EISENHOWER HEALTH

2025 Community Health Needs Assessment

Approved by the Board of Directors June 2025

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Executive Summary

Eisenhower Health is a nonprofit, comprehensive health care institution that includes the 437-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 provides a full range of quality medical and educational services in the Coachella Valley. It is situated on 106 acres in Rancho Mirage with outpatient clinics across the valley. Eisenhower is renowned for its Centers of Excellence in Orthopedics, Cardiovascular and Oncology. Eisenhower Medical Center is a designated Level IV Trauma Center.

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 IRS 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. 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

EMC is located at 39000 Bob Hope Drive, Rancho Mirage, California, 92270. The service area includes 22 ZIP Codes, representing 11 cities in Riverside County. Seven of these ZIP Codes do not have data available from the Census Bureau (92235, 92202, 92247, 92248, 92255, 92261, 92263).

Eisenhower Medical Center Service Area

Cities	ZIP Codes
Cathedral City	92234, 92235
Coachella	92236
Desert Hot Springs	92240, 92241
Indian Wells	92210
Indio	92201, 92202, 92203
La Quinta	92247, 92248, 92253
North Palm Springs	92258
Palm Desert	92211, 92255, 92260, 92261
Palm Springs	92262, 92263, 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 characteristics, 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 51 local leaders from 64 organizations from January 14 to February 3, 2025. 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 Health Needs

Significant health 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
- Dental care
- Economic instability
- Environmental pollution
- Food insecurity
- HIV/AIDS
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Substance use
- Unintentional injuries

Prioritization of Health Needs
The identified significant community health needs were prioritized with input from the community. Mental health, access to care, economic instability, chronic disease, and food 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 in June 2025. This report is widely available to the public on the hospital's web site, https://eisenhowerhealth.org/about/assessment/. Written feedback on this CHNA can be sent to: TellUs@eisenhowerhealth.org.
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Introduction

Background and Purpose

Eisenhower Health is a nonprofit, comprehensive health care institution that includes the 437-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 provides a full range of quality medical and educational services in the Coachella Valley. It is situated on 106 acres in Rancho Mirage with outpatient clinics across the valley. Eisenhower is renowned for its Centers of Excellence in Orthopedics, Cardiovascular and Oncology. Eisenhower Medical Center is a designated Level IV Trauma Center.

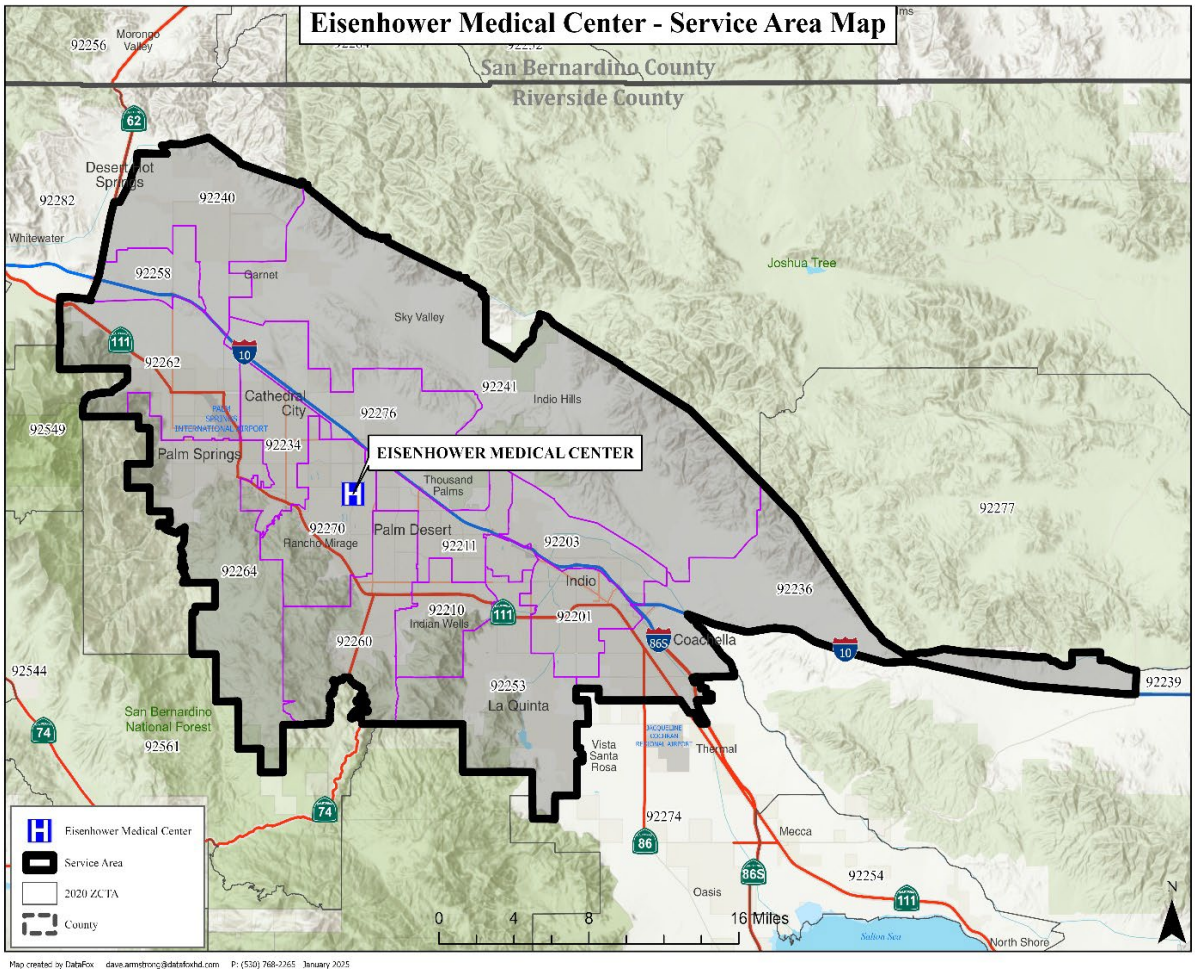
The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health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

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



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 Denise Flanagan, BA. 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 hospital 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, CEO of HARC, Inc. and Nichole Long, Research and Evaluation Associate, facilitated the conduct of the survey. HARC, Inc. is a nonprofit research organization that possesses a wealth of knowledge and connections to the Coachella Valley HARC, Inc. staff are well-versed in conducting CHNAs in this region, having 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 in June 2025.

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 characteristics, 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 Health Needs

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

- Access to health care
- Chronic disease
- 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 people who represent the broad interests of the community served by the hospital. Survey participants indicated they served low-income residents, seniors, 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 EMC and HARC, Inc. 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 went out to local community leaders on January 14, 2025. The email shared brief details about the survey, including the purpose and the deadline for completion (January 31, 2025), as well as the information that each person who completed it would receive a $10 VISA gift card.

HARC sent the initial email invitation to 390 individuals; 366 of these emails were delivered (bounce rate of approximately 6%). Reminders to non-responders were sent out on January 23, 2025. Lastly, some personalized reminders were sent by various HARC staff between January 27 to January 29. The survey was closed on February 3, 2025. In total, 51 unique individuals responded to the survey, which is a response rate of 14%.

There were 51 unique participants who completed the survey. The survey asked participants to include their primary organization and job title. Because some of these local leaders serve in multiple leadership roles (e.g., employed by one organization, elected official at another organization, and Board Member at still another organization), respondents were also allowed the opportunity to list the other affiliations they hold. As a result, responses from these 51 individual participants include perspectives gained from 64 unique organizations. 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
- The impact of climate hazards on residents
- 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 IRS regulations 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://eisenhowerhealth.org/about/assessment/. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community health needs were prioritized with input from the community. Each of the significant health needs included two multiple-choice questions, which allowed for comparison between the health needs.

1. How do you think [ISSUE] has changed in the last three years?
2. How would you rate the local resources available to address [ISSUE]?

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. Economic instability
2. Environmental pollution
3. Mental health
4. Housing and homelessness
5. Substance use

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

1. Mental health
2. Access to health care
3. Economic instability
4. Housing and homelessness
5. Substance use

Significant Health Needs	Worsened Over the Past Three Years	Resources to Address the Issue are Insufficient or Absent
Access to health care	31%	88%
Chronic disease	58%	83%
Dental care	35%	73%
Economic instability	78%	86%
Environmental pollution	78%	73%
Food insecurity	47%	65%
HIV/AIDS	31%	39%
Housing and homelessness	73%	84%
Mental health	74%	91%
Overweight and obesity	55%	80%
Preventive care	40%	80%
Substance use	65%	84%
Unintentional injury	31%	54%

The community stakeholders were also asked to prioritize the health needs according to the highest level of importance in the community. When excluding the “I don’t know” responses, a total importance score was created by averaging the scores as follows:

- Not very important = 1
- Somewhat important = 2
- Important = 3
- Very important = 4

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, economic instability, chronic disease and food insecurity were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.94
Access to health care	3.83
Economic instability	3.80
Chronic disease	3.78
Food insecurity	3.71
Preventive care	3.63
Housing/ homelessness	3.62
Substance use	3.60
Dental care	3.56
Environmental pollution	3.39
Overweight/obesity	3.36
HIV/AIDS	3.01
Unintentional injuries	3.00

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

Resources to Address Significant Health Needs

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

Community Demographics

Population

The population of the EMC service area is 417,314. From 2018 to 2023, the population decreased by 0.04%.

Total Population and Change in Population

	EMC Service Area	Riverside County	California
Total population	417,314	2,449,909	39,242,785
Change in population, 2018-2023	-0.04%	2.8%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP05. http://data.census.gov

The hospital service area population by gender is 48.8% female and 51.2% male.

Population, by Gender

	EMC Service Area	Riverside County	California
Male	51.2%	50.1%	50.0%
Female	48.8%	49.9%	50.0%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05.http://data.census.gov

In Riverside County, 90.5% of the adult population identify as straight or heterosexual, and 99.4% as cisgender, or not transgender. 4.4% identify as gay, lesbian or homosexual, and 3.2% identify as bisexual.

Sexual Orientation and Gender Identity, Adults

	Riverside County	California
Straight or heterosexual	90.5%	90.2%
Gay, lesbian or homosexual	4.4%	3.4%
Bisexual	3.2%	4.4%
Not sexual/celibate/none/other	1.8%	1.9%
Cisgender/not transgender±	99.4%	98.9%
Transgender/gender non-conforming ±	0.6%	1.1%

Source: California Health Interview Survey, 2018-2022 or ±2019-2023, pooled. http://ask.chis.ucla.edu/

In Riverside County, 6.2% teens identify as transgender or gender non-conforming. 23.1% of teens said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine).

Gender Identity and Gender Expression, Teens

	Riverside County	California
Identify as cisgender/not transgender±	93.8%	97.5%
Identify as transgender/gender non-conforming±	6.2%	2.5%
Express as cisgender/not transgender	76.9%	78.7%
Express as transgender/gender non-conforming	23.1%	21.3%

Source: California Health Interview Survey, 2019-2022 or ±2019-2023 combined. http://ask.chis.ucla.edu/

Children and youth, ages 0-17, make up 19% of the population of the service area, 55.4% are adults, ages 18-64, and 25.6% of the population are senior adults, ages 65 and older.

Population, by Age

	EMC Service Area		Riverside County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	17,655	4.2%	145,266	5.9%	2,214,141	5.6%
Age 5-17	61,553	14.7%	453,405	18.5%	6,514,871	16.6%
Age 18-24	31,378	7.5%	228,663	9.3%	3,572,575	9.1%
Age 25-44	94,901	22.7%	665,768	27.2%	11,233,842	28.6%
Age 45-64	105,170	25.2%	585,761	23.9%	9,712,870	24.8%
Age 65-74	56,559	13.6%	214,490	8.8%	3,534,613	9.0%
Age 75-84	37,753	9.0%	115,316	4.7%	1,721,957	4.4%
85+	12,345	3.0%	41,240	1.7%	737,916	1.9%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, Desert Hot Springs 92240 (26.2%) and Coachella (26%) have the highest percentage of children and youth, followed by Indio 92203 (24.7%). Palm Springs 92264 has the lowest percentage of children and youth in the service area (5.5%). Indian Wells has the highest percentage of senior adults in the service area (56.1%), followed by Rancho Mirage (49.9%) and Palm Desert 92211 (48.8%). Coachella reported the lowest senior population (9.2%).

Population, by Youth, Ages 0-19, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth, Ages 0 – 17	Senior Adults Ages 65+
Cathedral City	92234	52,047	20.1%	19.0%
Coachella	92236	42,884	26.0%	9.2%
Desert Hot Springs	92240	40,918	26.2%	13.3%
Desert Hot Springs	92241	8,624	16.6%	33.9%
Indian Wells	92210	4,830	7.8%	56.1%
Indio	92201	66,364	23.4%	16.5%
Indio	92203	33,381	24.7%	24.0%
La Quinta	92253	38,281	17.0%	31.1%
North Palm Springs	92258	508	20.1%	21.9%

	ZIP Code	Total Population	Youth, Ages 0 – 17	Senior Adults Ages 65+
Palm Desert	92211	27,375	11.1%	48.8%
Palm Desert	92260	30,751	12.6%	37.5%
Palm Springs	92262	26,064	12.2%	29.2%
Palm Springs	92264	20,250	5.5%	38.4%
Rancho Mirage	92270	17,375	9.6%	49.9%
Thousand Palms	92276	7,662	23.7%	23.0%
EMC Service Area		**417,314**	**19.0%**	**25.6%**
Riverside County		**2,449,909**	**24.4%**	**15.1%**
California		**39,242,785**	**22.2%**	**15.3%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. http://data.census.gov/

Senior adults living alone may be isolated and lack adequate support systems. Of the 106,657 senior adults in the service area, those who live alone ranged from 8.7% in Coachella to 38.7% in Palm Springs 92262.

Senior Adults Living Alone

	ZIP Code	Total of Senior Adults	Percent Living Alone
Cathedral City	92234	9,902	30.8%
Coachella	92236	3,961	8.7%
Desert Hot Springs	92240	5,459	25.8%
Desert Hot Springs	92241	2,927	33.8%
Indian Wells	92210	2,708	21.4%
Indio	92201	10,971	26.7%
Indio	92203	8,020	19.9%
La Quinta	92253	11,892	21.7%
North Palm Springs	92258	111	26.1%
Palm Desert	92211	13,370	23.6%
Palm Desert	92260	11,518	29.6%
Palm Springs	92262	7,611	38.7%
Palm Springs	92264	7,768	37.9%
Rancho Mirage	92270	8,676	24.4%
Thousand Palms	92276	1,763	20.9%
EMC Service Area		**106,657**	**26.7%**
Riverside County		**371,046**	**20.6%**
California		**5,994,486**	**21.9%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02 & DP05. http://data.census.gov

Race and Ethnicity

More than half of the population in the service area identify as Hispanic or Latino residents (51.8%), 39.6% of the population are non-Latino White or Caucasian residents, 3.2% are non-Latino Asian residents, 2.7% are non-Latino Black or African American residents, and 2.1% are non-Latino multiracial (two-or-more races) residents. American Indian or Alaskan Native residents, Native Hawaiian or Pacific Islander residents, or a race and ethnicity not listed, each represent 0.2% of the service area population.

Race and Ethnicity

	EMC Service Area	Riverside County	California
Hispanic or Latino	51.8%	50.6%	39.8%
White, non-Latino	39.6%	32.0%	34.6%
Asian, non-Latino	3.2%	6.8%	15.1%
Black or African American, non-Latino	2.7%	6.1%	5.3%
Multiracial, non-Latino	2.1%	3.4%	4.1%
American Indian or Alaska Native, non-Latino	0.2%	0.3%	0.3%
Some other race, non-Latino	0.2%	0.5%	0.5%
Native Hawaiian or Pacific Islander, non-Latino	0.2%	0.3%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. http://data.census.gov/

When race and ethnicity are examined by ZIP Code, Coachella has the highest percentage of Hispanic or Latino residents in the service area (96.8%), followed by North Palm Springs (75.2%) and Indio 92201 (74.1%). Indian Wells (86.4%), Rancho Mirage (76.8%) and Palm Desert 92211 (74.5%) have the highest percentage of White residents in the service area. Cathedral City has the highest percentage of Asian residents (6.1%), followed by Palm Springs 92264 (5.9%). Palm Springs 92262 (8.7%) and Desert Hot Springs 92240 (7%) have the highest percentage of Black or African American residents in the service area.

Race and Ethnicity, by ZIP Code

	ZIP Code	Hispanic or Latino	White	Asian	Black
Cathedral City	92234	58.9%	30.5%	6.1%	1.8%
Coachella	92236	96.8%	1.4%	0.1%	0.2%
Desert Hot Springs	92240	64.4%	23.4%	1.8%	7.0%
Desert Hot Springs	92241	45.9%	49.5%	1.6%	0.8%
Indian Wells	92210	4.8%	86.4%	3.2%	3.0%
Indio	92201	74.1%	18.8%	2.7%	2.9%
Indio	92203	51.1%	41.3%	2.8%	1.5%
La Quinta	92253	37.1%	53.6%	4.3%	1.0%
North Palm Springs	92258	75.2%	20.9%	0.6%	3.3%
Palm Desert	92211	16.1%	74.5%	3.8%	2.7%
Palm Desert	92260	30.7%	60.7%	3.7%	1.6%
Palm Springs	92262	27.4%	57.6%	3.2%	8.7%
Palm Springs	92264	20.3%	68.1%	5.9%	2.0%
Rancho Mirage	92270	15.2%	76.8%	3.6%	1.7%
Thousand Palms	92276	63.9%	32.0%	0.6%	0.2%
EMC Service Area		**51.8%**	**39.6%**	**3.2%**	**2.7%**
Riverside County		**50.6%**	**32.0%**	**6.8%**	**6.1%**
California		**39.8%**	**34.6%**	**15.1%**	**5.3%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. http://data.census.gov/

Language

In the service area, 57% of the population, 5 years and older, speak only English in the home. Among the area population, 38.4% speak Spanish, 2.2% speak an Asian or

Pacific Islander language, 1.9% speak an Indo-European language other than Spanish or English in the home, and 0.5% speak some other language.

Language Spoken at Home for the Population, Ages 5 Years and Older

	EMC Service Area	Riverside County	California
Population, 5 years and older	**399,659**	**2,304,643**	**37,028,644**
English only	57.0%	58.2%	55.9%
Speaks Spanish	38.4%	34.5%	28.2%
Speaks Asian or Pacific Islander language	2.2%	4.3%	10.0%
Speaks non-Spanish Indo-European language	1.9%	2.0%	4.8%
Speaks other language	0.5%	0.9%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov/

The highest percentage of Spanish speakers in the service area is in Coachella (80.8%), followed by North Palm Springs (65.2%). Cathedral City (4.3%) has the highest percentage of Asian or Pacific-Islander language speakers. Rancho Mirage (5.2%) has the highest percentage of non-Spanish Indo-European languages spoken at home. Indian Wells (91.5%) and Palm Desert 92211 (84.8%) has the highest percentage of English spoken in the home.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Non-Spanish Indo European
Cathedral City	92234	48.1%	45.8%	4.3%	1.6%
Coachella	92236	18.9%	80.8%	0.1%	0.1%
Desert Hot Springs	92240	47.4%	49.9%	1.3%	1.3%
Desert Hot Springs	92241	57.2%	38.1%	2.8%	1.9%
Indian Wells	92210	91.5%	3.2%	3.1%	2.3%
Indio	92201	41.0%	55.1%	2.2%	0.8%
Indio	92203	63.6%	33.2%	1.3%	1.4%
La Quinta	92253	70.6%	24.1%	2.8%	2.0%
North Palm Springs	92258	34.6%	65.2%	0.2%	0.0%
Palm Desert	92211	84.8%	8.7%	2.8%	3.6%
Palm Desert	92260	72.7%	21.8%	2.1%	3.0%
Palm Springs	92262	74.7%	18.5%	1.8%	3.6%
Palm Springs	92264	80.8%	13.1%	3.4%	2.5%
Rancho Mirage	92270	80.9%	10.9%	2.5%	5.2%
Thousand Palms	92276	53.6%	43.4%	0.5%	1.7%
EMC Service Area		**57.0%**	**38.4%**	**2.2%**	**1.9%**
Riverside County		**58.2%**	**34.5%**	**4.3%**	**2.0%**
California		**55.9%**	**28.2%**	**10.0%**	**4.8%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov/

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English "less than very well." In the service area, as in the county, 14.3% of the population is

linguistically isolated.

Linguistic Isolation, Ages 5 Years and Older

	Percent
EMC Service Area	14.3%
Riverside County	14.3%
California	17.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. https://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Riverside County school districts, the percentage of students who were classified as English Learners was 16.9%. Among area school districts, English Learners ranged from 19.7% of students in Desert Sands Unified School District to 42.4% of students in Coachella Valley Unified School District.

English Learner (EL) Students, by School District

	Number	Percent
Coachella Valley Unified School District	6,899	42.4%
Desert Sands Unified School District	5,114	19.7%
Palm Springs Unified School District	5,757	28.2%
Riverside County	**71,427**	**16.9%**
California	**1,074,833**	**18.4%**

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the service area, 5.9% of the civilian population, 18 years and older, are veterans.

Veteran Status

	EMC Service Area	Riverside County	California
Civilian veterans	5.9%	6.0%	4.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov

Citizenship

In the service area, 23.4% of the population is foreign-born. Of the foreign-born in the service area, 47.9% are not 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	23.4%	21.6%	26.7%
Of the foreign born, not a U.S. citizen	47.9%	44.1%	45.6%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Riverside County is ranked 30.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Riverside County	30

Source: County Health Rankings, 2023 http://www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the Index also contains eight sub-scores for each of the Policy Action Areas: economic, education, social, transportation, neighborhood, housing, clean environment, and health care access.

