



EISENHOWER HEALTH

COMMUNITY HEALTH
NEEDS ASSESSMENT

2022

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Executive Summary

Eisenhower Health is a nonprofit, comprehensive health care institution that includes the 463-bed Eisenhower Medical Center (EMC), the Barbara Sinatra Children's Center at Eisenhower and the Annenberg Center for Health Sciences at Eisenhower. The Betty Ford Center is also located on the Eisenhower campus but is an entirely independent organization. Eisenhower is renowned for its Centers of Excellence in Orthopedics, Cardiovascular, Neuroscience and Oncology. Situated on 130 acres in Rancho Mirage, and with outpatient clinics across the valley, Eisenhower Health provides a full range of quality medical and educational services for residents and visitors to the greater Coachella Valley.

Community Health Needs Assessment

EMC has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through Internal Revenue Code section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

Service Area

Eisenhower Medical Center 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 Medical Center 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

Methodology

Secondary Data

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Riverside County and California.

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 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

An online survey was used to gather data from 60 local leaders from 50 organizations from November 10, 2021 to January, 13, 2022. Survey participants included a broad range of stakeholders concerned with health and wellbeing in the Coachella Valley, who spoke to issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder surveys. The identified significant needs included:

- Access to health care
- Chronic disease
- COVID-19
- Dental care
- Economic instability
- Environmental pollution
- Food insecurity
- HIV/AIDS
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance use
- Unintentional injuries

COVID-19

COVID-19 continues to have an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to health care, preventive screenings, disease maintenance, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Mental health, access to care, housing and homelessness, food insecurity and economic insecurity were ranked as the top five priority needs in the service area.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Eisenhower Health Board of Directors on June 28, 2022. 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 feedback on this CHNA can be sent to: TellUs@eisenhowerhealth.org.

Introduction

Background and Purpose

Eisenhower Health is a nonprofit, comprehensive health care institution that includes the 463-bed Eisenhower Medical Center, the Barbara Sinatra Children's Center at Eisenhower and the Annenberg Center for Health Sciences at Eisenhower. The Betty Ford Center is also located on the Eisenhower campus but is an entirely independent organization. Eisenhower is renowned for its Centers of Excellence in Orthopedics, Cardiovascular, Neuroscience and Oncology. Situated on 130 acres in Rancho Mirage, and with outpatient clinics across the valley, Eisenhower Health provides a full range of quality medical and educational services for residents and visitors to the greater Coachella Valley.

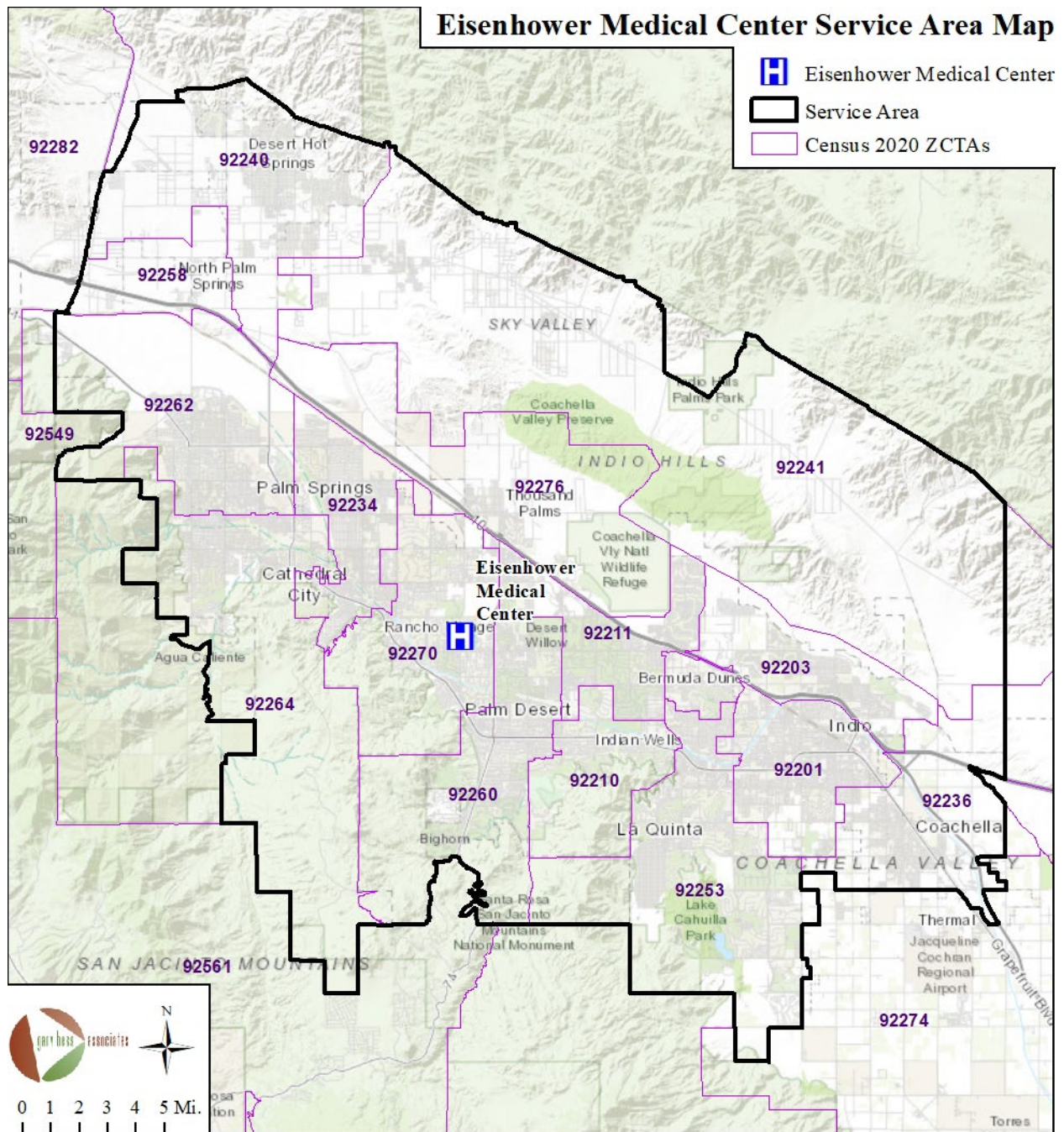
The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health 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 Medical Center 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 Medical Center Service Area

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Thousand Palms	92276



Project Oversight

The Community Health Needs Assessment process was overseen by:
 Elizabeth Wholihan
 Vice President, Marketing and Public Relations
 Eisenhower Health

Consultants

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Victoria Derrick to complete the data collection. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

HARC, Inc. (Health Assessment and Research for Communities) completed the community survey. Jenna LeComte-Hinely, PhD, the CEO of HARC, Inc, facilitated the conduct of the survey. HARC is a nonprofit research organization located less than 10 miles from Eisenhower Health's main campus. HARC possesses a wealth of knowledge and connections to the Coachella Valley community that makes up Eisenhower Health's service area. Additionally, HARC staff is well-versed in conducting CHNAs in this region, having recently conducted them for Betty Ford Center, Desert Healthcare District, Kaiser Permanente Riverside, and Kaiser Permanente Moreno Valley. www.HARCdata.org

CHNA Approval

This CHNA report was adopted by the Eisenhower Health Board of Directors on June 28, 2022.

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, access to health care, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. These data are presented in the context of Riverside County and California.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), and state comparisons, the data source, data year and an electronic link to the data source.

Analysis of secondary data includes reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and county levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health care
- Chronic disease
- COVID-19
- Dental care
- Economic instability
- Environmental pollution
- Food insecurity
- HIV/AIDS
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance use
- Unintentional injuries

Primary Data Collection

Primary data collection was collected using surveys to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Survey participants indicated they served low-income, racial and ethnic minorities, non-English speakers, seniors, people with disabilities, LGBTQIA, youth, uninsured and underinsured residents, people experiencing homelessness, and veterans.

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 initial email invitation was sent to 282 individuals on November 10, 2021. 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 total of 60 individuals from 50 organizations participated in the survey before closing on January 13, 2022. This is a response rate of 22.6%. To increase participation in the survey, a \$100 incentive was offered. One participant was selected at random to receive the incentive. A list of the stakeholder survey organizations can be found in Attachment 2. Attachment 3 provides stakeholder responses to the interview overview questions.

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
- How COVID-19 impacted unmet needs in the community
- 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 CHNA chapters.

Public Comment

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

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs.

Each of the significant health needs included three multiple-choice questions, which allows for comparison among the health needs. The three questions were:

1. What are the consequences of the significant need in your community?
2. How do you think the need has changed in the last three years?
3. How would you rate the local resources available to address the need?

Participants rated each health need in the category of greatest need: that is, has had very severe negative consequences, has gotten worse over the last three years, and local resources available to address the issue are absent.

The top five health needs, as ranked by the greatest percentage of participants who believed they had “very severe negative consequences,” were:

1. Environmental pollution
2. Substance use
3. Access to care
4. Housing and homelessness
5. COVID-19

The top five health needs, as ranked by the greatest percentage of participants who believed they had “gotten worse over the past three years,” were:

1. Substance use
2. Overweight and obesity
3. Economic instability
4. Environmental pollution
5. Housing and homelessness

The top five health needs, as ranked by the greatest percentage of participants who believed they had no local resources available to address the issue (i.e., resources were rated as “absent”), were:

1. Substance use
2. Dental care
3. Mental health
4. Economic instability
5. Access to care

	Has Very Severe Negative Consequences	Getting Worse Over Time	Resources to Address the Issue are Absent
Access to health care	54.1%	51.4%	11.4%
Chronic disease	45.5%	75.0%	4.8%
COVID-19	50.0%	48.3%	3.4%
Dental care	15.8%	52.5%	15.8%
Economic instability	45.8%	90.9%	14.3%
Environmental pollution	75.0%	90.9%	No Data
Food insecurity	45.0%	81.0%	5.8%
HIV/AIDS	38.5%	27.3%	0.0%
Housing/ homelessness	52.4%	90.5%	5.0%
Mental health	30.8%	81.5%	15.4%
Overweight/obesity	30.8%	92.3%	9.1%
Preventive care	23.5%	29.4%	6.3%
Substance use	56.3%	93.8%	18.8%

Note: Unintentional injury is not included due to the low sample size of the respondents.

The community stakeholders were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, access to care, housing and homelessness, food insecurity and economic insecurity were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.86
Access to health care	3.82
Housing/ homelessness	3.80
Food insecurity	3.69
Economic instability	3.65
Substance use	3.61
COVID-19	3.59
Dental care	3.56
Chronic disease	3.54
Preventive care	3.54
Environmental pollution	3.34
HIV/AIDS	3.33
Overweight/obesity	3.22
Unintentional injuries	2.89

Community input on these health needs is detailed throughout the CHNA report.

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented throughout the CHNA for each of the significant needs.

Review of Progress

In 2019, Eisenhower conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to health care, chronic diseases (asthma, cancer, heart disease, diabetes, HIV/AIDS), mental health and behavioral health, and preventive practices through a commitment of community benefit programs and resources. The impact of the actions that Eisenhower used to address these significant needs can be found in Attachment 4.

Demographic Profile

Population

The total population of the Eisenhower Medical Center (EMC) service area is 419,650.

Total Population

	EMC Service Area	Riverside County
Total population	419,650	2,411,439

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Of the service area population, 50.3% are male and 49.7% are female.

Population, by Gender

	EMC Service Area	Riverside County
Male	50.3%	49.8%
Female	49.7%	50.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

In the service area, children and teens, ages 0-17, make up 19.0% of the population, 56.1% are adults, ages 18-64, and 24.9% of the population are older adults, ages 65 and older.

Population, by Age

	EMC Service Area	Riverside County
0 – 4	4.7%	6.5%
5 – 9	5.4%	7.0%
10 – 14	5.5%	7.5%
15 – 17	3.5%	4.5%
18 – 20	3.2%	4.4%
21 – 24	3.9%	5.5%
25 – 34	11.5%	13.9%
35 – 44	11.3%	12.8%
45 – 54	12.5%	12.6%
55 – 64	13.6%	11.3%
65 – 74	13.5%	8.0%
75 – 84	8.4%	4.4%
85+	3.0%	1.7%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, B01001. <https://data.census.gov/cedsci/>

In the service area, Desert Hot Springs 91402 has the largest percentage of youth, ages 0-17 (25.0%). Indian Wells has the highest percentage of adults, ages 65 and older (57.5%).

Population, by Youth, Ages 0-17, and Older Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Older Adults Ages 65+
Cathedral City	92234	54,357	23.2%	17.0%
Coachella	92236	45,477	23.8%	8.5%
Desert Hot Springs	92240	35,278	25.0%	14.8%
Desert Hot Springs	92241	7,699	15.3%	35.1%
Indian Wells	92210	5,138	5.1%	57.5%
Indio	92201	65,726	22.7%	16.6%
Indio	92203	31,140	21.6%	24.2%
La Quinta	92253	40,929	19.6%	25.8%
North Palm Springs	92258	559	8.8%	6.4%
Palm Desert	92211	25,056	9.8%	51.7%
Palm Desert	92260	34,660	14.7%	34.7%
Palm Springs	92262	28,618	15.4%	26.2%
Palm Springs	92264	20,072	7.9%	38.7%
Rancho Mirage	92270	18,193	7.6%	51.70%
Thousand Palms	92276	6,748	19.3%	27.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Race/Ethnicity

In the service area, 48.9% of the population are Hispanic/Latino, 42.9% are White, 3.3% are Asians, 2.9% are Black or African Americans. Native Americans, Native Hawaiians/Other Pacific Islanders, and other or multiple races are 2.0% of the area population. The service area has a higher percentage of White residents and a lower percentage of Asians and Black/African Americans when compared to the county.

Population, by Race and Ethnicity

	EMC Service Area		Riverside County	
	Number	Percent	Number	Percent
Hispanic or Latino	205,012	48.9%	1,179,478	48.9%
White	180,061	42.9%	851,702	35.3%
Asian	13,818	3.3%	152,347	6.3%
Black or African American	12,372	2.9%	147,160	6.1%
Other or multiple race	6,655	1.6%	63,919	2.6%
American Indian and Alaskan Native	1,328	0.3%	10,362	0.4%
Native Hawaiian and Pacific Islander	404	0.1%	6,471	0.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP05. <https://data.census.gov/cedsci/>

Within the service area, Coachella has the highest percentage of Hispanic/Latino residents (97.2%), Indian Wells has the highest percentage of White residents (87.6%), North Palm Springs has the highest percentage of Black/African American residents (9.5%), and Cathedral City has the highest percentage of Asian residents (5.8%).

Population, by Race and Ethnicity and ZIP Code

	ZIP Code	White	Hispanic/ Latino	Asian	Black/ African American
Cathedral City	92234	30.9%	58.6%	5.8%	2.3%
Coachella	92236	1.8%	97.2%	0.2%	0.6%
Desert Hot Springs	92240	31.6%	54.70%	2.6%	8.3%
Desert Hot Springs	92241	55.0%	42.0%	1.0%	0.5%
Indian Wells	92210	87.6%	5.7%	4.0%	1.0%
Indio	92201	22.3%	71.6%	1.6%	3.6%
Indio	92203	50.5%	42.5%	3.6%	1.6%
La Quinta	92253	57.3%	34.6%	3.4%	1.8%
North Palm Springs	92258	73.0%	17.5%	0.0%	9.5%
Palm Desert	92211	76.1%	13.2%	4.3%	3.2%
Palm Desert	92260	63.7%	29.9%	4.5%	2.6%
Palm Springs	92262	54.4%	32.2%	4.5%	5.8%
Palm Springs	92264	69.9%	20.2%	5.1%	1.8%
Rancho Mirage	92270	81.2%	10.0%	4.5%	2.4%
Thousand Palms	92276	46.3%	51.6%	1.1%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. <https://data.census.gov/cedsci>

Citizenship

In the service area, 23.6% of the residents are foreign born. Of the foreign born, 45.1% are naturalized U.S. citizens and 54.9% are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign Born Residents and Citizenship

	EMC Service Area	Riverside County	California
Foreign Born	23.6%	21.6%	26.8%
Naturalized U.S. Citizen	45.1%	50.8%	51.7%
Not a U.S. Citizen	54.9%	49.2%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. <https://data.census.gov/cedsci>

Language

In the service area, English is spoken at home among 56.9% of the population, followed by Spanish at 38.4%, Asian/Pacific Islander languages at 2.3%, Indo-European languages at 2.0%, and other language at 0.4%. The service area has a higher percentage of the population that speaks Spanish in the home when compared to the county and the state.

Language Spoken at Home, Ages 5 and Older

	EMC Service Area	Riverside County	California
Speaks only English	56.9%	58.9%	55.8%
Speaks Spanish	38.4%	34.1%	28.7%
Speaks Asian/Pacific Islander language	2.3%	4.3%	10.0%

	EMC Service Area	Riverside County	California
Speaks Indo-European language	2.0%	1.9%	4.5%
Speaks other language	0.4%	0.7%	1.0%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

When examined by service area ZIP Code, the percentage of English speaking at home ranged from 11.4% in Coachella to 86.6% in Rancho Mirage. Spanish spoken at home ranged from 3.2% in Indian Wells to 88.1% in Coachella. Cathedral City had the highest percentage of Asian/Pacific Islander languages spoken at home (4.7%). Palm Springs 92262 had the highest percentage of Indo-European languages spoken at home (4.4%) in the service area.

