, “The inability to see your physician is a problem as they are generally booked two weeks out so they tell you to go to urgent care or ER, which overloads those systems.”

Some stakeholders mentioned specifically the shortage of health care professionals as a barrier to receiving care. For example, “There is a shortage of primary care providers and behavioral health providers” and “There are not enough primary care physicians to provide for a traditional model of care for the entire Valley’s citizens.” Insufficient pediatric care was also identified in the community.

“Lack of doctors of all types is a major concern. Having to find a new primary care provider or pediatrician is frustrating. Though they may be listed on your insurance company's list of approved doctors, the doctor closest to you may not be accepting new patients. The lack of specialists puts an unfortunate burden on families who either have to wait an extended period of time for an appointment or have to travel out of the Valley for the care they need.”

Transportation was also mentioned as a barrier: “Take a look at the physical distribution of health care facilities. Map all the health care providers across the Coachella Valley, and see where there are many providers, and where there are few. Transportation is a tremendous challenge. If health care providers aren't close by, how can people (who often have little to no transportation) prioritize health care, or even get health care, when it is a priority?” “Treatment facilities are difficult for some residents to access. Transportation is a major issue.”

Others mentioned the issues of culture, language, and immigration: “Fears of undocumented families” and “Language barriers, cultural differences, and stigma”. “When looking at the Coachella Valley as a whole, I think the major health issue affecting our community is equity in health care. There are common issues that affect each city, neighborhood, community, but depending on ZIP Code, an individual's health outcomes may differ completely because of a lack of adequate number of providers, or specialty providers within a certain region.

Finally, an additional theme was the lack of understanding: “There is a lack of understanding of how to navigate the health care system and not enough protections to ensure individuals are receiving adequate care.”

Most Impacted by Lack of Access to Health Care

Most survey participants felt the issue of access disproportionately impacted those who were mid- to low-income, impoverished, and/or otherwise experiencing poverty. Other groups who are impacted included:

- Seniors/the elderly
- People of color, immigrants, Hispanic/Latino, and/or undocumented individuals
- Children
- Homeless individuals
- Those who are uninsured/underinsured
- LGBTQIA
- Those who lack access to transportation
- People with disabilities

Dental Care

17.2% of children, 3 to 11 years of age, in Riverside County have never been to a dentist; this is higher than the state rate of 15.5%. In the past year, 6.8% of area children needed dental care and did not receive it. 1.7% of children had been to the ER or Urgent Care for a dental issue. Teens obtained dental care at a higher rate than children. 96.1% of county teens had been to the dentist in the past two years.

Delay of Dental Care among Children and Teens

	Riverside County	California
Child, 3 to 11, never been to the dentist	17.2%	15.5%
Child, 3 to 11, been to dentist < 6 months to 2 years	78.1%	83.7%
Child, 3 to 11, needed but didn't get dental care in past year**	6.8%*	4.2%
Child visited ER or Urgent Care due to dental issue in past year**	1.7%*	1.2%
Teens never been to the dentist	0%	1.8%
Teens been to dentist less than 6 months to 2 years	96.1%*	95.8%

Source: California Health Interview Survey, Children 2013-2017 or **2015-2017, Teens 2013-2014 & 2017. <http://ask.chis.ucla.edu>
*Statistically unstable due to sample size.

69.8% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent'. 2.3% of county residents had never been to a dentist and 10.9% had their most-recent dental visit more than five years ago.

Adult Dental Care

	Riverside County	California
Condition of teeth: good to excellent	69.8%	72.3%
Condition of teeth: fair to poor	27.9%	25.7%
Condition of teeth: has no natural teeth	2.3%*	1.9%
Never been to a dentist**	2.3%*	2.2%
Visited dentist < 6 months to two years**	76.2%	80.4%
Visited dentist more than 5 years ago	10.9%	8.0%

Source: California Health Interview Survey, 2016-2017 or **2013-2014 and 2016-2017 pooled. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

Community Input – Dental Care

The most common theme among survey respondents was the high cost of dental care makes it unaffordable. For example, "Most dentists do not offer low cost or affordable services to the working class." Dental coverage reduces the cost slightly, but not by much.

Another theme was the lack of insurance coverage. Some noted Medicare does not cover dental, while others described many people simply do not have dental coverage. Some select to travel to Mexico to receive dental care. "Many of our students lack basic

health insurance which affects their overall health. Many don't have the ability to see a dentist, which really impacts their quality of life.”

A lack of dentists and dental services was also mentioned as a barrier. There are few dentists, oral specialists, and insufficient low-cost options for those who need dental care. Finally, an additional theme was the lack of access/transportation to dental care.

Most Impacted by Lack of Dental Care

Most survey participants felt the issue of dental care disproportionately impacted those who were low-income, impoverished, and those who are considered working class. Essentially, those with less income have a hard time paying for dental care or will forgo care altogether. Children and seniors were also mentioned as people who are impacted locally in regard to a lack of dental care.

Other groups who were mentioned were:

- Uninsured
- Homeless
- Unemployed
- Undocumented
- People with HIV
- LGBT
- Underserved areas
- People with disabilities

Birth Characteristics

Births

Between 2013 and 2015, there was an average of 4,616 births per year in the Eisenhower service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 690.5 births per 1,000 live births, which was higher than the county (584.8 per 1,000 live births) or state rate (524.0 per 1,000 live).

Delivery Paid by Public Insurance or Self-Pay, per 1,000 Live Births

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	3,188	690.5	584.8	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Premature Birth

The rate of premature birth, occurring before the start of the 37th week of gestation, in the service area was 5.1% (50.9 per 1,000 live births). This rate of premature birth was higher than the county (4.9%) and lower than the state rate of premature births (5.3%).

Premature Births before Start of 37th Week or Unknown, per 1,000 Live Births

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Premature births	235	50.9	49.2	52.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Teen Births

Between 2013 and 2015, teen births in the service area occurred at an average annual rate of 8.5% of total births, or 84.6 per 1,000 live births. This was higher than the county rate of teen births (6.8%) and the state rate of teen births (5.5%).

Births to Teen Mothers (Age Under 20), 2013-2015 Averaged, per 1,000 Live Births

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Births to teen mothers	391	84.6	68.0	55.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Prenatal Care

84.8% of pregnant women in the service area entered prenatal care in the first trimester.

This rate of early entry into prenatal care is higher than the county rate (82.8%) or state rate (82.0%). The Healthy People 2020 objective is for 78% of pregnant women to enter prenatal care in the first trimester.

Early Entry into Prenatal Care (1st Trimester), 2013-2015 Averaged, per 1,000 Live Births

	Eisenhower Service Area	Riverside County	California
Early entry to prenatal care	84.8%	82.8%	82.0%

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measure, a lower rate is a better indicator. The service area rate of low birth-weight babies was 6.3% (62.7 per 1,000 live births). The service area meets the Healthy People 2020 objective of 7.8% of births being low birth weight.

Low Birth Weight (Under 2,500g), 2013-2015 Averaged, per 1,000 Live Births

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Low birth weight	290	62.7	64.6	67.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Mothers Who Smoked Regularly During Pregnancy

In the service area, the rate of mothers who smoked regularly during pregnancy was 1.5% (14.8 per 1,000 live births), which was lower than county (2.6%) and state rates (2.4%).

Mothers Who Smoked Regularly During Pregnancy, per 1,000 Live Births

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Mothers who smoked	68	14.8	25.7	23.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in Riverside County was 4.6 deaths per 1,000 live births, which was equal to the state rate (4.6 deaths per 1,000 live births), and lower than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Deaths, 2013-2015 Averaged, per 1,000 Live Births

	Riverside County	California
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Infant deaths	4.6	4.6
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Source: California Department of Public Health, County Health Status Profiles, 2018.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in Riverside County indicated 91.4% of new mothers breastfeed and 66.8% breastfeed exclusively. Both the rate of breastfeeding initiation and the rate of exclusive breastfeeding were below state rates. The Healthy People 2020 objective is 81.9% of all infants receive breastfeeding.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Riverside County	19,237	91.4%	14,054	66.8%
California	384,637	93.9%	285,146	69.6%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017, as San Joaquin Community Hospital
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered in Riverside County. Among African American mothers, 86.2% initiated breastfeeding, which was the lowest rate of initiation among the racial/ethnic groups. Asian mothers had the lowest rate of exclusive breastfeeding (60.4%) in Riverside County. The highest rate of breastfeeding initiation was among Latina mothers (92.2%) and the highest rate of exclusive breastfeeding occurred among White mothers (75.2%).