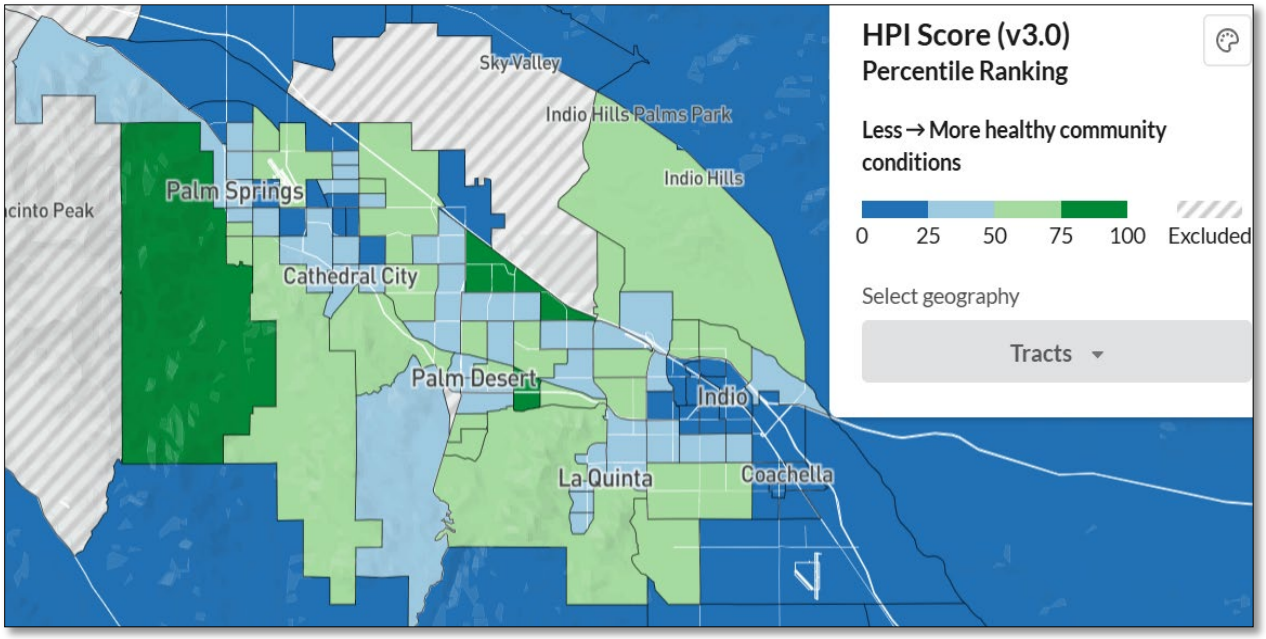
The HPI map displays the EMC service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The service area ZIP Codes have an overall HPI score that is better than 27.8% of California ZIP Codes. The service area has the lowest score for neighborhood (9.5%) based on tree canopy, access to parks, and retail density, which is a marker for how walkable a community is, for employment, shopping and entertainment. The area also has a low score (20.9%) for health care access, based on the percentage of adults with health insurance.

California Healthy Places Index Value and Sub-Scores

	Percent
Economic	29.6%
Education	28.3%
Social	31.7%

	Percent
Transportation	35.6%
Neighborhood	9.5%
Housing	37.2%
Clean Environment	52.5%
Health Care Access	20.9%
HPI Score	**27.8%**

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed December 22, 2024.
https://healthyplacesindex.org



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 6.9%. The highest rates of unemployment were found in Rancho Mirage (10.5%) and Coachella (10.3%). North Palm Springs recorded no unemployment among their 210 members of the civilian labor force.

Employment Status, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Cathedral City	92234	26,234	1,675	6.4%
Coachella	92236	22,725	2,345	10.3%
Desert Hot Springs	92240	19,630	1,336	6.8%
Desert Hot Springs	92241	3,153	284	9.0%
Indian Wells	92210	1,782	104	5.8%
Indio	92201	32,601	1,599	4.9%
Indio	92203	14,767	777	5.3%
La Quinta	92253	17,170	1,218	7.1%
North Palm Springs	92258	210	0	0.0%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Palm Desert	92211	10,002	544	5.4%
Palm Desert	92260	13,389	919	6.9%
Palm Springs	92262	12,447	995	8.0%
Palm Springs	92264	9,394	737	7.8%
Rancho Mirage	92270	6,504	683	10.5%
Thousand Palms	92276	3,620	151	4.2%
EMC Service Area		**193,628**	**13,367**	**6.9%**
Riverside County		**1,165,810**	**76,743**	**6.6%**
California		**19,982,482**	**1,282,259**	**6.4%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. http://data.census.gov/

Poverty

The Census Bureau annually updates official poverty population statistics. For 2023, the Federal Poverty Level (FPL) was set at an annual income of $15,480 for one person and $30,900 for a family of four. Among the residents in the service area, 12.6% are at or below 100% of the federal poverty level (FPL) and 32.4% are at 200% of FPL or below. This is a higher rate of poverty than the county (11.1%) and state (12%). The highest poverty and low-income rates in the service area are found in North Palm Springs, where 31.4% of the population lives in poverty, and 57.3% qualify as low-income. 18.9% of the population of Desert Hot Springs 92240 and 18% of Desert Hot Springs 92241 live in poverty. 48.5% of the population of Desert Hot Springs 92241 are low-income, and 47.7% of Desert Hot Springs 92240 population are low-income. Indian Wells has the lowest rate of poverty (3.9%) and low-income (14%) residents.

Poverty Level, Percent of Population Living <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Cathedral City	92234	15.3%	36.3%
Coachella	92236	10.5%	37.2%
Desert Hot Springs	92240	18.9%	47.7%
Desert Hot Springs	92241	18.0%	48.5%
Indian Wells	92210	3.9%	14.0%
Indio	92201	13.2%	36.0%
Indio	92203	8.4%	18.6%
La Quinta	92253	9.1%	24.9%
North Palm Springs	92258	31.4%	57.3%
Palm Desert	92211	8.6%	20.1%
Palm Desert	92260	13.3%	29.7%
Palm Springs	92262	15.9%	35.7%
Palm Springs	92264	9.8%	26.4%
Rancho Mirage	92270	10.9%	21.6%
Thousand Palms	92276	10.4%	37.9%
EMC Service Area		**12.6%**	**32.4%**
Riverside County		**11.1%**	**28.3%**
California		**12.0%**	**27.5%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. http://data.census.gov/

North Palm Springs has the highest rate of poverty among children (42.2%) in the service area, followed by Rancho Mirage (29.7%), and Desert Hot Springs 92240 (24.1%). North Palm Springs also has the highest rate of poverty among senior adults (36.9%), followed by Desert Hot Springs 92240 (19.5%) and Desert Hot Springs 92241 (18.3%). In North Palm Springs, all female heads-of-household (HoH), living with their own children, under the age of 18, live in poverty. This is followed by Palm Springs 92262 (48.9%), and Desert Hot Springs 92240, where 47.4% of female HoH with children live in poverty.

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Cathedral City	92234	22.6%	14.7%	16.2%
Coachella	92236	14.2%	12.5%	36.0%
Desert Hot Springs	92240	24.1%	19.5%	47.4%
Desert Hot Springs	92241	21.2%	18.3%	31.5%
Indian Wells	92210	0.0%	4.0%	N/A
Indio	92201	21.1%	9.9%	32.0%
Indio	92203	11.2%	5.6%	37.2%
La Quinta	92253	13.6%	7.0%	28.1%
North Palm Springs	92258	42.2%	36.9%	100.0%
Palm Desert	92211	7.1%	8.2%	21.5%
Palm Desert	92260	23.1%	10.6%	43.0%
Palm Springs	92262	23.6%	13.8%	48.9%
Palm Springs	92264	6.7%	9.2%	13.8%
Rancho Mirage	92270	29.7%	5.5%	40.4%
Thousand Palms	92276	9.6%	9.8%	NA
EMC Service Area		**18.4%**	**10.1%**	**33.7%**
Riverside County		**14.1%**	**10.6%**	**29.0%**
California		**15.1%**	**11.3%**	**28.4%**

*Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701 & *S1702. http://data.census.gov/ N/A = No households meeting this criterion recorded in this area.*

In the service area, non-Hispanic Asian residents have the lowest poverty rate (8.5%), followed by non-Hispanic White residents (9.9%). In the service area, Black or African American residents have the highest rate of poverty (32.1%), followed by Native Hawaiian or Pacific Islander residents (16.9%).

Poverty Levels, by Race and Ethnicity

	EMC Service Area	Riverside County	California
Black or African American	32.1%	14.2%	19.1%
Native HI or Pacific Islander	16.9%	13.4%	13.2%
Some other race	15.1%	13.0%	15.9%
Hispanic or Latino	13.7%	12.3%	14.7%
Multiracial	11.7%	10.5%	12.3%

	EMC Service Area	Riverside County	California
American Indian or AK Native	11.6%	13.5%	15.7%
White, non-Hispanic	9.9%	8.9%	8.8%
Asian	8.5%	9.6%	9.7%
Total population	**12.6%**	**11.1%**	**12.1%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. http://data.census.gov/

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 76% of students in Desert Sands Unified School District to 94.6% in the Palm Springs Unified School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Coachella Valley Unified School District	92.4%
Desert Sands Unified School District	76.0%
Palm Springs Unified School District	94.6%
Riverside County	**70.6%**
California	**61.7%**

Source: California Department of Education, 2023-2024.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Instability

Challenges and Barriers

Participants identified low-wage, seasonal employment as a primary factor contributing to financial insecurity, particularly for agriculture, hospitality, and construction workers—industries that often lack benefits and stable, year-round income. As one participant shared, “The region lacks high paying jobs. Many residents are challenged with low wages to support a decent living.”

Another commonly mentioned challenge was the high cost of living, including housing and health care expenses, which participants noted place significant financial strain on individuals and families, making it difficult to save or invest in long-term stability (e.g., “inflation, living costs, uncontrolled rent increases, summer power costs”).

Limited access to quality education and job training opportunities was cited as a barrier to upward mobility, with participants emphasizing that many residents struggle to acquire the skills needed for higher-paying, stable employment. For example, “Lack of education that would better individuals. It seems the local community college has a system that is not sufficient to offer higher education to all who need or want it. The other local universities are insufficient for the high demand.”

Participants also pointed to economic inequality and systemic barriers, such as limited access to financial services, predatory lending, and a lack of affordable childcare, further exacerbating the region's economic hardships.

Additionally, participants noted that seasonal tourism and climate change create economic volatility, making it even more challenging for many residents to cover the rising costs of housing, utilities, and basic necessities.

Most Impacted

They identified low-income families, seasonal workers, and migrant laborers as the populations most affected by economic instability in the Coachella Valley, particularly those working in hospitality, agriculture, and construction. These workers often experience financial insecurity due to fluctuating work availability and the high cost of living, especially housing. As one participant shared, “Low-income families, agricultural workers, and service industry employees are most impacted by economic instability in the Coachella Valley.”

Seniors, particularly those on fixed incomes, were frequently mentioned as struggling with rising living costs and limited access to affordable health care and services.

Participants highlighted that young adults and individuals without higher education or specialized skills face significant challenges in securing stable, well-paying jobs, limiting their financial mobility.

Minority populations, including Hispanic, Native American, and African American individuals, as well as people with disabilities and those who are unemployed or uninsured, were also cited as being disproportionately affected by economic instability.

Additionally, participants noted that low-income children and families, vulnerable seniors, the unhoused, individuals with chronic mental health conditions, and immigrant populations face some of the greatest economic hardships in the region.

Getting Help and/or Information

Participants indicated that residents in the Coachella Valley seek economic assistance and support from a variety of sources, including local nonprofit organizations, government agencies, and community centers that help individuals access social services and navigate public benefits.

For example, one participant stated:

“In my experience, community residents in the Coachella Valley often turn to local nonprofit organizations, government agencies, and community centers for help and information related to economic instability. Residents also rely on social services provided by county offices, such as CalWORKs, which offer financial assistance and employment services. Additionally, local churches and community organizations often provide emergency financial support, job referrals, and guidance on navigating public benefits. Word-of-mouth from neighbors and family members is also a common way people find out about available resources.”

Commonly mentioned resources included CalWORKs, food banks, faith-based organizations, and community health clinics, particularly those that offer bilingual support. For example, “Hispanic residents in the Coachella Valley are more likely to visit food banks, faith-based agencies, and community health clinics for assistance with health care, food insecurity, and other social services due to their accessibility and bilingual support”.

Participants emphasized that word-of-mouth from trusted sources—such as neighbors, outreach workers, and *Promotoras*—plays a critical role in connecting individuals with available resources.

Additionally, residents often turn to friends, family, religious institutions, and local nonprofit agencies that provide housing, shelter, and rental assistance. Participants also noted that county social services departments, workforce development programs, and community colleges serve as key sources of employment support and financial assistance.

Wi-Fi Access

Households with zero, or limited, access to highspeed internet are at a competitive, educational, and health care disadvantage, creating what has become known as a Digital Divide between those who have access and those who do not. This Digital Divide is of particular concern to mobility-limited (i.e., elderly or disabled) households and those individuals who may not have access to linguistically or culturally appropriate care in their area, as Broadband access to providers holds the promise of closing gaps in care. 97.5% of county residents have available Broadband coverage (a minimum of 25/3 Mbps) in their area, and 96.9% have access to 1G of download speed.

Terrestrial Broadband Internet Coverage

	Percent Broadband Coverage (Download Speed)		
	25+ Mbps	100+ Mbps	1 Gig
Riverside County	97.5%	97.2%	96.9%
California	96.1%	96.1%	51.1%

Source: BroadbandNow,2024 data. https://broadbandnow.com/California

90.2% of the residents of the Inland Empire (Riverside and San Bernardino Counties, combined) who could access broadband for their households choose to do so. Cost was reported to be the main factor affecting unconnected and underconnected households' decisions not to adopt broadband service, while concerns over privacy/security/identity theft, sufficiency of smartphone access, and digital literacy are additional factors. "Underconnected" refers to households that can only connect at home through a smartphone. Almost half of unconnected and underconnected state residents reported connecting to broadband at other locations (retail stores, friends' or relatives' homes, libraries or schools, and/or work).

Household Access to Broadband Internet

	Connected	Underconnected (Smartphone access only)	Unconnected
Inland Empire (Riverside and San Bernardino Counties)	90.2%	3.1%	6.7%

Source: California For All / Broadband For All, 2023 Statewide Digital Equity Survey, Final Report, August 31, 2023. https://broadbandforall.cdt.ca.gov/california-statewide-digital-equity-telephone-survey/

Transportation

Service area workers spent on average 23.5 minutes a day commuting to work. 73.6% of workers drove alone to work and 25.1% of solo drivers have a long commute (greater than 30 minutes one way). Service area workers were slightly more likely to carpool (11.9%), and just as likely to work from home (10.9%) as the county average. Few workers commute by public transportation (0.8%) or walk to work (1.4%). These data are from 2019 to 2023, from pre- to post-Pandemic. While the time estimate is valid, it may not be fully reflective of current commuting practices.

Transportation for Workers, Ages 16 and Older

	EMC Service Area	Riverside County	California
Mean travel time to work (in minutes)*	23.5	33.8	29.0
Drove alone to work	73.6%	74.6%	67.1%
Solo drivers with a long commute**	25.1%	48.9%	41.3%
Carpooled to work	11.9%	11.1%	9.5%
Commuted by public transportation	0.8%	0.7%	3.2%
Walked to work	1.4%	1.2%	2.4%

	EMC Service Area	Riverside County	California
Other means	1.5%	1.5%	2.4%
Worked from home	10.9%	10.9%	15.5%

*Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03 & **S0802; defined as >30 min. one way. https://data.census.gov/ *Weighted average of the area means.*

Households

There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.
http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page

In the service area, there are 166,348 households and 226,688 housing units. Over the last five years, the population decreased by 0.04%, while the number of households increased by 0.4%. Owner-occupied households increased by 2.9% while renter-households decreased by 4.5% from 2018 levels. Housing units decreased by 3.7%, and vacant units decreased by 13.4%, to 26.6% of overall housing stock.

Households and Housing Units and Percent Change

	2018		2023		Percent Change
	Number	Percent	Number	Percent	
Housing units	235,425		226,688		-3.7%
Vacant	69,676	29.6%	60,340	26.6%	-13.4%
Households	165,749		166,348		0.4%
Owner occ.	109,419	66.0%	112,539	67.7%	2.9%
Renter occ.	56,330	34.0%	53,809	32.3%	-4.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. http://data.census.gov/

The weighted average of the median household income in the service area was $76,759 and ranged from $32,067 in North Palm Springs to $145,313 in Indian Wells.

Median Household Income

	ZIP Code	Households	Median Household Income
Cathedral City	92234	19,157	$67,031
Coachella	92236	12,438	$67,235
Desert Hot Springs	92240	14,104	$51,284
Desert Hot Springs	92241	3,846	$45,210
Indian Wells	92210	2,457	$145,313
Indio	92201	22,617	$66,663
Indio	92203	11,740	$97,969
La Quinta	92253	15,735	$97,397
North Palm Springs	92258	177	$32,067

	ZIP Code	Households	Median Household Income
Palm Desert	92211	13,473	$87,682
Palm Desert	92260	14,525	$72,252
Palm Springs	92262	13,213	$70,514
Palm Springs	92264	11,480	$75,246
Rancho Mirage	92270	8,686	$109,943
Thousand Palms	92276	2,700	$80,280
EMC Service Area*		**166,348**	**$76,759**
Riverside County		**762,234**	**$89,672**
California		**13,434,847**	**$96,334**

*Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 41.8% of owner and renter occupied households in the service area spend 30% or more of their income on housing. The ZIP Codes with the highest percentage of households spending 30% or more of their income on housing are Desert Hot Springs 92240 (51.2%) and North Palm Springs (50.7%). Among renters-only, the rates are higher, with 60.3% of service area renter households being cost burdened, as opposed to 33.4% for owner households. North Palm Springs has the highest rate of cost-burdened renter households, at 78.8%, followed by Indian Wells (77.6%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Cathedral City	92234	46.5%	37.2%	65.2%
Coachella	92236	39.1%	32.3%	52.9%
Desert Hot Springs	92240	51.2%	40.1%	66.4%
Desert Hot Springs	92241	35.4%	29.8%	61.1%
Indian Wells	92210	36.0%	27.3%	77.6%
Indio	92201	41.2%	31.4%	56.3%
Indio	92203	35.6%	30.2%	59.2%
La Quinta	92253	37.9%	33.1%	52.7%
North Palm Springs	92258	50.7%	18.6%	78.8%
Palm Desert	92211	38.4%	30.9%	58.6%
Palm Desert	92260	46.0%	37.4%	61.2%
Palm Springs	92262	45.0%	34.2%	64.2%
Palm Springs	92264	42.7%	34.9%	60.3%
Rancho Mirage	92270	36.7%	30.9%	67.1%
Thousand Palms	92276	29.4%	22.4%	55.1%
EMC Service Area		**41.8%**	**33.4%**	**60.3%**
Riverside County		**40.4%**	**32.6%**	**58.6%**
California		**41.2%**	**30.9%**	**54.7%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP04. http://data.census.gov/

Household Overcrowding

Residential crowding reflects demographic and socioeconomic conditions. Older-adult

immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as “doubling up” – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. *Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017. https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/tqic-be24/about_data*

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding include analyzing housing by greater than two people per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 3.6% of households live in overcrowded conditions, and an additional 1.7% live in severely overcrowded conditions, for a total of 5.3% of all households being overcrowded. The highest combined rates of overcrowding are in Coachella (10.1%), North Palm Springs (13%) and Thousand Palms (15.6%). 5.6% of households in North Palm Springs living in severely-overcrowded conditions.

Overcrowded and Severely Overcrowded Housing, by ZIP Code

	ZIP Code	Percent of Households with >1 to 1.5 PPR	Percent of Households with >1.5 PPR	Combined Rate of Overcrowding
Cathedral City	92234	4.6%	2.1%	6.7%
Coachella	92236	7.5%	2.6%	10.1%
Desert Hot Springs	92240	6.3%	2.1%	8.4%
Desert Hot Springs	92241	4.1%	2.7%	6.8%
Indian Wells	92210	0.0%	0.3%	0.3%
Indio	92201	5.0%	2.9%	7.9%
Indio	92203	3.4%	1.7%	5.1%
La Quinta	92253	2.9%	1.2%	4.1%
North Palm Springs	92258	7.3%	5.6%	13.0%
Palm Desert	92211	0.8%	1.2%	1.9%
Palm Desert	92260	1.5%	0.9%	2.4%
Palm Springs	92262	2.0%	0.8%	2.8%
Palm Springs	92264	1.0%	1.5%	2.5%
Rancho Mirage	92270	0.5%	0.8%	1.2%
Thousand Palms	92276	15.0%	0.6%	15.6%
EMC Service Area		**3.6%**	**1.7%**	**5.3%**
Riverside County		**5.3%**	**2.2%**	**7.6%**
California		**5.1%**	**3.1%**	**8.2%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP04. https://data.census.gov/

Households by Type

In the service area, 15.3% of households are family households (married or cohabiting couples) with children under 18 years old, 4.1% of households are households with a female as head of household with children, with no spouse or partner present, and 17.1% of area households are senior adults who live alone.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
EMC Service Area	166,348	15.3%	4.1%	17.1%
Riverside County	762,234	26.3%	5.0%	10.0%
California	13,434,847	23.0%	4.5%	9.8%

*Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

Homelessness

The County of Riverside's Department of Housing and Workforce Solutions (HWS) (https://rivcohws.org), in partnership with its' Continuum of Care (CoC) conducts an annual 'point-in-time' count of homelessness in Riverside County every on a single night in late January. Such counts are required biannually by the U.S. Department of Housing and Urban Development (HUD). In 2023, 65.5% of the 3,725 unhoused people in Riverside County were unsheltered, an increase of 12.3% in the number of total individuals, and a 23.3% increase in the number of unsheltered individuals from the 2022 count.