Language Spoken at Home, Ages 5 and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Cathedral City	92234	45.4%	47.9%	4.7%	1.9%
Coachella	92236	11.4%	88.1%	0.1%	0.1%
Desert Hot Springs	92240	54.8%	40.8%	2.2%	1.3%
Desert Hot Springs	92241	62.4%	34.8%	0.6%	2.1%
Indian Wells	92210	92.6%	3.2%	2.4%	1.9%
Indio	92201	41.1%	57.0%	1.0%	0.8%
Indio	92203	66.6%	30.2%	1.8%	1.1%
La Quinta	92253	73.0%	21.7%	2.3%	2.5%
North Palm Springs	92258	63.0%	37.0%	0.0%	0.0%
Palm Desert	92211	83.8%	9.1%	3.3%	3.0%
Palm Desert	92260	73.3%	19.3%	3.1%	4.0%
Palm Springs	92262	68.1%	23.9%	2.7%	4.4%
Palm Springs	92264	77.5%	15.6%	3.8%	2.8%
Rancho Mirage	92270	86.6%	5.7%	2.6%	4.6%
Thousand Palms	92276	53.0%	45.1%	0.7%	1.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speaks English “less than very well.” In the service area, 19.5% of the population was linguistically isolated, as compared to the county at 15.1% and state at 17.8%.

Linguistic Isolation, Ages 5 and Older

	Percent
EMC Service Area	19.5%
Riverside County	15.1%
California	17.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Sexual Orientation

Among Riverside County adults, 3% identify as gay, lesbian, or homosexual, and 2% identify as bisexual.

Sexual Orientation, Adults

	Riverside County	California
Straight or heterosexual	91.2%	90.0%
Gay, lesbian, or homosexual	3.0%	3.3%
Bisexual	2.0%	3.6%
Not sexual/celibate/none/other	3.7%	3.1%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

Veteran Status

In the service area, 7.2% of the population, 18 years and older, are veterans. This is higher than the percentage of veterans in the county (6.8%) and state (5.2%).

Veterans

	EMC Service Area	Riverside County	California
Veteran status	7.2%	6.8%	5.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank order counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Riverside County is ranked 30, showing a decrease in rank from 26 in 2018.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Riverside County	30

Source: County Health Rankings, 2021. www.countyhealthrankings.org

Poverty

The U.S. Department of Health and Human Services annually updates official poverty population statistics. In 2019, the Federal Poverty Level (FPL) was an annual income of \$12,490 for one person and \$25,750 for a family of four. Among residents in the service area, 17.6% had incomes <100% and 40.2% had incomes < 200% of the Federal Poverty Level. North Palm Springs had the highest poverty level percentages. However, it should be noted North Palm Springs has a very small residential population.

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Cathedral City	92234	20.1%	47.3%
Coachella	92236	21.6%	54.0%
Desert Hot Springs	92240	28.3%	56.1%
Desert Hot Springs	92241	21.7%	55.8%
Indian Wells	92210	6.1%	14.0%
Indio	92201	19.4%	47.3%
Indio	92203	10.5%	25.3%
La Quinta	92253	10.9%	27.8%
North Palm Springs	92258	61.7%	97.7%
Palm Desert	92211	10.1%	23.5%
Palm Desert	92260	14.1%	34.0%
Palm Springs	92262	19.8%	39.9%
Palm Springs	92264	15.3%	34.1%
Rancho Mirage	92270	11.6%	23.1%
Thousand Palms	92276	12.9%	35.8%
EMC Service Area		17.6%	40.2%

	ZIP Code	<100% FPL	<200% FPL
Riverside County		13.7%	33.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Children in Poverty

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical, behavioral, and emotional health problems. In Riverside County, 18.3% of children live below the poverty level and 14.5% of children are low-income ($\leq 200\%$ FPL).

Poverty, Children, Ages 0-17

	Riverside County	California
0-99% FPL	18.3%	15.5%
100-199% FPL	14.5%	16.2%
200-299% FPL	13.8%	11.3%
300% FPL and above	53.4%	57.0%

Source: California Health Interview Survey, 2019-2020. <http://ask.chis.ucla.edu>

Older Adults in Poverty

In the service area, 11.0% of older adults live in poverty, which is higher than the county rate (10.5%) and the state rate (10.2%).

Poverty, Adults 65 and Older

	EMC Service Area	Riverside County	California
Adults, 65+ in poverty	11.0%	10.5%	10.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1701. <https://data.census.gov/cedsci/>

Public Program Participation

Among adults in Riverside County, 13.8% reported avoiding government benefits in the prior year due to concerns about disqualification of themselves or a family member from obtaining a green card or U.S. citizenship, as compared to the state at 8.6%. In the county, 21.5% of the population living in low-income households utilize food stamps. Among eligible children in the county, 39.7% access WIC benefits. Among adults living in low-income households, 8.2% are receiving Supplemental Security Income. County rates of public program participation are lower than state rates.

Public Program Participation

	Riverside County	California
Avoided government benefits, prior year	13.8%	8.6%
Food stamp recipients ($<200\%$ FPL)	20.8%	26.1%
WIC usage among eligible children ages 6 and under	39.7%	43.6%

	Riverside County	California
Supplemental Security Income (SSI) (Adults \leq 200% FPL)	8.2%	10.8%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

Free and Reduced-Price Meals

The Free and Reduced-Price Meal (FRPM) Program is a federally assisted meal program that provides free, nutritionally balanced meals to children whose families meet eligibility income requirements. In service area school districts, 68.4% in Desert Sands Unified School District, 92.0% in Coachella Valley Unified School District, and 97.3% in Palm Springs Unified School District of children were eligible for the program. Service area school districts had higher percentages of FRPM program eligibility compared to the county (65.4%) and the state (58.9%).

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students	
	2019-2020	2020-2021
Coachella Valley Unified School District	90.0%	92.0%
Desert Sands Unified School District	69.2%	68.4%
Palm Springs Unified School District	89.6%	97.3%
Riverside County	65.1%	65.4%
California	59.3%	58.9%

Source: California Department of Education, 2019-2021 <http://data1.cde.ca.gov/dataquest/>

Community Input – Economic Instability

Challenges/Barriers

The most common theme for barriers related to economic instability was related to lack of jobs that pay a living wage, poor wages, employers who don't offer full-time work or they don't qualify for benefits. Other themes included the high cost of housing (e.g., skyrocketing housing costs, lack of affordable housing and/or rental or mortgage support, rising costs of housing/rental) and lack of education options (e.g., lack of pursuit of higher education or of a certificate in something like HVAC, plumbing, language and education), and barriers for businesses relocating to or expanding in the Valley (e.g., lack of desirability for businesses to locate in the Coachella Valley, lack of economic development opportunities).

Most Impacted

Results indicated that economic instability disproportionately impacted low-income (e.g., those who live at or below the poverty line, low-income population, single parents, low wage workers with children), minorities (e.g., racial minorities, BIPOC populations), and

immigrant workers (e.g., undocumented individuals, farmworkers). Other groups frequently mentioned as most impacted included seniors, low-income families, and small businesses.

Available Community Resources

The most common theme among responses was that people could get help from local nonprofits (e.g., local nonprofits, community-based organizations and church, trusted local community organizations). Specific nonprofits that were mentioned include the following:

- Alianza Coachella Valley
- Lift to Rise
- United Way

Many county resources were mentioned as well:

- Cal-Works
- CAP
- County of Riverside
- County social services
- DPSS
- GAIN
- Unemployment Office

Many seek help and/or information from family or friends. Lastly, people may find help through newspapers, local radio, and other media.

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. In Riverside County, 9.0% of the total population and 13.6% of children experience food insecurity. Additionally, 36.9% of low-income adults in the county reported not being able to afford food.

Food Insecure Households

	Riverside County	California
Food insecurity, overall	9.0%	10.2%
Food insecurity, child	13.6%	13.6%
Not able to afford food (<200% FPL)*	36.9%	38.8%

Source: Feeding America, 2019. [Hunger & Poverty in California | Map the Meal Gap \(feedingamerica.org\)](https://www.feedingamerica.org/hunger-and-poverty-in-california)

*Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

The Food Insecurity Index is a measure of food access that is correlated with economic and household hardship. The table below identifies the index values for service area ZIP Codes and comparison to Riverside County. Index values range from 0 (low need) to 100 (high need). Coachella (96.6), Desert Hot Springs 92240 (94.3) and Indio 92201 (88.1) have the highest need food security indexes.

The Food Security Index, by ZIP Code

	ZIP Code	Food Insecurity Index Value
Cathedral City	92234	60.0
Coachella	92236	96.6
Desert Hot Springs	92240	94.3
Desert Hot Springs	92241	77.1
Indian Wells	92210	2.6
Indio	92201	88.1
Indio	92203	18.5
La Quinta	92253	13.7
North Palm Springs	92258	Not available
Palm Desert	92211	Not available
Palm Desert	92260	23.9
Palm Springs	92262	38.2
Palm Springs	92264	17.6
Rancho Mirage	92270	8.1
Thousand Palms	92276	Not available
Riverside County		22.6

Source: SHAPE Riverside County. Calculated by Conduent Healthy Communities Institute, 2020.

<https://www.shaperivco.org/index.php?module=indicators&controller=index&action=foodinsecurity>

Access to Affordable Fresh Fruits and Vegetables

Families who are not able to easily access fresh fruits and vegetables are less likely to be able to provide healthy food options for themselves and their children. In Riverside County, of the 95.9% of adults who said they could find fresh fruits and vegetables in their neighborhood at least some of the time, 53% said they were always able to find affordable fruits and vegetables, and 27% said they were usually affordable.

Affordable Fresh Fruits and Vegetables

	Riverside County	California
Always affordable in neighborhood	53.0%	52.3%
Usually affordable in neighborhood	27.0%	29.3%
Sometimes affordable in neighborhood	19.0%	17.0%
Never affordable in neighborhood	*1.1%	1.4%
Can't find in neighborhood	*3.5%	3.6%
Don't look/don't eat	*0.6%	0.5%

Source: California Health Interview Survey, 2018. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Farmers Markets Accepting EBT or WIC

Eligible individuals in the Women, Infants, and Children Program (WIC) and CalFresh, California's Supplemental Nutrition Assistance Program (SNAP) can use their California WIC card or Electronic Benefit Transfer Card to obtain fruits and vegetable at approved farmers markets.

According to the Ecology Center's Farmers Market Finder, there are 6 farmers markets in the service area. In the service area, the Farmers Markets Palm Desert and Rancho Mirage reported not accepting public benefits.

Farmers Markets Accepting EBT or WIC

	ZIP Code	Farmers Market Accessibility	Accepting EBT or WIC
La Quinta	92253	October - April	EBT/WIC
Palm Desert	92211	Year round	Not indicated
Palm Desert Outdoor	92260	October - April	EBT/WIC
Palm Springs Outdoor	92262	October - May	EBT/WIC
Palm Springs Summer Indoor	92264	June - September	EBT/WIC
Rancho Mirage	92270	October - May	Not indicated

Source: Ecology Center <https://ecologycenter.org/fmfinder>. Accessed 8/23/2021

Community Input – Food Insecurity

Challenges/Barriers

The most common themes that emerged from participants was that of poverty and economic instability (e.g., cost of living not aligned with pay rates, rising cost in housing/goods, leaves little for food, lack of money to afford food for families on minimum wage jobs, having enough money to pay for food). Other themes included issues regarding transportation and being in a food desert (e.g., ability to get to where the food is, lack of transportation for those who are impoverished, lack of robust public transportation and food deserts). Other themes included having more accessible food banks (e.g., reduced availability of food for food banks/pantries, people do not know where to receive assistance) and education/outreach about food security (e.g., need more resources and outreach, access, education).

Most Impacted

Participants were asked, "Who do you think is most impacted food insecurity locally?" The most common theme was low-income (e.g., those on a limited income with either fixed income or low wage earners, those living at or near FPL, low wage workers), followed by seniors and children (e.g., seniors who rely on food sources to supplement their household needs, families in need, marginalized communities, seniors, children,

elderly), people who are undocumented (e.g., the undocumented, undocumented people), and people experiencing homelessness (e.g., those that are unhoused, homeless). Other comments mentioned those who are rural, BIPOC, and students.

Available Community Resources

The most common theme among responses was that people could get help from community organizations (e.g., local nonprofits, community organization with food pantries, rescue missions local community center). The nonprofits that were specifically named included:

- FIND Food Bank
- Food Now
- Galilee Center

Common themes include religious organizations (e.g., local churches), schools (e.g., schools free food programs for all students, schools, afterschool programs). Other comments mentioned food stamps, friends, and neighbors.

Unemployment

Utilizing the most available data, the unemployment rate in Riverside County was 9.9% and 10.1% in California. High unemployment can be attributed in part to the COVID-19 pandemic.

Unemployment Rate, 2020 Annual Average

	2020 Annual Average
Cathedral City	11.5%
Coachella, city	15.8%
Desert Hot Springs, city	15.7%
Indian Wells, city	6.2%
Indio, city	11.9%
La Quinta, city	10.3%
Palm Desert, city	10.8%
Palm Springs, city	10.7%
Rancho Mirage, city	8.7%
Thousand Palms, CDP	8.1%
Riverside County	9.9%
California	10.1%

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>

Family Size

The average family size in the service area is 3.03 persons, which is lower than in the county (3.87 persons) and the state (3.53 persons).

Average Family Size

	EMC Service Area	Riverside County	California
Average family size	3.03	3.87	3.53

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

Housing and Households

There are 241,020 total housing units in the service area. Of these units, 169,865 are occupied; 66.9% are owner-occupied and 33.1% are renter-occupied. Palm Springs 92262 has the highest percentage of renter-occupied housing units in the service area (42.5%). Indian Wells has the highest percentage of owner-occupied housing units in the service area (83.0%).

Housing Units, Owners and Renters

	ZIP Code	Total Housing Units	Households (Occupied)	Owner Occupied	Renter Occupied
Cathedral City	92234	23,620	18,816	60.7%	39.3%
Coachella	92236	16,344	15,601	71.6%	28.4%
Desert Hot Springs	92240	15,851	12,734	48.9%	51.1%
Desert Hot Springs	92241	6,585	3,573	78.8%	21.2%
Indian Wells	92210	5,286	2,657	83.0%	17.0%
Indio	92201	27,735	23,607	65.3%	34.7%
Indio	92203	15,298	11,902	76.1%	23.9%
La Quinta	92253	25,835	15,815	74.4%	25.6%
North Palm Springs	92258	432	216	60.2%	39.8%
Palm Desert	92211	21,023	12,717	74.6%	25.4%
Palm Desert	92260	24,535	15,837	60.1%	39.9%
Palm Springs	92262	20,405	13,458	57.5%	42.5%
Palm Springs	92264	18,512	11,058	64.7%	35.3%
Rancho Mirage	92270	15,844	9,290	82.0%	18.0%
Thousand Palms	92276	3,715	2,584	74.8%	25.2%
EMC Service Area		241,020	169,865	66.9%	33.1%
Riverside County		840,501	724,893	66.3%	37.3%
California		14,175,976	13,044,266	54.8%	45.2%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP04. <https://data.census.gov/cedsci/>

In 2019, there are 169,865 occupied households within the service area. Over the last four years, households increased by 8.0% and housing units increased by 7.5%. From 2016 to 2019, the percent of owner-occupied housing units increased by 12.8% and

renter-occupied units decreased by 0.7%. Vacant units increased by 6.3%.

Households and Housing Units, Percent Change, 2016-2019

	EMC Service Area			Riverside County		
	2016	2019	Percent Change	2016	2019	Percent Change
Housing units	224,245	241,020	7.5%	820,300	840,501	2.5%
Households	157,328	169,865	8.0%	705,716	724,893	2.7%
Owner occ.	100,713	113,672	12.8%	454,924	480,944	5.7%
Renter occ.	56,615	56,193	-0.7%	250,792	243,949	-2.7%
Vacant Units	66,917	71,155	6.3%	114,584	115,608	0.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 2015-2019. DP04. <https://data.census.gov/cedsci/>

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 median household income in the service area ranged from \$10,938 in North Palm Springs to \$103,750 in Indian Wells.

Median Household Income

	ZIP Code	Median Household Income
Cathedral City	92234	\$46,521
Coachella	92236	\$34,436
Desert Hot Springs	92240	\$37,060
Desert Hot Springs	92241	\$30,933
Indian Wells	92210	\$103,750
Indio	92201	\$45,848
Indio	92203	\$71,111
La Quinta	92253	\$79,027
North Palm Springs	92258	\$10,938
Palm Desert	92211	\$63,936
Palm Desert	92260	\$56,898
Palm Springs	92262	\$52,092
Palm Springs	92264	\$53,778
Rancho Mirage	92270	\$78,682
Thousand Palms	92276	\$52,33
Riverside County		\$67,005
California		\$75,235

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP03. <https://data.census.gov/cedsci/>

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the US Department of Housing and Urban Development, families who pay

more than 30 percent of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, paying off student loans or other loans, and contributing to personal monetary savings. In the service area, 46.0% of the population in all occupied households spend 30% or more of their income on housing; this includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. In comparison to the county and state, the service area has a higher percentage of residents who spend more than 30% of their income on housing (46%), as well as a higher rate of owner occupied (38.2%), and renter occupied households (60.6%) spending more than 30% of income on housing.