In-Hospital Breastfeeding, Riverside County, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	11,919	92.2%	8,315	64.3%
White	4,435	91.3%	3,653	75.2%
Asian	649	88.4%	443	60.4%
African American	1,003	86.2%	729	62.6%
Riverside County	19,237	91.4%	14,054	66.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Life Expectancy at Birth

In the hospital service area, life expectancy ranges from 74.3 years in Desert Hot Springs to 85.1 years in La Quinta. There is a difference of over 10 years in life expectancy based on where a person lives in the service area.

Life Expectancy at Birth

	Years of Life Expected
La Quinta	85.1
Indian Wells	84.3
Coachella	84.0
Palm Desert	83.1
Rancho Mirage	81.5
Indio	81.0
Cathedral City	80.2
Palm Springs	79.7
Desert Hot Springs	74.3
Riverside County	80.3

Source: Institute for Healthy Metrics and Evaluation, by Conduent Healthy Communities Institute, 2013-2015, accessed via SHAPE Riverside County. <http://www.shaperivco.org/>

Leading Causes of Death

Heart disease, cancer, and unintentional injuries are the top three causes of death in the county. Chronic Lower Respiratory Disease is the fourth-leading cause of death and stroke is the fifth-leading cause of death. The leading causes of death are presented as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted, per 100,000 Persons, 3-Year Average

	Eisenhower Service Area		Riverside County	California	Healthy People 2020 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	971.7	158.1	178.6	161.5	No Objective
Ischemic heart disease	635.0	102.0	117.0	103.8	103.4
Cancer	918.0	153.1	157.1	158.4	161.4
Unintentional injuries	181.3	41.9	34.1	31.8	36.4
Chronic Lower Respiratory Disease	243.7	36.9	44.7	36.0	Not Comparable
Stroke	199.0	32.2	35.5	38.2	34.8
Alzheimer's disease	189.3	28.5	37.5	35.5	No Objective

	Eisenhower Service Area		Riverside County	California	Healthy People 2020 Objective
	Average Annual Deaths	Rate	Rate	Rate	Rate
Liver disease	79.7	17.2	13.9	13.8	8.2
Diabetes	91.7	15.6	20.2	22.6	Not Comparable
Suicide	56.0	13.0	10.2	11.0	10.2
Pneumonia and influenza	64.0	10.8	11.9	16.8	No Objective
Kidney disease	49.0	8.1	9.6	8.5	Not Comparable
HIV	27.7	6.7	2.1	1.9	3.3
Homicide	19.3	5.1	4.0	4.9	5.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 102.0 per 100,000 persons. This is lower than the county rate (117.0 per 100,000 persons) and state rate (103.8 deaths per 100,000 persons). The area death rate from ischemic heart disease meets the Healthy People 2020 objective of 103.4 deaths per 100,000 persons.

The age-adjusted rate of death from stroke is 32.2 deaths per 100,000 persons in the service area. This stroke death rate meets the Healthy People 2020 objective of 34.8 deaths per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	635.0	102.0	117.0	103.8
Stroke death rate	199.0	32.2	35.5	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Cancer

In the service area, the age-adjusted cancer mortality rate is 153.1 per 100,000 persons. This is lower than the county rate (157.1 per 100,000 persons) and the state rate (158.4 deaths per 100,000 persons), and meets the Healthy People 2020 objective of 161.4 cancer deaths per 100,000 persons.

Cancer Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area	Riverside County	California
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	Number	Rate	Rate	Rate
Cancer death rate	918.0	153.1	157.1	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Mortality rates for specific types of cancer are available at the county level from the National Cancer Institute. For Riverside County, cancer mortality rates are higher, overall, than state rates, despite cancer incidence being lower. In Riverside County, the rates of death from most cancers exceeded the state rates of death for those cancers, including: lung and bronchus cancers (34.6 deaths per 100,000 persons), female breast cancer (21.4 per 100,000 women), prostate cancer (20.1 per 100,000 men), colon and rectal cancers (14.2 per 100,000), pancreatic cancer (10.5 deaths per 100,000 persons), ovarian cancer (7.6 per 100,000 women), Non-Hodgkin's lymphoma (5.5 per 100,000 persons), urinary bladder cancer (4.3 per 100,000 persons), kidney and renal pelvis cancers (3.8 per 100,000 persons) and esophageal cancer (3.6 deaths per 100,000 persons).

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Riverside County	California
Cancer all sites	150.5	146.6
Lung and bronchus	34.6	32.0
Breast (female)	21.4	20.1
Prostate (males)	20.1	19.6
Colon and rectum	14.2	13.2
Pancreas	10.5	10.3
Ovary (females)	7.6	7.1
Liver and intrahepatic bile duct	6.4	7.6
Leukemia*	5.9	6.3
Non-Hodgkin lymphoma	5.5	5.4
Urinary bladder	4.3	3.9
Uterine** (females)	4.3	4.5
Kidney and renal pelvis	3.8	3.5
Esophagus	3.6	3.3
Stomach	3.6	4.0

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 41.9 deaths per 100,000 persons. This rate is higher than the Healthy People 2020 objective of 36.4 deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate

Unintentional injury death rate	181.3	41.9	34.1	31.8
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Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 36.9 per 100,000 persons. This is below the county rate (44.7 per 100,000 persons) and above the state rate (36.0 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	243.7	36.9	44.7	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Alzheimer's Disease

The mortality rate from Alzheimer's disease in the service area is 28.5 deaths per 100,000 persons. This is below the county rate (37.5 per 100,000 persons) and state rate (35.5 per 100,000).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	189.3	28.5	37.5	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Liver Disease

Mortality from liver disease is 17.2 deaths per 100,000 persons. This is higher than the county rate (13.9 per 100,000 persons) and state rate (13.8 deaths per 100,000 persons), and is more than twice the Healthy People 2020 objective for liver disease deaths of 8.2 per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Liver disease death rate	79.7	17.2	13.9	13.8

Community Input – Liver Disease

One common theme noted by survey participants related to liver disease was the lack of providers, especially specialists: “There is a lack of specialists in the Valley to treat patients with liver disease”.

Others cited a lack of education or information. This could be on behalf of the potential patient (“need more education within our school districts”) or on behalf of the providers (“lack of education among health care providers to recognize symptoms and make appropriate referrals to transplant centers”).

The cost of treatment and medication was also mentioned: As was the impact of substance use/alcoholism on liver disease. Other responses included a lack of Hepatitis C screenings and the need for a diagnosis: “Unless you have symptoms, you might not know you have liver disease.”

Most Impacted by Liver Disease

Several survey participants noted individuals who have a substance use disorders or other drug/alcohol addictions are especially vulnerable to liver disease. Other groups participants identified as impacted by liver disease included:

- People with Hepatitis C
- People who are obese
- People with diabetes
- Hispanics/Latinos
- Seniors
- Young adults
- Children
- Veterans
- American Indians
- Homeless

Diabetes

The age-adjusted mortality rate from diabetes is 15.6 deaths per 100,000 persons. This is lower than the county rate (20.2 per 100,000 persons) and state rate (22.6 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate

Diabetes death rate	91.7	15.6	20.2	22.6
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Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Suicide

Mortality from suicide in the service area is 13.0 deaths per 100,000 persons. The Healthy People 2020 objective for suicide is 10.2 deaths per 100,000 persons.

Suicide Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Suicide rate	56.0	13.0	10.2	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Pneumonia and Influenza

The service area death rate for pneumonia and influenza is 10.8 per 100,000 persons. This is lower than the county rate (11.9 per 100,000 persons) and the state rate (16.8 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	64.0	10.8	11.9	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Kidney Disease

The mortality rate from kidney disease is 8.1 deaths per 100,000. This is lower than the county rate (9.6 per 100,000 persons) and state rate (8.5 deaths per 100,000 persons).

Kidney Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	49.0	8.1	9.6	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

HIV

The mortality rate from HIV in the service area is 6.7 deaths per 100,000. This is higher than the county rate (2.1 per 100,000 persons) and the state rate (1.9 deaths per 100,000 persons). The HIV death rate in the service area is more than twice the Healthy People 2020 objective for HIV deaths of 3.3 per 100,000 persons.

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
HIV death rate	27.7	6.7	2.1	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Homicide

The homicide rate is 5.1 deaths per 100,000 in the service area. This is higher than the county rate (4.0 per 100,000 persons) and the state rate (4.9 deaths per 100,000 persons). The service area rate of homicides is less than the Healthy People 2020 objective for homicide deaths of 5.5 per 100,000 persons.

Homicide Rate, Age-Adjusted, per 100,000 Persons

	Eisenhower Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Homicide rate	19.3	5.1	4.0	4.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Drug Use

The age-adjusted death rate from drug use in Riverside County was 15.2 deaths per 100,000 persons, which was higher than the state rate of 12.2 deaths per 100,000 persons.