Homeless Annual Count, Riverside County

	Total Homeless Persons	Sheltered			Unsheltered	
		Count		Percent	Count	Percent
		Emergency	Transitional			
2022	3,316	1,111	225	40.3%	1,980	59.7%
2023	3,725	1,015	269	34.5%	2,441	65.5%

Source: U.S. Department of Housing and Urban Development (HUD), 2023 CoC Homeless Populations and Subpopulations Report - Riverside City & County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

On the night of the PIT Count in January 2023, in Riverside County, there were 319 homeless children, 13 of whom were unsheltered and 12 of whom were unaccompanied minors, three were unsheltered and unaccompanied. Of the 237 homeless youth, ages 18 to 24, six were parents of a total of six children, four of whom were unsheltered. This represents an increase of 24.1% in the number of homeless children, from 2022.

Homeless Subpopulations, Riverside County

	2022		2023	
	Count	Percent	Count	Percent
Children, under age 18	257	7.8%	319	8.6%
Unsheltered children	11	0.3%	13	0.3%
Unaccompanied minors	19	0.6%	12	0.3%
Unsheltered unaccompanied minors	0	0%	3	0.1%
Youth, ages 18 to 24	312	9.4%	237	6.4%
Parenting youth, ages 18 to 24	4	0.1%	6	0.2%
Children of parenting youth	7	0.2%	6	0.2%
Unsheltered children of parenting youth	0	0%	4	0.1%

Source: U.S. Department of Housing and Urban Development (HUD), 2023 CoC Homeless Populations and Subpopulations Report - Riverside City & County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

In Riverside County, the largest percentage of people experiencing homelessness are White residents (68.3%).

Homeless Population, by Race and Ethnicity, Riverside County

	Percent of General Population*	Percent of Homeless Population
Hispanic or Latino, any race or multiracial	50.6%	39.4%
Not Hispanic or Latino	49.4%	60.6%
White	42.2%	68.3%
Black or African American	6.5%	17.6%
Multiracial	18.5%	8.2%
American Indian or Alaska Native	1.2%	3.1%
Asian	7.0%	1.4%
Native Hawaiian or Other Pacific Islander	0.3%	1.3%

*Source: U.S. Department of Housing and Urban Development (HUD), 2023 CoC Homeless Populations and Subpopulations Report - Riverside City & County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/, and *U.S. Census Bureau, American Community Survey, 2019-2023, DP05. http://data.census.gov/*

26.4% of all individuals in Riverside County experiencing homelessness live in one of the service area cities, including 24.9% of all unsheltered and 29.2% of all sheltered individuals. The largest number of unsheltered individuals in the service area lived in the Palm Springs, representing 9.8% of the county's total unsheltered homeless population. The largest number of sheltered homeless individuals, and total homeless individuals, in the service area were in Indio, with 319 sheltered individuals, or 24.8% of the county's sheltered homeless population.

Homeless Individuals, by City

	Number		Percent of County Total		Total Count	
	Unsheltered	Sheltered	Unsheltered	Sheltered	Number	Percent
Cathedral City	40	5	1.6%	0.4%	45	1.2%
Coachella	67	7	2.7%	0.5%	74	2.0%

	Number		Percent of County Total		Total Count	
	Unsheltered	Sheltered	Unsheltered	Sheltered	Number	Percent
Desert Hot Springs	107	15	4.4%	1.2%	122	3.3%
Indian Wells	-	-	-	-	-	-
Indio	108	319	4.4%	24.8%	427	11.5%
La Quinta	4	-	0.2%	-	4	0.1%
Palm Desert	39	-	1.6%	-	39	1.0%
Palm Springs	239	29	9.8%	2.3%	268	7.2%
Rancho Mirage	3	-	0.1%	-	3	0.1%
Total	**607**	**375**	24.9%	29.2%	982	26.4%

Source: Riverside County CoC, 2023 Homeless Point-In-Time Count and Survey, May 2023. https://rivcohws.org/homeless-point-time-pit-count

In Riverside County, 3.8% of students in public schools in the 2022-2023 school year experienced homelessness. The majority (84.7%) were temporarily doubled up with friends or relatives, 6.3% were living in hotels or motels, 6.6% were in temporary shelters, and 2.4% were temporarily unsheltered. Rates of students experiencing homelessness in area school districts ranged from 1.5% of students in Coachella Valley Unified to 11.7% of all students in Palm Springs Unified School District.

Students Experiencing Homelessness

	Percent of Students
Coachella Valley Unified School District	1.5%
Desert Sands Unified School District	2.0%
Palm Springs Unified School District	11.7%
Riverside County	**3.8%**
California	**4.1%**

Source: California Department of Education Enrollment Multi-Year Summary by Grade, 2022-2023. Accessed December 22, 2024. http://dq.cde.ca.gov/dataquest/

Community Input – Housing and Homelessness

Challenges and Barriers

Participants identified a severe shortage of affordable housing options and high housing costs as major barriers to stable housing in the region. Many residents struggle as rental and home prices exceed the maximum percentage of income they can afford (e.g., “there is not enough housing for all the residents,” “increasing housing costs, increasing rent costs, housing shortages”).

A lack of transitional and low-income housing was frequently mentioned, along with limited access to mental health and substance abuse services, which further exacerbates homelessness and housing instability. For example, “Mental health and drug issues largely contribute to the problem, and neither are easily fixed. The cost of proven solutions is extraordinarily high and is not sustainable for the long term.”

Participants also highlighted additional contributing factors, including seasonal employment, lack of rental and mortgage support, and substandard housing options such as mobile homes, which provide limited stability and long-term security (e.g., “No housing available and no new construction. Many unpermitted mobile home parks”).

The combination of insufficient affordable housing units and the prevalence of mental health and addiction issues among the unhoused population was noted as worsening the homelessness crisis.

Participants emphasized that addressing these challenges requires a multi-faceted approach, including increasing the availability of subsidized and affordable housing, expanding transitional and supportive housing options, and improving access to comprehensive services tailored to the complex needs of the homeless population.

Most Impacted

Participants identified the following populations most impacted by housing insecurity and homelessness:

- Low-income individuals and families
- Seniors
- Veterans
- Immigrants
- Seasonal workers
- Individuals with mental health disorders
- Individuals with substance use disorders
- Individuals with disabilities
- LGBTQIA+ community
- Racial and ethnic minorities
- Formerly incarcerated individuals
- Children

One participant elaborated:
“The groups most impacted by housing and homelessness in the Coachella Valley are low-income families, seasonal workers, and individuals with mental health or substance abuse issues. Low-income families often struggle to afford rising rent and housing costs, while seasonal workers face housing instability due to fluctuating income. Additionally, those with mental health conditions or substance abuse issues are at a higher risk of homelessness, as they may face challenges accessing housing and support services.”

According to participants, these vulnerable populations often struggle to afford rising housing costs and experience housing instability due to fluctuating incomes. Many also face difficulties accessing support services, further exacerbating their risk of homelessness.

Participants emphasized the need for more affordable and integrated housing solutions, particularly for marginalized communities and those with special needs who require targeted support and services (e.g., “not enough affordable housing options; poverty rate higher than the county and state”).

Getting Help and/or Information

Participants indicated that individuals in the Coachella Valley seek assistance for housing and homelessness from local nonprofit organizations such as:

- Martha’s Village & Kitchen
- Coachella Valley Rescue Mission
- Coachella Valley Housing Coalition
- United Way of the Desert
- Desert Healthcare District

Other commonly mentioned sources of support included shelters, faith-based groups, and government programs like CalWORKs.

Participants also noted that social service agencies, community-based outreach workers, and word-of-mouth referrals are crucial in connecting residents to available resources and information.

Despite these resources, participants highlighted a lack of adequate shelter options and long waitlists for housing, suggesting a need for more coordinated political action and additional resources to address the housing crisis effectively. For example, “There aren't many options. Getting on a waiting list for housing could mean years. There are no adequate shelters due to disorganized political motivation to get it done.”

Residents also reportedly seek assistance from medical facilities, local news, and online platforms, reflecting the diverse ways individuals try to access housing support.

Public Program Participation

In Riverside County, 33.9% of low-income residents (those making less than 200% of the FPL) could not afford enough to eat, while 31.6% of low-income residents utilized food stamps. 45.5% of county children, ages 6 and younger, accessed WIC benefits, which was lower than the state rate (53.8%). 9.6% of county residents were

TANF/CalWORKs recipients, compared to 11.4% for the state. 5.9% of county residents said they had avoided government benefits within the prior 12 months due to concerns over green card disqualification for themselves or a family member.

Public Program Participation, 200% FPL and Lower

	Riverside County	California
Avoided government benefits (asked of all immigrants, regardless of income), past 12 months, due to concerns over green card disqualification for self or a family member	5.9%	7.9%
Not able to afford enough food	33.9%	42.5%
Food stamp recipients, current	31.6%	33.5%
WIC usage among children, 6 years and under	45.5%	53.8%
TANF/CalWORKs recipients	9.6%	11.4%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

In the service area, 5.8% of households received SSI benefits, 4.8% received cash public assistance income, and 13.5% of households received food stamp benefits.

Household Supportive Benefits

	EMC Service Area	Riverside County	California
Total households	**166,348**	**762,234**	**13,434,847**
Supplemental Security Income (SSI)	5.8%	5.8%	5.9%
Public Assistance	4.8%	4.0%	3.8%
Food Stamps/SNAP	13.5%	11.8%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 70.9% of eligible households in Riverside County received food stamps (CalFresh) in 2021. A monthly average of 171,304 households in the county received food stamps in 2023, with the number continuing to rise through 2024. The number of households receiving food stamps in October 2024 (188,197) was a 9.9% increase over the 2023 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	October 2024	Percent Increase From 2023 Monthly Average
Riverside County	171,304	70.9%	188,197	9.9%
California	3,049,919	77.0%	3,164,578	3.8%

*Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2023 and *2021 Calendar Year Averages.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially acceptable ways. In Riverside County, 11.1% of the population experienced food insecurity in 2022. Among children in Riverside County, 15.6% lived in households that experienced food insecurity. Feeding America estimated that 69% of those experiencing food insecurity in Riverside County, and 63% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Riverside County		California	
Total population experienced food insecurity during the year	269,660	11.1%	4,915,450	12.6%
Children, under age 18, experienced food insecurity during the year	93,320	15.6%	1,437,250	16.9%

Source: Feeding America, 2022. https://map.feedingamerica.org/county/2022/overall/california/county/riverside

Community Input – Food Insecurity

Challenges and Barriers

Participants identified low wages, high food costs, and difficulty accessing fresh, affordable, and nutritious food as the region's primary barriers to food security.

As one participant shared:
“The main challenges related to food insecurity in the Coachella Valley include low wages, high food costs, and difficulty accessing fresh food. Many low-income residents and seasonal workers struggle to afford healthy food. Rural areas have fewer grocery stores with affordable options, and transportation issues make it harder for people to reach food resources. While food banks provide support, demand often exceeds supply, leaving many without enough food.”

Many low-income residents and seasonal workers struggle to afford healthy food options, particularly in rural areas with fewer grocery stores and transportation challenges (e.g., “transportation barriers and limited access to affordable, nutritious food”).

While food banks provide some relief, participants noted that demand often exceeds supply, leaving many families without consistent access to food assistance. Other key challenges mentioned included poverty, lack of knowledge about public assistance programs, inflation, and the high cost of living, all limiting available resources for food

purchases. As one participant stated, “There are not enough free food agencies to provide food to the community.”

Participants emphasized many families prioritize housing costs, often leaving little room in their budgets for quality food. Additionally, access to community gardens and affordable, healthy options such as fresh fruits and vegetables remain limited.

People experiencing homelessness were also identified as facing unique and severe food insecurity challenges due to a lack of access to storage, cooking facilities, and consistent meal sources.

Most Impacted

Participants identified the following populations as being most affected by food insecurity in the Coachella Valley:

- Low-income families
- Elderly
- Individuals with substance use disorders
- Individuals with eating disorders
- Rural residents
- Seasonal workers
- Undocumented immigrants
- People with chronic health condition
- People experiencing homelessness
- Individuals with disabilities
- Single-parent households

According to participants, financial constraints and income instability significantly limit access to affordable and nutritious food. Other commonly cited barriers include transportation challenges and health-related issues that prevent individuals from obtaining or preparing meals.

For example, one participant stated,

“Low-income families, seasonal workers, and the elderly are most impacted by food insecurity in the Coachella Valley. Low-income families struggle to afford nutritious food, while seasonal workers face income instability. The elderly, especially those on fixed incomes, often have limited access to affordable food and transportation.”

Participants emphasized that marginalized communities face heightened risks and require targeted outreach and support to ensure equitable access to food resources.

Getting Help and/or Information

Participants indicated that residents in the Coachella Valley turn to local food banks, churches, and nonprofit organizations for assistance with food insecurity. Organizations such as FIND Food Bank and the Salvation Army were frequently mentioned as key providers of food distribution services (e.g., “food bank information from their health connection or 211”).

Participants also noted that community centers, schools, and social service agencies serve as sources of information about food assistance programs. Many residents rely on word-of-mouth recommendations from neighbors and family members to learn about available resources.

Additional food assistance sources mentioned included food pantries, farmers markets, and workforce development programs that provide CalFresh cards. Participants identified specific organizations such as FIND Food Bank, Galilee Center, Coachella Valley Rescue Mission, Mama’s House, Martha’s Kitchen, and Hope Through Housing.

For example:
“In my experience, community residents in the Coachella Valley often turn to local food banks, churches, and nonprofit organizations for help with food insecurity. Organizations like FIND Food Bank and the Salvation Army offer food distribution services to those in need. Residents also rely on community centers, local schools, and social service agencies for information about food assistance programs. Additionally, some turn to word-of-mouth recommendations from neighbors or family members about where to access free or low-cost meals and groceries.”

Participants further highlighted that residents may seek help from service coordinators, medical clinics, and local news sources. However, some food drives can be difficult to access due to high demand from residents outside the immediate neighborhood.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 16.9% of adults, ages 25 and older, lack a high school diploma. 29.6% of area adults have a bachelor’s degree or higher degree.

Education Levels, Population 25 Years and Older

	EMC Service Area	Riverside County	California
Population, 25 years and older	**306,728**	**1,622,575**	**26,941,198**
Less than 9th grade	9.1%	8.8%	8.7%
9th to 12th grade, no diploma	7.8%	7.9%	6.7%

	EMC Service Area	Riverside County	California
High school graduate	24.6%	26.3%	20.4%
Some college, no degree	21.5%	23.4%	19.8%
Associate's degree	7.4%	8.5%	7.9%
Bachelor's degree	17.7%	16.0%	22.4%
Graduate or professional degree	11.9%	9.1%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students who graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Coachella Valley Unified (84.9%) and Palm Springs Unified (90.3%) School Districts did not meet this objective for the 2023-2024 school year.

High School Graduation Rates, 2023-2024

	Percent
Coachella Valley Unified School District	84.9%
Desert Sands Unified School District	92.9%
Palm Springs Unified School District	90.3%
Riverside County	**93.1%**
California	**90.2%**

Source: California Department of Education DataQuest, 2023-2024. http://dq.cde.ca.gov/dataquest/

Differences are seen in rates of graduation when examined by race and ethnicity. American Indian or Alaska Native students had the lowest four-year graduation rates, followed by African American students, Hispanic or Latino students, and Pacific Islander students. Filipino and Asian students had the highest graduation rates in the county. Care should be taken in interpreting rates for groups with low populations, such as the American Indian or Alaska Native students or Pacific Islander students.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2023-2024

	Riverside County	California
Filipino	96.8%	95.2%
Asian	95.1%	92.2%
White	93.9%	89.0%
Multiracial	92.9%	88.2%
Pacific Islander	92.8%	82.8%
Hispanic or Latino	91.9%	84.9%
African American	90.4%	78.4%
American Indian or Alaska Native	86.6%	79.6%

Source: California Department of Education, 2024. https://data1.cde.ca.gov/dataquest/

Safe Parks or Playgrounds

91.4% of Riverside County parents of children, ages 1 to 11, indicated that the park or playground closest to where they live is safe during the daytime.

Safe Park or Playground, Children, Ages 1 to 11

	Riverside County	California
Park or playground nearest to home is safe during the daytime	91.4%	87.2%

Source: California Health Interview Survey, 2021-2023; http://ask.chis.ucla.edu/

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Violent crime in the county and state rose from 2019 to 2023, while property and arson crimes fell.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2019 and 2023

	Property Crimes				Violent Crimes				Arson			
	Number		Rate*		Number		Rate*		Number		Rate*	
	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023	2019	2023
Riverside County	57,986	53,336	2,422.0	2,196.2	7,511	8,128	313.7	334.7	276	246	11.5	10.1
California	915,197	888,840	2,316.7	2,275.5	173,205	199,838	438.5	511.6	8,266	6,736	20.9	17.2

*Source: California Department of Justice, Open Justice Portal, 2024. https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.*

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 “Weapon Involved,” a personal weapon was the category most frequently reported. In Riverside County, 31.5% of domestic violence calls involved a weapon, and 4.2% involved strangulation or suffocation.

Domestic Violence Calls Rates per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation or Suffocation
Riverside County	7,672	5,254	2,418	31.5%	4.2%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

When adults and teens in Riverside County were asked about neighborhood cohesion, the majority of adult residents (89.9%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (81.5%), and people in their neighborhood could

be trusted (80%). Most teens (87.3%) felt safe most or all of the time, that people in the neighborhood were willing to help (89.1%), and that people in the neighborhood could be trusted (76.1%).

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Riverside County	California
Feels safe all or most of time	89.9%	86.7%
People in neighborhood are willing to help	81.5%	81.2%
People in neighborhood can be trusted	80.0%	79.7%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Neighborhood Cohesion, Teens Ages 12-17, Who Agree or Strongly Agree

	Riverside County	California
Feels safe all or most of the time	87.3%	85.9%
People in neighborhood are willing to help	89.1%	86.2%
People in neighborhood can be trusted	76.1%	80.3%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

The rate of children in Riverside County, under age 18, who experienced abuse or neglect was 8.7 per 1,000 children. This was higher than the state rate of 6.8 per 1,000 children.

Substantiated Child Abuse Rates, per 1,000 Children, 2018 and 2020

	Riverside County		California	
	2018	2020	2018	2020
Reported cases of child abuse and neglect	67.8	56.9	53.2	43.5
Substantiated cases of child abuse and neglect	8.5	8.7	7.6	6.8

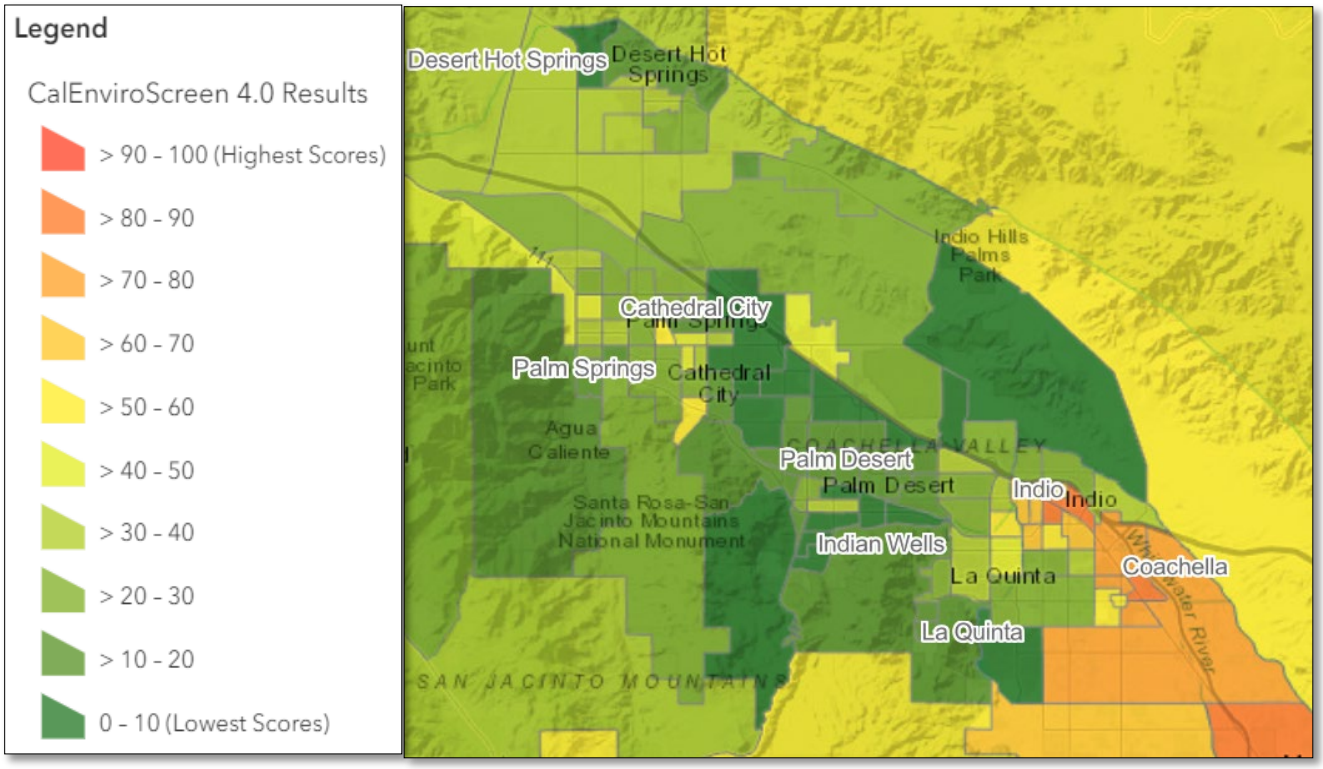
Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019 and October 2021. Accessed from KidsData.org at http://kidsdata.org

Environmental Health

The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and maps are used to visualize the data.