Renters Spending 30% or More of Household Income on Rent*

	EMC Service Area	Riverside County	California
All occupied households	46.0%	41.9%	41.7%
Owner occupied households with or without mortgage	38.2%	33.8%	31.4%
Renters occupied households	60.6%	58.6	54.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. *Excludes units were SMOPI and GRAP cannot be computed. <https://data.census.gov/cedsci>

Difficulty Affording Necessities and Housing Due to COVID-19

As a result of the COVID-19 pandemic, 12.4% of Riverside County adults reported difficulty in paying for basic necessities and 8% experienced difficulty paying the rent or the mortgage.

Difficulty Paying for Basic Necessities and Rent/Mortgage Due to COVID-19

	Riverside County	California
Experienced difficulty paying for basic necessities	12.4%	9.2%
Experienced difficulty paying for rent/mortgage	8.0%	8.4%

Source: California Health Interview Survey, 2020. <http://ask.chis.ucla.edu/>

Homelessness

The County of Riverside’s Department of Public Social Services conducts an annual ‘point-in-time’ count of homelessness in Riverside County. In 2020, 74.7% of the Riverside County homeless were unsheltered.

Homeless Annual Count, Riverside County

	Total Homeless	Sheltered		Unsheltered	
		Count	Percent	Count	Percent
2018	2,316	631	27.2%	1,685	72.8%
2020	2,884	729	25.3%	2,155	74.7%

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 population in Riverside County, 24.0% were chronically homeless. Among all unsheltered subpopulations that rates of homelessness have increased. It should be noted that increases in homeless counts can be attributed to an increase in volunteers conducting assessments. The measure to assess drug use changed after 2018 and was replaced by a measure to assess substance abuse, as such comparisons could not be made.

Unsheltered Homeless Subpopulations, Riverside County, 2018-2020

	2018		2020		2018-2020 Change	
	Count	Percent	Count	Percent	Count	Percent
Brain Injury	204	16.6%	232	10.7%	28	13.7%
Chronically Homeless	387	31.4%	519	24.0%	132	34.1%
Domestic Violence	97	7.8%	106	4.9%	9	9.3%
Drug Use	486	39.5%	ND	ND	ND	ND
HIV/AIDS	20	1.1%	27	1.2%	7	35%
Mental Health Conditions	321	26.0%	373	17.0%	52	16.9%
PTSD	300	24.4%	344	16.0%	44	14.7%
Substance Abuse	ND	ND	453	21.0%	ND	ND
Veterans	99	5.8%	112	5.2%	13	13.1%

Source: County of Riverside Department of Public Social Services, Homeless Program Unit, 2018, 2020. ND=No Data.

<http://dpss.co.riverside.ca.us/homeless-programs>

In the 2020-2021 academic year, among students enrolled in service area school districts of those recorded to be homeless at some point in time was 1.2% in Coachella Valley Unified School District, 2.2% in Desert Sands Unified School District, and 3.4% Palm Springs Unified School District.

Homeless Youth

	Homeless Students	
	Number	Percent
Coachella Valley Unified School District	216	1.2%
Desert Sands Unified School District	585	2.2%
Palm Springs Unified School District	732	3.4%
Riverside County	13,077	3.1%
California	183,312	3.1%

Source: California Department of Education, 2020-2021 <http://data1.cde.ca.gov/dataquest/>

Community Input – Housing and Homelessness

Challenges/Barriers

The most common theme for barriers related to homelessness was the lack of affordable housing (e.g., the lack of available affordable housing, not enough affordable housing, affordable housing: one-bedroom apartments are \$800). Several specifically mentioned the struggle with Section 8 (e.g., long wait times of Section 8 housing, lack of options for Section 8 voucher recipients, time to get Section 8).

The next most common theme centered on the cause of lack of affordable housing, both in terms of low wages and high housing costs (e.g., low-paying jobs, the cycle of poverty in families, high cost and poverty wages, lack of entry level jobs). Another common theme focused on homeless shelters (e.g., no permanent shelter in PS, not enough homeless shelters).

Most Impacted

Results indicated that most participants felt that individuals who are low-income are disproportionately impacted by housing issues and homelessness (e.g., low and fixed income, low income or no income persons, people at or below two times the poverty line adjusted for cost living, about 50% of people).

The next most common theme was that everyone is impacted by housing/homelessness. Several comments identified youth and seniors. Others mentioned people of color as being disproportionately impacted by housing problems and homelessness (e.g., racial minorities, non-English speaking community). Several mentioned additional conditions that make people more vulnerable (e.g., individuals with drug dependence, abused, mentally ill, disabled). Finally, some comments focused on people who are at higher risk since the pandemic.

Available Community Resources

The most common theme among responses was that people get help and/or

information from local nonprofits and community organizations. The specific organizations included:

- Coachella Valley Rescue Mission
- Department of Public Social Services (DPSS)
- HHOPE Housing
- JFS San Diego
- Lift to Rise
- Martha's Village and Kitchen
- Path of Life
- Salvation Arm

Education

In the service area, 17.0% of the adult population does not have a high school diploma or equivalency. This is lower than county (18.9%) and higher than the state (16.7%) rates. Among the adult population in the service area, 27.2% are high school graduates, and 26.1% have a bachelor or graduate/professional degree.

Educational Attainment

	EMC Service Area	Riverside County	California
Population, ages 25 and older	310,203	1,559,869	26,471,543
Less than 9th grade	9.1%	9.1%	9.2%
9th to 12 th grade, no diploma	7.9%	9.8%	7.5%
High school graduate, includes equivalency	27.2%	26.9%	20.5%
Some college, no degree	22.9%	24.8%	21.1%
Associate degree	6.7%	8.1%	7.8%
Bachelor's degree	15.9%	14.2%	21.2%
Graduate or professional degree	10.2%	8.1%	12.8%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP02. <https://data.census.gov/cedsci/>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four year earlier. The Healthy People 2030 high school graduation objective is 90.7%.

In the 2019-2020 academic year, service area school districts high school graduation rates were 82.2% in Coachella Valley Unified School District, 90.8% in Desert Sands Unified School District, and 91.2% in Palm Springs Unified School District. Palm Springs Unified School District was the only district to surpass the Healthy People 2030 objective.

High School Graduation Rates

	Graduation Rate
Coachella Valley Unified School District	82.2%
Desert Sands Unified School District	90.8%
Palm Springs Unified School District	91.2%
Riverside County	91.2%
California	87.6%

Source: California Department of Education, 2019-2020. <https://data1.cde.ca.gov/dataquest/>

Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in the service area (38.4%) was higher than county (36.4%), but lower than state (49.6%) rates. Preschool enrollment rates ranged from 6.4% in Palm Springs 92264 to 73.1% in Palm Desert 92211. It should be noted that many service area ZIP Codes had very small populations of children, ages 3 to 4 years old.

Enrolled in Preschool, Children, Ages 3 and 4

	Zip Code	Children, Ages 3 to 4	Percent Enrolled
Cathedral City	92234	1,483	35.1%
Coachella	92236	1,123	18.1%
Desert Hot Springs	92240	770	38.2%
Desert Hot Springs	92241	141	25.5%
Indian Wells	92210	38	18.4%
Indio	92201	1,479	34.2%
Indio	92203	718	46.9%
La Quinta	92253	770	51.8%
North Palm Springs	92258	0	0.0%
Palm Desert	92211	383	73.1%
Palm Desert	92260	374	32.1%
Palm Springs	92262	480	63.5%
Palm Springs	92264	94	6.4%
Rancho Mirage	92270	147	37.4%
Thousand Palms	92276	7	0.0%
EMC Service Area		8,000	38.4%
Riverside County		66,340	36.4%
California		1,021,926	49.6%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. <https://data.census.gov/cedsci/>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether their child(ren) was read to by themselves or another family members in a typical week. In Riverside County, 62% of children were read to daily as compared to the state at 64.3%.

Reading to Children, Ages 0 to 5

	Riverside County	California
Children read to daily	62.0%	64.3%
Children read to 3 to 6 days	20.3%	22.8%
Children read to 1 to 2 days	14.9%*	10.1%
Never read to	2.8%*	2.8%

Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu>

Transportation

Among service area individuals, ages 16 and older, 79.1% drove alone and 9.5% carpooled to work. The average service area commute time was 22.6 minutes. It should be noted this data was projected prior to the COVID-19 pandemic. Transportation types/venues and commute time estimates, while valid may not be reflective of current commuting/work location practices.

Transportation for Workers, Ages 16 Years and Older

	EMC Service Area	Riverside County	California
Workers, ages 16 and older	169,916	1,009,081	18,191,555
Drove alone to work	79.1%	78.3%	73.7%
Carpooled to work	9.5%	11.9%	10.1%
Commuted by public transportation	1.5%	1.3%	5.1%
Walked	1.4%	1.4%	5.2%
Other means	1.5%	1.8%	2.6%
Worked from home	7.0%	5.4%	5.9%
Mean travel time to work (minutes)	22.6	34.0	29.8

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, DP03. <https://data.census.gov/cedsci/>

Community Walkability

WalkScore.com ranks over 2,800 cities in the United States (over 10,000 neighborhoods) with a walk score. The Walk Score is determined by access to amenities and pedestrian friendliness, with a scoring range of 0 to 100.¹ A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle dependent location. Walkability scores ranged from 0 in Desert Hot Springs to 36 in Cathedral City.

¹ WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

Walkability

	Walk Score	Definition
Cathedral City	36	Car Dependent
Coachella	38	Car Dependent
Desert Hot Springs	0	Car Dependent
Indian Wells	8	Car Dependent
Indio	31	Car Dependent
La Quinta	22	Car Dependent
North Palm Springs	19	Car Dependent
Palm Desert	27	Car Dependent
Palm Springs	35	Car Dependent
Rancho Mirage	16	Car Dependent
Thousand Palms	36	Car Dependent

Source: WalkScore.com, 2021. <http://www.walkscore.com>

Parks, Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 89.6% of children and teens in Riverside County lived within walking distance of a playground or open space. 84.9% of county children and youth visited a park, playground, or open space within the past month.

Open Spaces, Children and Teens, Ages One Year and Older

	Riverside County	California
Walking distance to park, playground or open space	89.6%	90.2%
Visited a park/playground/open space	84.9%	85.0%

Source: California Health Interview Survey, 2015-2018, pooled. <http://ask.chis.ucla.edu/>

Among families in Riverside County, 91.9% with children and 93.8% with teens agreed/strongly agreed that parks and playgrounds closest to where they lived were safe during the day.

Safe Open Spaces, Children and Teens

	Riverside County	California
Children, ages 1-11	91.9%	91.0%
Teens, ages 12-17	93.8%	92.2%

Source: California Health Interview Survey, 2016-2019, pooled. <http://ask.chis.ucla.edu/>

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life. Among adults in Riverside County, 88.5% felt safe all or most times.

Neighborhood Cohesion, Adults

	Riverside County	California
Feels safe all or most of time	88.5%	87.9%
People in neighborhood are willing to help	79.0%	80.1%
People in neighborhood can be trusted	82.1%	81.9%

Source: California Health Interview Survey, 2018-2019, pooled. <http://ask.chis.ucla.edu/>

76.1% of teen felt people in their neighborhood could be trusted and 86.4% of adults look out for the neighborhood children.

Neighborhood Cohesion, Teens, Ages 12-17

	Riverside County	California
Adults in neighborhood look out for children [†]	86.4%	88.5%
People in neighborhood are willing to help	81.4%	88.7%
People in neighborhood can be trusted	76.1%	84.8%

Source: California Health Interview Survey, [†]2017-2018, 2018-2019. <http://ask.chis.ucla.edu/>

Crime Statistics

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other property. From 2018 to 2020 the number of violent crimes and property crimes decreased in Riverside County. The number of arson crimes increased in the county from 2018 to 2020.

Crimes, by Service Area Jurisdictions

	Violent Crimes		Property Crimes		Arson	
	Number		Number		Number	
	2018	2020	2018	2020	2018	2020
Cathedral City Police Department	172	130	717	651	6	3
Coachella Police Department	104	139	1,143	715	4	4
Desert Hot Springs Police Department	309	218	638	480	8	4
Indian Wells Police Department	1	13	132	111	0	0
Indio Police Department	495	534	2,242	1,376	11	12
La Quinta Police Department	42	46	1,154	852	2	5
Palm Desert Police Department	91	125	1,989	1,564	4	4
Palm Springs Police Department	274	257	2,078	1,690	5	9
Rancho Mirage Police Department	24	40	708	621	0	0
Riverside County	7,360	7,243	60,306	52,786	244	306
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2020. [State of California Department of Justice - OpenJustice](https://oag.ca.gov/openjustice)

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. In 2018 strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within the “Weapon Involved” classification, personal weapon was the category most frequently reported for the county and state. Note, jurisdictions for service area unincorporated areas are not included in the data below.

Domestic Violence Calls, by Jurisdiction

	Total	No Weapon	Weapon Involved	Percent Weapon Involved	Strangulation/ Suffocation
Cathedral City Police Department	119	71	48	40.3%	8
Coachella Police Department	93	67	26	28.0%	0
Desert Hot Springs Police Department	176	19	157	89.2%	14
Indian Wells Police Department	12	9	3	25.0%	0
Indio Police Department	355	80	275	77.4%	24
La Quinta Police Department	74	64	10	13.5%	0
Palm Desert Police Department	159	127	32	20.1%	0
Palm Springs Police Department	205	176	29	14.1%	25
Rancho Mirage Police Department	51	40	11	21.5%	0
Riverside County	6,344	4,613	1,731	27.2%	274
California	160,646	88,018	72,628	45.2%	9,715

Source: California Department of Justice, Office of the Attorney General, 2020. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

Child Abuse

In Riverside County, the rate of children, ages 18 and younger, who experienced abuse or neglect, was 8.7 per 1,000 children. This is higher than the state rate of 6.8 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Riverside County	California
Substantiated cases of child abuse and neglect	8.7	6.8

Source: [Child Maltreatment Substantiation Rates Report - California Child Welfare Indicators Project \(CCWIP\) \(berkeley.edu\)](#), 2020.

Hate Crimes

Hate crimes are reported as an event. There may be one or more victims involved for each event. The table below identifies hate crimes reported in Riverside County.

Hate Crimes

	Riverside County	California
Hate Crime Events	36	1,015
Hate Crime Victims	44	1,247

Source: California Department of Justice. 2019 Hate Crime in California Report, Table 6. [Hate Crime in CA 2019.pdf](#)

Air Quality

Days with Ozone Levels above Regulatory Standard

Ground-level ozone is formed from pollutants emitted from cars, power plants, and other sources. The national ambient air quality standard for ozone is 0.070 parts per million (ppm); concentrations above 0.070 ppm are considered unhealthy, especially for sensitive groups such as children, those with asthma, and the elderly. In 2019, Riverside County had 64 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million, as compared to California at 11 days.

Days with Ozone Levels above Regulatory Standard

	Riverside County	California
Number of days	64	11

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](#) (December 2020). <https://www.kidsdata.org>

Annual Average Particulate Matter Concentration

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, and the elderly. In 2019, the annual average PM 2.5 concentrations in Riverside County were measured at 12.7 micrograms per cubic meter, as compared to California at 8.1 micrograms per cubic meter.

Air Particulate Matter Concentration, 2019

	Riverside County	California
Micrograms per cubic meter	12.7	8.1

Source: California Air Resources Board, [iADAM: Air Quality Data Statistics](#); U.S. Environmental Protection Agency, [Particulate Matter \(PM2.5\) Trends](#) (December 2020). <http://www.kidsdata.org>

Community Input – Environmental Pollution

Challenges/Barriers

The most common theme was the Salton Sea and the lack of sustained mitigation policy (e.g., the State doesn't follow through on promises in regard to the Salton Sea, living in poor communities and the Salton Sea). Others mentioned the lack of public awareness (e.g., lack of education on the local effects of pollution on the Coachella Valley, lack of

public awareness and public policy to protect residents from pollution). Finally, other challenges mentioned were air pollution from truck traffic, poverty, and chronic disease caused by pollution. The need for policy at the local level (e.g., lack of a unified response by the desert cities) was also mentioned.

Most Impacted

Participants were asked, “Who do you think is most impacted by environmental pollution locally?” The most common groups mentioned was **everyone**. In addition, participants also mentioned those in close proximity to the Salton Sea (e.g., those who live close to the Salton Sea, the closer to the Salton Sea one lives or works, the worse the problem is, east valley residents). Other comments touched on those who are low-income, seniors, farmworkers, and those living outside.

Available Community Resources

Nonprofits environmental groups including non-profit advocates, Local organizations like Alianza and Leadership Counsel. Other responses included the internet and social media, word of mouth and the local news.

Access to Health Care

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. Access to quality, comprehensive clinical care is important for health. Barriers to care can result in unmet health needs, delays in provision of appropriate treatment, and increased costs from avoidable ER visits and hospitalizations. The Healthy People 2030 objective is 92.1% insurance coverage for all population groups.