Drug Use Mortality Rate, Age-Adjusted, per 100,000 Persons, 2014-2016

	Riverside County	California
Drug use death rate	15.2	12.2

Source: California Department of Public Health, Conduent Healthy Communities Institute via <http://www.shaperivco.org/>

The age-adjusted death rate from opioid overdoses in Riverside County was 5.7 deaths per 100,000 persons, which was higher than the state rate of 5.2 deaths per 100,000.

Opioid Drug Overdose Mortality Rate, Age-Adjusted, per 100,000 Persons, 2017

	Riverside County	California
Opioid drug overdose death rate	5.7	5.2

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Eisenhower, the top five primary diagnoses resulting in hospitalization were circulatory system, digestive system and musculoskeletal system disorders, injuries/poisonings, and infections.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes, 2017

	Eisenhower Medical Center
Circulatory system	21.0%
Digestive system	14.9%
Musculoskeletal system	12.5%
Injuries/poisonings	10.4%
Infections	8.9%
Respiratory system	6.8%
Genitourinary system	4.6%
Cancer (includes non-cancerous growths)	4.5%
Endocrine diseases	4.4%
Nervous system (including eye and ear disorders)	2.8%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At Eisenhower, the top five primary diagnoses seen in the Emergency Room were injuries/poisonings, respiratory system, musculoskeletal system, digestive system and genitourinary system diagnoses.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes, 2017

	Eisenhower Health
Injuries/poisonings	19.6%
Respiratory system	8.0%
Musculoskeletal system	8.0%
Digestive system	6.5%
Genitourinary system	6.2%
Nervous system (including eye and ear disorders)	5.2%
Skin disorders	3.4%
Circulatory system	3.3%
Mental disorders	2.7%
Infections	1.8%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Diabetes

Among adults in Riverside County, 13.8% have been diagnosed as pre-diabetic and 10% have been diagnosed with diabetes. For adults with diabetes, 63.5% felt very confident they could control their diabetes.

Adult Diabetes

	Riverside County	California
Diagnosed pre-diabetic	13.8%	13.3%
Diagnosed diabetic	10.0%	9.6%
Very confident to control diabetes	63.5%	58.7%
Somewhat confident	30.0%	32.9%
Not confident	6.5%	8.4%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu/>

Among African American adults in Riverside County, 11.2% have been diagnosed with diabetes. 10.4% of Latinos, 8.8% of White adults, and 8.5% of Asian have been diagnosed with diabetes. The county rate for diabetes among Whites (8.8%) is higher than the corresponding state rate (7.7%).

Adult Diabetes by Race/Ethnicity

	Riverside County	California
African American	11.2%	12.1%
Latino	10.4%	11.6%
White	8.8%	7.7%
Asian	8.5%*	8.7%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Hospitalizations for diabetes in Riverside County occur at a rate of 19.9 per 10,000 persons. ER visits for diabetes occur at a rate of 29.8 per 10,000 persons. These rates are higher than the diabetes hospitalization and ER rates in California.

Diabetes Hospitalization and ER Rates, per 10,000 Persons, 2013-2015

	Riverside County	California
Hospitalization rate due to diabetes	19.9	17.2
Due to long-term complications	11.8	10.2
Due to short-term complications	6.9	5.9
Due to uncontrolled diabetes	1.0	0.9
ER rate due to diabetes	29.8	26.6
Due to long-term complications	13.6	12.4
Due to short-term complications	1.6	1.8
Due to uncontrolled diabetes	2.2	2.2

Source: California Office of Statewide Health Planning & Development, accessed via SHAPE Riverside County. <http://www.shaperivco.org/> *Age-adjusted annual rates per 10,000 hospitalizations.

Community Input – Diabetes

The most common theme noted by survey respondents was related to the lack of diabetes education in the community. For example: “There is not enough education about how diabetes is impacting our community. We need education for families with children. Too many kids are developing early onset diabetes.” Participants noted a lack of general information about diabetes as well as a lack of knowledge about the

importance of a healthy diet and an active lifestyle.

Another theme was affordability. Living a healthy lifestyle can be difficult for those who are low income. For example, “Economic instability and food insecurity for some people is a problem with their ability to manage diabetes.”

Additionally, once diagnosed with diabetes, the cost of care and medicine can be expensive. One survey participant described “People either don’t know or don’t care about the consequences of eating unhealthy foods and living a sedentary lifestyle.” Along those lines, an additional theme was the important role culture plays in influencing one’s diet and lifestyle. Hispanic/Latino dietary practices, availability of foods, and affordability all have an influence on health and a population’s propensity toward diabetes.

Finally, access was mentioned as a barrier. Access to health care, access to healthy food, and access to medications all play a role in one’s likelihood of developing diabetes and properly managing diabetes.

Most Impacted by Diabetes

Diabetes disproportionately impacts Hispanics/Latinos and minorities. Also impacted by diabetes were low-income and senior residents. Other groups who were mentioned were:

- Children
- Homeless
- Overweight/obese people
- People who can’t access healthy foods

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Riverside County, 31.8% of adults have been diagnosed with high blood pressure, which is higher than the state rate of 28.7%. Of those diagnosed with high blood pressure, 68.6% took medication to manage their high blood pressure.

High Blood Pressure

	Riverside County	California
Diagnosed with high blood pressure	31.8%	28.7%
Takes medication for high blood pressure	68.6%	68.0%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/>

In Riverside County, 37.2% of White adults have been diagnosed with high blood pressure. 35.5% of African Americans, 26% of Latinos, and 23.2% of Asians have been

diagnosed with high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	Riverside County	California
White	37.2%	31.1%
African American	35.5%	39.8%
Latino	26.0%	25.4%
Asian	23.2%	23.0%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/>

The adult hospitalization rate for hypertension in Riverside County was 3.8 per 10,000 persons and the ER rate for hypertension was 32.3 per 10,000 persons. These rates were higher than state rates.

Adult Hospitalization and ER Hypertension Rates, Age-Adjusted, per 10,000 Persons

	Riverside County	California
Hospitalization rate due to hypertension	3.8	3.3
ER rate due to hypertension	32.3	26.4

Source: California Office of Statewide Health Planning & Development, accessed via SHAPE Riverside County, 2013-2015. <http://www.shaperivco.org/> *Age-adjusted annual rates per 10,000 hospitalizations.

Heart Disease

For adults in Riverside County, 7.2% have been diagnosed with heart disease, which is higher than the state rate (6.5%). Among adults diagnosed with heart disease, 72.1% were given a management care plan by a health care provider. 60% of Riverside County adults with a management plan were confident of their ability to control their condition.

Adult Heart Disease

	Riverside County	California
Diagnosed with heart disease	7.2%	6.5%
Has a Management Care Plan	72.1%	73.8%
Very Confident to Control Condition**	60.0%	59.4%
Somewhat Confident to Control Condition**	34.0%	35.3%
Not Confident to Control Condition**	5.9%*	5.3%

Source: California Health Interview Survey, 2015-2017. **2015-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Riverside County has lower rates of heart disease among African Americans (5.1%) and Latinos (3.4%) than were reported at the state level. The county has higher rates of heart disease than state rates among Asians (7%) and Whites (9.4%). Whites had the highest rate of heart disease at the county and state level.

Adult Heart Disease by Race/Ethnicity

	Riverside County	California
White	9.4%	8.5%

Asian	7.0%*	4.5%
African American	5.1%*	6.0%
Latino	3.4%	4.2%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

From 2013 to 2015, the age-adjusted hospitalization rate for heart failure in Riverside County was 29.8 per 10,000 persons. The ER visit rate for heart failure was 8.7 per 10,000 persons.

Adult Hospitalization and ER Heart Failure Rates, Age-Adjusted, per 10,000 Persons

	Riverside County	California
Hospitalization rate due to heart failure	29.8	29.1
ER rate due to heart failure	8.7	9.4

Source: California Office of Statewide Health Planning & Development, accessed via SHAPE Riverside County, 2013-2015 <http://www.shaperivco.org/> *Age-adjusted annual rates per 10,000 hospitalizations.

Community Input – Heart Disease

Survey participants identified a lack of education, awareness, and understanding as major challenges related to heart disease. Obesity and healthy eating/active living impact heart disease. Several participants mentioned access to care as a barrier. For example, “For those with private insurance they have access to services. For those relying on Medicaid there is a lack of providers.” A lack of preventive care was also mentioned by several respondents. Finally, participants mentioned issues related to culture and language: “cultural norms and behavior; traditional diets, habits and behavior” all influence heart disease.