Most census tracts in the northern and central portions of the service area are in the bottom percentiles of lowest-burdened tracts (shades of green), with two in Cathedral

City, two in Coachella, and two in Indio 92201 belonging to the 50th percentile of highest-burden (yellow). In the southeastern portion of the service area, there are three census tracts belonging to the 20th percentile of highest burden (dark orange), including two in Indio and one in Coachella. The remaining four census tracts in and surrounding Coachella belong to the 30th percentile of highest burden (orange), while the five small tracts surrounding Indio, and a portion of one to the south of La Quinta, within the 92253 ZIP Code, belong to the 40th (light orange) percentile of highest-burdened California tracts.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021. https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40

Community Input – Environmental Pollution

Challenges and Barriers

Participants highlighted several environmental challenges affecting the region, with poor air quality and dust pollution emerging as a primary concern. Extreme weather events, such as windstorms, were frequently cited as contributors to airborne dust and respiratory issues, a problem exacerbated by population growth, traffic, and large distribution centers (e.g., “extreme weather events, which cannot be controlled”, “increased population growth, traffic and large distribution centers”).

Another significant issue raised by participants was the declining Salton Sea, which they linked to increased asthma rates and other respiratory health concerns due to worsening air quality (e.g., “Salton Sea, asthma,” “dust and smoke mitigation and coping strategies addressing Salton Sea”).

Participants also discussed water-related challenges, emphasizing the importance of ensuring access to clean water sources and the need to reduce pollution from agricultural runoff.

Moreover, participants expressed the need for practical solutions, including air purifiers, dust and smoke mitigation strategies, and direct action to address the Salton Sea crisis (e.g., “a regional strategic plan, lack of information,” “awareness and education local, state and federal interventions”).

Most Impacted

Participants highlighted the disproportionate impact of environmental pollution on vulnerable populations, including seniors, children, low-income individuals, and those with chronic health conditions (e.g., “seniors and children,” “those with chronic respiratory conditions, the elderly and the young”).

Key concerns include poor air quality due to dust, particulate matter, pesticides, and contaminated water sources, which pose serious health risks. Participants noted that residents in the eastern Coachella Valley, near golf courses, and along the Salton Sea are particularly affected, with marginalized communities such as Latinx immigrants and Native Americans bearing the brunt of these environmental challenges. For example, “It tends to be that certain communities, in particular those that reside in the Eastern Coachella Valley, are disproportionately impacted.”

A lack of awareness, information, and resources to address these problems were frequently cited as factors exacerbating the situation, making it more difficult for affected communities to advocate for improvements. Additionally, participants emphasized that implementing solutions to improve air and water quality is extremely costly, further delaying necessary interventions.

Getting Help and/or Information

Participants indicated that awareness and resources for individuals affected by environmental pollution and poor air quality are limited, making it difficult for residents to find adequate support (e.g., “agencies if they know about them,” “this is non-existent.

No one wants to take responsibility. Those that know call AQMD and report air quality to 1800CUTSMOG").

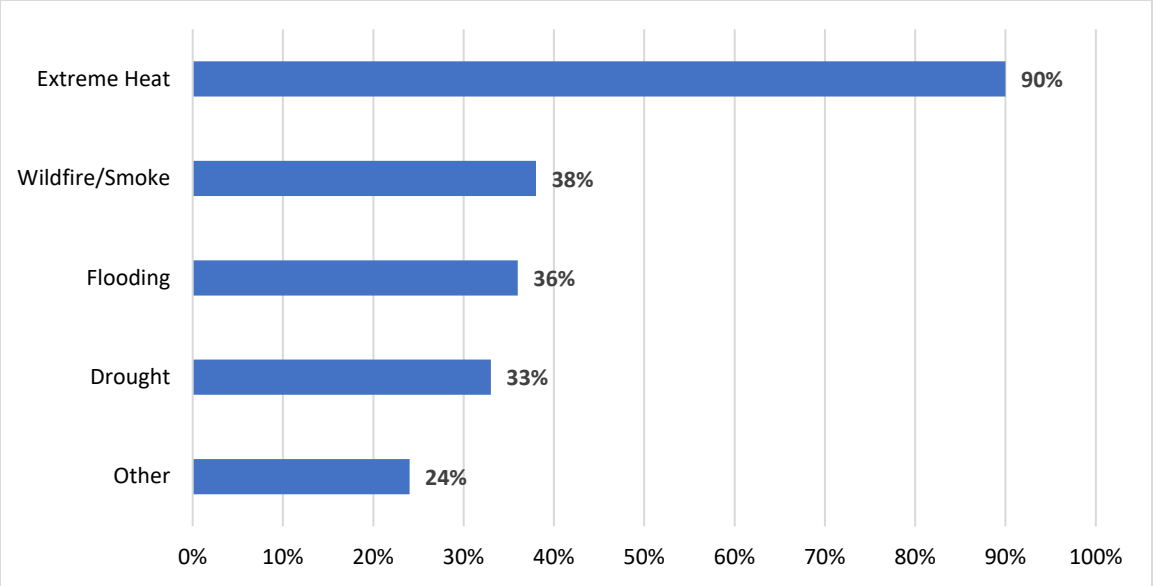
Marginalized communities, particularly those facing high costs of living, were noted as often unable to prioritize environmental health concerns despite being disproportionately impacted by pollution.

While participants mentioned some potential sources of assistance, such as cooling centers, senior centers, libraries, and social services agencies, they also emphasized a lack of coordination and responsibility among relevant authorities and organizations in addressing these issues (e.g., "Social Services agencies and urgent care").

Extreme Climate Events

Participants were asked, "In the past three years, have you or the people you served been impacted by any of the following climate hazard events?"

As illustrated below, the most common extreme climate event was extreme heat (90%), when it is too hot to perform routine activities, such as work or be at rest. The next most common event was wildfire and/or wildfire smoke (38%)—which is exposure to unsafe conditions or difficulty breathing due to air quality. The least common extreme climate event was drought (33%).



Those who checked "other" were asked to specify. Responses highlighted several pressing health concerns. Key issues surround impoverished infrastructure, including

the lack of reliable power, internet infrastructure, and accessible technology, which disproportionately impact people with disabilities. For example, “Loss of power, lack of internet infrastructure, lack of computer and tech equipment, especially for people with accessibility needs.”

The region also faces environmental challenges such as Valley Fever, excessive dust, smoke from fires, and poor air quality due to the Salton Sea and severe windstorms. As one participant stated, “Bad air days tend to be increasing in the last few years.”

Other comments mentioned that access to health care and vaccinations is limited, and water quality in the eastern part of the valley is a concern. The area has also been impacted by COVID-19 and West Nile virus.

The Impact of Climate Hazard Events on Quality of Life

Results showed that environmental stressors have far-reaching effects on health, economic stability, and overall quality of life, with disadvantaged populations bearing the greatest burden.

Extreme heat is one of the most urgent concerns, with residents describing the dangerous temperatures that limit outdoor activities, strain household budgets, and disproportionately impact vulnerable groups, including the elderly, individuals experiencing homelessness, and those without access to air conditioning. One respondent shared, “When the heat gets this bad, you either stay inside or risk your health. But not everyone has that option.” Others noted that rising utility costs make it difficult to keep their homes cool, forcing families to make tough financial trade-offs.

Flooding and blowing sand events were also frequently mentioned as major disruptions to daily life. Respondents described roads becoming impassable, businesses shutting down, and public services grinding to a halt because of floods and/or sandstorms. One individual explained, “When it floods, you’re stuck. You can’t get to work, kids miss school, and if you have a medical appointment, good luck getting there.” The impact of these events is especially severe for low-income households and individuals who rely on public transportation or do not have the flexibility to miss work without financial consequences.

Poor air quality—driven by wildfires, sandstorms, and industrial emissions—was cited as a significant public health concern. Many participants reported experiencing worsening respiratory issues, asthma flare-ups, and other health complications. Parents expressed particular concern for their children, with one stating, “My son’s asthma has

gotten worse every year, and we feel helpless when the air is thick with smoke and dust.” Individuals with pre-existing conditions also highlighted the difficulty of managing their health when air quality deteriorates.

Beyond the physical health effects, these climate-related events have mental health, economic, and social consequences. Participants described heightened anxiety, financial strain, and increased difficulty accessing essential services. Rising utility costs, job disruptions, and loss of income have forced many to make difficult decisions about how to allocate limited resources. One resident explained, “Every summer, my electricity bill gets higher, but my paycheck stays the same. It feels like we’re always just trying to catch up.”

Residents emphasized that without long-term strategies to improve infrastructure, mitigate climate risks, and provide targeted support to vulnerable populations, the region will continue to face worsening challenges. As one participant put it, “We can’t just keep reacting to these disasters—we need real solutions that help us prepare and adapt.”

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.4% coverage. 92.1% of the civilian, non-institutionalized population in the service area have health insurance. In the service area, Rancho Mirage has the highest health insurance coverage rate (97%) and La Quinta (77.1%) has the lowest health insurance coverage rate.

96.6% of children, ages 18 and younger, have health insurance coverage in the service area. North Palm Springs and Thousand Palms have 100% health insurance coverage among children. Indio 92203 has the lowest percentage of children with health insurance in the service area (94.2%), followed by Palm Desert 92260 (94.8%).

Among adults, ages 19-64, 87% in the service area have health insurance. Thousand Palms has the highest insurance rate among adults (94.6%). North Palm Springs has the lowest health insurance rate among adults (63.4%).

Health Insurance, Total Population, Children, Ages 0-18, and Adults, Ages 19-64

	ZIP Code	Total Population	Children, Ages 0-18	Adult, Ages 19-64
Cathedral City	92234	88.8%	97.3%	85.0%
Coachella	92236	88.7%	95.6%	84.4%
Desert Hot Springs	92240	91.5%	96.5%	82.4%
Desert Hot Springs	92241	96.0%	99.6%	84.8%
Indian Wells	92210	89.4%	98.5%	89.7%
Indio	92201	93.0%	96.6%	83.4%
Indio	92203	94.6%	94.2%	89.3%
La Quinta	92253	77.1%	96.4%	91.3%
North Palm Springs	92258	95.6%	100.0%	63.4%
Palm Desert	92211	94.0%	99.1%	89.2%
Palm Desert	92260	96.2%	94.8%	89.6%
Palm Springs	92262	94.6%	99.2%	94.1%
Palm Springs	92264	96.0%	95.5%	90.9%
Rancho Mirage	92270	97.0%	99.2%	91.5%
Thousand Palms	92276	88.8%	100.0%	94.6%
EMC Service Area		**92.1%**	**96.6%**	**87.0%**
Riverside County		**92.0%**	**96.0%**	**88.4%**
California		**93.1%**	**96.6%**	**90.2%**

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. http://data.census.gov/

There are differences in the rate of health insurance coverage by race and ethnicity in the service area. Among the total population, the lowest rate of health insurance in the service area is among American Indian or Alaska Native residents (85.8%), followed by

those who identify as Other race or ethnicity than those listed (86.7%), and Hispanic residents (88.1%).

Health Insurance, by Race and Ethnicity, and Age Group, for Service Area

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Asian	96.9%	98.1%	95.7%	99.6%
Non-Hispanic White	96.5%	96.5%	93.3%	99.4%
Black or African American	95.5%	99.8%	91.8%	100.0%
Native Hawaiian or Pacific Islander	89.1%	100.0%	87.4%	86.2%
Multiracial	88.8%	98.2%	82.5%	99.5%
Hispanic	88.1%	96.3%	82.7%	99.2%
Other race	86.7%	92.7%	82.3%	99.1%
American Indian or Alaska Native	85.8%	90.6%	81.6%	100.0%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, C27001B thru C27001I. http://data.census.gov/

In Riverside County, 28.6% of county residents have Medi-Cal coverage and 42.2% of county residents have employment-based insurance.

Insurance Coverage, by Type

	Riverside County	California
Medi-Cal	28.6%	22.9%
Medicare only	1.8%	1.3%
Medi-Cal/Medicare	3.2%	3.8%
Medicare and others	12.9%	12.0%
Other public	1.7%	1.0%
Employment based	42.2%	49.3%
Private purchase	4.3%	4.5%
No insurance	5.4%	5.3%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Regular Source 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, 19.3% of the population do not have a regular source of health care.

Does Not Have Usual Source of Care, All Ages

	Riverside County	California
No usual source of medical care	19.3%	17.6%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Non-Latino Black or African American residents were the least likely to have a usual source of care (78.1%), followed by Latino residents (78.4%).

Have Usual Source of Care, by Race and Ethnicity, All Ages

	Riverside County	California
Native Hawaiian or Pacific Islander	*100.0%	83.6%
White, non-Latino	88.7%	88.4%
Asian, non-Latino	*83.8%	83.1%
American Indian or Alaska Native	82.0%	87.6%
Multiracial, non-Latino	80.6%	85.2%
Latino	78.4%	79.8%
Black or African American, non-Latino	78.1%	85.7%
All	**82.6%**	**84.0%**

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

In Riverside County, 62.5% of residents accessed care at a doctor's office, HMO or Kaiser, and 14.6% accessed care at a clinic or community hospital.

Sources of Care

	Riverside County	California
Dr. office/HMO/Kaiser Permanente	62.5%	61.3%
Community clinic/government clinic/community hospital	14.6%	18.4%
ER/Urgent care	2.0%	1.1%
Other place/no one place	1.7%	1.7%
No usual source of care	19.3%	17.6%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 18.2% of county residents had visited an ER in the past year. The highest rate was among senior adults, ages 65 and older (29.3%). Poverty-level residents visited the ER at a higher rate than the general population (23.1%), while low-income residents visited at a lower rate (17.4%).

Use of Emergency Room

	Riverside County	California
Visited ER in last 12 months	18.2%	16.8%
0-17 years old	12.8%	14.8%
18-64 years old	17.1%	16.2%
65 and older	29.3%	21.4%
<100% of poverty level	23.1%	22.6%
<200% of poverty level	17.4%	19.4%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Difficulty Accessing Care

10.1% of Riverside County adults had difficulty finding a primary care doctor who would

see them or take them as new patients in the past year. 19.9% of adults reported difficulty accessing specialty care. 6.3% of adults had been told by a primary care physician's office that their insurance would not be accepted. 11% of adults were told by a specialist's office their insurance was not accepted.

Difficulty Accessing Care in the Past Year, Adults

	Riverside County	California
Reported difficulty finding primary care	10.1%	10.3%
Reported difficulty finding specialist care	19.9%	19.8%
Primary care doctor not accepting their insurance	6.3%	6.0%
Specialist not accepting their insurance	11.0%	11.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Delayed or Forgone Care

16.9% of Riverside County residents delayed or did not get medical care when needed. Of these residents, 44.9% ultimately went without needed medical care, meaning that 7.6% of the overall population had to forgo needed medical care. This is higher than the Healthy People 2030 objective of 5.9% of the population who forgo care. 8.8% of county residents had to delay or forgo obtaining a prescription in the past 12 months.

Delayed Care in Past 12 Months, All Ages

	Riverside County	California
Delayed or did not get medical care	16.9%	16.1%
Had to forgo needed medical care	7.6%	8.4%
Delayed or did not get prescription meds	8.8%	9.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Among Riverside County residents who delayed or did not get care, 24.7% attributed it to cost, lack of insurance, or issues with insurance, 36.9% delayed or did not access care because of systems and provider issues and barriers, 29.5% of the population delayed or did not access care due to personal or other reasons, and 8.9% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	Riverside County	California
Cost, lack of insurance or other insurance issue	24.7%	28.5%
Health care system/provider issues and barriers	36.9%	31.6%
Personal and other reasons	29.5%	28.5%
COVID-19	8.9%	11.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consultations, and wireless communications. Among county adults, 46.6% had received care from a health care provider through telehealth in the prior year, rather than an office visit.

Telehealth, Past Year, Adults

	Riverside County	California
Received care from a health care provider through video or telephone	46.6%	45.4%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, 39.4% felt it was about the same, 20.7% of county residents felt that the visit was somewhat or much worse, and 20.9% felt that it was somewhat or much better, as compared to an in-person visit.

Most-Recent Video Visit Experience with Provider Compared to In-Person Visit

	Riverside County	California
Much worse	5.3%	4.1%
Somewhat worse	15.4%	17.7%
About the same	39.4%	44.4%
Somewhat better	11.4%	9.8%
Much better	9.5%	9.0%
Have not had one	19.1%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. http://ask.chis.ucla.edu/

Primary Care Physicians

The ratio of the population to primary care physicians in Riverside County is 2,164:1, which is higher (worse) than the state ratio of 1,233 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Riverside County	California
Number of primary care physicians	1,136	31,820
Ratio of population to primary care physicians	2,164:1	1,233:1

Source: County Health Rankings, 2024; data from 2021. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the MemorialCare Eisenhower Medical Center service area and information from the Uniform Data System (UDS)[1], 33.3% of the population in

[1] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
• Community Health Center, Section 330 (e)

the service area is low-income (200% of Federal Poverty Level) and 13.7% of the population are living in poverty. There are a number of Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

Even with Section 330 funded Community Health Centers serving the area, there are low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 65,635 patients in the service area, which equates to 47.9% penetration among low-income patients and 15.9% penetration among the total population. From 2021-2023, the Community Health Center providers served 1.7% fewer patients in the service area. There remain 71,515 low-income residents, 52.1% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
137,150	65,635	47.9%	15.9%	71,515	52.1%

Source: Health Center Program GeoCare Navigator, 2024, 2018-2022 population numbers. https://geocarenavigator.hrsa.gov/

Community Input – Access to Health Care

Challenges and Barriers

The most common theme was economic inequality and affordability, with participants highlighting the high costs of care and insurance limitations as significant barriers to accessing health care (e.g., “low-income individuals struggle to afford out-of-pocket costs, even with Medi-Cal coverage,” “affordability and insurance limitations”).

The next most common theme was geographic barriers and transportation challenges, particularly for residents in rural areas who must travel long distances to medical facilities and have limited transportation options (e.g., “long travel distances,” “inadequate transportation options”). Another frequently mentioned issue was the shortage of health care providers, particularly mental health professionals and specialty services (e.g., “shortage of mental health professionals exacerbates need for services,” “not enough specialists in the region”).

Other common themes included cultural and language barriers, particularly within the large Hispanic community, which hinder communication and access to care (e.g.,

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

“cultural and language differences,” “lack of bilingual services,” “cultural competency issues among providers”).

Other themes included:

- Restricted provider hours
- Fear of accessing care among undocumented individuals
- Low awareness and health literacy
- Telehealth connection issues
- Broader socioeconomic factors (e.g., poverty, homelessness)

Participants believe that addressing these challenges requires improving transportation, increasing health care provider availability, expanding telehealth options, and enhancing cultural competency among providers to ensure better health outcomes for the Coachella Valley community.

Most Impacted

The most mentioned populations impacted by limited access to health care in the Coachella Valley were low-income individuals, the elderly, rural residents, non-English speakers, and vulnerable groups such as those with disabilities, chronic health conditions, and mental health or substance abuse issues (e.g., “financial barriers,” “lack of transportation,” “language and cultural differences,” “scarcity of specialized services”).

Specific groups identified as disproportionately affected included:

- Low-income families
- Agricultural workers
- Hispanic or Latino residents
- Native Americans
- LGBTQ+ community
- Women and children
- Undocumented individuals and families.

Participants also highlighted that seniors, young children, and those with substance use disorders or mental illness face significant challenges in accessing appropriate health care.

Getting Help and/or Information

The most mentioned sources of health care information and services included local

nonprofit organizations, community health clinics, public health agencies, and trusted community-based groups such as *Promotoras* (e.g., “word-of-mouth from friends and family,” “local community centers,” “nonprofits and community health workers”).

Participants also reported that some individuals turn to online resources, though the quality of information varies, and health literacy challenges can make it difficult to navigate the health care system. Emergency rooms and urgent care centers were frequently cited as primary access points, especially for uninsured individuals.

Other commonly mentioned health care access points included federally qualified health centers, mobile health clinics, and low-cost community clinics, which provide services for those facing financial barriers and limited insurance coverage.

Participants highlighted several challenges that impact health care access, including transportation difficulties, complex health care system navigation, and limited provider availability. Additionally, some individuals seek care across the border in Mexico or turn to natural remedies when faced with barriers accessing traditional health care services.

Dental Care

Oral health is essential to a person’s overall health and well-being. In Riverside County, 9.7% of children and 30.1% of adults lack dental insurance.

Dental Insurance

	Riverside County	California
Children without dental insurance	9.7%	7.4%
Adults without dental insurance	30.1%	28.7%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

In Riverside County, 19.9% of children, ages 3 to 11, had never been to a dentist, and 73.2% had been in the past 12 months. 5.4% of area children needed dental care and did not receive it because the parents could not afford it. Among county teens, 86.7% have seen a dentist in the prior 12 months.

Dental Care Utilization, Children, Ages 3-11, and Teens, Ages 12-17

	Children		Teens	
	County	State	County	State
Never been to the dentist	19.9%	14.9%	≤*0.6%	0.8%
Visited dentist < 6 months ago	64.3%	69.5%	67.5%	74.2%
Visited dentist > 6 months to 1 year ago	8.9%	9.7%	19.2%	13.4%
Visited dentist > 1 to 2 years ago	6.1%	4.2%	*5.7%	7.1%
Visited dentist > 2 to 5 years ago	≤*0.8%	1.4%	7.0%	3.2%

	Children		Teens	
	County	State	County	State
Visited dentist more than 5 years ago		0.3%	≤*0.6%	1.3%
Parent could not afford needed dental care for child	5.4%	6.4%	N/A	N/A

*Source: California Health Interview Survey, 2021-2023, pooled. *Unstable due to small sample size. N/A = Not Asked. http://ask.chis.ucla.edu/*

68.6% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent'. 1.1% of county residents had never been to a dentist, and 9.1% had not been within the past 5 years. 3.1% had no natural teeth remaining.

Dental Care Utilization and Condition of Teeth, Adults

	Riverside County	California
Condition of teeth: good to excellent†	68.6%	71.7%
Condition of teeth: fair to poor†	28.3%	26.2%
Condition of teeth: has no natural teeth†	3.1%	2.1%
Never been to a dentist	1.1%	2.1%
Visited dentist < 6 months to two years	77.4%	80.4%
Visited dentist more than 5 years ago	9.1%	7.1%

Source: California Health Interview Survey, 2021-2023 or †2020-2022, pooled. http://ask.chis.ucla.edu/

The ratio of residents to dentists in Riverside County is 1,734:1, which is higher (worse) than the dentists per capita for the state (1,076:1).