Within the service area, 90.9% of the total population has health insurance coverage. Among children and adolescents, ages 0 to 18, 96.1% are insured, and 85.4% of service area adults, ages 19-64, have health insurance. Rates of health insurance coverage for adults (85.4%) are lower than county (87.2%) and state (89.3%) rates. In the service area, North Palm Springs (66.4%) has the lowest insured rate, and Indian Wells (98.5%) has the highest insured rate. It should be noted the North Palm Springs ZIP Code has a very small population.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 18	19 to 64
Cathedral City	92234	87.3%	93.2%	81.7%
Coachella	92236	85.5%	94.9%	80.4%
Desert Hot Springs	92240	85.7%	94.4%	79.1%
Desert Hot Springs	92241	84.7%	89.9%	72.1%
Indian Wells	92210	98.5%	100%	95.8%
Indio	92201	90.5%	97.3%	85.5%
Indio	92203	95.5%	99.5%	91.9%
La Quinta	92253	94.0%	97.2%	90.3%
North Palm Springs	92258	66.4%	100%	60.3%
Palm Desert	92211	93.6%	96.1%	91.9%
Palm Desert	92260	92.8%	96.6%	87.7%
Palm Springs	92262	92.0%	98.5%	87.3%
Palm Springs	92264	93.4%	97.4%	88.5%
Rancho Mirage	92270	96.3%	97.5%	92.5%
Thousand Palms	92276	91.4%	100%	85.3%
EMC Service Area		90.9%	96.1%	85.4%
Riverside County		91.2%	96.0%	87.2%
California		92.5%	96.7%	89.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S2701. <https://data.census.gov/cedsci/>

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the county. The county average for health insurance coverage among the total population is 91.2%. The lowest rate of coverage is seen in those who identify as American Indian/Alaskan Native - AIAN (86%), followed by those who identified as a race Other than those listed (86.1%), and Hispanic residents (87.8%).

County health insurance coverage in children is 96%. The lowest rate of coverage (88.5%) is seen in AIAN children, followed by children who were identified as Hispanic or Other race (95.6%). Among adults, ages 19 to 64, 87.2% have health insurance. The lowest rate is found among adults who identify as Other race (80.5%), followed by AIAN (82.2%) and Hispanic (82.3%) adults. The lowest rates of coverage among service area seniors, ages 65 and older, are found among Other race (96.3%), Hispanic (97%) and Asian seniors (97.8%).

Health Insurance, County Population, by Race/Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.0%	96.6%	92.5%	99.4%
Multiracial	94.6%	98.0%	90.2%	99.7%
Asian	93.9%	96.7%	92.1%	97.8%
Black/African American	93.6%	97.4%	91.1%	98.4%
Native Hawaiian/Pacific Islander	89.2%	97.3%	84.6%	100.0%
Hispanic	87.8%	95.6%	82.3%	97.0%
Other race	86.1%	95.6%	80.5%	96.3%
American Indian/Alaskan Native	86.0%	88.5%	82.2%	99.4%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, C27001B thru C27001I. <http://data.census.gov/>

When the type of insurance coverage was examined, 29% of the Riverside County population had Medi-Cal coverage, and 42.6% had employment-based insurance.

Health Insurance Coverage, by Type

	Riverside County	California
Medi-Cal	25.7%	22.5%
Medicare only	1.7%	1.5%
Medi-Cal and Medicare	3.3%	3.7%
Medicare and others	11.7%	10.4%
Other public	1.3%	1.1%
Employment based	42.6%	48.9%
Private purchase	4.4%	5.1%
Uninsured	9.3%	6.7%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, 37% of the total uninsured population reported cost as the main reason for current uninsured status.

Main Reason for Currently Uninsured Status

	Riverside County	California
Cost	37.0%	46.1%
Change in working status or family situation	14.5%	12.1%
In process of learning about insurance coverage or confusion about coverage	18.2%	13.6%
Does not need or believe in insurance	15.1%	12.6%
Employer did not offer, ineligible for insurance, or insurance dropped/ cancelled.	11.9%*	10.7%
Other	3.4%*	4.8%

Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

In Riverside County, 72.4% of adults reported it was very difficult or somewhat difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO).

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adult

	Riverside County	California
Very difficult	35.3%*	47.6%
Somewhat difficult	37.1%*	29.2%
Not too difficult	18.4%*	13.9%
Not at all difficult	9.2%*	9.3%

Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

In Riverside County, 68.5% of adults reported it was very difficult or somewhat difficult to find an affordable health plan directly through Covered California.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adult

	Riverside County	California
Very Difficult	38.4%	37.2%
Somewhat Difficult	30.1%	27.5%
Not too Difficult	22.6%	22.3%
Not at all Difficult	8.9%	13.1%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, 4.8% of adults had insurance that was not accepted by a general doctor and 9.6% had insurance that was not accepted by a medical specialist.

Insurance Not Accepted by General Doctor or Medical Specialist in Past Year, Adult

	Riverside County	California
Insurance not accepted by general doctor	4.8%	5.3%
Insurance not accepted by medical specialist	9.6%	10.6%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

Sources of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In Riverside County, 66.2% of the population accessed care at a doctor's office, HMO or Kaiser, and 17.9% accessed care at a clinic or community hospital.

Source of Care, All Ages

	Riverside County	California
Doctor's office/HMO/Kaiser	66.2%	62.9%
Community clinic/government clinic/community hospital	17.9%	21.9%
ER/Urgent Care	1.7%	1.2%
Other	1.0%	1.0%
No usual source of medical care	13.2%	13.0%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County 13.2% of the population does not have a regular source of health care. Rates are lowest among seniors (4.3%) and children, ages 0 to 11 (6%).

No Usual Source of Care

	Riverside County	California
No usual source of medical care, all ages	13.2%	13.0%
Children, ages 0-11	6.0%	5.4%
Adolescents, ages 12-17	17.2%*	16.1%
Adults, ages 18-64	17.1%	16.5%
Older adults, ages 65 and older	4.3%	5.3%

Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Telehealth

Telehealth connects patients to vital health care services through videoconferencing, remote monitoring, electronic consults, and wireless communications. Among Riverside County adults, 9.8% have received care from a health care provider through video or telephone conversations in the past year. It should be noted that these data were collected prior to the COVID-19 pandemic.

Telehealth, Adults

	Riverside County	California
Received care from a health care provider through video or telephone	9.8%	12.4%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Emergency Room Visits

In Riverside County, 22.4% of the population had visited an emergency room in the prior 12 months, as compared to the state at 20.1%. Adolescents, ages 12-17, had the highest percentage of visiting the ER (30.5%) in Riverside County.

Visited Emergency Room

	Riverside County	California
Visited ER, all ages	22.4%	20.1%
Children, ages 0-11	19.1%	16.1%
Adolescents, ages 12-17	30.5%	21.6%
Adults, ages 18-64	22.0%	19.9%
Older Adults, ages 65 and older	23.0%	24.1%

Source: California Health Interview Survey, 2017-2019, pooled. <http://ask.chis.ucla.edu/>

Difficulty Accessing Care

A delay of care can lead to an increased risk of health care complications. Among Riverside County adults, 18.5% were never able to get a doctor's appointment within two days when sick or injured in the past 12 months, as compared to the state at 14.4%.

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	Riverside County	California
Always able	22.9%	30.0%
Usually able	21.3%	26.3%
Sometimes able	37.4%	29.3%
Never able	18.5%	14.4%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Typically, individuals find it more difficult to access specialty care than primary care. In Riverside County, 17.0% of adults had difficulty finding specialty care, and 10.2% of adults had difficulty finding primary care.

Difficulty Finding Primary and Specialty Care, Adults

	Riverside County	California
Difficulty finding primary care	10.2%	8.1%
Difficulty finding specialty care	17.0%	15.8%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Federally Qualified Health Centers

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically-underserved populations. There are seven FQHC and/or FQHC Look-Alike entities located in the service area.² The majority of these FQHCs operate multiple clinic sites across the service area. However, patients residing in service area ZIP Codes may utilize FQHC's outside of the service area. Data from the UDS Mapper identified the number of FQHCs serving patients and most patient penetrated FQHC in the service area ZIP Codes.

Federally Qualified Health Centers, Largest Patient Numbers, by ZIP Code

	ZIP Code	Dominate FQHC Clinic
Cathedral City	92234	Borrego Community Health Foundation
Coachella	92236	Borrego Community Health Foundation
Desert Hot Springs	92240	Borrego Community Health Foundation
Desert Hot Springs	92241	Borrego Community Health Foundation
Indian Wells	92210	Borrego Community Health Foundation
Indio	92201	Borrego Community Health Foundation
Indio	92203	Borrego Community Health Foundation
La Quinta	92253	Borrego Community Health Foundation
North Palm Springs	92258	Borrego Community Health Foundation
Palm Desert	92211	Borrego Community Health Foundation
Palm Desert	92260	Borrego Community Health Foundation
Palm Springs	92262	Borrego Community Health Foundation
Palm Springs	92264	Borrego Community Health Foundation
Rancho Mirage	92270	Borrego Community Health Foundation
Thousand Palms	92276	Borrego Community Health Foundation

Source: UDS Mapper, 2020UDS Reports. <http://www.udsmapper.org>

Even with seven Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. In 2019, FQHCs and FQHC Look-Alikes served a total of 73,917 patients in the service area, which equates to 44.08% coverage among low-income patients and 17.61% coverage among the total population. However, 55.92% of the population (93,778), at or below 200% FPL, are not served by a Community Health Center. It should be noted these individuals may be accessing health care services through another provider (private, county, other) or not using health care services.

² Borrego Community Health Foundation, Central City Community Health Center, Central Neighborhood Foundation, Clinica de Salud del Pueblo, Desert AIDS Project, Riverside County Health Systems, SAC Health Systems.

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

Low Income Population 2015-2019	Patients Served by Section 330 Grantees in Service Area ZIP Codes	FQHC Penetration Low-Income Patients	FQHC Penetration Total Population	Low-Income Not Served	
				Number	Percent
167,695	73,917	44.08%	17.61%	93,778	55.92%

Source: UDS Mapper, 2019 UDS Reports. <http://www.udsmapper.org>

Delayed or Forgone Care

In Riverside County, 15.7% of the population delayed or did not get medical care within the prior 12 months. Among the population that delayed or did not get medical care, 56.3% delayed or did not get medical care due to cost or lack of insurance and 43.7% delayed or did not get medical care due to another reason. Among the population that delayed or did not get medical care, 56.5% had to forego care, meaning 8.9% of the county's population was ultimately unable to obtain needed medical care. In Riverside County, 10.1% delayed or didn't get prescription medication.

Delayed Care in Past 12 Months, All Ages

	Riverside County	California
Delayed or did not get medical care	15.7%	14.4%
Delayed or did not get medical care due to cost or lack of insurance	56.3%	45.9%
Delayed or did not get medical care due to other reason	43.7%	54.1%
Had to forgo needed medical care	56.5%	55.5%
Delayed or did not get prescription meds	10.1%	9.3%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Community Input – Access to Health Care

Challenges/Barriers

The most common theme was the high cost of care, coupled with a lack of coverage, or affordable coverage interferes with accessing health care. The next most common theme included the issue of transportation to services and being far away from services. Other common themes included the lack of providers in the Coachella Valley (e.g., not enough doctors/specialists, not enough providers, especially in remote areas including the eastern Coachella Valley) and the lack of knowledge that residents have in accessing care (e.g., lack of knowledge of options and time to seek treatment). Other less commonly reported themes included the lack of bilingual services, timing of acquiring health care, poor quality health care, general access difficulty, a lack of cultural competency, and telehealth connection issues.

Most Impacted

The majority of participants reported that those who are low-income are most impacted by a lack of access to health care (e.g., minimum wage workers and people who work multiple jobs, lower socioeconomic groups and youth). Another common theme among participants included immigrants and undocumented individuals (e.g., immigrants, low income and non-English speaking communities, farmworker families in the eastern Coachella Valley). Other themes included: homeless individuals, people living in rural areas, the uninsured, seniors, people with disability, those with mental health problems, minorities, people not on Medicare or Medicaid, the LGBT community, non-English speaking people, tribal communities, and youth.

Available Community Resources

The most common theme included the internet. Another common theme included community residents going to community clinics/health centers/health clinics (e.g., community health centers, community-based organizations as linkages to care, local community center/FRC, clinic or social service agency). Other themes included friends/family, the emergency room, the county, especially social services (e.g., county, hospitals, county social services, social service agencies and community centers, county health dept, county hospital). Beyond these, less common themes included: schools, Mexico, health insurance, media, word-of-mouth, nonprofits, trusted people, and general hospitals.

Several local organizations were mentioned by name as places people go to for help and/or information.

- Borrego Health
- Desert AIDS Project (now DAP Health)
- Eisenhower Health
- John F. Kennedy Memorial Hospital

Dental Care

Oral health is essential to a person's overall health and wellbeing. In Riverside County, 10.7% of children, ages 3 to 11, and those, ages 2 and younger, with teeth, and 36.6% of adults lacked dental insurance.

No Dental Insurance, Adults and Children

	Riverside County	California
Children without dental insurance	10.7%	11.9%
Adults without dental insurance	36.6%	33.6%

Source: California Health Interview Survey, 2017-2019. <http://ask.chis.ucla.edu/>

Regular dental visits are essential for the maintenance of healthy teeth and gums. The tables below illustrate dental utilization and condition of teeth for adults, children, and teens. In Riverside County, 79.8% of adults had been to a dentist in the last two years and 2.7% of adults had never been to a dentist.

Dental Care Utilization and Condition of Teeth, Adults

	Riverside County	California
Never been to a dentist	2.7%	2.5%
Visited dentist ≤ 6 months to 2 years ago	79.8%	81.9%
Visited a dentist more than 2 years up to 5 years ago	9.4%	8.5%
Visited dentist more than 5 years ago	8.1%	7.2%
Condition of teeth: good to excellent	68.8%	72.4%
Condition of teeth: fair to poor	28.7%	25.5%
Condition of teeth: has no natural teeth	2.4%	2.1%

Source: California Health Interview Survey, 2016-2019, pooled. <http://ask.chis.ucla.edu/>

Among Riverside County children, ages 3 to 11, and those younger than age 3, who have teeth, 73.5% had seen a dentist in the past six months and 11.5% had never been to a dentist.

Dental Care Utilization, Children, Ages 3-11

	Riverside County	California
Never been to a dentist	11.5%	14.1%
Visited dentist ≤ 6 months ago	73.5%	72.5%
Visited dentist > 6 months to 1 year ago	9.9%	10.0%
Visited dentist > 1 to 2 years ago	3.2%*	2.6%
Visited dentist > 2 to 5 years ago	1.9%*	0.8%
Parent could not afford needed dental care for child**	5.4%*	5.5%

Source: California Health Interview Survey, 2015-2019 pooled, and **2018-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Among county teens, ages 12-17, 71.7% had seen a dentist in the past six months, which is lower than the statewide rate (76.7%).

Dental Care Utilization, Teens, Ages 12-17

	Riverside County	California
Never been to a dentist	***	1.1%*
Visited dentist ≤ 6 months ago	71.7%	76.7%
Visited dentist > 6 months to 1 year ago	13.0%*	13.9%
Visited dentist > 1 to 2 years ago	7.1%*	5.1%
Visited dentist > 2 years up to 5 years ago	6.8%*	2.5%

	Riverside County	California
Visited dentist > 5 years ago	***	0.8%
Condition of teeth: excellent**	15.5%*	16.3%
Condition of teeth: good to very good**	68.8%	72.4%
Condition of teeth: fair to poor**	15.6%*	11.3%

Source: California Health Interview Survey, 2017-2020, pooled and **2018-2020, pooled. *Statistically unstable due to sample size.

*** Suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Community Input – Dental Care

Challenges/Barriers

The most common challenge/barrier reported among participants was the lack of affordability and lack of coverage for dental care (e.g., dental care is not covered by most insurance plans, lack of insurance and/or the funds to take care of dental needs). Other themes included not knowing when to visit the dentist (e.g., education on when to visit a dentist, people do not go to the dentist proactively, it's usually when they're in pain) and the Coachella Valley having a lack of dentists.

Most Impacted

The most commonly reported group included people with **lower incomes** (e.g., those who cannot afford the high out-of-pocket expenses; insurance needs to pay more, those without cash in the bank, low-income families). Some other common groups included: children, seniors, the uninsured, people experiencing homelessness, farmworkers, tribal communities, undocumented individuals, BIPOC, and other marginalized groups.

Available Community Resources

Community health centers/health clinics were a commonly reported resource and Mexico (e.g., Mexicali, across the border in Mexico/Mexicali). Also included were the internet, the county, nonprofits, insurance providers, and health care providers.

Birth Indicators

Births

From 2014 to 2018, there was an average of 4,429 births in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 682.8 per 1,000 live births, which is higher than the county (547.1 per 1,000 live births) or state (498.5 per 1,000 live births) rates.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	3,024	682.8	547.1	498.5

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 2014-2018, Table B01001.

Prenatal Care

Among pregnant women in the service area, 16.3% (163.1 per 1,000 live births) entered prenatal care after the first trimester. This equates to 83.7% of pregnant women starting prenatal care in the first trimester.

Late Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Late prenatal care	722	163.1	167.0	161.7

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 2014-2018, Table B01001.

Teen Birth Rate

When the teen birth rate was 28.6 births per 1,000 females, ages 15-19. This is higher than the county (18.9 births per 1,000 females) and state (17.3 births per 1,000 females) rates. The Healthy People 2030 objective is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19.

Teen Birth Rate, per 1,000 Females, Ages 15-19

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Births to teen mothers	311	28.6	18.9	17.3

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 2014-2018, Table B01001.

Premature Birth

The rate of premature births in the service area was 79.4 per 1,000 live births. This rate of premature births was lower than the county (85.3 per 1,000 live births) and state (85.4 per 1,000 live births) rates.

Premature Birth, Before Start of 37th Week, Rate per 1,000 Live Births

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Premature birth	352	79.4	85.3	85.4

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 2014-2018, Table B01001.