Most Impacted by Heart Disease

Respondents felt seniors were disproportionately impacted by heart disease.

Other populations who were identified as at-risk for heart disease were:

- Low-income socioeconomic groups, economically disadvantaged
- Overweight/obese people
- Minorities
- Homeless
- Food insecure

Asthma

In Riverside County, 15.8% of the population has been diagnosed with asthma. 20.4% of children, ages 0-17, have been diagnosed with asthma.

Asthma

	Riverside County	California
Diagnosed with asthma, total population	15.8%	14.8%

Diagnosed with asthma, 0-17 years old	20.4%	14.7%
ER visit in past year due to asthma, total population**	15.8%	11.7%
ER visit in past year due to asthma, 0-17 years old**	20.8%*	14.5%
Takes daily medication to control asthma, total population	56.3%	44.8%
Takes daily medication to control asthma, 0-17 years old	58.8%*	39.0%

Source: California Health Interview Survey, 2014-2017 and **2014-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

In 2016, hospitalization rates in Riverside County were higher for COPD and asthma among adults 40 and over, and for asthma among adults, 18 to 39 years of age, than in the state.

Asthma Hospitalization Rates, Age-Adjusted, per 100,000 Hospitalizations

	Riverside County	California
COPD or asthma in older adults (40+)	288.7	265.6
Asthma in younger adults (18 to 39)	23.3	22.6

Source: California Office of Statewide Health Planning & Development, 2016. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/>

Community Input – Asthma

The most common theme related to asthma was the environmental challenges faced by the residents of the Coachella Valley: “pollution and other environmental concerns”. Some mentioned the poor air quality and the pollutants of the Salton Sea: “A big challenge is the amount of pollutants released into the air by the Salton Sea”.

Another theme was the lack of access for asthma care. There is a lack of providers, lack of services, and a lack of preventive care. Some also mentioned the high cost of care. Transportation was mentioned as a challenge to obtaining care. A final theme was a lack of awareness and knowledge about asthma.

Most Impacted by Asthma

Most survey participants felt asthma disproportionately impacted children and seniors. Other groups who were mentioned included:

- East Valley residents
- Low-income people
- Homeless
- Desert Hot Springs residents

Cancer

In Riverside County, cancer rates for all sites are lower than at the state level. However, the following types of cancers exceeded state rates: prostate cancer (101.8 per 100,000 men), lung and bronchus cancers (43.8 per 100,000 persons), colorectal cancer (36.4

per 100,000 persons), melanoma of the skin (22.9 cancers per 100,000 persons), urinary bladder (18.4 per 100,000 persons) and kidney and renal pelvis cancers (14.2 per 100,000 persons).

Cancer Incidence, Age-Adjusted, per 100,000 Persons

	Riverside County	California
Cancer all sites	390.6	395.2
Breast (female)	114.2	120.6
Prostate (males)	101.8	97.1
Lung and bronchus	43.8	42.2
Colon and rectum	36.4	35.5
In situ breast (female)	26.2	28.2
Uterine** (females)	23.6	24.9
Melanoma of the skin	22.9	21.6
Urinary bladder	18.4	16.8
Non-Hodgkin lymphoma	16.2	18.2
Kidney and renal pelvis	14.2	13.9
Thyroid	11.9	12.8
Leukemia*	11.4	12.3
Pancreas	11.0	11.4
Ovary (females)	10.9	11.6

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
<http://www.cancer-rates.info/ca/> *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri

Sexually Transmitted Infections

Rates of STIs are rising in Riverside County. The rate for chlamydia in Riverside County was 467.3 diagnosed cases per 100,000 persons, which was lower than the state rate (552.2 per 100,000 persons). The Riverside County rate of gonorrhea was 140.6 cases per 100,000 persons. The primary and secondary syphilis rate for Riverside County (10.8 diagnoses per 100,000 persons) and early latent syphilis (12.0 diagnoses per 100,000 persons) were also below state rates.

STI Cases, Rates per 100,000 Persons

	Riverside County		California
	Cases	Rate	Rate
Chlamydia	11,167	467.3	552.2
Gonorrhea	3,361	140.6	190.3
Primary and secondary syphilis	259	10.8	16.8
Early latent syphilis	286	12.0	17.7

Source: California Department of Public Health, STD Control Branch, 2017.
<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-STD-2017-Data-Tables.pdf>

HIV

In 2016, 300 cases of HIV were diagnosed in Riverside County (12.7 cases per 100,000 persons). Rates of new HIV diagnoses were highest among males, young adults 25-29, and Blacks/African Americans. 81.6% of persons with HIV are in care and 70.7% are

virally suppressed. In 2016, 7% of persons with HIV died, which is higher than the state rate of 1.3%.

HIV

	Riverside County	California
Newly diagnosed cases	300	5,061
Rate of new diagnoses	12.7	12.9
Living cases	8,096	132,405
Rate of HIV	342.9	336.4
Percent in care	81.6%	73.2%
Percent virally suppressed	70.7%	62.6%
Percent deceased in 2016	7.0%	1.3%

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2016.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Community Input – HIV

The most common theme related to HIV was the lack of education and awareness. Participants believe more education is needed about high-risk behaviors. Another common theme was stigma is a significant barrier to HIV, and it is important for this stigma to be addressed.

Access to care is also a barrier. Specifically, there is lack of insurance coverage, lack of access to preventive services, and a lack of PrEP access. Finally, other themes include a fear of getting tested, drug use, and cultural understanding of HIV.

Most Impacted by HIV

Most participants felt HIV and AIDS disproportionately impacted the LGBT community, especially gay men. Other groups who were often mentioned included:

- Minorities/undocumented/farmworkers
- Young adults
- Seniors
- Low-income residents
- People who use drugs
- Blood recipients

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Riverside County is ranked at 31, which is below the midpoint of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Riverside County	31

Source: County Health Rankings, 2018. www.countyhealthrankings.org

Health Status

Among Riverside County residents, 17% rate themselves as being in fair or poor health. Among adults, 18 and older, 20.8% rate themselves as being in fair or poor health.

Health Status, Fair or Poor Health

	Riverside County	California
All persons	17.0%	16.9%
Adults, 18+	20.8%	20.7%

Source: California Health Interview Survey, 2016-2017. <http://ask.chis.ucla.edu>

Disability

In Riverside County, 30.1% of adults reported a physical, mental or emotional disability. 6.7% of adults had been unable to work for a year or more due to physical or mental impairment

Adults with a Disability

	Riverside County	California
Adults with a disability	30.1%	29.7%
Couldn't work \geq 1 year due to impairment	6.7%	6.6%

Source: California Health Interview Survey, 2014-2016 <http://ask.chis.ucla.edu>

Teen Sexual History

In Riverside County, 86.5% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a higher rate of abstinence than seen at the state level (82.9%).

Teen Sexual History, 14 to 17 Years Old

	Riverside County	California
Teens never had sex	86.5%*	82.9%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Overweight and Obesity

In Riverside County, 34.5% of adults, 19.3% of teens, and 15.6% of children are overweight.

Overweight

	Riverside County	California
Adult, ages 18+	34.5%	35.0%
Teen, ages 12-17	19.3%	17.3%
Child, ages under 12	15.6%	14.3%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/>

In Riverside County, 31.5% of adults, 20 years and older, and 20% of teens are obese (30+ BMI for adults, or top 5% of BMI percentiles for teens). The Healthy People 2020 objectives for obesity are 30.5% of adults, ages 20 and over, and 16.1% of teens.

Obesity

	Riverside County	California
Adult, ages 20+	31.5%	27.3%
Teen, ages 12-17	20.0%*	16.7%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

When adult obesity levels are tracked over time, Riverside County shows a 7.8% increase in obesity from 2005 through 2017. This increase in obesity is higher than the state level increase of 5.3%.

Adult Obesity, 20+ Years of Age, 2005 - 2017

	2005	2007	2009	2011	2013	2015	2017	Change 2005-2017
Riverside County	26.2%	26.1%	22.1%	28.3%	25.2%	34.8%	34.0%	+7.8%
California	21.6%	23.2%	23.0%	25.8%	25.1%	28.4%	26.9%	+5.3%

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012, 2013, 2015 & 2017. http://ask.chis.ucla.edu

Adult overweight and obesity by race and ethnicity indicate that in Riverside County, 72.6% of Latinos are overweight or obese. 64.5% of African-Americans, 62.6% of Whites, and 42% of Asians are overweight or obese.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	Riverside County	California
Latino	72.6%	74.1%

African American	64.5%	73.9%
White	62.6%	58.6%
Asian	42.0%*	42.4%

Source: California Health Interview Survey, 2012-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

In Riverside County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 40.2%. At Palm Springs Unified it was 47%. Among 7th grade students in Riverside County 39.5% needed improvement or were at health risk. By 9th grade, there was a slight improvement in the percentage of students needing improvement or at health risk in Riverside County (37.5%) and Palm Springs Unified (40.9%). Desert Sands Unified rates increased to 42.2%.