Dentists, Number and Ratio

	Riverside County	California
Number of dentists	1,427	36,261
Ratio of population to dentists	1,734:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. http://www.countyhealthrankings.org

Community Input – Dental Care

Challenges and Barriers

Participants identified high costs, limited access to affordable services, and a shortage of dental professionals as the most significant barriers to dental care. Many residents, particularly those in low-income and rural areas, struggle to afford regular dental visits or lack dental insurance, making accessing preventive and necessary treatments challenging. For example, one participant shared, "It is way too expensive, there are not enough providers, there is lack of information to cover the whole community."

Participants also noted a shortage of dental providers, especially specialists, which results in long wait times and limited care options. Affordability and insurance limitations were frequently cited concerns, with some participants emphasizing that even insured

individuals face challenges managing out-of-pocket dental procedure costs (e.g., “cost of services and/or lack of dental coverage with certain insurance plans or providers”).

Other commonly mentioned barriers included cultural and language differences, transportation challenges, and a lack of education about oral health, which further exacerbate disparities in dental care access. The lack of affordable periodontal and pediatric dental services was specifically highlighted as a pressing issue. For example, one participant stated, “Cultural and language barriers, particularly within the Hispanic community, can prevent individuals from seeking dental care or fully understanding available treatments. Additionally, transportation issues affect residents in more remote areas who struggle to access dental offices.”

Some participants reported that residents often must prioritize other basic needs over dental care due to perceived or actual high costs.

Most Impacted

Participants identified several populations as being most affected by limited access to dental care, including:

- Low-income families
- Elderly
- Individuals living in rural areas
- Underrepresented minorities
- Native Americans
- Uninsured individuals
- Individuals with disabilities
- Individuals with substance use disorders
- Individuals living with HIV/AIDS
- Homeless individuals
- Young children

According to participants, these marginalized groups often face significant barriers, such as lack of dental insurance, high out-of-pocket costs, mobility and transportation challenges, and language and cultural differences, all of which hinder their ability to access preventive and necessary dental treatments.

For example, as one participant said,
“The populations most impacted by limited access to dental care in the Coachella Valley are low-income families, the elderly, and individuals living in rural areas. Low-income

residents often lack dental insurance or cannot afford out-of-pocket costs, making regular dental visits unaffordable. The elderly, particularly those on fixed incomes, may face additional barriers such as mobility issues, making it harder for them to access care. People living in rural or underserved areas also struggle with limited availability of dental professionals, leading to long travel distances and wait times. Furthermore, language and cultural barriers disproportionately affect the large Hispanic population, hindering their ability to navigate the dental care system and access needed treatments."

Participants emphasized that oral health is closely linked to overall health and well-being, making it especially critical for vulnerable populations such as seniors, children, and individuals with special needs to receive timely and appropriate dental care.

Getting Help and/or Information

Participants indicated that residents in the Coachella Valley access dental care and information through various sources, including local community health clinics, nonprofit organizations, public health programs, and dental schools that offer affordable or free services. Some individuals seek referrals from primary care providers or visit pharmacies and health centers for basic dental products and guidance (e.g., "community clinics or community resource fairs"). Word-of-mouth from friends, family, or community centers was also frequently mentioned as a trusted source of information and support.

Participants noted that options for those without insurance may include free clinics, insurance-referred providers, and cross-border trips to Mexicali, Mexico, where dental services are more affordable. However, many uninsured individuals reportedly forgo dental care altogether due to high costs (e.g., "free clinics or insurance-referred providers").

Participants also highlighted that residents with special needs or limited resources often face additional challenges in accessing comprehensive dental care and may need to travel outside the Coachella Valley to secure the necessary services. For example: "Mexicali or low-income clinics but they go only to get extractions. We cannot pay for dental services. The prices are ridiculous."

Birth Characteristics

Births

From 2018 to 2022, there were, on average, 4,014 births per year 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 662.3 per 1,000 live births, which is higher than the county (415.7 per 1,000 live births) and state (370 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	2,658	662.3	415.7	370.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 5.4% of total births. This was higher than the county (3.8% of total births), and state (3.3%) rates.

Births to Teen Mothers (Under Age 20), Rate per 1,000 Live Births

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Births to teen mothers	217	54.2	38.3	33.0

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Prenatal Care

Among pregnant women in the service area, 16.3% (163.2 per 1,000 live births) entered prenatal care after the first trimester. This equates to 83.7% of pregnant women starting prenatal care during 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	655	163.2	155.0	140.8

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Premature Birth

The rate of premature births (occurring before the start of the 38th week of gestation) in the service area was 82.8 per 1,000 live births.

Premature Birth, before Start of 38th Week or Unknown, Rate per 1,000 Live Births

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Premature birth	332	82.8	90.5	89.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Low Birth Weight

Babies born at a low birth weight (<2,500g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth weight babies was 64.1 per 1,000 live births.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Low birth weight	257	64.1	71.1	71.4

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Mother Smoked Regularly During Pregnancy

Mothers in the service area smoked no less than one cigarette per day for at least a three-month period during pregnancy at a rate of 9.4 per 1,000 live births.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Mothers who smoked	38	9.4	11.0	9.9

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

Infant Mortality

In this report the infant mortality rate is defined as deaths for infants under 1 year of age. The infant mortality rate in the service area, from 2018 through 2022, was 4.7 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, 5-Year Average

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Infant mortality	19	4.7	4.4	4.1

Source: Calculated by Gary Bess Associates using CA Dept. of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2018-2022, Table B01001. County (where available) and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released Dec. 2023.

There are differences in infant mortality rates when examined by the race and ethnicity of the mother. Among the groups for whom rates are available, the highest infant mortality rate in Riverside County was for births to non-Hispanic Black or African American mothers (8.49 deaths per 1,000 live births).

Infant Mortality, per 1,000 Live Births, by Mother's Race and Ethnicity, 6-Year Average

	Riverside County	California
Black or African American, non-Hispanic	8.49	8.20
Native Hawaiian or Other Pacific Islander, non-Hispanic	**	6.94
American Indian or Alaska Native, non-Hispanic	**	6.88
More than one race, non-Hispanic	**	4.50
Hispanic or Latina	4.40	4.23
White, non-Hispanic	3.69	3.21
Asian, non-Hispanic	3.62	2.72
Total	**4.51**	**4.13**

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2017-2022, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html **Suppressed due to reliability and privacy issues related to small sample size.*

Maternal Mortality and Morbidity

The pregnancy-related mortality ratio is defined as deaths while pregnant or within one year of the end of pregnancy, from causes related to or aggravated by the pregnancy or its management. Pregnancy-related mortality does not include deaths from suicide, homicide, drug overdose or most other injury. From 2017 to 2021, there were 26 pregnancy-related deaths in Riverside County, with a rate of 18.4 maternal deaths per 100,000 live births, which is higher than the state rate (16.3 deaths per 100,000 live births).

Pregnancy-Related Mortality Rate, per 100,000 Live Births, 5-Year Average, 2017-2021

	Riverside County		California	
	Number	Rate	Number	Rate
Maternal mortality	26	18.4	361	16.3

Source: California Department of Public Health, Maternal, Child, and Adolescent Health Division, Pregnancy-Related Mortality Dashboard, 2017-2021. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx

Severe maternal morbidity includes unexpected and potentially life-threatening complications from labor and delivery that result in significant health consequences. The

Healthy People 2030 target for severe maternal morbidity is a maximum of 68.1 incidents per 1,000 births. There are differences in pregnancy-related morbidity rates when examined by race and ethnicity. Morbidity rates in Riverside County show the highest frequency among Black mothers (167.2 per 10,000 live births), followed by Asian or Pacific Islander mothers (125 per 10,000 live births). The lowest rate of morbidity (89.8 per 10,000 live births) is among Hispanic mothers.

Severe Maternal Morbidity, per 10,000 Live Births, by Race and Ethnicity, 3-Year Average

	Riverside County		California	
	Number	Rate	Number	Rate
Black	77	167.2	1,121	174.5
Asian or Pacific Islander	51	125.0	2,063	124.3
American Indian or Alaska Native	**	**	35	107.4
Hispanic	416	89.8	5,967	105.3
White	185	91.0	3,027	90.3
Total	**772**	**97.0**	**13,081**	**108.0**

*Source: California Dept. of Public Health, Maternal, Child & Adolescent Health Division, Severe Maternal Morbidity Dashboard, 2020-2022. **Suppressed due to reliability and privacy issues related to small sample size. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Severe-Maternal-Morbidity.aspx*

Breastfeeding

Breast feeding has been proven to have considerable benefits to babies and mothers. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at EMC indicated that 94.2% of new mothers used some breastfeeding. 70.6% of new mothers at EMC used breastfeeding exclusively, which was higher than county (66.8%), and state (68.8%) rates.

In-Hospital Breastfeeding, Eisenhower Medical Center

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Eisenhower Medical Center	999	94.2%	749	70.6%
Riverside County	18,381	92.2%	13,314	66.8%
California	346,452	93.9%	253,783	68.8%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022. https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There were race and ethnicity differences noted in breastfeeding rates of mothers who delivered at EMC. 94.7% of Black mothers, and 94.6% of Latina or Hispanic mothers, initiated breastfeeding. 78.3% of multiracial mothers and 78.2% of White mothers breastfed exclusively. Rates of any breastfeeding were lowest among Asian mothers, White mothers, and multiracial mothers. The rate of exclusive breastfeeding was lowest among Asian mothers (57.6%), followed by Black mothers.

In-Hospital Breastfeeding, Eisenhower Medical Center, by Race and Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Black	18	94.7%	12	63.2%
Latina or Hispanic	670	94.6%	475	67.8%
Multiracial	21	91.3%	18	78.3%
White	212	90.6%	183	78.2%
Asian	28	84.9%	19	57.6%
Eisenhower Medical Center	**999**	**94.2%**	**749**	**70.6%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Riverside County is 78.5 years. Death before the age of 75 is considered a premature death. The rate of premature death in Riverside County was 371 deaths per 100,000 persons. The years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 7,346 years. Residents of Riverside County have a lower life expectancy compared to the state.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Riverside County	California
Life expectancy at birth in years	78.5	79.9
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	371	319
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 persons, age-adjusted	7,346	6,373

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed, and calculations performed by County Health Rankings, 2024; data from 2019-2021. http://www.countyhealthrankings.org*

Differences in life expectancy, premature mortality, and years of potential life lost can be seen among Riverside County residents. Non-Hispanic Asian residents have the highest life expectancy (85 years), lowest premature mortality (198 deaths in persons younger than 75 years, per 100,000 population), and years of potential life lost (3,710 years per 100,000 population). Native Hawaiian or Pacific Islander residents have the lowest life expectancy (73.7 years). American Indian or Alaska Native residents have the highest rates of premature death (574) and YPLL (12,546) in the county.

Life Expectancy, Premature Mortality, Premature Death, by Race and Ethnicity

	Life Expectancy	Premature Mortality	YPLL
Asian, non-Hispanic	85.0	198	3,710
Hispanic	79.5	345	6,594
White, non-Hispanic	77.7	402	8.069
American Indian or Alaskan Native	76.1	574	12,546
Black or African American, Non-Hispanic	74.4	525	11,369
Native Hawaiian or Pacific Islander	73.7	563	10,513

Source: National Center for Health Statistics' National Statistics System (NVSS); CDC Wonder mortality data; data accessed, and calculations performed by County Health Rankings, 2024; data from 2019-2021. N/A = Not available due to statistical instability related to small numbers. http://www.countyhealthrankings.org

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The

age-adjusted death rate in the service area from 2018 to 2022 was 668.5 deaths per 100,000 persons. The mortality rate in the service area is lower than Riverside County (748.4 deaths per 100,000 persons), and the state (672.4 deaths per 100,000 persons).

Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	EMC Service Area	Riverside County	California
Average annual deaths	4,626	20,172	300,973
Mortality rate per 100,000 persons	668.5	748.4	672.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area were heart disease and cancer. In addition to heart disease and cancer, COVID-19, unintentional injuries (accidents) and Alzheimer's disease were in the top five causes of death in the service area.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2018-2022* Averaged

	EMC Service Area		Riverside County	California	Healthy People 2030 Objective
	Avg Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	1,226	162.5	181.4	142.1	No Objective
Ischemic heart disease	605	98.6	110.8	82.9	71.1
Cancer	932	127.3	141.5	131.8	122.7
COVID-19*	490	72.8	94.4	68.5	No Objective
Unintentional injuries	292	63.6	50.9	43.1	43.2
Alzheimer's disease	266	33.6	40.7	38.3	No Objective
Stroke	235	31.0	40.1	39.1	33.4
Chronic Lower Respiratory Disease	241	30.9	37.5	27.9	Not Comparable
Liver disease	92	15.7	15.2	13.9	10.9
Diabetes	102	14.3	21.6	23.8	Not Comparable
Suicide	67	13.8	11.5	10.4	12.8
Parkinson's disease	86	10.8	9.5	9.0	No Objective
Pneumonia and influenza	68	9.5	13.3	12.7	No Objective
Essential hypertension and hypertensive renal disease	60	7.8	12.4	13.4	No Objective
Kidney disease	54	7.3	10.3	9.7	No Objective
Homicide	24	6.6	5.1	5.5	5.5
HIV	25	4.2	1.9	1.3	No Objective

*Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines. *Except for COVID-19, which is a 3-year average.*

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area was 98.6

deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 71.1 heart disease deaths. The age-adjusted rate of death from stroke was 31 deaths per 100,000 persons, which does meet the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	605	98.6	110.8	82.9
Stroke death rate	235	31.0	40.1	39.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate was 127.3 deaths per 100,000 persons. The cancer death rate in the service area does not meet the Healthy People 2030 objective of 122.7 deaths 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	932	127.3	141.5	131.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

All-site cancer mortality in Riverside County (141.6 deaths per 100,000 persons) is higher than the all-site cancer mortality rate at the state level (134.1 deaths per 100,000 persons). The highest rates of cancer in Riverside County were lung and bronchus cancers (27 deaths per 100,000 persons), prostate cancer (21.9 per 100,000 men), female breast cancer (20.2 deaths per 100,000 women), and colorectal cancers (13.5 deaths per 100,000 persons).

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

	Riverside County	California
Cancer all sites	**141.6**	**134.1**
Lung and bronchus	27.0	24.3
Prostate (males)	21.9	20.1
Breast (female)	20.2	18.9
Colon and rectum	13.5	12.0
Pancreas	10.4	10.4
Liver and intrahepatic bile duct	7.7	7.6
Ovary (females)	7.0	6.4

	Riverside County	California
Uterine (female)	5.6	5.3
Leukemia	5.4	5.5
Non-Hodgkin lymphoma	4.9	4.9
Brain and other nervous system	4.9	4.4
Urinary bladder	4.3	3.7
Kidney and renal pelvis	3.5	3.2
Esophagus	3.4	2.9
Stomach	3.2	3.8
Myeloma	3.0	2.8
Oral cavity and pharynx	2.7	2.4
Cervix uteri	2.6	2.2
Melanoma of the skin	2.0	1.8

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Rates of mortality in Riverside County for all-site cancer, as well as the top three cancers, are listed below by race and ethnicity. American Indian or Alaska Native residents have the highest all-cancer mortality rate. Non-Hispanic White residents and Black or African American residents have higher all-cancer mortalities than do Hispanic residents and Asian residents.

Among the groups for whom rates are available, American Indian or Alaska Native residents have the highest mortality rate from lung and female breast cancers. Black or African American residents have the highest mortality rate from prostate cancer. Hispanic residents have the lowest mortality from lung and bronchial cancers, and Asian or Pacific Islander residents have the lowest mortality rates from prostate and female breast cancers.

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity

	All Cancers	Lung and Bronchus	Prostate	Female Breast
Asian or Pacific Islander	107.9	21.2	9.5	13.6
Hispanic	119.4	15.6	20.7	16.0
White, non-Hispanic	150.5	31.7	21.6	21.9
Black or African American	160.9	29.7	45.3	30.3
American Indian or Alaska Native	314.3	53.5	**	37.2
Total	**141.6**	**27.0**	**21.9**	**20.2**

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*
***Suppressed due to statistical instability based on low numbers.*

COVID-19

In the service area, the COVID-19 death rate from 2020 through 2022 was 72.8 per 100,000 persons.

COVID-19 Mortality Rate, Age-Adjusted, per 100,000 Persons, 3-Year Average

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
COVID-19 death rate	490	72.8	94.4	68.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 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 63.6 deaths per 100,000 persons. The death rate from unintentional injuries in the service area does not meet the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	292	63.6	50.9	43.1

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Community Input – Unintentional Injuries

Challenges and Barriers

Participants identified a need for increased education and awareness among older adults as a key factor in preventing falls and unintentional injuries (e.g., “medical providers should increase information to prevent them”).

A commonly mentioned challenge was that seniors often lack knowledge about the resources they are entitled to, proper lifting techniques, and the benefits of using mobility devices, with some perceiving assistive devices as embarrassing or shameful.

Participants noted that many older adults have limited awareness of the dangers of falls and the associated risk factors. Additionally, pride and reluctance to make lifestyle adjustments to prevent accidents were cited as contributing factors (e.g., “knowledge of the danger of falls,” “pride...many seniors who are subject to falls refuse to make changes to avoid accidents”).

Seniors without adequate care, particularly those struggling with substance abuse, were identified as being especially vulnerable to unintentional injuries (e.g., “seniors not receiving care. Drug use causing people to virtually pass out prior to going into overdose”).

To address these concerns, participants emphasized the importance of comprehensive education and awareness-raising efforts to highlight the prevention of unintentional injuries and their significant health and financial costs. Empowering older adults with knowledge about their changing physical abilities can help them take proactive steps to maintain their safety and well-being.

Most Impacted

Participants identified seniors, children, disabled individuals, agricultural workers, nursing home residents, farm workers, and undocumented individuals as the groups most vulnerable to unintentional injuries in the Coachella Valley (e.g., “seniors, disabled, blind,” “children and mature adults, agriculture workers, nursing home residents (due to understaffing)”).

Seniors and the elderly population were highlighted as being particularly at risk, with participants noting that the impact of an accident often extends to the entire family.

Several factors were cited as contributing to increased vulnerability, including:

- Understaffing in nursing homes, leading to inadequate supervision and care
- Lack of proper training in certain job settings, increasing the risk of workplace injuries
- Physical limitations that come with aging, making seniors more susceptible to falls and other accidents
- Underreporting of accidents by employers, which prevents appropriate intervention and safety improvements

Getting Help and/or Information

Participants indicated that residents in the Coachella Valley seek help or information about unintentional injuries from various sources, including doctors, clinics, emergency rooms (ERs), and urgent care centers (e.g., “medical clinics, hospitals”).

Additional sources frequently mentioned included the internet, nonprofit organizations, senior centers, and health care practitioners, which serve as key resources for obtaining assistance and guidance (e.g., “non-profits and senior centers”).

Alzheimer’s Disease

In the service area, the Alzheimer’s disease death rate was 33.6 per 100,000 persons, which is lower than county and state 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	266	33.6	40.7	38.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease 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 chronic lower respiratory disease death rate was 30.9 deaths per 100,000 persons.

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	241	30.9	37.5	27.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Liver Disease

In the service area, the liver disease death rate was 15.7 deaths per 100,000 persons, which does not meet the Healthy People 2030 objective of 10.9 liver disease deaths 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	92	15.7	15.2	13.9

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Diabetes

In the service area, the diabetes death rate was 14.3 per 100,000 persons, which was lower than county (21.6 deaths per 100,0000 persons) and state (23.8 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	102	14.3	21.6	23.8

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Suicide

In the service area, the age-adjusted death rate due to suicide was 13.8 per 100,000 persons, which does not meet the Healthy People 2030 objective for suicide of no more than 12.8 per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Suicide death rate	67	13.8	11.5	10.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

From 2018 through 2022, there were 269 recorded suicides in the county, 23.6% of which occurred in the Coachella Valley region. Suicides in Coachella Valley were more likely to be among men (81.5%) than women, though women made more suicide attempts than did men. Coachella Valley rates were highest among American Indian or Alaska Native residents, followed by White residents, then Asian or Pacific Islander residents, and are lowest among Hispanic residents. The largest number of suicides was among area residents ages 45 to 64.

Suicides, Age-Adjusted Rates per 100,000 Persons, 5-Year Average, Coachella Valley

	Percent of Total	Rate
Male	81.5%	24.1
Female	18.5%	5.5
Ages 0 to 18	2.6%	1.7
Ages 19 to 24	4.1%	8.7
Ages 25 to 44	23.8%	15.0
Ages 45 to 64	36.4%	23.8
Ages 65 to 84	27.6%	19.8
Ages 85 and older	5.6%	26.9
American Indian or Alaska Native	0.3%	61.5
White	71.3%	29.2
Asian	1.8%	14.9
Black or African American	1.2%	9.5
Latinx	23.5%	5.6
Native Hawaiian or Pacific Islander	-	N/A

	Percent of Total	Rate
Total	**100%**	**15.0**

Source: Riverside County's Suicide Prevention Coalition, Suicides in Riverside County Data Brief, 2018-2022, published July 08, 2024. https://www.rivcospc.org/sites/default/files/DATA/pdfs/riverside-county-suicide-brief-2018-2022.pdf

Parkinson's Disease

In the service area, the Parkinson's disease death rate was 10.8 deaths per 100,000 persons, which is higher than the county rate of 9.5 deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Parkinson's disease death rate	86	10.8	9.5	9.0

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

In the service area, the pneumonia and influenza death rate was 9.5 deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	68	9.5	13.3	12.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Essential Hypertension and Hypertensive Renal Disease

In the service area, the essential hypertension and hypertensive renal disease death rate was 7.8 deaths per 100,000 persons.