Low Birth Weight

Babies born at a low birth weight (<2,500 g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth-weight babies was 62.1 per 1,000 live births. This rate was lower than county (68.2 per 1,000 live births) and state (68.6 per 1,000 live births) rates.

Low Birth Weight (<2,500 g), Rate per 1,000 Live Births

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Low birth weight	275	62.1	68.2	68.6

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 2014-2018, Table B01001.

Mother Smoked During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) was 12.6 per 1,000 live births as compared to the county rate at 19.5 per 1,000 live births and the state rate at 15.8 per 1,000 live births.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Mothers who smoked	56	12.6	19.5	15.8

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 2014-2018, Table B01001.

Infant Mortality

The infant mortality rate (less than one year of age) in Riverside County was 4.4 deaths per 1,000 live births, which was higher than the state rate (3.9 deaths per 1,000 live births) and lower than the Healthy People 2030 objective of 4.8 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Riverside County	California
Infant death rate	4.4	3.9

Source: California Department of Public Health, County Health Status Profiles, 2021. Data from 2016-2020, averaged.
https://data.chhs.ca.gov/dataset/8ceba47b-6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp_2021_odp_2021-04-08.csv

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in Riverside County indicated 92.6% of mothers initiated breastfeeding and 68.3% used breastfeeding exclusively.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Riverside County	22,676	92.6%	16,745	68.3%
California	365,859	93.8%	273,899	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers in Riverside County. White mothers were most likely to engage in any breastfeeding (93.6%) as well as were the most likely to engage in exclusive breastfeeding (79.4%). African American mothers were the least likely to engage in any breastfeeding (86.6%). Asian mothers were the least likely to breastfeed exclusively (50.9%).

In-Hospital Breastfeeding, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	4,989	93.6%	4,232	79.4%
Latino/Hispanic	13,667	92.8%	9,783	66.4%
Multiple race	777	92.7%	637	76.0%
Asian	1,466	92.3%	809	50.9%
Other	194	89.4%	133	61.3%
African-American	1,085	86.6%	789	63.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Leading Causes of Death

The causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations that are compared. When comparing across geographic areas, age-adjusting is used to control the influence that population age distributions might have on health event rates.

Heart disease, cancer, and chronic lower respiratory disease are the top three causes of death in the service area, followed by Alzheimer's disease, stroke, unintentional injuries. Service area death rates higher than county rates are noted in bold.

Mortality Rates, Annual Average 2014-2018, Age-Adjusted, per 100,000 Persons

Cause of Death	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Heart disease	1,067	141.7	167.4	142.7
Cancer	917	128.3	142.0	139.6
Chronic Lower Respiratory Disease	243	31.5	40.9	32.1
Alzheimer's disease	235	29.2	37.7	35.4
Stroke	213	28.2	34.6	36.4
Unintentional injuries	207	42.5	36.3	31.8
Diabetes	94	13.6	18.4	21.3
Liver disease	83	14.2	12.6	12.2
Pneumonia and influenza	66	9.1	11.4	14.8
Suicide	58	11.9	10.8	10.5
Kidney disease	53	7.2	9.0	8.5
HIV	28	5.4	2.1	1.6
Homicide	19	5.0	4.2	5.0
Five-year average	3,499	556.0	627.3	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The service area age-adjusted mortality rate for heart disease (141.7 per 100,000 persons) was higher than county (167.4 per 100,000 persons) and state (142.7 per 100,000 persons) rates. The rate of ischemic heart disease deaths (a sub-category of heart disease) was 84.9 per 100,000 persons as compared to the county rate (106.3 per 100,000 persons) and the state rate (88.1 per 100,000 persons). The Healthy People 2030 objective for ischemic heart disease is 71.1 per 100,000 persons.

The age-adjusted rate of death from stroke was lower in the service area (28.2 per 100,000 persons) than the county (34.6 per 100,000 persons), and the state (36.4 deaths per 100,000 persons). The service area rate of stroke death is lower than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Heart disease	1,067	141.7	167.4	142.7
Ischemic heart disease	255	84.9	106.3	88.1
Stroke	213	28.2	34.6	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 128.3 per 100,000 persons. This was lower than the county rate (142.0 per 100,000 persons) and the state rate (139.6 per 100,000 persons). The cancer death rate in the service area was higher than the Healthy People 2030 objective of 122.7 per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Cancer death rate	917	128.3	142.0	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

The rate of cancer in Riverside County (144.4 per 100,000 persons) is higher than the state rate of cancer mortality (140 per 100,000 persons). The five leading causes of cancer death in Riverside County are lung and bronchus cancer (30.6 deaths per 100,000 persons), female breast cancer (20.9 per 100,000 women), prostate cancer (20.5 per 100,000 men), colon and rectal cancer (13.5 per 100,000 persons), and pancreatic cancer (10.4 deaths per 100,000 persons).

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

	Riverside County	California
Cancer, all sites	144.4	140.0
Lung and bronchus	30.6	28.0
Breast (female)	20.9	19.3

	Riverside County	California
Prostate (males)	20.5	19.8
Colon and rectum	13.5	12.5
Pancreas	10.4	10.3
Cervical and Uterine (female)*	7.1	7.2
Liver and intrahepatic bile duct	7.0	7.7
Ovary (female)	6.9	6.9
Leukemia	5.7	5.8
Non-Hodgkin lymphoma	5.4	5.2
Brain and other nervous system	4.6	4.3
Urinary bladder	4.2	3.8
Kidney and renal pelvis	3.7	3.3
Stomach	3.3	3.9
Myeloma	3.1	2.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018
<https://explorer.ccrca.org/application.html> *Cervix Uteri, Corpus Uteri and Uterus, NOS

Alzheimer's Disease

Alzheimer's disease is the most common form of dementia and may contribute to 60%-70% of the dementia cases.³ In the service area, the Alzheimer's disease death rate was 29.2 per 100,000 persons. This rate is lower than the county (37.7 per 100,000 persons) and state (35.4 per 100,000 persons) rates.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	235	29.2	37.7	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) refers to a group of diseases that cause airflow blockage and breathing-related problems. This includes Chronic Obstructive Pulmonary Disease (COPD), chronic bronchitis and emphysema. In the service area, the CLRD death rate was 31.5 per 100,000 persons. This rate is lower than county (40.9 per 100,000 persons) and state levels (32.1 per 100,000 persons).

³ Source: World Health Organization, Dementia Fact Sheet, September 21, 2020. <https://www.who.int/news-room>

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	243	31.5	40.9	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

Major categories of unintentional injuries include motor vehicle collisions, poisonings, and falls. The death rate from unintentional injuries in the service area was 42.5 per 100,000 persons. This rate is higher than county (36.3 per 100,000 persons) and state (31.3 per 100,000) rates. The death rate from unintentional injuries in the service area was lower than the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	207	42.5	36.3	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Community Input – Unintentional Injury

Challenges/Barriers

Comments included adequate medical devices and equipment, lack of caregivers and homes modified for functional use.

Most Impacted

The elderly and seniors.

Available Community Resources

The emergency room, health insurance and county resources.

Diabetes

Diabetes may be underreported as a cause of death. Studies have found that approximately 35% to 40% of people with diabetes who died had diabetes listed on the death certificate.⁴ In the service area, the diabetes death rate was 13.6 per 100,000

⁴ Source: American Diabetes Association. Statistics about Diabetes, 2020. Accessed April 2021.
<https://www.diabetes.org/resources/statistics/statistics-about-diabetes>

persons, which was lower than the county (18.4 per 100,000 persons) and the state (21.3 per 100,000 persons) rates.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Diabetes death rate	94	13.6	18.4	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 9.1 per 100,000 persons, which was lower than the county (11.4 per 100,000 persons) and state (14.8 per 100,000 persons) rates.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Pneumonia/influenza death rate	66	9.1	11.4	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

In the service area, the liver disease death rate was 14.2 per 100,000 persons, which is higher than the county (12.6 per 100,000 persons) and state (12.2 per 100,000 persons) rates. This rate exceeds the Healthy People 2030 objective for liver disease death of 10.9 per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Liver disease death rate	83	14.2	12.6	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 7.2 per 100,000 persons. This rate was lower than the county (9.0 per 100,000 persons) and state (8.5 per 100,000 persons) rates.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	53	7.2	9.0	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 11.9 per 100,000 persons. This rate was higher than the county (10.8 per 100,000 persons) and state (10.5 per 100,000 persons) rates. The Healthy People 2030 objective for suicide is 12.8 per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Suicide	58	11.9	10.8	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 5.0 per 100,000 persons. This rate was higher than the county (4.2 per 100,000 persons) rate and equal to the state rate. The Healthy People 2030 objective for homicide is 5.5 per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Homicide	19	5.0	4.2	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 5.4 per 100,000 persons. This rate was higher than the county HIV death rate (2.1 per 100,000 persons) and the state HIV death rate (1.6 per 100,000 persons).

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
HIV death rate	28	5.4	2.1	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. Values of 3 or less are withheld per HIPAA guidelines.

Drug Use

The age-adjusted death rate from drug-induced causes in Riverside County was 16.4 per 100,000 persons, which is higher than the state rate of 12.7 per 100,000 persons. The Healthy People 2030 objective for drug-induced deaths is 20.7 per 100,000 persons.

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons, 2019

	Rate
Riverside County	16.4
California	12.7

Source: California Department of Public Health, County Health Status Profiles, 2020.
<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Acute and Chronic Disease

Hospitalization Rates by Principal Diagnoses

At Eisenhower Medical Center, the top three hospital discharge diagnoses were diseases of the circulatory system, diseases of the digestive system, and diseases of the musculoskeletal system and connective tissue.

Hospitalization Rates by Principal Diagnoses, Top Ten Diagnoses, 2020

	Percent
Diseases of the circulatory system	10.41%
Diseases of the digestive system	7.36%
Diseases of the musculoskeletal system and connective tissue	5.87%
Injury, poisoning and certain other consequences of external causes	5.06%
Certain infectious and parasitic diseases	4.72%
Diseases of the respiratory system	3.89%
Endocrine, nutritional and metabolic diseases	2.77%
Neoplasms	2.88%
Diseases of the genitourinary system	2.62%
No default CCR	1.05%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Rates by Diagnoses

At Eisenhower Medical Center, the top three emergency room encounter diagnoses were symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified, injuries/poisonings, and diseases of the respiratory system.

Emergency Room Rates by Principal Diagnoses, Top Ten Diagnoses

	Percent
Symptoms, signs, and abnormal clinical and laboratory findings, not elsewhere classified	6.13%
Injury, poisoning, and certain other consequences of external causes	5.75%
Diseases of the respiratory system	4.82%
Diseases of the musculoskeletal system and connective tissue	2.60%
Diseases of the circulatory system	2.41%
Disease of the digestive system	2.17%
Diseases of the genitourinary system	1.98%
Disease of the nervous system	1.17%
Mental, Behavioral and Neurodevelopmental Disorders	1.09%
Diseases of the skin and subcutaneous tissue	0.80%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2020.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

In Riverside County, there have been 548,121 confirmed cases of COVID-19, as of January 28, 2022. This was a higher rate of infection (226.7 cases per 1,000 persons) than the state rate (194.9 cases per 1,000 persons). Through January 28, 2022, 5,726 county residents have died due to COVID-19 complications. The rate of death in the county (2.37 per 1,000 persons) is higher than the state rate (1.99 per 1,000 persons).

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 1/28/22

	Riverside County		California	
	Number	Rate	Number	Rate
Cases	548,121	226.7	7,706,395	194.9
Deaths	5,726	2.37	78,825	1.99

Source: California for All, Tracking COVID-19 in California, accessed on January 29, 2022. <https://covid19.ca.gov/state-dashboard/>
Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

The number of Riverside County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine is 1,563,606, or 67.1% of that population. This is lower than the 81.6% statewide COVID-19 vaccination rate for those ages 5 and older. Among seniors, 83.4% have received at least one vaccine dose, which is lower than the statewide rate of 91.1% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination is 71.2%, compared to 87.2% statewide. For children, ages 5 to 17, the rate of at least partial vaccination is 38.1%, compared to 51.8% for California.

COVID-19 Vaccination, Number and Percent, by Age, as of 1/28/22

	Riverside County				California			
	Partially vaccinated		Completed		Partially vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population, ages 5-11	16,274	7.2%	28,971	12.7%	329,427	9.4%	846,322	24.1%
Population, ages 12-17	14,552	6.8%	108,098	50.8%	261,703	8.3%	2,026,547	64.0%
Population, ages 18-64	107,882	7.3%	946,758	63.9%	2,216,824	9.1%	19,130,031	78.2%
Population, ages 65+	32,412	7.9%	308,659	75.5%	526,979	8.1%	5,417,725	83.0%

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/#progress-by-group> Updated January 29th, 2022 with data through January 28, 2022.

In Riverside County, Hispanic/Latino residents appear to be underrepresented among the number of vaccines administered compared to the corresponding vaccine-eligible population. While they represent 47% of the vaccine eligible population, only 43.7% have received a vaccination.

COVID-19 Vaccinations, by Race, as of 1/25/2022

	Percent of Vaccines Administered*	Percent of Vaccine Eligible Population
Latino	43.7%	47.0%
White (non-Hispanic)	38.7%	37.8%
Asian (non-Hispanic)	8.4%	6.1%
Multiracial	2.3%	2.2%
Black (non-Hispanic)	5.9%	6.0%
Native Hawaiian/Pacific Islander (NH)	0.5%	0.3%
American-Indian/Alaska Native (NH)	0.5%	0.5%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 26th, 2022 with data from January 25th. <https://covid19.ca.gov/vaccination-progress-data/> *Where race/ethnicity was known.

Community Input – COVID-19

Challenges/Barriers

The most common theme included the issue of misinformation (e.g., anti-vaccine rhetoric, misinformation/lack of information). The decision of residents to not vaccinate themselves against COVID-19 was also a common theme (e.g., the lack of everyone being immunized, poor vaccine uptake). Other common themes included trouble with accessing testing, lack of trust in the government, as well as inconsistent regulations/information (e.g., different rules in different cities cause confusion). Other themes included isolation and transportation.

Most Impacted

The most common groups reported included seniors, those with chronic health conditions, and people with lower incomes. COVID impacts everyone on several levels. Health care workers, farmworkers, and racial minorities were also commonly referenced groups. A few other groups included non-English speaking communities and people who choose to be unvaccinated.

Available Community Resources

The most common source reported among participants included the **internet** as well as media outlets. Other common themes included **community health centers/health clinics** (e.g., testing and vaccination sites, community health centers, ERs and Urgent Care Centers, local clinics) and **the county** (e.g., county website, county health facilities, health department). Other participants mentioned doctors, churches, community centers, local government, and traditional media.

Diabetes

Among Riverside County adults, 13.1% had been diagnosed as having diabetes and 19.0%, had been diagnosed as pre-diabetic. For adults with diabetes, 53.9% felt very confident they could control their diabetes.

Diabetes, Adults

	Riverside County	California
Diagnosed with diabetes ⁺	13.1%	9.9%
Diagnosed pre-diabetic	19.0%	15.8%
Very confident to control diabetes	53.9%	59.1%
Somewhat confident	43.5%	32.7%
Not confident	2.6%*	8.2%

Source: California Health Interview Survey, 2018, *2019 *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

When queried by race and ethnicity, Black/African-American adults in Riverside County had the highest percentage of diagnosed diabetes at 19.8%.

Diabetes, by Race/Ethnicity, Adults

	Riverside County	California
Black/African American	19.8%	15.5%
Asian	16.9%	10.5%
Latino	13.7%	11.8%
White	11.0%	8.4%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>.

When queried by income level, adults in Riverside County at 100% to 199% Federal Poverty Level had the highest percentage of diagnosed diabetes at 18.1%.

Diabetes, by Income Level, Adults

	Riverside County	California
0-99% FPL	12.7%	13.9%
100-199% FPL	18.1%	13.5%
200-299% FPL	14.6%	11.6%
300% and above	11.3%	8.2%

Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

Heart Disease

Among Riverside County adults, 5.7% had been diagnosed with heart disease. Among adults with heart disease, 78.7% reported receiving a case management plan.

Heart Disease, Adults

	Riverside County	California
Diagnosed with heart disease	5.7%	7.0%
Has a management care plan [‡]	78.7%*	80.1%

Source: California Health Interview Survey, ± 2018 , 2019. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>.

High Blood Pressure

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among Riverside County adults, 30.0% have been diagnosed with high blood pressure, as compared to the state at 25.9%. Among adults, 5.5% had been diagnosed with borderline high blood pressure, as compared to the state at 7.2%

High Blood Pressure, Adults

	Riverside County	California
Diagnosed with high blood pressure	30.0%	25.9%
Has borderline high blood pressure	5.5%	7.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

When queried by race and ethnicity, African-Americans in Riverside County had the highest rates of diagnosed high blood pressure at 41%.

High Blood Pressure, by Race/Ethnicity, Adults

	Riverside County	California
Black/African American	41.0%	38.6%
White	33.1%	28.7%
Latino	23.7%	22.4%
Asian	25.4%	21.8%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

When queried by income level, adults in Riverside County at 100 to 199% FPL had the highest percentage of high blood pressure diagnosis at 33.9%.