5th, 7th and 9th Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Coachella Valley Unified	28.7%	2.0%	29.6%	3.6%	26.8%	8.0%
Desert Sands Unified	15.0%	24.7%	18.6%	22.6%	20.6%	21.6%
Palm Springs Unified	18.9%	28.1%	19.7%	23.8%	19.2%	21.7%
Riverside County	19.4%	20.8%	19.4%	20.1%	19.2%	18.3%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children or seniors. In Riverside County, 33.4% of adults, 28.1% of children and 11.5% of seniors consumed fast food three or more times per week.

Fast Food Consumption, Three or More Times a Week

	Riverside County	California
Children and youth, ages 0-17	28.1%*	18.7%
Adult, ages 18-64	33.4%	25.5%
Seniors, ages 65+	11.5%	11.0%

Source: California Health Interview Survey, 2014-2016.; <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

Soda/Sugar-Sweetened Beverage (SSB) Consumption

4.6% of children in Riverside County consumed at least two glasses of non-diet soda the previous day. 11.7% of children consumed at least two glasses of a sugary drink other than soda the previous day. 11.6% of Riverside County adults consumed non-diet

sodas seven or more times per week.

Soda or Sweetened Drink Consumption

	Riverside County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	4.6%*	5.3%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday	11.7%	9.1%
Adults reported drinking non-diet soda at least 7 times weekly	11.6%	10.3%
Adults reported drinking no non-diet soda weekly	56.3%	60.1%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In Riverside County, 32.4% of children and 12.9% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes).

Five or More Servings of Fruit and Vegetables, Daily

	Riverside County	California
Children	32.4%	32.3%
Teens	12.9%*	24.4%

Source: California Health Interview Survey, 2013-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to small sample size.

Access to Fresh Produce

86.6% of adults in Riverside County reported they could usually or always find fresh fruit and vegetables in the neighborhood.

Neighborhood with Good or Excellent Access to Fresh Produce

	Riverside County	California
Neighborhood usually or always has fresh produce	86.6%	87.4%

Source: California Health Interview Survey, 2015-2017. <http://ask.chis.ucla.edu>

Physical Activity

Current recommendations for physical activity for adults include both aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least one hour of aerobic exercise daily and at least two days per week of muscle-strengthening exercises. 25.6% of children in Riverside County meet the aerobic requirement. Teens are less likely to meet the guideline (11.7%). 35.1% of Riverside County adults walk for at least 150 minutes per week, compared to 38.3% of adults at the state level.

Aerobic Activity Guidelines Met

	Riverside County	California
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	Riverside County	California
Adults meeting aerobic guideline (walking at least 150 minutes per week)**	35.1%	38.3%
Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)	11.7%*	12.6%
Children meeting aerobic guideline (at least one hour of aerobic exercise daily)	25.6%	28.0%

Source: California Health Interview Survey, 2012-2016; **2015-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to small sample size.

One of the components of the physical fitness test (PFT) for students is the measurement of aerobic capacity through run and walk tests. 62.9% of Riverside County 5th graders are in the 'Healthy Fitness Zone' of aerobic capacity. Of the three area school districts, Coachella Valley Unified School District's fifth graders tested below county and state rates, with 60.8% qualifying for the Healthy Fitness Zone. Area ninth graders performed less well, with 61.4% of Riverside County 9th graders testing in the Healthy Fitness Zone as compared to 61.9% of California 9th graders.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Ninth Grade
Coachella Valley Unified School District	60.8%	57.2%
Desert Sands Unified School District	65.5%	57.1%
Palm Springs Unified School District	63.8%	52.3%
Riverside County	62.9%	61.4%
California	62.0%	61.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

18.1% of Riverside County children and teens spent over five hours in sedentary activities after school on a typical weekday. 10.8% spent 8 hours or more a day on sedentary activities on weekend days. Among Riverside County teens, 16.4% did not engage in any physical activity for at least one hour, on any day of the prior week.

Sedentary Children

	Riverside County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	18.1%*	13.0%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	10.8%	8.2%
Teens no physical activity in a typical week**	16.4%*	10.2%

Source: California Health Interview Survey, 2013-2017; **2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

26.6% of Indio adults reported not spending any time on leisure-time physical activities within the past month. This was a higher percentage of sedentary adults than the nationwide average.

Sedentary Adults

	Indio	U.S.
Adults who did not participate in any leisure-time physical activities in the previous month.	26.6%	25.9%

Source: CDC, 500 Cities Project, 2015. via <http://www.shaperivco.org/>

Community Input – Overweight and Obesity

The challenges and barriers related to obesity focus on diet and exercise. Diet was the most common theme noted by survey participants as they described people don't have access to good food and conversely have easy access to unhealthy food. One survey participant described, "There is addicting fast food on every corner in low-income communities."

"Childhood obesity, heart disease and diabetes are problems that contribute to a lack of health in our community, yet they could be prevented."

Exercise was also a common theme, with participants explaining people do not exercise enough and also there are limited opportunities for exercise. A few participants described how youth are lacking exercise options. For example, one participant noted "physical fitness classes in primary and secondary education have been eliminated".

Most Impacted by Overweight and Obesity

Survey results indicated overweight and obesity disproportionately impacts those who are low-income. One participant elaborated by saying "it is cheap and quick to access food by simply going to the drive through." Children and youth were also frequently mentioned as being impacted by obesity.

Mental Health

Among adults in Riverside County, 9.3% experienced serious psychological distress in the past year. 10.8% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, 14.5% had experienced moderate to severe family life impairment in the past year due to their emotions. Serious psychological distress was experienced in the past year by 16.7% of area teens, which was higher than the state level (10%).

Mental Health Indicators

	Riverside County	California
Adults who had serious psychological distress during past year	9.3%	8.9%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.8%	11.2%
Adults: Family life impairment during the past year	14.5%	14.5%
Adults: Social life impairment during the past year	14.7%	14.9%
Adults: Household chore impairment during the past year	13.9%	13.6%
Adults: Work impairment during the past year	12.2%	12.1%
Teens who had serious psychological distress during past year**	16.7%*	10.0%

Source: California Health Interview Survey, 2015-2017; **2015-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Mental Health Care Access

24.6% of Riverside County teens needed help for emotional or mental health problems in the past year. But only 7.4% of teens had received psychological or emotional counseling in the past year. 15% of adults in Riverside County needed help for emotional-mental and/or alcohol-drug related issues in the past year. However, among those who sought help, 55.7% of Riverside County adults received treatment.

Tried to Access Mental Health Care in the Past Year

	Riverside County	California
Teen who needed help for emotional or mental health problems in the past year**	24.6%	19.7%
Teen who received psychological or emotional counseling in the past year**	7.4%*	12.4%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.0%	17.5%
Adults, sought/needed help and received treatment	55.7%	60.5%
Adults, sought/needed help but did not receive	44.3%	39.5%

Source: California Health Interview Survey, 2015-2017; **2013-2017 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Mental Health

The most common theme noted by the survey respondents related to mental health was

the lack of services. Participants described a lack of mental health facilities or resources for people who have mental health issues. One participant described “The only way to get people even brief care is if they plan to hurt themselves or someone else.” Access to care was also mentioned as a barrier to mental health—access to health care, behavioral health care, and access to affordable services were all described as important access issues. Lack of providers was also described as a barrier to mental health. “There is a severe lack of psychiatrists, but it has improved. Access and ease of access to low cost therapists is an identified issue.”

“Mental health and behavioral health services are woefully lacking in the Coachella Valley. Whether they are missing in cities and communities entirely, or whether they are difficult to access because of distance/lack of transportation, or lack of cultural competency.”

“All age groups are challenged with managing chronic stress. Not being able to manage stress in healthy ways leads to anxiety, depression, addiction and other mental health challenges and ultimately other medical conditions. Early intervention to promote healthy ways to manage stress and get help with mental health challenges would go a long way to supporting a healthier community. I do not believe our community has enough programs to support citizens in this regard.”

Another theme was the stigma related to mental health issues. Many people do not want to believe they have a mental health problem or they have a fear of being judged by others. “I truly believe so many people, no matter their economic background, are struggling with mental health issues. Many individuals suffer in silence. There are many reasons why this is happening and people are unwilling to share they have a mental health issue because of stigma.”

Finally, other themes included a lack of cultural competency, a lack of education and fear.