Essential Hypertension and Hypertensive Renal Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Essential hypertension and hypertensive renal disease death rate	60	7.8	12.4	13.4

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Kidney Disease

In the service area, the kidney disease death rate was 7.3 deaths per 100,000 persons.

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	54	7.3	10.3	9.7

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

Homicide

In the service area, the age-adjusted death rate from homicides was 6.6 per 100,000 persons. This rate does not meet the Healthy People 2030 objective for homicide (5.5 deaths per 100,000 persons).

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

	EMC Service Area		Riverside County	California
	Number	Rate	Rate	Rate
Homicide	24	6.6	5.1	5.5

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. Values of 2 or less are withheld per HIPAA guidelines.

HIV

In the service area, the death rate from HIV was 4.2 deaths per 100,000 persons. This rate was more than twice the county HIV death rate (1.9 deaths per 100,000 persons), and more than three times the state rate (1.3 deaths 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	25	4.2	1.9	1.3

Source: Gary Bess Associates, calculated from CA Dept of Public Health Master Death Files 2018-2022. County and state data are estimated using U.S. CDC National Center for Health Statistics, Underlying Cause of Death 2018-2022 on CDC WONDER Online Database released May 2024, and 2015-2020 historic age-adjusted rates. -- Values of 2 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising. Drug overdose deaths in the county have increased over time and are consistently higher than state rates.

Deaths Caused by Drug Overdose Rates, Age-Adjusted*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*	2022*
Riverside County	11.4	11.5	13.7	14.1	16.6	17.6	18.1	27.7	33.8	35.4
California	10.7	10.7	11.1	11.3	11.7	12.8	15.0	21.8	27.8	28.1

*Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2022, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html *Age-adjusted rates are not available at the county level, from the CDC, after 2020.*

In 2023, the age-adjusted death rate from opioid overdoses in Riverside County was 23.7 deaths per 100,000 persons. The county did not meet the Healthy People 2030 objective of 13.1 opioid overdose deaths per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Riverside County	4.6	5.7	5.7	9.8	16.1	20.4	23.6	23.7
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.4

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024. https://skylab.cdph.ca.gov/ODdash/

Opioid overdose deaths in Riverside County in 2023 were more likely to occur in men (37 deaths per 100,000 men) as women (10.3 deaths per 100,000 women). Rates by age at the county level rise steeply starting with the 20- to 24-year-old demographic and stay high through the 65- to 69-year-old demographic. Almost half (48.9%) of the opioid overdose deaths were among White residents (36.6 deaths per 100,000 White residents) and more than a third (40.2%) were among Hispanic residents. 7.9% of the opioid deaths were among Black or African American residents of the county, for a rate of 28.7 deaths per 100,000 Black residents. Only ten deaths were among Asian residents, and seven were among Native American or Alaska Native residents, so care should be taken when interpreting these rates.

Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Rate
Male	37.0
Female	10.3
Native American or Alaska Native	62.1
White	36.6
Black or African American	28.7
Hispanic	18.4
Asian or Pacific Islander	5.6
Ages 15 to 19 years	4.5
Ages 20 to 24 years	18.8
Ages 25 to 29 years	25.7
Ages 30 to 34 years	41.4

	Rate
Ages 35 to 39 years	47.1
Ages 40 to 44 years	43.5
Ages 45 to 49 years	44.8
Ages 50 to 54 years	29.1
Ages 55 to 59 years	44.9
Ages 60 to 64 years	32.8
Ages 65 to 69 years	27.0
Ages 70 to 74 years	11.0
Ages 75 to 79 years	4.2
Ages 80 to 84 years	4.1
Ages 85+ years	1.9
Riverside County	**23.7**

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. https://skylab.cdph.ca.gov/ODdash/

Acute and Chronic Disease

Hospitalizations by Diagnoses

At Eisenhower Medical Center, the top five primary diagnoses resulting in hospitalization were circulatory system and digestive system diagnoses, infectious and parasitic diseases, injuries and poisonings, and musculoskeletal system and connective tissue disorders.

Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Eisenhower Medical Center
Circulatory system	19.7%
Digestive system	12.9%
Infectious and parasitic diseases	12.1%
Injury and poisoning	9.6%
Musculoskeletal system and connective tissue disorders	6.0%
Respiratory system	5.6%
Genitourinary system	5.5%
Endocrine, nutritional, metabolic diseases and immunity disorders	5.4%
Complications of pregnancy, childbirth and postpartum period	5.0%
Certain conditions originating in perinatal period	4.7%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/

Emergency Room Visits by Diagnoses

At Eisenhower Medical Center, the top four primary diagnoses seen in the Emergency Room were injuries and poisonings, circulatory system, digestive system, and musculoskeletal and connective tissue system diagnoses.

Emergency Room Visits, by Principal Diagnoses, Top Eleven Causes

	Eisenhower Medical Center
Injury and poisoning	15.6%
Circulatory system	11.7%
Digestive system	9.0%
Musculoskeletal and connective tissue system	7.1%
Respiratory system	6.4%
Genitourinary system	6.3%
Infectious and parasitic diseases	6.3%
Nervous system and sense organs	3.9%
Diseases of the skin and subcutaneous tissue	2.7%
Mental illness	2.5%
Endocrine, nutritional, and metabolic diseases and immunity disorders	2.5%

Source: California Department of Health Care Access and Information (HCAI), Emergency Department Characteristics by Facility, Pivot Profile, 2023. https://data.chhs.ca.gov/dataset/

Diabetes

Among Riverside County adults, 21.8% have been diagnosed as pre-diabetic and

11.5% have been diagnosed as having diabetes.

Pre-Diabetes and Diabetes, Adults

	Riverside County	California
Diagnosed pre-diabetic †	21.8%	20.6%
Diagnosed with diabetes	11.5%	11.0%

Source: California Health Interview Survey, 2021-2023 or †2021-2022, pooled. http://ask.chis.ucla.edu/

Among those groups for whom rates are available, non-Latino Black or African American residents have the highest rate of diagnosed diabetes (18.2%), followed by non-Latino Asian residents (15.7%), and then non-Latino American Indian or Alaska Native and Latino residents (12%).

Diabetes, Adults by Race and Ethnicity

	Riverside County	California
Native Hawaiian or Pacific Islander (non-Latino)	**	18.7%
Black or African American (non-Latino)	18.2%	14.7%
Asian (non-Latino)	15.7%	11.1%
American Indian or Alaska Native (non-Latino)	*12.0%	14.4%
Latino	12.0%	12.6%
Multiracial (non-Latino)	11.4%	7.3%
White (non-Latino)	11.2%	8.5%
Total	**12.2%**	**10.8%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

The Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For all PQI measures, hospitalization rates were higher in Riverside County than in the state.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Riverside County	California
Diabetes short term complications	79.6	70.1
Diabetes long term complications	128.9	108.7
Lower-extremity amputation among patients with diabetes	37.4	34.4
Uncontrolled diabetes	36.4	31.9
Diabetes composite	**261.4**	**226.6**

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease

Among Riverside County adults, 7.8% have been diagnosed with heart disease.

Heart Disease, Adults

	Riverside County	California
Diagnosed with heart disease	7.8%	7.0%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

When viewed by race and ethnicity, non-Latino American Indian or Alaska Native residents in Riverside County have the highest rate of diagnosed heart disease (13.7%), followed by non-Latino White (12.6%), and then by non-Latino Asian (5.7%) residents.

Heart Disease by Race and Ethnicity, Adults

	Riverside County	California
American Indian or Alaska Native (non-Latino)	*13.7%	12.7%
White (non-Latino)	12.6%	10.1%
Native Hawaiian or Pacific Islander (non-Latino)	**	8.8%
Black or African American (non-Latino)	5.7%	7.2%
Latino	3.8%	4.2%
Multiracial (non-Latino)	2.9%	5.7%
Asian (non-Latino)	2.8%	5.3%
Total	**7.3%**	**6.9%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*
***Suppressed due to instability.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Riverside County (407.1 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 380.7 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Riverside County	California
Hospitalization rate due to heart failure	407.1	380.7

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure and High Cholesterol

Hypertension (high blood pressure) is a co-morbidity factor for diabetes and heart disease. Among Riverside County adults, 30.9% have been diagnosed with high blood pressure, and 7.1% have been told they have borderline high blood pressure.

High Blood Pressure, Adults

	Riverside County	California
Ever diagnosed with high blood pressure	30.9%	27.1%
Ever diagnosed with borderline high blood pressure	7.1%	7.5%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

When viewed by race and ethnicity, non-Latino American Indian or Alaska Native residents in Riverside County have the highest rate of diagnosed high or borderline-high blood pressure (67.5%), followed by non-Latino Black or African American residents (47.5%), and non-Latino White residents (44%).

High or Borderline High Blood Pressure, Adult, by Race and Ethnicity

	Riverside County	California
American Indian or Alaska Native (non-Latino)	67.5%	52.0%
Black or African American (non-Latino)	47.5%	46.3%
White (non-Latino)	44.0%	37.9%
Asian (non-Latino)	37.0%	30.0%
Native Hawaiian or Pacific Islander (non-Latino)	35.8%	44.8%
Multiracial (non-Latino)	34.6%	30.5%
Latino	29.8%	29.6%
Total	**37.1%**	**34.0%**

Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in Riverside County (62.4 hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate (51.3 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Riverside County	California
Hospitalization rate due to hypertension	62.4	51.3

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

In Riverside County, the highest rates of diagnosed cancers are for female breast, prostate, lung and bronchus, and colon and rectal cancers.

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

	Riverside County	California
All sites	**398.7**	**398.3**
Breast (female)	113.8	124.1
Prostate (males)	99.0	99.0
Lung and bronchus	37.4	36.8
Colon and rectum	34.8	33.5

	Riverside County	California
Corpus uteri (females)	26.7	27.7
Melanoma of the skin	25.1	22.8
Non-Hodgkin lymphoma	16.6	17.7
Urinary bladder	16.0	15.4
Kidney and renal pelvis	16.0	15.0
Thyroid	12.6	12.4
Leukemia	12.2	12.3
Pancreas	11.8	12.4
Ovary (females)	10.8	10.6
Oral cavity and pharynx	10.5	10.2
Liver and intrahepatic bile duct	9.3	9.6
Cervix uteri (females)	7.8	7.3
Stomach	6.4	7.4
Testis (males)	6.1	6.3
Brain and other nervous system	5.8	5.8
Esophagus	3.9	3.5

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

The incidence of cancer diagnoses among American Indian or Alaska Native residents is higher than that of non-Hispanic White residents, and non-Hispanic Black or African American residents. Asian or Pacific Islander residents have the lowest rate of diagnosed cancers, followed by Hispanic residents.

Among the groups for whom rates are available, American Indian or Alaska Native residents of the county have the highest incidence of diagnoses for female breast cancer, and lung and bronchus cancers. Black or African American residents have the highest incidence of diagnoses for prostate cancer. Asian or Pacific Islander residents and Hispanic residents have the lowest rates of diagnoses for female breast, prostate, and lung and bronchus cancers.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, by Race and Ethnicity, for County

	All Cancers	Female Breast	Prostate	Lung and Bronchus
Asian or Pacific Islander	290.1	105.9	54.4	31.4
Hispanic	321.2	91.6	84.1	20.8
Black or African American	402.1	124.0	157.7	39.2
White	435.8	122.4	93.0	44.7
American Indian or Alaska Native	568.8	158.4	92.7	57.5
Total	**398.7**	**113.8**	**99.0**	**37.4**

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. https://explorer.ccrcal.org/application.html*

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In Riverside County, 15.2% of the adult population and 10.2% of children were diagnosed with asthma. 32.6% of the adult population with

diagnosed asthma had an asthma episode or attack in the past year, and 51.8% with current asthma take medication daily to control their symptoms. Among children with asthma, 41.1% had an asthma episode or attack in the past year, and 31.7% of children with current asthma take daily medication.

Asthma, Adults, Children and Teens

	Riverside County	California
Ever diagnosed with asthma, adults	15.2%	16.6%
Has had an asthma episode/attack in past 12 months, adults	32.6%	29.3%
Takes daily medication to control asthma, adults	51.8%	46.0%
Ever diagnosed with asthma, ages 1-17	10.2%	11.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	41.1%	28.1%
Takes daily medication to control asthma, ages 1-17	31.7%	39.5%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

In Riverside County, non-Latino Native Hawaiian or Pacific Islander residents have the highest rate of diagnosed asthma (42.1%), followed by American Indian or Alaska Native residents (37.9%), and multiracial residents (17.8%). Latino residents have the lowest rate of diagnosed asthma (11.5%), followed by non-Latino Asian residents (12.8%).

Asthma, by Race and Ethnicity, All Ages

	Riverside County	California
Native Hawaiian or Pacific Islander	*42.1%	14.6%
American Indian or Alaska Native	*37.9%	23.0%
Multiracial	17.8%	22.2%
White	15.3%	16.6%
Black or African American	14.6%	20.8%
Asian	12.8%	11.8%
Latino	11.5%	14.2%
Total	**13.4%**	**15.4%**

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. The rate in Riverside County for COPD and asthma hospitalizations among adults, ages 40 and older, was 160.2 hospitalizations per 100,000 persons. The rate of hospitalizations in Riverside County for asthma among young adults, ages 18 to 39, was 19.3 hospitalizations per 100,000 persons. The rate for hospitalizations among older adults is lower than the state rate, and among younger adults it is higher than the state rate.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Riverside County	California
COPD or asthma in older adults, ages 40+	160.2	176.5
Asthma in younger adults, ages 18 to 39	19.3	18.0

*Source: California Office of Statewide Health Planning & Development, 2022. https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

The tuberculosis (TB) rate in Riverside County in 2023 was 2.5 cases per 100,000 persons.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2019		2020		2021		2022		2023	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Riverside County	77	3.2	45	1.9	66	2.7	62	2.5	60	2.5
California	2,110	5.3	1,703	4.3	1,749	4.5	1,842	4.7	2,113	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2023, accessed October 28, 2024. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 13.6% of the non-institutionalized civilian population identified as having a disability, which is higher than the rate in Riverside County (11.9%) and the state (11.3%).

Disability, 5-Year Average

	EMC Service Area	Riverside County	California
Population with a disability	13.6%	11.9%	11.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. http://data.census.gov

COVID-19 Incidence, Mortality, and Vaccination Rates

In Riverside County, there had been 753,829 confirmed cases of COVID-19 as of December 19, 2023, when the state of California ended its Pandemic tracking. This was a higher rate of infection (305.4 cases per 1,000 persons) than the statewide average of 288 cases per 1,000 persons. The county also had a higher rate of confirmed deaths due to COVID-19. Through the same date, 7,131 county residents were confirmed to have died due to COVID-19 complications, for a rate of 2.89 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	Riverside County		California	
	Number	Rate	Number	Rate
Cases	753,829	305.4	11,557,751	288.0
Deaths	7,131	2.89	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state

The percentage of Riverside County residents, of all ages, who completed the primary series of a COVID-19 vaccine was 61.7%, as compared to 72.9% for the state. The CDC's vaccination recommendations, as of September 29, 2024, included an updated 2023-2024 vaccine dose for everyone ages five and older. 7.2% of county residents were considered to be up to date with their COVID vaccinations as of that date, as compared to 11.4% statewide. County rates of primary and up to date vaccination are lower than the statewide vaccination rates among all age groups.

COVID-19 Vaccinations, Completed Primary Series and 'Up to Date', by Age

	Primary Series		Up to Date*	
	Riverside County	California	Riverside County	California
Population, under 5	2.2%	7.9%	0.7%	4.1%
Population, ages 5-11	23.4%	37.1%	1.7%	6.3%
Population, ages 12-17	52.6%	66.9%	2.1%	5.6%
Population, ages 18-49	63.2%	78.6%	3.6%	7.6%
Population, ages 50-64	79.8%	83.0%	10.0%	13.6%
Population, ages 65+	86.2%	91.1%	22.2%	27.2%
Total Population	**61.7%**	**72.9%**	**7.2%**	**11.4%**

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29th, 2024. *Up to Date as of September 29, 2024, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data & https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx*

Among the vaccine-eligible population in Riverside County, 85.2% of the Native Hawaiian or Pacific Islander residents have completed the primary COVID-19 vaccination series, followed by 60.5% of White residents, 60% of Asian residents, 52% of Black residents, 46.7% of Latino residents, 42.5% of American Indian or Alaska Native (AIAN) residents, and 31.4% of multiracial residents. Uptake of the 2023-2024 COVID-19 vaccine booster recommended by the CDC followed largely the same pattern, with the highest vaccination rates among Native Hawaiian or Pacific Islander residents, and the lowest vaccination rate among multiracial residents.

Vaccinations for COVID-19, by Race and Ethnicity, as of 9/29/24

	Primary Series	Up to Date
Native Hawaiian or Pacific Islander	85.2%	10.8%
White	60.5%	8.6%
Asian	60.0%	7.9%
Black	52.0%	6.9%
Hispanic or Latino	46.7%	3.2%
American Indian or Alaska Native	42.5%	4.6%
Multiracial	31.4%	1.9%

*Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through Sept. 29, 2024. *Up to Date as of September 29, 2024, per CDC recommendations, which included an updated 2023-2024 COVID-19 vaccine. https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data*

Community Input – Chronic Disease

Challenges and Barriers

Participants identified several key challenges in addressing chronic illnesses, including limited access to affordable, nutritious food and safe spaces for physical activity, which contribute to unhealthy lifestyles and chronic conditions such as obesity, diabetes, and hypertension (e.g., “lack of access to healthy food,” “nowhere safe to exercise”).

Another commonly mentioned barrier was negative interactions with health care providers, with participants describing providers as dismissive, frustrated, or impatient toward individuals with chronic and invisible disabilities, making effective disease management more difficult.

Inadequate health education, low health literacy, and limited access to affordable health care were also cited as significant obstacles, delaying early diagnosis and proper treatment (e.g., “people don’t know how to manage their conditions,” “limited affordable care options”). Participants further noted that financial and housing instability, language barriers, and transportation difficulties restrict individuals' ability to access and coordinate care across multiple providers. Other reported concerns included the lack of prevention services, educational programs, and affordable treatment options near residents’ homes, exacerbating health disparities.

Most Impacted by Chronic Disease

Participants identified several populations as being most affected by chronic disease, including:

- Low-income families
- Hispanic or Latino or Latinx communities
- Seniors
- Undocumented residents

- Disabled individuals
- Native Americans
- Asian American and Pacific Islander residents
- Hard-of-hearing individuals
- Individuals living with HIV/AIDS
- Individuals with autoimmune conditions

Additional vulnerable groups included the blind, individuals experiencing homelessness, and those with mental health challenges or substance use issues, who often face significant barriers to health care, social services, and ongoing support (e.g., “the poor, the disabled, blind, seniors”, “seniors, HIV+, marginally or unhoused those with mental health challenges those with substance use issues”).

Participants emphasized that marginalized and underserved communities—such as agricultural workers, the elderly, the uninsured, women, and immigrant populations—are disproportionately impacted due to limited access to health care and essential resources (e.g., “low-income families, agricultural workers, and elderly residents are most impacted by chronic disease in the Coachella Valley”).

Participants also highlighted that some geographic regions within the Coachella Valley are more affected due to higher poverty rates, inadequate health care infrastructure, and fewer available services (e.g., “prevalent in low-income areas”). One participant shared, “We need more walk-in free clinics, especially in the East Valley. Clients tend to go as needed, without being judged. I have seen these clinics work in larger cities.”

Getting Help and/or Information

Participants indicated that individuals seek health information and services from various sources, including:

- Primary care
- Specialty medical providers
- Urgent care clinics
- Hospitals
- Emergency rooms
- Community-based organizations
- Trusted community members
- Online resources

However, participants noted that low-income and marginalized communities often face

barriers to accessing health care for their chronic diseases, leading some individuals to suffer in silence or seek care in Mexico due to cost concerns and lack of trust in the health care system (e.g., “local low-income clinics like volunteers in medicine. Mexicali and Tijuana”). Participants also highlighted the importance of community-based groups and clinics that focus on specific chronic diseases, which can serve as valuable sources of information and support for those managing long-term health conditions.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 31 for Riverside County puts it in the bottom half of California counties for healthy behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
Riverside County	31

Source: County Health Rankings, 2023. http://www.countyhealthrankings.org

Overweight and Obesity

In Riverside County, 35.3% of adults, 19.6% of teens, and 22% of children are overweight.

Overweight

	Riverside County	California
Adults, ages 20 and older	35.3%	33.9%
Teens, ages 12-17	19.6%	19.0%
Children, under age 12	22.0%	15.4%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. County adults (35.5%) and teens (24.2%) have higher rates of obesity than adults and teens statewide. County teens do not meet the objective.

Obesity

	Riverside County	California
Adults, ages 20 and older	35.5%	29.2%
Teens, ages 12-17	24.2%	18.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

From 2012 to 2014, averaged, to 2021 to 2023, averaged, the rate of obesity among adults in Riverside County increased by 8.3%.

Obesity, Adults, Ages 20 and Older, 2012 – 2023

	2012-2014	2015-2017	2018-2020	2021-2023	Change 2012-2023
Riverside County	27.2%	33.9%	31.4%	35.5%	8.3
California	25.8%	27.9%	28.3%	29.2%	3.4

Source: California Health Interview Survey, 2011-2023. http://ask.chis.ucla.edu/

In Riverside County, 100% of Native Hawaiian or Pacific Islander adults surveyed, ages 20 and older, reported being overweight or obese. 89.4% of American Indian or Alaska Native adults, 75.5% of Latino adults, 67.4% of non-Latino multiracial adults, 65.5% of White adults, 79.5% of Black or African American adults, and 46.3% of Asian adults, ages 20 and older, are overweight or obese. These rates are higher than the state.

Overweight and Obesity, Adults, Ages 20 and Older, by Race and Ethnicity

	Riverside County	California
Native Hawaiian or Pacific Islander, non-Latino	*100.0%	70.6%
American Indian or Alaska Native, non-Latino	89.4%	75.4%
Latino	75.5%	73.8%
Multiracial, non-Latino	67.4%	58.9%
White, non-Latino	65.5%	59.2%
Black or African American, non-Latino	79.5%	72.7%
Asian, non-Latino	46.3%	40.1%
Total population	**70.1%**	**62.8%**

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Soda or Sugar-Sweetened Beverage (SSB) Consumption

Among Riverside County children and adolescents, ages 2-17, 19.7% drank one or more glasses or cans of non-diet soda the day before and 51.3% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before.

Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	Riverside County	California
Drank ≥1 SSB other than soda yesterday, 2-17	51.3%	48.5%
Drank ≥1 sugar-sweetened soda yesterday, 2-17†	19.7%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. http://ask.chis.ucla.edu/

Adequate Fruit and Vegetable Consumption

In Riverside County, 29.7% of children, ages 2 to 11, and 24.1% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). These rates are higher among younger children, ages 2 to 4 (40.3%) than older children, ages 5 to 11 (26.8%), and higher among younger teens, ages 12 to 14 (26.1%) than older teens, ages 15 to 17 (19.5%). In children, the rate is higher for boys (30.5%) than for girls (27.5%). Among teens the rate is higher for girls (37.6%) than for

boys (10.2%). 68.2% of county children and teens ate two or more servings of fruit the prior day. Adequate fruit consumption decreased with age, from 86.8% of children younger than age five, to 47.7% of teens, ages 15 to 17.

Five or More Servings Fruits or Vegetables Daily, Children Ages 2 to 11, Teens, Ages 12 to 17, and At Least Two Servings of Fruit Daily, Children and Teens

	5 or More Servings of Fruits/Vegetables, Children	5 or More Servings of Fruits/Vegetables, Teens	2 or More Servings of Fruit
Male	30.5%	*10.2%	65.8%
Female	27.5%	37.6%	68.5%
Child, ages 2 to 4	40.3%	N/A	*86.8%
Child, ages 5 to 11	26.8%	N/A	68.4%
Teen, ages 12 to 14	N/A	26.1%	64.9%
Teen, ages 15 to 17	N/A	*19.5%	47.7%
Riverside County	**29.7%**	**24.1%**	**68.2%**
California	**34.2%**	**27.8%**	**68.0%**

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ N/A = Not asked *Unstable due to sample size.*

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 23.9% of Riverside County adults had not engaged in any leisure-time physical activity.

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Riverside County	California
No leisure time physical activity, past month	23.9%	*21.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among county children and teens, 41.3% spent five or more hours in sedentary activities on weekend days, which is higher than the state rate (34.5%).

Sedentary Children and Teens, Weekend Days, Ages 2-17

	Riverside County	California
2 to <3 hours	23.2%	20.4%
3 to <5 hours	24.4%	29.2%
5 or more hours	41.3%	34.5%

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

Proximity to exercise opportunities can increase physical activity in a community. 90% of Riverside County residents live in close proximity to exercise opportunities.

Adequate Access to Exercise Opportunities, 2020, 2022, and 2023 Combined

	Percent
Riverside County	90%
California	94%

Source: County Health Rankings, 2024 ranking, utilizing 2020, 2022, and 2023 combined data. http://www.countyhealthrankings.org

Community Input – Overweight and Obesity

Challenges and Barriers

Participants identified “poor diets”, lack of access to healthy and affordable food options, sedentary lifestyles, and socioeconomic factors as key contributors to being overweight or obese in the region. For example, “Poor diet, lack access to fresh food, cost of food, low wages, excessive work hours.”

A commonly mentioned issue was the abundance of processed and fast foods, coupled with the high cost of healthier alternatives, making it difficult for many residents to maintain nutritious diets (e.g., “abundance of processed foods in the diet and lack of physical activity as part of daily life”). Participants also highlighted the lack of education and awareness regarding the importance of balanced nutrition, particularly in low-income and middle-class communities (e.g., “not enough education on the importance of balanced nutrition”).

The COVID-19 pandemic was noted as a factor that has exacerbated weight gain and sedentary behaviors, with participants emphasizing its impact on the special needs community.

Most Impacted

Participants indicated that struggles with being overweight or obese affected a wide range of the population, but certain groups appear to be disproportionately impacted. Children, adults, and seniors were all mentioned as being affected, with a particularly high incidence among Hispanic residents and low-income individuals (e.g., “particularly among children, it seems that the Hispanic population is disproportionately overweight

and obese"). Participants noted that the lower cost of processed foods compared to healthier options may contribute to this disparity.

Certain medical conditions, such as Down syndrome, were also identified as increasing the risk of being overweight and obese (e.g., "Those with Down syndrome seem to have the highest incidence of obesity or overweight"). Additionally, participants highlighted that "marginalized communities", including Latinx populations and Native American populations, are at higher risk, as well as youth spending significant time on screens.

Getting Help and/or Information

Participants indicated that residents seek information and support from a variety of sources, including trusted community members such as neighbors, outreach workers, and *Promotoras*, as well as health care providers like primary care physicians, doctors, and medical clinics. Some residents reportedly turn to the internet, co-workers, friends, and family for health-related information and resource referrals (e.g., "co-workers, friends, family for support and/or resource referral").

Participants emphasized that the cost and accessibility of health care options play a significant role in where residents seek support, with many prioritizing low-cost and easily obtained sources of information and care. Additionally, participants noted that some residents may not always follow medical advice, particularly if it conflicts with their existing dietary habits or personal preferences.

Sexually Transmitted Infections

In 2023, the rate of chlamydia in Riverside County was 479 cases per 100,000 persons. The county rate of gonorrhea was 167.8 cases per 100,000 persons. The rate of primary and secondary syphilis for Riverside County was 12.8 cases per 100,000 persons. The rate of early latent syphilis in the county was 16 cases per 100,000 persons. Late or unknown duration syphilis in the county was 32.3 cases per 100,000 persons. The rate of congenital syphilis in the county fell for the second year, with 132.9 cases per 100,000 live births in the county in 2023. Rates of all listed STIs, other than congenital syphilis, are lower in the county than for the state.

STI Cases and Rates, per 100,000 Persons, or per 100,000 Live Births

	Riverside County		California
	Cases	Rate	Rate
Chlamydia	11,645	479.0	489.7
Gonorrhea	4,079	167.8	189.7
Primary and secondary syphilis	310	12.8	16.3
Early latent syphilis	388	16.0	19.1

	Riverside County		California
	Cases	Rate	Rate
Late/unknown duration syphilis	785	32.3	46.5
Congenital syphilis by year of birth	35	132.9	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report.
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Teen Sexual History

In Riverside County, 19.6% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had sex at least once, which is higher than the state rate (10%). More girls than boys answered in the affirmative.

Sexual Activity Teens, Ages 14-17

	Riverside County	California
Ever had sex	19.6%	10.0%
Ever had sex, male	*4.5%	9.4%
Ever had sex, female	13.1%	10.5%

*Source: California Health Interview Survey, 2019-2023, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

HIV

From 2020 to 2022, the rate of new HIV cases in Riverside County was 11.2 cases per 100,000 persons. In Riverside County, 83.3% of diagnosed persons in 2019 were receiving care, and in 2022 the rate was 80.8%. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage to care and viral suppression to 95% by 2025. Rates of care and suppression in the county are higher than statewide averages. The rate of death in the county among persons diagnosed with HIV, from 2017-2019, averaged, to 2020-2022, averaged, fell slightly, but remains higher than the state rate. The rate of persons living with diagnosed HIV in the county (441.5 persons per 100,000 persons), is higher than the state rate (355.6 persons per 100,000 persons).

HIV, Cases and Rates, per 100,000 Persons, 3-Year Averages or As Indicated

	Riverside County		California	
	2017-2019	2020-2022	2017-2019	2020-2022
Number of newly diagnosed cases	270	279	4,755	4,529
Rate of new diagnoses	11.2	11.2	12.0	11.3
People living with HIV/AIDS, 2019 & 2022	9,768	11,065	137,886	142,772
Rate of HIV, 2019 & 2022	402.2	441.5	346.8	355.6
Percent in care, 2019 & 2022	83.3%	80.8%	75.0%	73.7%
Percent virally suppressed, 2019 & 2022	75.8%	74.8%	65.3%	64.7%
Deaths per 100,000 HIV+ persons	7.5	7.4	4.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019, 2021 & 2022.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Community Input – HIV/AIDS

Challenges and Barriers

Participants identified limited access to health care, particularly in rural areas, as a significant barrier for individuals living with HIV/AIDS. Stigma and discrimination were also frequently mentioned as factors that prevent individuals from seeking care and contribute to misinformation and risky behaviors (e.g., “stigma, need for routine testing,” “loss of Desert AIDS Project as they switch over/rebrand to “DAP Health’, MPOX”).

Additional barriers included issues with insurance coverage and the ability to pay for care, provider turnover impacts the quality of care, high housing and utility costs, and limited access to healthy food and culturally competent mental health services.

Participants emphasized the need for financial support for community-based HIV organizations to empower individuals and provide peer support networks. The importance of promoting the “Undetectable = Untransmittable” (U=U) message was also identified as a key strategy to reducing fear and misinformation.

For example,
“Insurance coverage or ability to pay for care for HIV and comorbidities. Rapid provider turnover impacting quality of care. Financial support for people on restricted incomes. Housing costs. Utility costs. Healthy food. Culturally competent mental health care. Financial support for community-based HIV organizations. Fund people to help themselves and each other. Stigma, Undetectable=Untransmittable message, etc.”

Many participants highlighted the mental health struggles and feelings of shame that often accompany an HIV diagnosis, reinforcing the need for comprehensive support services.

Most Impacted

Participants identified the following populations as being most impacted by HIV/AIDS om the Coachella Valley:

- LGBTQ+
- Men who have intercourse with men
- Latino communities
- Individuals with limited health care access
- Migrant workers
- Low-income residents
- LGBTQ seniors

- Substance users
- People experiencing homelessness
- People with mental illnesses
- Sex workers
- Individuals aging with HIV

For example,
“The groups most impacted by HIV/AIDS in the Coachella Valley are LGBTQ+ individuals, especially men who have sex with men, as well as Latino communities and individuals with limited access to health care. These groups often face higher rates of infection, compounded by stigma, discrimination, and barriers to testing and treatment. Additionally, migrant workers and low-income residents are more vulnerable due to limited health care access and prevention education.”

According to participants, these groups experience higher infection rates due to factors such as stigma, discrimination, and barriers to testing and treatment.

Key challenges mentioned included a lack of prevention education, limited access to free clinics with comprehensive services, and difficulties maintaining routine medication adherence. Despite these challenges, participants acknowledged that the region is progressing in expanding resources and health centers to serve these vulnerable populations better.

Getting Help and/or Information
Participants identified DAP Health (formerly Desert AIDS Project) as a key resource for HIV/AIDS testing, treatment, and support services in the Coachella Valley. Maintaining appointments and medical coverage can be challenging, particularly for those experiencing homelessness. For example, “Many get good care at DAP in Palm Springs. Some get basic care if they maintain their appointments and keep their medical card. These things are an issue for people experiencing homelessness.”

Participants also emphasized that DAP offers STI/STD testing services, which help address broader sexual health needs in the community (e.g., “DAP Health STI/STD testing facilities”).

In addition to DAP, participants noted that residents seek assistance from local nonprofit organizations focused on HIV education and prevention, including LGBTQ+ centers and community health centers. Other commonly mentioned sources of support include

social service agencies, public health campaigns, and support groups, which provide additional information and resources.

One participant shared,
“In my experience, community residents in the Coachella Valley often turn to local health clinics, such as the Desert AIDS Project, for HIV/AIDS testing, treatment, and support. They may also seek help from nonprofit organizations that focus on HIV education and prevention, including local LGBTQ+ centers and community health centers. Additionally, residents access information through social service agencies, public health campaigns, and support groups. Word-of-mouth and referrals from health care providers also play a role in helping individuals find resources.”

Health care providers’ referrals and word-of-mouth were also highlighted as essential ways individuals learn about available services.

Mental Health

Mental Health

In Riverside County, 19.8% of adults reported having been told by a doctor, nurse, or other health professional they had depressive disorder. 13.2% of county adults had likely suffered from serious psychological distress in the prior year, and 11.1% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Rates of life impairment in the spheres of family, work, and social life, as well as household chores, were lower in the county than in the state. The rate of teens who had experienced serious psychological distress in the past year (26.8%) was lower than the state (30.1%).

Depression, Adults

	Riverside County	California
Told by health care professional they had depressive disorder, ever	19.8%	*20.8%

*Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://data.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb/data_preview *Weighted average of county rates.*

Mental Health Indicators

	Riverside County	California
Adults who had serious psychological distress during past year	13.2%	15.7%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	11.1%	12.2%
Adults: family life impairment during the past year	20.9%	24.0%
Adults: social life impairment during the past year	21.4%	24.3%
Adults: household chore impairment during the past year	20.7%	23.8%
Adults: work impairment during the past year	20.0%	25.1%
Teens who had serious psychological distress during past year	26.8%	30.1%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Mental Health Care Access

From 2021 through 2023, 31.9% of surveyed teens in Riverside County needed help for emotional or mental health problems in the prior year, and 13.7% of teens received psychological or emotional counseling in the past year. 21.1% of adults in Riverside County needed help with emotional-mental and/or alcohol-drug related issues in the past year. Among county adults who sought help, 54.2% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Riverside County	California
Teen who needed help for emotional or mental health problems in the past year †	31.9%	32.7%
Teen who received psychological or emotional counseling in the past year †	13.7%	18.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	21.1%	25.0%
Adults, sought/needed help and received treatment	54.2%	56.4%
Adults, sought/needed help but did not receive	45.8%	43.6%

Source: California Health Interview Survey, 2021-2023 and †2020-2023, pooled. http://ask.chis.ucla.edu/

Among county adults who had seen a professional in the past 12 months for problems with mental health, emotions or nerves, 24.2% visited a primary care physician only, and 34.4% visited a mental health professional only. 41.4% had seen both a primary care physician and a mental health professional.

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

	Riverside County	California
Primary care physician only	24.2%	22.1%
Mental health professional only	34.4%	38.8%
Both	41.4%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Among county adults and teens, 6.1% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past 12 months. 7.3% of adults and teens in the county connected online with a mental health professional and 4.9% connected with people with similar issues or status. Female residents of the county (7.5%) were more likely than males (4.5%) to seek help from an online tool, connect online with mental health professionals (8.4% vs. 6.2% for males), or connect online with peers (5.7% vs. 4%). In general, online mental health utilization rose with age, before falling again, being highest among adults, ages 25 to 39. Connecting online with peers was highest among teens, ages 15 to 17.

Online Mental Health Utilization, Adults and Teens

	Riverside County	California
Sought help from an online tool	6.1%	7.7%
Connected with a mental health professional online in the last 12 months	7.3%	8.2%
Connected online with people with similar mental health or alcohol/drug status	4.9%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. http://ask.chis.ucla.edu/

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Riverside County, the ratio of residents to mental health providers is 371:1, which is higher (worse access) than the state rate of 222 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Riverside County	California
Number of mental health providers	6,672	175,563
Ratio of population to mental health providers	371:1	222:1

Source: County Health Rankings, 2024; data from 2023. http://www.countyhealthrankings.org

Mental Health Hospitalizations in Children and Youth

In 2020, there were 2.1 hospitalization admissions due to mental health issues per 1,000 Riverside County residents, ages 5 to 14. Among youth, ages 15 to 19, there were 7.9 hospitalizations per 1,000 persons.

Hospital Discharges for Mental Health Issues, Rate per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Riverside County	2.4	2.1	9.3	7.9
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via http://www.kidsdata.org

Suicidal Ideation

In Riverside County, 20.8% of adults indicated they had seriously thought about committing suicide.

Ever Seriously Thought About Committing Suicide, Adults

	Riverside County	California
Ever seriously thought about committing suicide	20.8%	19.2%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

Suicidal ideation (ever) in Riverside County is higher for women (18.9%) than men (16.7%) and is higher among residents who identify as bisexual (48.7%), and lowest among those who identify as heterosexual (16%). The rate of suicidal ideation in the county is highest in younger adults, ages 18 to 24 (31%), and 25 to 39 (23.6%). The highest rates are among American Indian or Alaska Native residents (31.6%) and multiracial residents (30.8%), and the lowest rate is among Asian residents (14.6%).

Suicidal Ideation, Adults, by Demographics

	Riverside County
Male	16.7%
Female	18.9%
Bisexual †	48.7%
Gay, lesbian, or homosexual †	23.2%
Not sexual/celibate/none/other †	20.1%
Heterosexual †	16.0%
18 to 24 years old	31.0%
25 to 39 years old	23.6%
40 to 64 years old	14.6%
65 to 79 years old	10.9%
80 or older	7.1%
American Indian or Alaska Native, non-Latino	*31.6%
Multiracial, non-Latino	30.8%
Native Hawaiian or Pacific Islander, non-Latino	*28.9%
White, non-Latino	18.6%
Black or African American, non-Latino	16.8%
Latino	16.4%
Asian, non-Latino	14.6%
Total	**17.9%**

*Source: California Health Interview Survey, 2019-2023 or †2019-2022, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Among area school districts, only Desert Sands Unified chose to participate in the 2021-2022 California Healthy Kids Survey, and none chose to participate in the 2022-2023 survey. In the 2021-2022 survey, 15% of 7th grade students in Desert Sands Unified School District said they had seriously considered attempting suicide in the past 12 months, while the rate for 9th and 11th graders was 16%.

Seriously Considered Suicide, Teens

	7th Grade	9th Grade	11th Grade
Desert Sands Unified School District	15%	16%	16%

Source: California Department of Education, California Healthy Kids Survey, 2021-2022. https://data1.cde.ca.gov/dataquest/

Community Input – Mental Health

Challenges and Barriers

Participants identified a shortage of mental health professionals, limited access to affordable services, and persistent stigma surrounding mental health as key barriers to mental health care in the region.

As one participant shared:
“The greatest challenges related to mental health in the Coachella Valley include a lack of mental health professionals, limited access to affordable services, and stigma

surrounding mental health. There is a shortage of providers, especially in rural areas, making it difficult for residents to access care. Many people struggle to afford mental health services due to high costs and lack of insurance coverage. Additionally, cultural stigma and a lack of education about mental health can prevent individuals from seeking help, particularly in underserved communities."

A lack of providers, especially in rural areas, was frequently mentioned as making it difficult for residents to access care. Many individuals reportedly struggle to afford mental health services due to high costs and lack of insurance coverage (e.g., "cost for services, location, awareness of services").

Participants also highlighted cultural stigma and lack of mental health education as significant obstacles, preventing individuals—particularly in underserved communities—from seeking help. Specific barriers mentioned included the need for more bilingual and culturally competent providers, as well as the lack of services in languages like Spanish and Purépecha. Additional challenges identified were homelessness, chronic mental health conditions, and the lack of appropriate identification or credentials, which can further hinder access to available support.

Most Impacted

Participants identified marginalized and vulnerable populations as being most affected by mental health and substance use challenges in the Coachella Valley. Groups frequently mentioned included:

- Low-income individuals
- Racial and ethnic minorities (e.g., Hispanic, Native American, African American, Asian Pacific Islander residents)
- People experiencing homelessness
- Elderly
- Veterans
- Individuals with substance use disorders
- Youth
- LGBTQ+ people.

Key factors contributing to these mental health disparities included cultural stigma, lack of access to affordable care and support services, income instability, and social isolation. As one participant shared, "All communities are impacted, but the Hispanic population may be less likely to engage due to the cultural stigma associated with 'appearing weak'."

Participants also noted that the COVID-19 pandemic has exacerbated mental health

challenges across all communities, making it even more difficult for at-risk groups to receive necessary care (e.g., “everyone since Covid”).

Getting Help and/or Information

Participants indicated that residents of the Coachella Valley seek mental health resources and support from various sources, including local clinics, nonprofit organizations, community centers, churches, and social service agencies. Some residents reportedly turn to primary care providers, insurance providers, hospitals, or emergency rooms for mental health support when other resources are unavailable.

Participants noted that access to these resources can be challenging, particularly for those without reliable internet access or the ability to navigate complex health care systems. Gaps in public awareness and centralized coordination of mental health services were also frequently mentioned, with participants emphasizing the need for greater community education and stronger leadership from the Riverside University Health System – Behavioral Health (referred to by many names, including Department of Mental Health, County Behavioral Health, etc.).

For example, one participant shared:
“Joslyn offers brief short-term counseling for those over age 50; much of the community is unaware of that. Nevertheless, DMH should be more functional in what it is supposed to do! We need vastly more public exposure and education on what DMH actually should be offering, and DMH should be more centralized and organized.”

Specific resources identified included:

- Desert Regional Medical Center
- Riverside University Health System
- DAP Health (still often called “Desert AIDS Project” by participants)
- Coachella Valley Mental Health Center
- Borrego Health clinics
- County-level behavioral health

Participants also highlighted the importance of trusted community sources—such as neighbors, outreach workers, and schools—in connecting residents to available mental health support. For example, “… Additionally, residents often access information through community centers, churches, and social service agencies, which provide referrals or direct access to support groups, hotlines, and educational materials about mental health.”

Substance Use

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In Riverside County, 6% of adults smoke cigarettes, which meets the objective. 20.5% of county residents are former smokers. 65.4% of Riverside County adult smokers were thinking of quitting in the next 6 months. 20% of Riverside County adults, ages 18 to 65, had smoked an e-cigarette, and 6.3% had done so in the past month.

Smoking, Adults

	Riverside County	California
Current smoker	6.0%	5.6%
Former smoker	20.5%	19.3%
Never smoked	73.5%	75.1%
Thinking about quitting in the next 6 months	65.4%	64.9%
Ever smoked an e-cigarette, adults ages 18 to 65	20.0%	21.0%
Smoked an e-cigarette in the past 30 days, adults 18-65	6.3%	5.9%

Source: California Health Interview Survey, 2021-2023. http://ask.chis.ucla.edu/

Cigarette smoking in Riverside County is more common among men (7.5%) than women (5.5%). The rate of smoking is highest among adults, ages 40 to 64, being less popular with younger adult residents and less common among senior adults, ages 65 and older.