High Blood Pressure, by Income Level, Adults

	Riverside County	California
0-99% FPL	24.7%	28.7%
100-199% FPL	33.9%	29.4%
200-299% FPL	31.0%	28.4%
300% and above	26.1%	23.2%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In Riverside County, 14.5% of the population had been diagnosed with asthma, as compared to the state at 15.3%. Among children, ages 1 to 17, 15.2% in Riverside County had been diagnosed with asthma, as compared to the state at 14%.

Asthma, Adults and Children, Ages 1-17

	Riverside County	California
Ever diagnosed with asthma, all ages	14.5%	15.3%
Ever diagnosed with asthma, adults	14.2%	15.7%
Ever diagnosed with asthma, ages 1-17	15.2%	14.0%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

Among the population with asthma, 26.7% in Riverside County had had an asthma episode/attack in the prior 12 months as compared to the state at 28.7%.

Asthma Episode, Adults and Children, Ages 1-17

	Riverside County	California
Has had an asthma episode/attack in past 12 months, all ages	26.7%	28.7%
Has had an asthma episode/attack in past 12 months, adults	26.0%	28.4%
Has had an asthma episode/attack in past 12 months, ages 1-17	28.2%	29.9%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, among the total population with asthma, 46.2% take daily medication to control their asthma symptoms, as compared to the state at 44.9%.

Takes Daily Medication for Asthma, Adults and Children, Ages 1-17

	Riverside County	California
Takes daily medication to control asthma, all ages	46.2%	44.9%
Takes daily medication to control asthma, adults	45.8%	46.3%
Takes daily medication to control asthma, ages 1-17	43.7%	41.6%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

When queried by race and ethnicity, multiracial residents of Riverside County had the highest rates of having ever been diagnosed with asthma, at 32.1%, followed by AIAN residents (28.5%) and African-American residents (19.6%).

Asthma, by Race/Ethnicity, All Ages

	Riverside County	California
Multiracial	32.1%	23.5%
American Indian/Alaska Native	28.5%*	20.6%
Black/African American	19.6%	20.1%
White	15.8%	16.4%
Latino	12.3%	14.2%
Asian	11.1%*	11.3%

Source: California Health Interview Survey, 2016-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

When queried by income, in Riverside County the population living in poverty had the highest percentage of being diagnosed with asthma, at 15.8%, followed by those at 300% of the FPL, at 15.3%.

Asthma, by Income Level, All Ages

	Riverside County	California
0-99% FPL	15.8%	15.0%
100-199% FPL	12.4%	14.2%
200-299% FPL	12.5%	15.3%
300% and above	15.3%	15.7%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

Cancer

Cancer incidence rates are available at the county level. In Riverside County, overall rates of cancer incidence were lower than the state level. The top six sites of cancer incidence are breast (female), prostate, lung and bronchus, colon and rectum, uterus and melanoma of the skin.

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

	Riverside County	California
Cancer all sites	389.1	394.5
Breast (female)	112.9	122.2
Prostate (males)	95.9	91.7
Lung and bronchus	40.9	40.0
Colon and rectum	35.6	34.8
Corpus Uteri (females)	25.0	26.6
Melanoma of the Skin	24.9	23.1
Non-Hodgkin lymphoma	16.6	18.3
Kidney and renal pelvis	14.6	14.7
Thyroid	12.7	13.1

	Riverside County	California
Leukemia	11.7	12.4
Pancreas	11.5	11.9
Ovary (females)	11.0	11.1
Urinary bladder	9.8	8.7
Liver and bile duct	8.5	9.7
Cervix uteri (females)	8.5	7.4
Stomach	6.1	7.3
Testis (males)	5.6	6.2
Myeloma	5.6	6.0
Brain and other nervous system	5.6	5.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 <https://explorer.ccrca.org/application.html>

Community Input – Chronic Disease

Challenges/Barriers

The most common theme among participants was the lack of focus on preventive medicine (e.g., folks don't value preventive medicine. If they feel well, they don't go to their primary care provider for well visits). Another common theme included a lack of consistent health care (e.g., ongoing support, access to health care and monitoring by health care providers). The issue of people being uninsured/lack of coverage was also referenced, as was a lack of health education (e.g., consistent primary care; health education for at-risk, uninsured and low-income residents). Other themes included a lack of affordable healthy meals, lack of access to recreational opportunities, a lack of providers, a lack of access to health care specialists, COVID-19, and lifestyle changes.

Most Impacted

The most common theme was people with lower incomes and undocumented individuals. Seniors were also a common theme among participants. Other themes included Hispanic/Latino people, and persons living in rural communities.

Available Community Resources

The most common theme included general community health centers/health clinics (e.g., trusted community-based organization with outreach workers/promotores). Friends/family was also a common theme as was the internet. Less common themes included media (i.e., television, radio), doctors, emergency rooms, trusted organizations, word-of-mouth, the Network of Care website, and social services. Lastly, Mizell Senior Center was mentioned as a source of help.

Sexually Transmitted Infections

In Riverside County, the rate for chlamydia was 503.2 per 100,000 persons. The rate of gonorrhea was 162.5 per 100,000 persons. The primary and secondary syphilis rate was 16.6 per 100,000 persons and the congenital syphilis rate was 99.1 per 100,000 live births. All sexually transmitted infection (STI) rates were lower than state rates.

Sexually Transmitted Infection Cases and Rates, per 100,000 Persons

	Riverside County		California	
	Cases	Rate	Cases	Rate
Chlamydia	12,296	503.2	237,630	594.7
Gonorrhea	3,970	162.5	80,599	201.7
Primary and secondary syphilis	405	16.6	8,237	20.6
Congenital syphilis	28	99.1	446	99.9

Source: California Department of Public Health STD Control Branch, 2019 STD Surveillance Report.

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

HIV

In 2020, the rate of individuals with new HIV diagnosis in Riverside County was 10.9 per 100,000 persons as compared to East Riverside County at 18.4 per 100,000 persons.

New HIV Diagnoses, Counts and Rates, per 100,000 Persons

	2019		2020*	
	Count	Rate	Count	Rate
East Riverside County	75	16.1	86	18.4
Riverside County	276	11.4	266	10.9
California	4,763	12.0	Not Available	

Source: Riverside University Health System-Public Health, Epidemiology and Program Evaluation. Epidemiology of HIV/AIDS in Riverside County, 2020. August 2021. *Provisional data.

https://www.rivcohiv aids.org/Portals/15/Documents/PUBLICATIONS/Riverside_County_HIV_AIDS_2020_Final.pdf?ver=2021-08-16-141640-377×tamp=1629148610037

In 2020, the rate of persons living with diagnosed HIV (PLWDH) in Riverside County was 422.0 per 100,000 persons. This can be compared to the rate of PLWDH in East Riverside County at 1,459.7 per 100,000 persons.

Persons Living with Diagnosed HIV, per 100,000 Persons

	2019		2020	
	Count	Rate	Count	Rate
East Riverside County	6,561	1,403.3	6,820	1459.7
Riverside County	9,911	408.1	10,337	422.0
California	137,785	344.8	Not Available	

Source: Riverside University Health System-Public Health, Epidemiology and Program Evaluation. Epidemiology of HIV/AIDS in Riverside County, 2020. August 2021.

https://www.rivcohiv aids.org/Portals/15/Documents/PUBLICATIONS/Riverside_County_HIV_AIDS_2020_Final.pdf?ver=2021-08-16-141640-377×tamp=1629148610037

Looking at specific ZIP Codes in the service area, the rate of PLWDH in Palm Springs (7,535.2 per 100,000) is over 21 times higher than California overall (344.8 per 100,000). 66.0% of all PLWDH in Riverside County reside in East Riverside County. East Riverside County is home to an older group of PLWDH. The median age of persons living with HIV in East Riverside County is 59 years, compared to 49 years in the rest of the county.

Persons Living with Diagnosed HIV, per 100,000 in East Riverside County, by ZIP Code

	ZIP Code	2019 Rate
Cathedral City	92234	2,395.3
Desert Hot Springs	92240, 92241	1,177.4
Indio/Coachella/Mecca/Thermal	92201, 92203, 92236, 92254, 92274	176.2
Palm Desert/Thousand Palms/ Indian Wells/La Quinta	92211, 92260, 92276, 92210, 92253	456.8
Palm Springs/North Palm Springs	92262, 92264, 92258	7,535.2

Source: Riverside University Health System-Public Health, Epidemiology and Program Evaluation. Epidemiology of HIV/AIDS in Riverside County, 2020. August 2021.

https://www.rivcohiv aids.org/Portals/15/Documents/PUBLICATIONS/Riverside_County_HIV_AIDS_2020_Final.pdf?ver=2021-08-16-141640-377×tamp=1629148610037

Community Input – HIV/AIDS

Challenges/Barriers

The most common theme for barriers related to HIV/AIDS was **access to care** (e.g., access to professionals with proper training to treat those with HIV/AIDS, access to care for people outside of Palm Springs, access to nonjudgmental services, culturally competent services). Other comments were prevention, consistent testing, lack of resources for our growing population of people aging with HIV, geriatric care, and HIV/AIDS is an epidemic driven by substance abuse in this area, primarily among meth users.

Most Impacted

Many participants felt that HIV/AIDS disproportionately impacted the LGBTQIA+ communities. Another theme focused on those engaging in high-risk behaviors (e.g., single people and/or those who are already infected and living dangerously, sex workers, drug users, high risk individual"). Other comments including youth, immigrants/undocumented people, those who are HIV+, low-income people, and BIPOC.

Available Community Resources

The most common theme was that people get help and/or information from local nonprofits/health care agencies. The local nonprofits/health care agencies included:

- Borrego Health
- DAP Health (formerly Desert AIDS Project)
- Eisenhower Health
- The LGBT Center
- Positive Life
- HARP-PS
- Let's Kick ASS (AIDS Survivor Syndrome)

Other sources mentioned were word of mouth, the internet, news, TV, and the county government.

Disability

People with a disability have difficulty performing activities due to a physical, mental, or emotional condition. Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. 11.6% of the population in Riverside County has a disability. 3.3% have a hearing difficulty, 2.3% have vision difficulty, 4.5% have cognitive difficulty, 6.5% have ambulatory difficulty, and 2.8% of Riverside County residents have difficulty with self-care.

Disability

	Any Disability	Hearing Difficulty	Vision Difficulty	Cognitive Difficulty	Ambulatory Difficulty	Self-Care Difficulty
Riverside County	11.6%	3.3%	2.3%	4.5%	6.5%	2.8%
California	10.6%	2.9%	2.0%	4.3%	5.8%	2.6%

Source: U.S. Census Bureau, 2015-2019 American Community Survey 5-Year Estimates, S1810. <https://data.census.gov/cedsci/>

Health Behaviors

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 19 puts Riverside County in the top third of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Riverside County	19

Source: County Health Rankings, 2021 <https://www.countyhealthrankings.org/>

Health Status

Among the population in Riverside County, 15.2% rate themselves as being in fair or poor health, as compared to the state at 12.5%.

Self-Reported Health Status, All Ages

	Riverside County	California
Poor health status	2.2%	2.4%
Fair health status	13.0%	10.1%
Good health status	29.7%	27.1%
Very good health status	31.5%	34.3%
Excellent health status	23.6%	26.1%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

Overweight and Obesity

In Riverside County, 35.7% of adults, 18.1% of teens and 16% of children were overweight.

Overweight, Adults, Teens, Children

	Riverside County	California
Adults, ages 18 and older	35.7%	34.2%
Teens, ages 12-17	18.1%	15.3%
Children, ages under 12 (overweight for age)	16.0%	14.3%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

The Healthy People 2030 objectives for obesity are a maximum of 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19. 22.3% of teens in Riverside County are obese, which exceeds the Healthy People 2030 objective.

Obesity, Adults and Teens

	Riverside County	California
Adults, ages 20 and older	32.2%	28.0%
Teens, ages 12-17	22.3%	18.5%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, when obesity is examined by race/ethnicity, multiracial adults have the highest percentage (40.6%), followed by Latino (36.1%) and Black (35.9%) residents. Asian adults have the lowest percentage of obesity, at 12.8%.

Obesity, by Race/Ethnicity, Adults Aged 20 and Older

	Riverside County	California
Multiracial	40.6%	28.2%
Latino	36.1%	36.6%
African American	35.9%	38.9%
White	30.3%	24.2%
Asian	12.8%	11.7%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, when obesity is examined by income level, adults living in poverty have the highest percentage of obesity (38.6%).

Obesity, by Income Level, Adults, Ages 20 and Older

	Riverside County	California
0-99% FPL	38.6%	35.7%
100-199% FPL	32.6%	33.3%
200-299% FPL	29.9%	30.2%
300% and above	30.8%	23.8%

Source: California Health Interview Survey, 2016-2020, pooled. <http://ask.chis.ucla.edu/>

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 the Coachella Valley Unified School District less than 5.0% of 5th, 7th, and 9th grade students tested for a body composition at health risk.
- In the Desert Sands Unified School District, 20.1% of 5th grade students, 23.8% of 7th grade students, and 13.5% of 9th grade students tested for a body composition at health risk.

- In the Palm Springs Unified School District more than a quarter of 5th, 7th, and 9th grade students tested for a body composition at health risk.

Body Composition, 'Needs Improvement' and 'Health Risk'

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Coachella Valley Unified School District	18.8%	3.5%	22.6%	4.0%	23.0%	4.4%
Desert Sands Unified School District	17.3%	20.1%	18.4%	23.8%	20.5%	13.5%
Palm Springs Unified School District	18.4%	30.0%	19.8%	26.4%	16.8%	27.8%
Riverside County	18.5%	22.0%	20.0%	20.8%	19.0%	18.7%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Sugar-Sweetened Beverage (SSB) Consumption

Among children and adolescents, ages 17 and younger, 42.6% in Riverside County drank one or more sugary drinks in the previous day as compared to the state at 34.2%. Similarly, among children and adolescents, ages 17 and younger, 19.7% in the county drank one or more sodas in the previous day as compared to the state at 22.2%.

Soda or Sugar-Sweetened Beverage Consumption

	Riverside County	California
Ages 0-17, drank \geq 1 sugary drink ⁺	42.6%	34.2%
Ages 0-17, drank \geq 1 soda	19.7%	22.2%

Source: California Health Interview Survey, 2017-2018⁺, 2019-2020. <http://ask.chis.ucla.edu/>

Physical Activity

Among Riverside County ambulatory adults, 13.6% reported not participating in at least 20 minutes of physical exercise (at one time) within the past week, as compared to the state at 10.9%.

Physical Activity, Adults

	Riverside County	California
Exercised in prior week, 0 days	13.6%	10.9%
Exercised in prior week, 1-2 days	9.9%	12.5%
Exercised in prior week, 3-5 days	38.9%	40.6%
Exercised in prior week, 6-7 days	37.6%	36.0%

Source: California Health Interview Survey, 2018. <http://ask.chis.ucla.edu/>

Children who engage in at least 60 minutes of physical activity on at least 3 days of the previous week are defined as having ‘vigorous physical activity’. Among Riverside County children, 76% engaged in vigorous activity for the week as compared to the state at 76.3%.

Vigorous Physical Activity, Children, Ages 5-11

	Riverside County	California
Children engaged in vigorous physical activity	76.0%	76.3%

Source: California Health Interview Survey, 2016-2018, pooled. <http://ask.chis.ucla.edu/>

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. More than half of 5th, 7th, and 9th grade students in the Coachella and Desert Sands Unified School Districts were in the aerobic capacity Health Fitness Zone. In Palm Springs Unified School District, 60.8% of 5th grade students, 45.4% of 7th grade students, and 48.0% of 9th grade students were in the aerobic capacity Health Fitness Zone.

Aerobic Capacity

	Fifth Grade	Seventh Grade	Ninth Grade
	Healthy Fitness Zone	Healthy Fitness Zone	Healthy Fitness Zone
Coachella Valley Unified School District	63.6%	62.2%	56.5%
Desert Sands Unified School District	63.1%	58.0%	59.4 %
Palm Springs Unified School District	60.8%	45.4%	48.0%
Riverside County	59.0%	57.8%	58.6%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. <http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing video games, talking with friends, or doing other sitting activities. Among Riverside County children, ages 2-11, 26.5% spent five or more hours in sedentary activities on weekend days.

Sedentary Children, Ages 2-11

	Riverside County	California
< 1 hour	5.5%*	9.4%
1 to < 2 hours	11.3%	16.4%
2 to < 3 hours	28.3%	26.0%
3 to < 5 hours	28.4%	28.9%
5 or more hours	26.5%	19.4%

Source: California Health Interview Survey, 2015-2019, pooled. <http://ask.chis.ucla.edu/>

Among Riverside County teens, ages 12-17, 48.1% spent five or more hours in sedentary activities on weekend days as compared to the state at 41.1%

Sedentary Teens, Ages 12-17

	Riverside County	California
< 1 hour	**	5.4%
1 to < 2 hours	11.1%*	8.2%
2 to < 3 hours	**	15.2%
3 to < 5 hours	23.7%	30.1%
5 or more hours	48.1%	41.1%

Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. **Data suppressed due to small sample size. <http://ask.chis.ucla.edu/>

Community Input – Overweight and Obesity

Challenges/Barriers

The most common theme for obesity-related barriers was the **need for education** about healthy eating. The next most common theme was related to the need for **affordable, healthy food** (e.g., residing in a food desert, no access to fresh fruit and veggies, having access to processed foods, affordable and healthy food). Other comments focused on **lifestyle**, too much reliance on processed foods and lack of physical activity as part of daily life, and people don't want to deal with this issue. Other comments included digital addiction, COVID-19 fears and restrictions.