Most Impacted by Mental Health Issues

The majority of participants indicated the entire community is impacted by mental health issues. For example, “The community at large has to deal with the direct and indirect impacts of mental health issues (poor job performance, addiction, family issues, crime).”

One group commonly mentioned was young people/teens. LGBTQ youth, at-risk youth, and foster youth were all acknowledged as groups who are most impacted by mental health issues. Other groups mentioned included:

- Seniors
- Low-income residents

- Children
- Homeless
- Undocumented
- Substance users

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In Riverside County, 11.7% of adults smoke cigarettes, which is higher than the state rate (11.5%). 18.7% of Riverside County residents had smoked an e-cigarette, which is higher than the state rate (16.7%).

Smoking, Adults

	Riverside County	California
Current smoker	11.7%	11.5%
Former smoker	25.0%	21.7%
Never smoked	63.4%	66.8%
Thinking about quitting in the next 6 months	75.1%	70.3%
Ever smoked an e-cigarette**	18.7%	16.7%

Source: California Health Interview Survey, 2015-2017; **2016-2017. <http://ask.chis.ucla.edu>

9.2% of teens in Riverside County had tried an e-cigarette. 28.5% of teens who smoked an e-cigarette had smoked one in the past 30 days.

Smoking, Teens

	Riverside County	California
Ever smoked an e-cigarette	9.2%*	9.0%
Smoked one in the past 30 days	28.5%*	32.5%

Source: California Health Interview Survey, 2014-2017. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among Riverside County adults, 34.7% had engaged in binge drinking in the past year. 0.7% of Riverside County teens binge drank in the past month.

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	Riverside County	California
Adult binge drinking, past year	34.7%	34.7%
Teen binge drinking, past month	0.7%*	4.1%
Teen ever had an alcoholic drink	23.9%	22.9%

Source: California Health Interview Survey, 2015 adults, 2013-2017 pooled, for teens. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Marijuana Use in Youth

Marijuana use was reported by 6.3% of 7th graders in Riverside County, which was lower than the state rate (7.2%). Rates of marijuana use among 9th and 11th graders for

Riverside County were lower than state rates.

96.5% of Riverside County 7th graders had not used marijuana in the prior 30-day period. 1.3% had used it on one day, 1.3% had used it 2 to 9 days, 0.4% had used it 10 to 19 days, and 0.5% had used it between 20 and 30 days in the past 30 days. 4.4% of Riverside County's 11th graders used marijuana between 20 and 30 days in the prior 30 days.

Marijuana Use, Teens

	Riverside County	California
Ever tried marijuana, 7 th grade	6.3%	7.2%
Ever tried marijuana, 9 th grade	19.5%	22.3%
Ever tried marijuana, 11 th grade	35.7%	36.0%
Used marijuana 0 days in past 30 days, 7 th grade	96.5%	95.8%
Used marijuana 1 day in past 30 days, 7 th grade	1.3%	1.5%
Used marijuana 2 days in past 30 days, 7 th grade	0.6%	0.7%
Used marijuana 3-9 days in past 30 days, 7 th grade	0.7%	0.7%
Used marijuana 10-19 days in past 30 days, 7 th grade	0.4%	0.5%
Used marijuana 20-30 days in past 30 days, 7 th grade	0.5%	0.8%
Used marijuana 0 days in past 30 days, 11 th grade	82.5%	82.0%
Used marijuana 1 day in past 30 days, 11 th grade	4.0%	4.6%
Used marijuana 2 days in past 30 days, 11 th grade	2.7%	2.9%
Used marijuana 3-9 days in past 30 days, 11 th grade	4.0%	4.2%
Used marijuana 10-19 days in past 30 days, 11 th grade	2.4%	2.4%
Used marijuana 20-30 days in past 30 days, 11 th grade	4.4%	3.9%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015. via <http://www.kidsdata.org>

Opioid Use

As a result of prescription opioid misuse, the rate of hospitalizations due to overdose in Riverside County was 8.2 per 100,000 persons. Emergency department visits due to opioid use in Riverside County were 12.3 per 100,000 persons. The rate of opioid prescriptions in Riverside County was 586.1 per 1,000 persons. This rate was higher than the state rate of opioid prescribing (508.7 per 1,000 persons).

Opioid Use, Age-Adjusted, per 100,000 Persons (Prescriptions per 1,000 Persons), 2017

	Riverside County	California
Hospitalization rate for opioid overdose (excludes heroin)	8.2	7.6
ER visits for opioid overdose (excludes heroin)	12.3	10.3
Opioid prescriptions, per 1,000 persons	586.1	508.7

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use and Misuse

The most common theme related to substance use and misuse was the lack of

treatment/services available. One survey participant noted: “There are a lack of detox locations and a lack of rehab beds. Those who desire help can’t get it.”

Another theme was the easy access to drugs and substances. Some mentioned the legalization of marijuana has made it easy to access.

Stigma was noted to be a barrier for substance use and misuse. One participant described stigma “makes it even more difficult for people to ask for help.” Other common barriers mentioned included: inadequate parental guidance, limited education/awareness, and a lack of culturally competent services.

Most Impacted by Substance Use and Misuse

The groups most impacted by mental health issues included the homeless, low-income, and teens/young adults. Other impacted groups included:

- Seniors
- Substance users
- Friends/family of substance users
- LGBTQ
- Veterans
- Those struggling with a mental health issue

Preventive Practices

Immunization of Children

Rates of compliance with childhood immunizations upon entry into Kindergarten were 96.3% for Riverside County children and 96.4% to 98.4% among children in area school districts.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018*

	Immunization Rate
Coachella Valley Unified School District	98.4%
Desert Sands Unified School District	96.5%
Palm Springs Unified School District	96.4%
Riverside County	96.3%
California	94.9%

Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu and Pneumonia Vaccines

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. 38.3% of Riverside County adults received a flu shot, which is lower than the state rate (42.6%) and the Healthy People 2020 objective. Among area seniors, 62.8% had received a flu shot. Among children, 6 months to 17 years of age, 47.9% in Riverside County received the flu shot.

Flu Vaccine

	Riverside County	California
Received flu vaccine, 65+ years old	62.8%	70.4%
Received flu vaccine, 18+ (includes 65+)	38.3%	42.6%
Received flu vaccine, 6 months-17 years old	47.9%	51.3%

Source: California Health Interview Survey, 2014-2016. <http://ask.chis.ucla.edu>

Mammograms

The Healthy People 2020 objective for mammograms is for 81% of women, 50 to 74 years old, to have had a mammogram within the past two years. In Riverside County, 83.3% of women obtained mammograms.

Mammogram in the Past 2 Years, Women 50-74 Years

	Riverside County	California
Mammogram in past 2 years	83.3%	82.9%

Source: California Health Interview Survey, 2015-2016. <http://ask.chis.ucla.edu>

Pap Smears

The Healthy People 2020 objective for Pap smears is 93% of women, 21-65 years old,

to have been screened in the past three years. Among Indio women, 78.7% had had the recommended Pap smear, which is below the national average (81.8%).

Pap Smear in the Past 3 Years, Women 21-65 Years

	Indio	U.S.
Pap smear past 3 years	78.7%	81.8%

Source: CDC, 500 Cities Project, 2014. via <http://shaperivco.org> *Statistically unstable due to sample size

Colorectal Cancer Screening

The current recommendation for colon cancer screening is for a Fecal Occult Blood Test (FOBT) to be completed within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam within the past 10 years. In Indio, the rate of colorectal cancer screening was 57.7%, which does not meet the Healthy People 2020 objective for colorectal cancer screening of 70.5%.

Colorectal Cancer Screening, Adults 50-75 Years Old

	Indio	U.S.
Screening Sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	57.7%	63.7%

Source: CDC, 500 Cities Project, 2014. via <http://www.shaperivco.org/>

Community Input – Preventive Practices and Unintentional Injuries

The most common theme related to preventive practices was education and awareness. Survey participants described a lack of knowledge about preventive practices. For example, one participant stated: “We need to get people informed and educated about preventive practices.”

Another theme was preventive practices are a low priority for patients. Patients either don’t see the value in preventive practices or they have other priorities that are more important. The amount of time to seek and obtain preventive services was also mentioned as a barrier. Cost of preventive services was also a barrier, along with a lack of funding, a lack of services, and access to care.

One of the most common themes noted about unintentional injuries is there is a lack of education or awareness about safety issues. There are also barriers surrounding unsafe jobs, substance use, senior falls, pedestrian injuries and texting.

Most Impacted by Unintentional Injuries and a Lack of Preventive Care

The groups most commonly impacted by unintentional injuries are seniors and workers. The majority of survey participants indicated the group most impacted by a lack of preventive services are low-income residents. People who are the most disadvantaged and marginalized in society have a difficult time getting preventive care. One participant

noted, “Ultimately we all are impacted by poor outcomes, which increases the costs for all.

Other groups described as most impacted included:

- Uninsured
- Children/youth
- Seniors
- Homeless

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items met or exceeded benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate 81.1% to 92.4%	High school graduation rate 87%
Child health insurance rate 91.4%	Child health insurance rate 100%
Adult health insurance rate 74.0%	Adult health insurance rate 100%
Persons unable to obtain medical care 6.8%	Persons unable to obtain medical care 4.2%
Ischemic heart disease deaths 102.0 per 100,000	Ischemic heart disease deaths 103.4 per 100,000
Cancer deaths 153.1 per 100,000	Cancer deaths 161.4 per 100,000
Stroke deaths 32.2 per 100,000	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 41.9 per 100,000	Unintentional injury deaths 36.4 per 100,000
Liver disease deaths 17.2 per 100,000	Liver disease deaths 8.2 per 100,000
Homicides 5.1 per 100,000	Homicides 5.5 per 100,000
Suicides 13.0 per 100,000	Suicides 10.2 per 100,000
HIV deaths 6.7 per 100,000 persons	HIV deaths 3.3 per 100,000 persons
On-time (1 st Trimester) prenatal care 84.8% of women	On-time (1 st Trimester) prenatal care 78% of women
Low birth weight infants 6.3% of live births	Low birth weight infants 7.8% of live births
Infant death rate 4.6 per 1,000 live births	Infant death rate 6.0 per 1,000 live births
Adult obese, age 20+ 31.5%	Adult obese, age 20+ 30.5%
Teens obese 20.0%	Teens obese 16.1%
Adults who are sedentary 26.6%	Adults who are sedentary 32.6%
Did receive mental health care 55.7%	Did receive mental health care 72.3%
Adults engaging in binge drinking 34.7%	Adults engaging in binge drinking 24.2%
Cigarette smoking by adults 11.7%	Cigarette smoking by adults 12%
Annual adult influenza vaccination, 18+ 38.3%	Annual adult influenza vaccination, 18+ 70%
Pap smears 78.7%	Pap smears 93%, 21-65-year-olds, screened in the past three years
Mammograms 83.3%	Mammograms 81.1%, 50-74 year-olds, screened in the past two years
Colorectal Cancer Screenings 57.7%	Colorectal Cancer Screenings 70.5%, 50-75 year-olds, screened per guidelines

Attachment 2. Community Survey Stakeholder Organizations

Organization Name	Category
ACT for Multiple Sclerosis	Nonprofit - Disability
Alzheimer's Association of Coachella Valley	Nonprofit - Health
American Heart Association	Nonprofit - Health
American Red Cross of the Coachella and Morongo Valleys	Nonprofit
Anderson Children's Foundation	Foundation/Funder
Angel View, Inc.	Nonprofit - Disability
Borrego Health	Health Care - FQHC
Boys & Girls Clubs of Coachella Valley	Nonprofit - Youth
Braille Institute	Nonprofit - Disability
Cancer Partners	Nonprofit - Health
City of Coachella	Local Government - City
City of Coachella	Local Government - City
City of Desert Hot Springs	Local Government - City
City of Indio (Teen Center)	Local Government - City
City of Palm Desert	Local Government - City
City of Palm Springs	Local Government - City
Clinicas de Salud del Pueblo	Health Care - FQHC
Coachella Valley Association of Governments (CVAG)	Local Government
Coachella Valley Housing Coalition (CVHC)	Shelter/Housing/Homeless Services
Coachella Valley Rescue Mission	Shelter/Housing/Homeless Services
Coachella Valley Volunteers in Medicine (CVVIM)	Health Care - Clinic
College of the Desert	Education
Comite Civico del Valle	Nonprofit - Environment
Communities for a New California Education Fund	Nonprofit
CSU San Bernardino, Palm Desert Campus	Education
Desert Ability Center	Nonprofit - Disability
Desert AIDS Project	Health Care - FQHC
Desert Arc	Nonprofit - Disability
Desert Best Friend's Closet	Nonprofit
Desert Cancer Foundation	Nonprofit - Health
Desert Health News	Media
Desert Oasis Healthcare	Health Care
Desert Recreation District	Local Government
Desert Sands Unified School District	Education
El Sol Neighborhood Educational Center	Nonprofit
FAIR Foundation	Nonprofit - Health
Family YMCA of the Desert	Nonprofit - Youth
First 5 Riverside	Nonprofit - Youth

Hazelden Betty Ford Foundation	Substance Abuse Treatment
HIV + Aging Research Project - Palm Springs	Nonprofit - Health
Indio Police Department	Police Department
Indio Senior Center	Senior Center
Inland Caregiver Resource Center	Nonprofit - Health
Inland Empire Health Plan	Health Care
Jewish Family Service of the Desert	Nonprofit
Joslyn Center	Senior Center
Kaiser Permanente	Health Care
Latino Commission Counseling Center	Substance Abuse Treatment
Literacy, Language & Cultural Centers (LiLaC), Inc.	Nonprofit - Youth
Martha's Village and Kitchen	Shelter/Housing/Homeless Services
Mizell Senior Center	Senior Center
Neuro Vitality Center	Nonprofit - Disability
Office of Assemblymember Eduardo Garcia	Local Government
Office of Congressman Raul Ruiz	Local Government
Office of Riverside County Supervisor Manuel Perez	Local Government
Olive Crest	Nonprofit - Youth
OneFuture Coachella Valley	Nonprofit - Youth
Path of Life Ministries	Shelter/Housing/Homeless Services
Regional Access Project Foundation	Foundation/Funder
Riverside County DPSS - Mecca Family & Farmworker's Service Center	Local Government - DPSS
Riverside County DPSS - Desert Hot Springs Family Resource Center	Local Government - DPSS
Riverside County Office on Aging	Local Government - Office on Aging
Riverside University Health System - Behavioral Health	Local Government - Behavioral Health
Riverside University Health System - Public Health	Local Government - Public Health
Science Math and Robotic Technology (SMART) Education	Education
State Farm Insurance	Health Care
The Awareness Group	Substance Abuse Treatment
The Eight	Nonprofit
The L-Fund	Nonprofit - LGBT
The LGBT Community Center of the Desert	Nonprofit - LGBT
The Ranch Recovery Centers, Inc.	Substance Abuse Treatment

Attachment 3. Resources to Address Needs

Eisenhower solicited community input through stakeholder surveys to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to SHAPE Riverside County at www.shaprivco.org, Healthy Riverside County at www.healthyriversidecounty.org, and 211 Riverside County at www.connectriverside.org/about-211/.

Significant Health Needs	Community Resources
Access to health care	Clinicas de Salud del Pueblo Coachella Valley Rescue Mission Coachella Valley Volunteers in Medicine Desert AIDS Project Desert Arc Family Resource Centers Flying Doctors Health to Hope Clinics JFS Desert Martha's Village and Kitchen Mecca Resource Center The LGBT Community Center of the Desert
Chronic diseases	American Cancer Society American Diabetes Association American Heart Association Clinicas de Salud del Pueblo Coachella Valley Volunteers in Medicine Desert Regional Comprehensive Cancer Center FAIR Foundation Gilda's Club Luci Curci Cancer Center Riverside County Department of Public Health YMCA
Dental care	California Care Force at Riverside County Fairgrounds Clinicas de Salud del Pueblo Coachella Valley Volunteers in Medicine Flying Doctors Indio Health Fair Jewish Family Services Volunteers in Medicine

Significant Health Needs	Community Resources
Economic instability	Catholic Charities Coachella Valley Economic Partnership Coachella Valley Rescue Mission Desert Arc Galilee Center Jewish Family Service L-Fund Riverside County Department of Public Social Services
Environmental pollution	EPA Government agencies Riverside County Department of Environmental Health SCAQMD Waste management organizations
Food insecurity	FIND Food Bank Coachella Valley Rescue Mission Catholic Charities Galilee Center Martha's Village and Kitchen Riverside County Department of Public Social Services
HIV	Desert AIDS Project Planned Parenthood Positive Life Riverside County Department of Public Health The LGBT Center
Homelessness	Catholic Charities Coachella Valley Housing Coalition Coachella Valley Rescue Mission Galilee Center Indio Rescue Mission The L-Fund Martha's Village Path of Life Ministry Riverside County Department of Public Social Services Safe House of the Desert Shelter from the Storm Well in the Desert
Mental health	Barbara Sinatra Children's Center Coachella Valley Rescue Mission Gilda's Club Jewish Family Services of the Desert Latino Commission Counseling Center L-Fund Oasis Mental Health Riverside County Department of Public Health The LGBT Center