Most Impacted

The most common theme was that everyone was impacted by obesity, followed by those who are low-income or under-resourced families. Other disproportionately impacted communities include youth and young adults. Other comments were tribal communities, persons with diabetes and other diseases, those who are overweight/obese, those who eat fast food.

Available Community Resources

The most two common themes were that people got information about obesity online and through their health care providers. Others mentioned community organizations (e.g., community recreation district to help with exercise, community center, community-based organizations). WIC (the Special Supplemental Nutrition Program for Women, Infants, and Children) was also mentioned as a resource.

Teen Sexual History

In Riverside County, 19.4% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they have had sex. Riverside County teen females reported having sex at least once (20.5%) at a higher rate than teen males (14.2%).

Sexual Activity, Teens, Ages 14-17

	Riverside County	California
Ever had sex	19.4%*	14.6%
Ever had sex, male	14.2%*	14.9%
Ever had sex, female	20.5%*	14.1%

Source: California Health Interview Survey, 2016-2020, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Mental Health

Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices. Among adults in Riverside County, 29.8% visited both primary care physicians and mental health professionals for mental and emotional issues in the past year.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	Riverside County	California
Primary care physician only	27.6%	25.5%
Mental health professional only	42.6%	34.0%
Both	29.8%	40.5%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Among adults in Riverside County, 19.8% identified the need to see a professional because of problems with mental health emotions, or nerves or use of alcohol or drugs in the past 12 months. 49.3% of adults sought help from their primary care provider or other professional, (counselor, psychiatrist, or social worker) for problems with mental health, emotions, nerves, or use of alcohol or drugs, but did not receive treatment in the past 12 months.

Mental Health Access and Utilization, Adults

	Riverside County	California
Needed help for emotional /mental health problems or use of alcohol drugs	19.8%	21.7%
Sought help but did not receive treatment	49.3%	45.6%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>.

Among Riverside County teens, 28.9% felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the prior 12 months. 14.5% of teens received psychological or emotional counseling.

Mental Health Access and Utilization, Teens

	Riverside County	California
Needed help for emotional or mental health problems	28.9%	29.4%
Received psychological/emotional counseling	14.5%*	16.8%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, teens, ages 12 to 17, had the highest percentage (8.7%) of seeking on-line help for mental health, emotions, nerves, or use of alcohol/drugs, followed by adults, ages 18 to 64 (8.4%), and older adults, ages 65 and older (1%).

Among different age groups, teens also had the highest percentage of connecting with a mental health professional on-line (7%) and connecting with people on-line who had similar mental health or alcohol/drug use issues (14.9%).

Online Mental Health Utilization, Adults and Teens

	Riverside County			California		
	Ages 12-17	Ages 18-64	Ages 65+	Ages 12-17	Ages 18-64	Ages 65+
Sought help from an online tool	8.7%	8.4%	1.0%*	7.2%	7.8%	1.5%
Connected with a mental health professional in last 12 months	7.0%*	5.5%	1.2%*	6.0%	7.0%	1.7%
Connected with people with similar mental health or alcohol/drug status	14.9%*	6.6%	0.9%*	12.8%	5.3%	1.0%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>.

Mental Health Indicators

In Riverside County, 11.2% of adults likely experienced serious psychological distress in the prior year, 8.6% reported using prescription medicine for emotional/mental health issue for at least 2 weeks in the past year. 22.3% reported moderate to severe family life, social life (21.6%), household chore (22.4%), or work life (17.9%) impairments in the past year.

Mental Health Indicators, Adults

	Riverside County	California
Adults who likely had serious psychological distress during past year	11.2%	13.2%
Adults on prescription medicine at least 2 weeks for emotional/mental health issue in past year	8.6%	10.3%
Adults reporting family life impairment during the past year	22.3%	20.8%
Adults reporting social life impairment during the past year	21.6%	20.9%
Adults reporting household chore impairment during the past year	22.4%	20.3%
Adults reporting work impairment during the past year	17.9%	20.2%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu/>

29.3% of Riverside County teens likely experienced serious psychological distress in the prior 12 months.

Serious Psychological Distress, Teens

	Riverside County	California
Teens who likely had serious psychological distress during past year	29.3%	25.7%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

Loneliness

Utilizing the UCLA 3-Item Loneliness Scale, among adults, ages 65 and older, in Riverside County, 23.2% were often lonely or lonely some of the time, as compared to the state at 23.9%. Data from 2019, prior to the COVID-19 pandemic, are compared to data collected in 2020. The percentage of persons who were lonely some of the time increased from 2019 to 2020.

Loneliness, Adults, Ages 65 and Older, 2019-2020

	Riverside County		California	
	2019	2020	2019	2020
Hardly lonely	79.7%	76.8%	77.7%	76.1%
Lonely some of the time	15.9%	19.8%	19.1%	21.0%
Often lonely	4.3%*	3.4%*	3.2%	2.9%

Source: California Health Interview Survey, 2019, 2020. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Depression

Among students in Riverside County, 27.7% in 7th grade, 33.9% in 9th grade, and 37.7% in 11th grade reported depression-related feelings. Among students in non-traditional schools, 34.7% reported depression-related feelings.

Depression Related Feelings, Teens

	Riverside County	California
7th grade	27.7%	30.4%
9th grade	33.9%	32.6%
11th grade	37.7%	36.6%
Non-traditional	34.7%	32.1%

Source: WestEd [California Healthy Kids Survey \(CHKS\)](#) and [Biennial State CHKS](#). California Department of Education (August 2020). <https://calschls.org/reports-data/query-calschls/?ind=172>

Among adults in Riverside County, 9.9% were told by a physician they have a depressive disorder.

Depression, Adults

	Riverside County	California*
Ever told adult has depressive disorder	9.9%	14.7%

Source: California Behavioral Risk Factor Survey SAS Documentation and Technical Report, 2019.

<https://www.csus.edu/center/public-health-survey-research/project-brfss.html>. *Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Suicide Contemplation

In Riverside County 13.6% of adults had seriously considered suicide.

Considered Suicide, Adults

	Riverside County	California
Seriously considered suicide, adults	13.6%	13.1%

Source: California Health Interview Survey, 2019-2020, pooled. <http://ask.chis.ucla.edu/>

Among Riverside County students, 17.2% in 9th grade, 17.5% in 11th grade, and 17.1% in non-traditional schools seriously considered attempting suicide in the past 12 months.

Considered Suicide, Teens

	Riverside County	California
9 th Grade	17.2%	15.8%
11 th Grade	17.5%	16.4%
Non-traditional	17.1%	17.0%

Source: WestEd, [California Healthy Kids Survey \(CHKS\)](#) and [Biennial State CHKS](#). California Department of Education (August 2020). <https://calschls.org/reports-data/query-calschls/?ind=172>

Community Input – Mental Health

Challenges/Barriers

The most two most common themes on barriers to mental health care were lack of access (e.g., lack of access to affordable care, lack of mental health treatment facilities, not enough capacity to meet demand, costs and access to care) and the need to overcome stigma (e.g., shame around mental health issues, I think many suffer in silence and do not get help). Other common themes included the need for affordable mental health treatment (e.g., there are not enough Medi-Cal or free/sliding scale providers. The need for education was also highlighted (e.g., knowing how to get services, lack of understanding, recognition that one is having symptoms. The need for Spanish-language mental health services and cultural competency was also highlighted (e.g., limited Spanish-speaking providers, As Latinos in general, we don't know what mental health is and we do not know we need help.

Most Impacted

The majority of participants indicated that everyone is impacted by mental health issues. Others mentioned that mental health was especially difficult for people who are low-income. Another common theme was youth and seniors. Several also mentioned people experiencing homelessness. Finally, family members who have loved ones with mental health issues were called out as those disproportionately impacted by mental health. Other groups that were mentioned included BIPOC, veterans, those living in unincorporated communities, LGBT people, undocumented individuals, single parents,

substance users, and persons with undiagnosed mental health issues.

Available Community Resources

The most common response was community-based organizations. Those listed include:

- Borrego Health
- CARES
- County of Riverside
- DAP Health
- JFK Hospital
- JFS of the Desert
- Schools
- The LGBT Center

Others mentioned that there is sometimes nowhere to go (e.g., some areas are remote and probably don't have access, LatinX (older population especially) won't go outside of family or church, there really is little help, nobody seems to know what to do other than have your someone arrested, the tribal communities don't trust doctors and Western medicine.

Substance Use and Misuse

Cigarette Use

The Healthy People 2030 objective for cigarette smoking among adults is 5.0%. Among Riverside County adults, 6.9% are current smokers, as compared to the state at 6.6%. Among adults, 4.0% are current e-cigarette smokers as compared to the state at 4.2%.

Smoking, Adults

	Riverside County	California
Current smoker	6.9%	6.6%
Former smoker	20.9%	20.0%
Never smoked	72.2%	73.4%
Thinking about quitting in the next 6 months	43.5%	66.4%
Current e-cigarette user	4.1%	4.0%

Source: California Health Interview Survey, 2019. <http://ask.chis.ucla.edu>

Alcohol Use

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 adults in the Riverside-San Bernardino-Ontario Metropolitan Service Area, 50.6% used alcohol and 17.0% engaged in binge drinking in the past month.

Alcohol Use, Adults

	Riverside - San Bernardino - Ontario MSA	California
Alcohol use in past month, ages 18 and older	50.6%	54.5%
Binge drinking in past month, ages 18 and older	17.0%	17.5%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019 <https://www.cdc.gov/brfss/brfssprevalence/>.

Among teens in Riverside/Imperial County (SAMHSA Regions 13 & 19R), 7.67% used alcohol and 4.01% engaged in binge alcohol use in the past month.

Alcohol Use, Teens

	Riverside County (Regions 13 and 19R)	California
Alcohol use in past month, ages 12-17	7.67%	8.57%
Binge drinking in past month, ages 12-17	4.01%	4.45%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. Tables 13 & 14. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020.

Marijuana Use

Adults, ages 18 to 25, had the highest percentages of marijuana use in Riverside/Imperial County (SAMHSA Regions 13 & 19R), with 23.35% using marijuana in the past month and 36.05% using marijuana in the past year. These percentages of marijuana use were below state levels.

Marijuana Use, Adults

	Riverside County (Regions 13 & 19R)	California
Marijuana use in past month, ages 18-25	23.35%	24.86%
Marijuana use in past year, ages 18-25	36.05%	38.09%
Marijuana use in past month, ages 26 and older	8.38%	9.92%
Marijuana use in past year, ages 26 and older	12.80%	14.91%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. Tables 2 & 3.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020.

Among teens in Riverside/Imperial County (SAMHSA Regions 13 & 19R), 7.18% used marijuana in the past month and 14.78% used marijuana in the past year. These percentages were above state levels.

Marijuana Use, Teens

	Riverside County (Regions 13 and 19R)	California
Marijuana use in past month, ages 12-17	7.18%	7.05%
Marijuana use in past year, ages 12-17	14.78%	13.78%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016, 2017, and 2018. Tables 2 & 3.
<https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf> Published July 2020.

Opioid Use

In Riverside County, the emergency department visit rate for any opioid overdose was 41.27 per 100,000 persons and the hospitalization rate for opioid overdose was 10.08 per 100,000 persons. The age-adjusted opioid death rate was 16.3 per 100,000 persons in Riverside County as compared to the state rate of 13.21 per 100,000 persons. The rate of opioid prescriptions in Riverside County (394.53 per 1,000 persons) was higher than the state rate (330.56 per 1,000 persons).

Opium Overdose Rates, per 100,000 Persons and Prescription Rate, per 1,000 Persons

	Riverside County	California
ED visit rate for any opioid overdose, per 100,000 persons	41.27	38.77
Hospitalization rate for any opioid overdose, per 100,000 persons	10.08	9.70
Age-adjusted any opioid overdose deaths, per 100,000 persons	16.13	13.21
Opioid prescriptions, per 1,000 persons	394.53	330.56

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Drug Misuse

The misuse of prescription psychotherapeutics is defined as use in any way not directed by a doctor, including use without a prescription of one's own; use in greater amounts, more often, or longer than told; or use in any other way not directed by a doctor. In Riverside County, 2.5% of adults self-reported misuse of pain relievers, as compared to the state at 2.2%.

Pain Reliever Misuse in Past Year, Adults

	Riverside County	California
Misused prescription pain reliever	2.5%	2.2%

Source: California Health Interview Survey, 2018-2020, pooled. <http://ask.chis.ucla.edu/>

In Riverside County, 0.5% of adults self-reported misuse of prescription stimulants, as compared to the state at 1%.

Prescription Stimulant Misuse in Past Year, Adults

	Riverside County	California
Misused prescription stimulants	0.5%*	1.0%

Source: California Health Interview Survey, 2019-2020, pooled. *Statistically unstable due to sample size.. <http://ask.chis.ucla.edu/>

Community Input – Substance Use

Challenges/Barriers

Many respondents commented on the ease of access to drugs (e.g., ease of getting illegal drugs and prescriptions, the de-criminalization of street drugs, there is no consequence or penalty for the actions, too easy for underage persons to access drugs especially marijuana). Several other comments were related to specific drugs (e.g., increase in fentanyl related overdoses and deaths, Meth addiction and the lack of resources to address what appears to be driving new HIV infections). Other pertinent comments include, increase in substance abuse due to COVID-19 pandemic, lack of understanding how to address root cause of dependence, treatment is too expensive

and there is limited availability, resources and access, lack of MAT programs, and stigma.

Most Impacted

Those most impacted by substance use included: low-income, youth, people who are homeless, LGBTQIA+ community (e.g., primarily younger gay men or men who have sex with men). Other comments included: Increase in crime, people on the street, violence related to street drugs, first responders, emergency rooms, substance abuse providers, families and loved ones of addicts, and those with mental health disorders, justice-involved, people with unresolved trauma.

Available Community Resources

Several comments described how people find substance use information (e.g., internet, friends/family, word of mouth, substance use programs, SU CARES line, primary care, behavioral health). Others mentioned the difficulty in finding assistance with substance use (e.g., very few facilities available to treat substance abuse, nothing available for those that have IEHP or Medi-Cal or out-of-county foster youth, there is little to no help, except for a few 12 step programs. Another theme was health care providers (e.g., substance use programs, primary care, behavioral health, medical centers, shelters, hospitals).

Specific resources listed included:

- AA (Alcoholics Anonymous)
- Betty Ford Center
- County Mental Health
- SU CARES line

Preventive Practices

Childhood Immunization

In academic year 2019-2020, rates of up-to-date immunizations among kindergartens in service area school districts ranged from 96.1% to 97.3%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020

	Immunization Rate
Coachella Unified School District	97.3%
Desert Sands Unified School District	96.1%
Palm Springs Unified School District	96.4%
Riverside County*	93.6%
California*	94.3%

Source: California Department of Public Health, Immunization Branch, 2019-2020 <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu Vaccine

The Healthy People 2030 objective is 70% of the population to receive a flu shot. In the Riverside-San Bernardino-Ontario Metropolitan Service Area (MSA), 58.4% of adults, ages 65 and older, have had a flu shot in the last year. This percentage falls short of the Healthy People 2030 objective for flu vaccines.

Flu Vaccine, Older Adults, Ages 65 and Older

	Riverside-San Bernardino-Ontario MSA	California
Reported having flu vaccination in past 12 months, ages 65 and older	58.4%	64.1%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Pneumococcal Vaccine

Among older adults in the Riverside-San Bernardino-Ontario MSA, 69.3% have received a pneumonia vaccine.

Pneumococcal Vaccine, Adults 65 and Older

	Riverside-San Bernardino-Ontario MSA	California
Ever had a pneumonia vaccine	69.3%	69.1%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Health Screenings

Mammograms

The Healthy People 2030 objective for mammograms is 77.1% of women, ages 50-74 years, to have a mammogram in the past two years. Among women in Riverside County, 73.0% had a mammogram in the past two years, which falls short of the Healthy People 2030 objective.

Mammogram, Women, Ages 50-74

	Riverside County	California [†]
Mammogram in past two years	73.0%	80.8%

Source: 2018 SHAPE Riverside County Health Indicators. <https://www.shaperivco.org/indicators/index/dashboard?alias=alldata>

*Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21-65 years, to be screened in the past three years. Among Riverside County women, 82.6% had a Pap smear in the prior three years, which falls short of the Healthy People 2030 objective.

Pap Smears, Women, Ages 21-65

	Riverside County	California [†]
Pap smear within past 3 years	82.6%	81.4%

Source: 2018 SHAPE Riverside County Health Indicators. <https://www.shaperivco.org/indicators/index/dashboard?alias=alldata>

*Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Colorectal Cancer Screening

The Healthy People 2030 objective for colorectal cancer screening is 74.4% for adults, ages 50-74 years. In Riverside County, among adults, ages 50-74, 64.5% had a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult blood test in the past three years, or a colonoscopy exam in the past ten years. Riverside County adults fall below the Healthy People 2030 objective for colorectal cancer screening.

Colorectal Cancer Screening, Adults, Ages 50-74

	Riverside County	California [†]
Colorectal cancer screening	64.5%	71.6%

Source: 2018 SHAPE Riverside County Health Indicators. <https://www.shaperivco.org/indicators/index/dashboard?alias=alldata>

*Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data, 2019. <https://www.cdc.gov/brfss/brfssprevalence/index.html>

Community Input – Preventive Practices

Challenges/Barriers

The most common theme for barriers related to preventive practices was that preventive screenings do not occur (e.g., lack of preventive services, not enough people engage in preventive practices). Some cited the fact that treatment supersedes prevention. Another common theme was lack of knowledge of the importance of preventive screenings. Other challenges and barriers included geography, reaching certain demographics, transportation, location of resources, they are not usually covered by insurance; if they are, it is not about the whole person.