Significant Health Needs	Community Resources
Overweight and obesity	American Diabetes Association Boys & Girls Club Clinicas de Salud del Pueblo Riverside County Department of Public Health Weight Watchers YMCA
Preventive practices	Clinicas de Salud del Pueblo Coachella Valley Volunteers in Medicine Desert Oasis Riverside County Department of Public Health
Substance use and misuse	ABC Recovery Center Betty Ford Clinic Coachella Valley Rescue Mission Desert AIDS Project Latino Commission LGBT Center Michael's House The Awareness Group
Unintentional injuries	Clinicas de Salud del Pueblo Coachella Valley Volunteers in Medicine
Violence and community safety	Boys & Girls Club Desert Recreation District Riverside County Department of Public Social Services Riverside County Sheriff Safe House of the Desert Shelter from the Storm YMCA

Attachment 4. Report of Progress

Eisenhower Health developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to health care, chronic diseases, and preventive care through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

Access to Health Care

The hospital provides financial assistance through free and discounted care for health care services, consistent with Eisenhower's financial assistance policy. To address health care access issues, the hospital also offered information and enrollment assistance in the low-cost insurance programs. The hospital continued to provide transportation support for those patients and families who may not be able to access needed care due to a lack of transportation. A transportation van provided 20 transports a day, Monday through Friday.

Eisenhower Medical Center has health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Palm Springs, Yucca Valley and La Quinta to serve the health needs of a diverse population. The health centers provide a variety of services, including primary care physicians, breast centers, imaging centers, laboratories and urgent care centers. The Medical Center also provides off-campus occupational health centers in Cathedral City, Palm Springs and La Quinta, an adult day care center in Palm Desert, and the Eisenhower Wellness Institute in La Quinta.

Eisenhower is an accredited teaching hospital, with a School of Graduate Medical Education training new physicians in the specialties of family medicine and internal medicine. The Family Medicine Residency Program started in 2013. For the 2017-2018 academic year, 36 medical school graduates began their residency program in the Family and Internal Medicine Residency Program. The total number of residents has increased from 61 to 79 (31 in Family Medicine, 46 in Internal Medicine, and 2 in Sports Medicine).

In 2017 the Internal Medicine Residency Program relocated their continuity clinic to Cathedral City. The residents see patients at the Eisenhower Health Center at Cathedral City – North. This geographic location serves a diverse patient population,

providing greater primary care access and providing residents with broader clinical experiences.

Eisenhower Medical Center is committed to providing a structured program in Graduate Medical Education that includes community volunteer activities. A key element of this commitment includes providing support to our local communities' underserved populations. We do this through support of health clinics in the Riverside County System, including Borrego Community Health Foundation, Family Clinic in Cathedral City, California. The Borrego Medical Clinic provides comprehensive health care services to all segments of the community's population. Programs are available for all ages, regardless of ability to pay. Another key program is the [Coachella Valley Volunteers in Medicine](#) (CVVIM), which is a nonprofit medical and dental clinic serving low-income, uninsured families and individuals in the Coachella Valley. The clinic is open Tuesday through Saturday and is staffed with volunteers. In addition, CVVIM hosted large scale clinics in the community to reach uninsured residents with primary care and dental care services. Doctors, nurses and other staff from Eisenhower contributed volunteer hours to CVVIM.

Eisenhower Medical Center routinely hosts medical students from the University of California San Diego, the University of California Riverside, the University of Southern California Keck School of Medicine and Loma Linda University School of Medicine where we have established affiliation agreements. Third and fourth year medical students rotate each month through Eisenhower clerkships. Fourth year medical students may choose Eisenhower for their rotations. The clerkship rotations that are available are: emergency medicine, family medicine, geriatrics, HIV, cardiology, hospitalist, nephrology and ambulatory internal medicine.

A Stroke Telemedicine program was started in 2017 with the University of California, San Diego to integrate technology into the provision of specialist coverage for stroke patients. With this program, Eisenhower provided comprehensive stroke care coverage 24 hours a day/7 days a week. 44 patients received telehealth services in 2017 and 128 patients received telehealth services in 2018.

Chronic Diseases and Prevention

Eisenhower's community classes and events focused on healthy living, chronic disease management and prevention. In FY17 and FY18, more than 46,000 encounters were documented.

Health education focused on chronic diseases, wellness and injury prevention:

- Pre-diabetes and diabetes classes were presented in English and Spanish and engaged over 600 persons.

- Smoking cessation classes and support groups reached 65 persons.
- Over 2,220 class encounters for exercise, walking, core strengthening, Lebed® Method movement, Tai Chi, and yoga classes were provided to area residents.
- Lunch and Lose healthy eating education and support were provided with healthy lunch options to 1,440 persons.
- The Barbara Sinatra Children's Center provided 74 parents with parenting classes in English and Spanish, and classes for pregnant teens were offered at the Amistad Alternative High School.
- The Child Abuse Awareness and Prevention program was provided by the Barbara Sinatra Children's Center. The program was presented at Coachella Valley elementary schools for 1,350 students in kindergarten through third grade.
- The Barbara Sinatra Children's Center provides a national campaign on child abuse awareness and prevention that is available online. The program's main goal is to educate children about what to do when confronted with abusive behavior, about safe and unsafe touches, how to go to a parent or another trusted adult if they are confronted in an unsafe situation, and that it is not their fault.
- Health education lectures were offered throughout the year on a variety of topics, including: healthy lifestyles, behavioral health, bone health, cancer, lung disease, heart disease, diabetes, PrEP, breastfeeding, lymphedema, osteoporosis, relaxation and stress management, Parkinson's disease, stroke, senior health, healthy cooking, genetics, medications, arthritis, and many others.
- A cancer lecture series and informal Lunch & Learn roundtable discussions reached over 1,000 persons.
- 483 persons learned about and experienced healing massage.
- Fall prevention and balance classes were provided for 124 seniors.
- Child abuse awareness presentations reached over 800 persons.
- Public health education in the media and community health awareness events were provided to encourage healthy behaviors and improve preventive practices. These events focused on senior wellness, lung health, heart care, cancer, breast cancer, mental health awareness, ostomies, and general health and wellness.
- The CancerCare telephone line provided counseling, support groups, education, and publications for patients, cancer survivors, families and caregivers.
- In partnership with the American Cancer Society program, Eisenhower hosted a Wig Bank. An American Cancer Society volunteer distributed free wigs to cancer patients.
- Nutrition consultation with Registered Dietitians was provided free of charge to over 220 community members.
- Consultations with Ostomy Nurses supported 48 community residents.

Support groups were provided for community residents and family members/caregivers.

The support groups included:

- Adults molested as children
- Alzheimer's disease/dementia caregiver
- Anticoagulation therapy
- Bariatric surgery
- Behavioral health
- Bereavement
- Better Breathers
- Breast cancer
- Cancer and caregivers (in English and Spanish)
- Gynecological
- Insulin therapy/insulin pump therapy
- Look Good Feel Better (led by the American Cancer Society)
- Myeloma
- Osteoporosis
- Ostomy
- Pre-Diabetes and Diabetes
- Prostate cancer
- Pulmonary fibrosis
- Stroke and speech
- Type I Diabetes

Free health care screenings were held in the community. Screenings included:

- Balance and hearing screenings for seniors
- Lung cancer risk assessments made available to the community
- Body fat/Body Mass Index
- Blood pressure
- Skin cancer

A COPD Person-Centered Care program was developed to move patients through the continuum of care. This program involves early patient education and transitional care interventions of persons identified with late stage COPD. This program has reduced COPD readmission rates from an average of 21% in 2015 to 12% in 2019 (HASC Readmission Data, 2018).

In 2018, the Eisenhower Opioid Stewardship Committee and Emergency Department prescribing mitigation initiative targeted an opioid risk reduction for patients in the Emergency Department (ED). Results demonstrated opioid quantity reduction for

patients in the Emergency Department. The percentage of ED patients provided opioid prescriptions decreased from 22% to 18%, below the State benchmark. Education on opioid use was provided at points of prescribing. Opioid awareness signage was placed in the Emergency Department, Urgent Care, and Primary Care and Specialty Care settings.

Eisenhower Health provided cash and in-kind support to local organizations caring for uninsured, underinsured and vulnerable populations, including:

- Children and youth
- Food insecure
- Homeless populations
- LGBTQ
- Persons with Alzheimer's disease and their families and caregivers
- Persons with cancer
- Persons with disabilities
- Persons with heart disease
- Persons with HIV/AIDS
- Persons with mental illness