Most Impacted

The most common theme was youth and seniors followed by people who are low-income (e.g., lower income families who may only go to the doctor if they are ill, economically disadvantaged). Less common themes include individuals with underlying health conditions or genetic markers that could lead to risk, tribal communities (reservation residents), uninsured, underinsured, homeless people residing in more remote areas, and people who are unaware of the problem.

Available Community Resources

The most common theme among responses for the source of resources regarding preventive care was health care providers (e.g., community health centers, community-based health clinics, health care provider, local clinic, pharmacy, health fairs). One participant said, “If they have money, they seek alternative help on their own”, while another stated, “the most sought out preventive practices are well child exams as they are required for school.”

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the hospital service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	82.2%-91.2%	90.7%
Child health insurance rate	96.1%	92.1%
Adult health insurance rate	85.3%	92.1%
Unable to obtain medical care	8.9%	3.3%
Ischemic heart disease deaths	84.9	71.1 per 100,000 persons
Cancer deaths	128.3	122.7 per 100,000 persons
Colon/rectum cancer death	13.5	8.9 per 100,000 persons
Lung and bronchus cancer deaths	30.6	25.1 per 100,000 persons
Female breast cancer deaths	20.9	15.3 per 100,000 persons
Prostate cancer deaths	20.5	16.9 per 100,000 persons
Drug-induced deaths	16.4	20.7 per 100,000 persons
Overdose deaths involving opioids	16.13	13.1 per 100,000 persons
Stroke deaths	28.2	33.4 per 100,000 persons
Unintentional injury deaths	42.5	43.2 per 100,000 persons
Suicides	11.9	12.8 per 100,000 persons
Liver disease deaths	14.2	10.9 per 100,000 persons
Homicides	5.0	5.5 per 100,000 persons
Infant death rate	4.4	5.0 per 1,000 live births
Adults engaging in binge drinking	17.0%	25.4%
Cigarette smoking by adults	6.9%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	82.6%	84.3%
Annual adult influenza vaccination	69.3% (Ages 65+)	70.0%
Mammograms, ages 50-74, screened in the past 2 years	73.0%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	64.5%	74.4%

Attachment 2: Community Organizations Participating in the Survey

Organization Name	Organization Type
ABC Recovery Center, Inc.	Substance Use Treatment
Adult Health & Fitness Today	Nonprofit – Seniors
AIDS Assistance Program, Inc., dba AAP Food Samaritans	Nonprofit – Health
Anderson Children's Foundation	Foundation/Funder
Awareness Program, Inc.	Substance Use Treatment
Betty Ford Center	Substance Use Treatment
Big Brothers Big Sisters of the Desert, Inc.	Nonprofit – Youth
Boo2Bullying, Inc.	Nonprofit – Youth
Borrego Health	Health care – FQHC
California Indian Nations College	Education – College
City of Desert Hot Springs	Local Government – City
City of Palm Springs	Local Government – City
Clinicas de Salud del Pueblo	Health care – FQHC
Coachella Valley Economic Partnership	Nonprofit
Coachella Valley Unified School District	Education – K12
Coachella Valley Volunteers in Medicine	Health care – Free Clinic
Cove Communities Senior Association dba The Joslyn Center	Nonprofit – Seniors
DAP Health	Health care – FQHC
Desert Ability Center	Nonprofit – Disability
Desert Arc	Nonprofit – Disability
Desert Best Friend's Closet	Nonprofit
Desert Cancer Foundation	Nonprofit – Health
Desert Health	Media
Desert Oasis Healthcare	Health care
Desert Sands Unified School District	Education – K12
Dr Carreón Foundation	Nonprofit
Get in Motion Entrepreneurs	Nonprofit
HIV + Aging Research Project-Palm Springs	Nonprofit – Health
Indio Police Department	Police
Inland Empire Health Plan	Health care
Integrated Learning Institute	Nonprofit – Youth
Jewish Family Service of the Desert	Nonprofit
John F. Kennedy Memorial Foundation	Nonprofit – Youth
Kaiser Permanente	Health care
Mizell Center	Nonprofit – Seniors

Organization Name	Organization Type
Molina Healthcare of CA	Health care
Oak Grove Sanctuary Palm Springs	Nonprofit – Homelessness/ Shelter
Pueblo Unido CDC	Nonprofit
Regional Access Project Foundation	Foundation/Funder
Riverside County Office on Aging	Local Government – Seniors
Riverside University Health System - Behavioral Health	Behavioral Health
Riverside University Health System - Public Health	Public Health
SafeHouse of the Desert	Nonprofit – Homelessness/ Shelter
Shelter From The Storm, Inc.	Nonprofit – Homelessness/ Shelter
Stroke Recovery Center dba Neuro Vitality Center	Nonprofit – Disability
The LGBTQ Community Center of the Desert	Nonprofit
United Cerebral Palsy of the Inland Empire	Nonprofit – Disability
Variety - the Children's Charity of the Desert	Nonprofit – Youth
Well in the Desert	Nonprofit – Homelessness/ Shelter
Youth Leadership Institute	Nonprofit - Youth

Attachment 3: Community Survey Responses

Survey participants were asked, “Based on your experience, what are the major health issues affecting individuals in the Coachella Valley community?” The open-ended responses were analyzed thematically. The two most common themes were access to care and mental health.

Access to Care

Access to all types of care—mental, physical, dental—was mentioned. For example,

- Lack of health care providers in our city specifically
- Lack of access to care (limited health care resources)
- Lack of health coverage for many and lack of services for low-income residents

Mental Health

Survey respondents mentioned mental health issues. For example,

- We serve youth and the mental health issues among the children we serve has increased
- Lack of mental health facilities
- Mental health, social isolation
- Access to behavioral health services

Other common themes included:

- Housing/homelessness (e.g., lack of affordable housing, homelessness/housing insecurity)
- Economic instability (e.g., financial stability, poverty, income inequality)
- Substance use (e.g., we are experiencing a huge increase in fentanyl abuse, drug or alcohol addiction, drug overdoses and deaths)
- Chronic disease (e.g., hypertension and diabetes/glucose intolerance, obesity)
- Food insecurity
- Covid-19 (e.g., covid related illnesses, effects of covid-19 pandemic on community, ongoing isolation, depression and anxiety, currently recognizing the stresses of the covid pandemic and how people are reacting).
- Transportation
- Environment (e.g., poor air quality in the east end valley)
- Disabilities

Missing Services

Participants were asked, “What health or social services are most difficult to access or are missing in the Coachella Valley community?” The open-ended responses were analyzed thematically. The most common theme was related to mental health. For

example:

- Focus has been on vaccinations; please consider PTSD, Anxiety, Depression, and Panic Disorder
- Mental health care for all types of issues
- Mental health services are insufficient to meet the need
- Early intervention mental health programs
- We need a lot more resources for mental health here in the Valley

The second most common theme was related to housing and homelessness. For example:

- Housing for low-income seniors and the disabled
- Homeless housing and affordable housing
- Rental assistance, HEAP funding
- Almost zero services available when trying to help someone who is homeless

Another theme was medical care (e.g., prevention programs, specialty care, high-acuity care, lengthy wait times to see providers, shortage of providers). Several participants mentioned geography, sometimes in reference to bringing care to the patients and other times in reference to geographic disparities (e.g., access to services near their home, social and economic disparities between East/West Coachella Valley, health care in the Eastern Coachella Valley, mobile health services).

Other less common themes included: transportation (e.g., public transportation, transportation to medical appointments), language accessibility (e.g., lack of mental health services in languages other than English, services in native languages for the population), employment (e.g., employment for people with disabilities), and access to dental care.

Additional comments that did not fit into the other themes included:

- Case management
- Community engagement and social interaction
- Coordinated services that allow for 'no wrong door' access to holistic services
- Financial assistance to improve living conditions and overall quality of life
- Immigration status
- Rehabilitation for spinal cord injuries and amputations
- Support for development from birth to 5 years old and access to resources and education
- In home support services

COVID-19

Participants were asked, “How has the COVID-19 pandemic influenced or changed the unmet needs in our community?” The most common theme was that COVID-19 has exacerbated existing issues (e.g., created more substance abuse, more homelessness, more food insecurity, greater and broader needs have emerged and impacted already vulnerable populations, increased social needs, increased pressure on limited health care system).

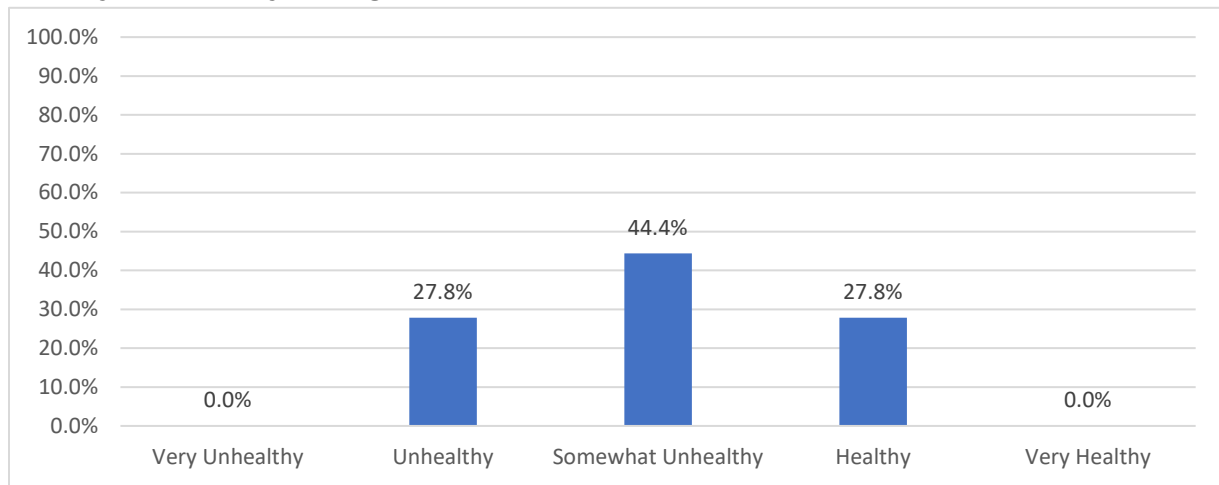
Another common theme was that COVID-19 has put other unmet needs on hold or made it more difficult to provide assistance (e.g., COVID has placed the ‘unmet needs’ on the back burner, sadly, we seem to have taken two steps back, created additional barriers as nearly all resources have been diverted to address the pandemic, it has made it more difficult to provide services to those with unmet needs). Participants also mentioned that COVID-19 has highlighted existing disparities (e.g., the pandemic demonstrated the disparities among the population to mainstream community members, the pandemic has amplified the already existing inequities that marginalized residents face). Other comments emphasized the negative impact COVID-19 has had on mental health (e.g., fear of interaction, increased isolation, death and loneliness, there appears to be a significant increase in stress and anxiety that is going unrecognized) and the decrease in health care utilization (e.g., people are afraid to seek medical treatment for fear of COVID).

However, not every change caused by COVID-19 is negative. Several comments emphasized the positive changes that have occurred in the wake of COVID-19 (e.g., COVID-19 has made everything more challenging, but it also has opened doors to new opportunities, has increased the ability to meet the unmet needs, telehealth has improved access to care, increased more targeted outreach efforts to those struggling). Others reiterated how COVID-19 has changed things (e.g., COVID 19 has reduced the ability of the community nonprofit groups and agencies to meet the health needs of the community, COVID seems to have given people who were healthy, permission to do unhealthy things to sooth pain, we need to encourage new providers to train, live and work in the valley due to attrition from COVID).

Overall Health of Coachella Valley

In closing, participants were asked, “Overall, how would you rate our Valley as a “healthy community”? The majority of participants rated the Coachella Valley as “somewhat unhealthy” or worse. Only 27.8% rated the community as “healthy.” No participants rated the Valley as “very healthy” or “very unhealthy.”

Healthy Community Rating



Attachment 4: Report of Progress

Eisenhower developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed: access to health care, chronic diseases (asthma, cancer, heart disease, diabetes, HIV/AIDS), mental health and behavioral health, and preventive practices 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 2019 CHNA.

Access to Care and Preventive Health Care

Health Centers, Urgent Care and Adult Day Care

Eisenhower has health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, Palm Springs, Yucca Valley and La Quinta. The health centers provided a variety of services, including primary care physicians, breast centers, imaging centers, laboratories and urgent care centers. Eisenhower also provided off-campus occupational health centers in Cathedral City, Palm Springs and La Quinta. And an adult day care center in Palm Desert (currently closed due to the pandemic).

Financial Aid, Insurance Assistance and Transportation

Eisenhower provided 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 low-cost insurance programs. The hospital continued to provide transportation support for established patients with transportation challenges, within 25 miles of the hospital using basic van service.

Coachella Valley Volunteers in Medicine (CVVIM)

The Coachella Valley Volunteers in Medicine (CVVIM) 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 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.

Health Education and Outreach

In FY21, due to COVID-19, Eisenhower moved the community education classes online. Zoom lectures served community members and included a variety of topics on tips for healthy living, disease prevention and wellness. Many of the lectures were recorded and posted on Eisenhower's website to provide greater access to the information. Eisenhower also provided two flu shot clinics.

Health Fairs

In FY20, community health fairs and wellness events served 28,000 individuals. Health fairs offered health education materials and provided spirometry screenings for 293 participants, blood pressure screenings for 278 participants, body mass index testing for 50 persons, allergy screenings for 35 participants, and balance screening for 18 persons.

Child Abuse Prevention

Child abuse prevention classroom presentations, community events, parenting education, child abuse presentations, and multidisciplinary team meetings provided information and resources.

COVID-19

In FY21, Eisenhower provided a COVID-19 drive-through testing site, provided vaccine outreach, and administered COVID-19 vaccines to community members.

Chronic Diseases

Health Education, Screenings and Outreach

- Health education lectures were offered throughout the year on a variety of topics, including (partial listing): medication management, diabetes, nutrition, mindful eating, advance directives, palliative care, physical activity, pain management, sleep, sexual health, STIs, arthritis, fall prevention, osteoporosis, strokes, breast feeding, and others. Community lectures reached 29,650 persons in FY20.
- Nutrition consultations with Registered Dietitians
- A podcast series to help women who have gone through breast and other reproductive cancers
- Health education lectures on disease management, nutrition and treatment options
- Smoking cessation classes
- Eisenhower provided free screenings in the community including: balance/fall risk assessments, senior functional screenings, skin cancer screenings, spirometry tests, allergy screening, and fitness screenings. In addition, 3,133 encounters

were provided for arthritis exercise, core strengthening, Lebed® Method movement, Tai Chi, Beginners Tai Chi, Arthritis Tai Chi, Beginners Arthritis Tai Chi, Better Balance, exercise for Parkinson's disease, exercise for cancer patients, relaxation and stress management, body mechanics, arthritis core exercise, core strength training, and walking movement classes.

Cancer Support

Cancer lecture series, roundtable discussions and informational outreach, including the Look Good Feel Better® program, new trends in cancer survivorship, Cancer Awareness Day, cancer immunotherapies, cancer medications, cancer transitions, treatment options, cancer prevention and physical therapy training for caregivers were provided. Yoga classes for cancer patients and survivors had 212 encounters. 252 encounters for cancer strength training were provided. An American Cancer Society volunteer distributed 101 free wigs to persons undergoing chemotherapy.

Community Support

Eisenhower financially supported community organizations with programs focused on chronic disease prevention and supporting people with chronic diseases (partial listing):

- ACT for MS
- Alzheimer's Coachella Valley
- American Cancer Society
- American Heart Association
- Desert AIDS Project (DAP Health)
- Desert Cancer Foundation
- ZERO – The End of Prostate Cancer

Support Groups

Provided support groups for patients dealing with chronic diseases and their families. Support groups included support for patients with cancer and diabetes.

Mental Health and Behavioral Health

Eisenhower Behavioral Health

Eisenhower Behavioral Health is a hospital-based outpatient behavioral health program located on the Eisenhower Medical Center campus. Eisenhower Behavioral Health treats depression and anxiety, problems, grief and loss, stress from medical issues and/or pain, and aggression/self-harming behaviors. The Behavioral Health clinic uses an interdisciplinary teamwork approach with board-certified psychiatrists, licensed

clinical social workers, therapists, psychiatric technicians, registered nurses and other support staff.

The program offers a full spectrum of services, including:

- Psychiatric evaluation
- Psychopharmacology/medication management
- One-on-one psychological counseling for individuals or couples
- Group therapy
- Transcranial Magnetic Stimulation (TMS)

Memory Care Center

The Eisenhower Memory Care Center is an adult day center providing an alternative for many impaired adults and their families. The Eisenhower Memory Care Center offers solutions to families and caregivers who are struggling to manage everyday lives and successful care of their loved one. The Center offers respite care for families to step aside from caregiving, while providing a safe, failure-free environment to those with cognitive impairment(s). The center was closed due to the pandemic; however, support services continued to be offered for caregivers.

Health Education and Outreach

A variety of health education events addressed mental health and substance use topics, including (partial listing): dementia, dealing with depression and anxiety, opiates and addiction, and chronic pain management.