Cigarette Smoking, Adults, by Demographics

	Riverside County
Male	7.5%
Female	5.5%
18 to 24 years old	*2.0%
25 to 39 years old	5.8%
40 to 64 years old	9.2%
65 to 79 years old	5.7%
80 or older	*1.8%
Total	**6.4%**

*Source: California Health Interview Survey, 2019-2023, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

0.6% of Riverside County teens are current smokers, and 1.1% had smoked an e-cigarette in the past 30 days.

Smoking, Teens

	Riverside County	California
Current cigarette smoker	*0.6%	0.6%
Smoked an e-cigarette in the past 30 days	*1.1%	3.2%

*Source: California Health Interview Survey, 2019-2023. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

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. 16% of Riverside County adults had engaged in binge drinking in the prior month. The Healthy People 2030 objective is for no more than 25.4% of adults to binge drink in the prior month.

Binge Drinking, Adults

	Riverside County	California
Adult binge drinking, past month	16.0%	18.3%

Source: California Health Interview Survey, 2021-2023 pooled. http://ask.chis.ucla.edu/

Among county residents, men were more likely engage in binge drinking (17.3%) than women (14.9%). Bisexual (30.7%) and homosexual (24.8%) residents were the most likely to report binge drinking. Rates are highest among adults, ages 25-64, and decline with age. Binge drinking is lowest among low-income residents (9.2%), and highest among those living in households earning 300% of the Federal Poverty Level or more (19.4%), followed by those living in poverty (16.2%).

Binge Drinking, Adults, Previous Month, by Demographics

	Percent
Male	17.3%
Female	14.9%
Straight or heterosexual †	16.0%
Gay, lesbian or homosexual †	24.8%
Bisexual †	30.7%
Not sexual/celibate/none/other †	*1.4%
18 to 24	14.8%
25 to 39	19.1%
40 to 64	19.7%
65 to 79	8.2%
80 or older	*4.1%
0-99% FPL	16.2%
100-199% FPL	9.2%
200-299% FPL	11.6%

	Percent
300% or above FPL	19.4%
Riverside County	**16.0%**
California	**18.3%**

*Source: California Health Interview Survey, 2021-2023, or †2021-2022, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

21.9% of Riverside County teens have tried alcohol, and 4.4% engaged in binge drinking in the past month.

Teen Binge Drinking and Alcohol Experience

	Riverside County	California
Teen binge drinking, past month	*4.4%	4.3%
Teen ever had an alcoholic drink †	21.9%	22.3%

*Source: California Health Interview Survey, 2019-2023, or †2019-2022, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 47.2% of Riverside County adults interviewed said they had tried marijuana or hashish, which is lower than the state rate of 49.2%. 16% of all county residents said they had used it within the past month, and 6.2% said they had used it within the prior year, but not the past month.

Marijuana Use, Adults

	Riverside County	California
Have tried marijuana or hashish	47.2%	49.2%
Used marijuana within the past month	16.0%	17.0%
Used marijuana within the past year but not within the past month	6.2%	8.2%
Used marijuana more than 15 years ago	13.3%	11.9%

Source: California Health Interview Survey, 2021-2023, pooled. http://ask.chis.ucla.edu/

11.1% of county teens said they had tried marijuana or hashish. Of those, 52.9%, or 5.9% of all county teens, admitted to having used it within the past month.

Marijuana Use, Teens

	Riverside County	California
Have tried marijuana or hashish	11.1%	11.9%
Used marijuana within the past month	5.9%	5.9%

Source: California Health Interview Survey, 2019-2023 pooled. http://ask.chis.ucla.edu/

Opioid Use

The rate of hospitalizations in Riverside County due to opioid overdose, excluding heroin, was 13.5 per 100,000 persons. The rate of Emergency Department visits due to opioid overdoses, other than heroin overdoses, in Riverside County was 54.1 visits per 100,000 persons. The rate of opioid prescriptions was 365.1 prescriptions per 100,000 persons.

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

	Riverside County	California
Hospitalization rate for opioid overdose (excludes heroin)	13.5	15.0
ER visits for opioid overdose (excludes heroin)	54.1	58.7
Opioid prescriptions, per 1,000 persons	365.1	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; data from 2023. https://skylab.cdph.ca.gov/ODdash/

Substance Use by Race and Ethnicity

In Riverside County, from 2019 to 2023, 6.4% of adults reported being current smokers. Non-Latino multiracial residents (15.2%), and non-Latino White resident (9.1%) are more likely to be current smokers than non-Latino Asian residents or Latino residents (4.1%).

From 2019 to 2023, 14.5% of Riverside County adults said they had used marijuana during the prior month. Rates of marijuana use were highest among non-Latino multiracial residents (21.5%), White residents (18.1%), or Black or African American (13.9%) residents, and lowest among Asian residents (8.7%).

From 2021 to 2023, 16% of adults in Riverside County engaged in binge drinking during the prior month. The rates were highest among non-Latino multiracial residents (17.9%), Latino residents (17.7%), and non-Latino White residents (16.6%), and lowest among Asian residents and Black or African American residents (8.5%).

Cigarette Smoking, Binge Drinking and Marijuana Use, Adults, by Race, 5-Year Average

	Current Smoker	Current Marijuana User	Binge Drinking, Prior Month †
Multiracial, non-Latino	15.2%	21.5%	17.9%
White, non-Latino	9.1%	18.1%	16.6%
Black or African American, non-Latino	5.1%	13.9%	8.5%
Latino	4.1%	11.8%	17.7%
Asian, non-Latino	4.1%	8.7%	8.5%
Riverside County, all races	**6.4%**	**14.5%**	**16.0%**

Source: California Health Interview Survey, 2019-2023 or †2021-2023, pooled. http://ask.chis.ucla.edu/

Community Input – Substance Use

Challenges and Barriers

Participants identified limited access to affordable and culturally competent treatment and rehabilitation services, particularly in rural areas, as a significant barrier to addressing substance use disorders.

A commonly mentioned issue was stigma surrounding substance use, which prevents individuals from seeking help due to fear of judgment or discrimination (e.g., “stigma, behavioral health factors that contribute to SUD, such as trauma, disability, thinking fallacies, accurate drug education”).

Participants also noted that economic instability, particularly among low-income residents and seasonal workers, contributes to stress and limited access to resources, leading some individuals to turn to substance use as a coping mechanism. Other frequently cited barriers included “lack of knowledge”, inadequate insurance coverage, and financial constraints, all of which make accessing substance use treatment services difficult (e.g., “people can’t afford treatment”).

Participants highlighted that marginalized populations, such as those experiencing mental health issues, homelessness, or immigration status challenges, face additional obstacles in obtaining substance use treatment. Additionally, the availability and ease of obtaining illegal substances, including the rise of fentanyl, were identified as exacerbating the crisis. For example, “The availability of addictive substances and the desire to experiment to possibly alleviate life stressors.”

Participants also expressed concerns about insufficient prevention and education programs, a lack of long-term sober living options, and the need for more culturally responsive care to support recovery efforts.

Most Impacted

Participants indicated that substance use and its impacts are widespread, affecting diverse populations across the Coachella Valley. Groups identified as being most impacted included:

- Adults over age 30
- People experiencing homelessness
- LGBTQIA+ individuals
- Hispanic or Latinx communities
- Low-income residents and seasonal workers
- Individuals with mental health conditions (including untreated mental health issues)

- Youth in marginalized communities and at-risk youth
- Racial and ethnic minorities
- HIV+ individuals
- Children, adolescents, and middle-aged adults
- People who use drugs and their families

Participants noted that diverse factors contribute to substance use, including trauma, cultural and social norms, stress, life transitions, emerging mental health issues, economic hardship, job instability, and lack of access to treatment and support services.

For example,
“Youth in marginalized communities and minorities face cultural and social norms that normalize substance use, compounded by high levels of stress, life transitions, and emerging mental health issues, making this group particularly vulnerable to developing substance use disorders.”

According to participants, these challenges disproportionately affect marginalized and underserved groups, reinforcing the urgent need for comprehensive, wraparound services and interventions to address this pervasive public health crisis.

Getting Help and/or Information
Participants indicated that residents in the Coachella Valley seek support and assistance for substance use and addiction from a variety of local organizations and resources. Commonly mentioned sources included nonprofit organizations such as DAP Health, FIND Food Bank, and the LGBTQ Center.

For example:
“In my experience, community residents in the Coachella Valley often turn to local organizations such as the Desert AIDS Project and FIND Food Bank. They also seek support from treatment centers, rehabilitation facilities, and nonprofit drug and alcohol treatment centers that provide counseling and recovery services. Support groups like Narcotics Anonymous or Alcoholics Anonymous are also commonly utilized. Residents can access information and resources through local clinics, health departments, and nonprofit organizations that offer education, counseling, and treatment referrals. Additionally, word-of-mouth referrals from family, friends, or community members often help guide individuals to available services.”

Other participants mentioned treatment centers, rehabilitation facilities, and nonprofit drug and alcohol treatment centers that provide counseling and recovery services.

Support groups like Narcotics Anonymous and Alcoholics Anonymous were also frequently cited as valuable resources for individuals seeking peer support and recovery assistance.

Participants noted that residents can access information and services through local clinics, health departments, and nonprofit organizations that offer education, counseling, and treatment referrals. Word-of-mouth referrals from family, friends, community members, outreach workers, and *promotores* were identified as key ways that individuals learn about available services.

However, participants expressed concerns about the limited availability and accessibility of certain services, particularly Medication-Assisted Treatment (MAT) clinics and inpatient treatment facilities. For example, “California Fentanyl crisis website is insufficient. Law enforcement is unable to respond to all the calls. Betty Ford, and the Ranch in Desert Hot Springs require a self-check in. Hospitals can only help with detox.”

Some residents reportedly turn to emergency rooms, health care clinicians, and local substance abuse agencies for help, though participants emphasized that available resources can be insufficient, particularly for uninsured individuals.

Preventive Practices

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 39.7% of Riverside County adults received a flu shot during the 2021 survey year.

Flu Vaccines

	Riverside County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A		60.1%
Received flu vaccine, ages 18 to 64 years	39.7%	40.5%	34.5%
Received flu vaccine, ages 65 and older			64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021 survey year (for county), 2021-2022 season (for California). N/A = Not Available. https://www.cdc.gov/fluvaxview/interactive/general-population-coverage.html

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten was 93.9% for Riverside County. Rates among the three area districts ranged from 95.8% in Desert Sands Unified and Palm Springs Unified School Districts to 97.5% in Coachella Valley Unified School District.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2021-2022*

School District	Immunization Rate
Coachella Valley Unified School District	97.5%
Desert Sands Unified School District	95.8%
Palm Springs Unified School District	95.8%
Riverside County*	**93.9%**
California*	**93.8%**

*Source: California Department of Public Health, Immunization Branch, 2021-2022. *For those schools where data were not suppressed due privacy concerns over small numbers. N/A = Suppressed due to fewer than 20 enrollees. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Cholesterol Screening

In Riverside County, 86% of adults were compliant with checking their cholesterol within the last 5 years.

Cholesterol Screening in Past 5 Years, Adults

	Riverside County	California
Checked cholesterol within the past 5 years	86.0%	*85.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2021 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Pap Smears

The Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. In Riverside County, 81.9% of women, ages 21 to 65, had a cervical cancer screening in the prior 3 years, which meets the Healthy People 2030 objective.

Pap Test in Past Three Years, Women, Ages 21-65

	Riverside County	California
Received pap test in the past 3 years	81.9%	*80.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% of women, ages 50-74, to have had a mammogram in the past two years. In Riverside County, 79.2% of women in this age group had obtained a mammogram in the prior two years, which does not meet the objective.

Mammograms, Women, Ages 50-74

	Riverside County	California
Received mammogram in the past 2 years	79.2%	*75.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam within the past 10 years. In Riverside County the reported rate of colorectal cancer screening was 51.9%. This does not meet the Healthy People 2030 objective for a colorectal cancer screening of 68.3%.

Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Riverside County	California
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	51.9%	*57.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Community Input – Preventive Practices

Challenges and Barriers

Participants identified limited access to health care services, lack of education and

awareness, cultural barriers, and competing priorities for marginalized communities as key obstacles to preventive health care practices in the region. For example, one participant sated, “Managing access to preventive practices while addressing a shortage of health care workers, services, and access is a balancing act.”

Many residents, particularly those in low-income or rural areas, reportedly struggle to access preventive care due to shortages of providers, transportation issues, and high costs.

A lack of education on the importance of regular screenings, vaccinations, and healthy lifestyle choices was frequently mentioned as a barrier, with participants noting that cultural attitudes and language barriers also prevent some individuals from seeking preventive care.

One participant shared:
“The greatest challenges related to preventive practices in the Coachella Valley include limited access to health care, lack of education, and cultural barriers. Many residents, particularly those in low-income or rural areas, struggle to access preventive care due to a shortage of providers, transportation issues, and high costs. Additionally, there is often a lack of education around the importance of preventive practices like regular screenings, vaccinations, and healthy lifestyle choices. Cultural attitudes and language barriers can also prevent some individuals from seeking preventive care, as they may not view it as a priority or may not fully understand available services.”

Participants further highlighted that funding and resources for preventive medicine and health promotion initiatives are often insufficient and that the health care industry lacks incentives to prioritize these services (e.g., “limited funding and limited service providers for prevention practices”).

Additionally, the COVID-19 pandemic was noted as having exacerbated these challenges by disrupting the focus on preventive health and delaying routine screenings and check-ups.

Addressing these barriers, according to participants, requires a multi-pronged approach, including:

- Increasing access to affordable health care services
- Expanding public education and outreach efforts
- Fostering community engagement and support for preventive health practices

Most Impacted
Participants identified low-income families, migrant workers, the elderly, children, seniors, women, Hispanics, and other “marginalized communities” as the groups most affected by limited access to preventive health care in the Coachella Valley (e.g., “low income and working families and individuals”).

According to participants, these populations often face an array of barriers to preventive care, such as cost, limited access to health care, unstable employment, lack of health insurance, fixed incomes, isolation, and language barriers.

Additionally, people with HIV, the immune-compromised, the uninsured, the undocumented, and Latinx immigrants were highlighted as particularly vulnerable populations due to greater health care disparities and systemic challenges.

Participants emphasized the need for improved access to health care, expanded health education, early intervention, and targeted support for underserved populations to reduce preventable health conditions and improve overall well-being.

Getting Help and/or Information
Participants indicated that residents in the Coachella Valley seek preventive health information and services from local health clinics, nonprofit organizations, community centers, public health campaigns, hospitals, and health fairs.

For example,
“In my experience, community residents in the Coachella Valley often turn to local health clinics, such as the Desert Healthcare District and Riverside University Health System, for information and services related to preventive care. They also seek help from nonprofit organizations and community centers that provide health education, screenings, and vaccinations. Public health campaigns, local hospitals, and health fairs are common sources for information, and residents may rely on family or community health workers to help navigate available services. Additionally, word-of-mouth and social media can be valuable tools for residents to learn about preventive practices.”

Many residents reportedly rely on trusted sources such as neighbors, community health workers, and social media to obtain health-related information. For example, “Residents will seek out information from a trusted source - a neighbor, a CBO outreach worker, *Promotoras*, possibly at a school site.”

Some participants noted that residents access preventive health information through

family, schools, and disease-specific community groups. However, limited access to personal doctors often leads individuals to seek guidance from the internet, friends, family, churches, and referrals within their social networks.

Participants identified key sources of preventive health information as health care providers, community health workers, online resources, and local resource fairs.

Participants also expressed concerns that residents sometimes receive health information too late, often at hospitals or emergency rooms, when conditions have already worsened.

Report of Progress

EMC developed and approved an Implementation Strategy to address significant health needs identified in the 2022 Community Health Needs Assessment. The hospital addressed: access to health care, chronic diseases (asthma, cancer, heart disease, diabetes, HIV/AIDS), mental health, substance use, 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 2022 CHNA.

Access to Care and Preventive Practices

Access to care is a key determinant of health that provides preventive measures and disease management, reducing the likelihood of hospitalizations and emergency room admissions. Preventive health care includes screenings, check-ups, and counseling to prevent illness, disease, or other health problems. Individuals who receive services in a timely manner have a greater opportunity to prevent or detect disease during earlier, treatable stages.

Response to Need

Financial Assistance, Insurance Enrollment 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 or no cost health insurance programs. The hospital provided transportation support for patients with transportation challenges, within 25 miles of the hospital.

Health Education, Outreach and Community Resources

Eisenhower provided more than 11,295 community encounters for health education, health fairs, lectures, podcasts, social media outreach and community outreach events. General health and wellness education was presented on topics that included: cardiac health, diabetes, nutrition, successful aging, sleep, stress management, sexual health, nutrition and exercise, and preventing injuries. Community residents received education materials and health resources at health and wellness fairs.

Healthy Living magazine was mailed to service area residents to notify them of services offered at the hospital and in the community. The information was also posted on the website and available at all Eisenhower Health locations. Eisenhower sent a monthly digital newsletter called Health Notes to nearly 100,000 area residents to notify them of available services and educate them about a variety of health conditions.

Eisenhower hosted a monthly blood drive on the hospital campus or in the community with the blood mobile.

Primary Care
Eisenhower has health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, La Quinta and Yucca Valley and provided primary care, specialty care, breast centers, imaging centers, laboratories and urgent care centers.

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. Doctors, nurses and other staff from Eisenhower contributed hours to CVVIM. In addition, CVVIM hosted large scale clinics in the community to reach uninsured residents with primary care and dental care services.

Child Abuse Prevention and Violence Prevention
Child abuse prevention classroom presentations, community events, parenting education, and the prevention program: Protect Yourself Rules train-the-trainer events, offered information and resources and provided 9,385 community encounters.

SAFE violence prevention education was provided to nine community advocates.

Chronic Diseases (Asthma, Cancer, Heart Disease, Diabetes, HIV/AIDS)

Chronic diseases are long-term medical conditions that tend to progressively worsen. Chronic diseases, such as cancer, heart disease, diabetes, and lung disease, are major causes of disability and death. Chronic diseases are also the major causes of premature deaths among adults.

Response to Need
Health Education, Outreach and Community Resources
Eisenhower provided health education classes and outreach events that focused on chronic disease prevention, management and treatment. Targeted health awareness

social media campaigns concentrated on cardiovascular care, diabetes, pain management, respiratory issues and joint replacement.

Eisenhower provided health screenings and support services.

- Community residents received spirometry education and screenings at health fairs and outreach events.
- 150 transgender individuals received HIV screenings.
- 25 Blood pressure screenings were provided at local health fairs.
- 83 community members received genetic counseling.
- Eisenhower health providers participated in weekly live television interviews on a variety of topics focused on chronic disease prevention, management and treatment.
- 245 community members learned about HIV, and aging positively.
- 136 community members received CPR and AED training.
- Injury Prevention events reached 395 community members. Lectures included Balance and Fitness, Fall Prevention, and Rotator Cuff Injury Management.
- 21 older adults received balance screenings.

Cancer Education, Outreach and Screenings

Eisenhower provided health education, media outreach, screenings, and special events that focused on cancer.

- Tai Chi classes provided 1,472 encounters for persons with cancer and cancer survivors. 718 encounters were provided for cancer strength training sessions.
- 3,563 encounters in Healing Sound Meditation were provided for cancer patients and survivors, which provided healing sound techniques for those experiencing stress and anxiety. Classes focused on balancing mind, body and spirit, allowing a sense of revitalized energy, creativity and motivation on the path to healing and wellness.
- Cancer lecture series, podcasts, roundtable discussions and informational outreach reached 767 individuals. Topics included Mental Health, Importance of Community Partnerships in Supportive Care, Survivorship Care After Cancer Treatments.
- Lectures and presentations in the community included Caregiver's Toolkit, Mind over Matter for Anxiety and Depression for Spanish speakers, as well as Prostate, Skin, and Pancreatic Cancer Awareness.
- Eisenhower held more than two dozen public presentations that are also available on Eisenhower's YouTube channel. Topics included long term effects of breast cancer treatment, discovering calm during cancer care, latest

developments on cancer care, enjoying nature through mindful walking, and cancer transitions with mindfulness, exercise, and healthy eating.
- Nutrition consultations with Registered Dieticians were provided to 378 community members with cancer.
- Eisenhower provided free skin cancer screenings for 149 community residents.
- In partnership with the American Cancer Society, Eisenhower offered a Wig Bank. An American Cancer Society volunteer conducted 112 free wig fittings to persons undergoing chemotherapy.

Support Groups

Support groups were provided for patients dealing with chronic diseases and their families and caregivers. More than 1,000 community encounters were provided.

- Bereavement Support Group
- Breast Cancer Support Group
- Cancer Support Group (English and Spanish)
- Memory Care Support Group
- Myeloma and Blood Cancer Support Group
- Ostomy Support Group
- Pre-Diabetes and Diabetes Support Group (English and Spanish)
- Prostate Cancer Support Group
- Speak Out Parkinson's Support Group
- Survivorship Support Group
- Type I Diabetes Support Group
- Weight Loss Surgery Support Group

Mental Health and Substance Use

Positive mental health is associated with improved health outcomes. Indicators and contributors to poor mental health include poverty and low education achievement. The need to access behavioral health services was noted as a high a priority among community members.

Response to Need

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 or 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 offered:

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

Health Education, Outreach and Community Resources
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.

In response to Tropical Storm Hilary, Eisenhower Health provided education and resources to those coping with anxiety, depression, and other issues related to the devastation.

Narcan Distribution
Increasing the availability of the rescue medication Narcan is a public health priority. Narcan can reverse an opioid overdose when it is given at the time of overdose. 750 people were provided with free doses of Narcan.

Attachment 1: Benchmark Comparisons

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

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**84.9%** - 92.9%	90.7%
Child health insurance rate	96.6%	92.4%
Adult health insurance rate	**87.0%**	92.4%
Unable to obtain medical care	**7.6%**	5.9%
Ischemic heart disease deaths	**98.6**	71.1 per 100,000 persons
Cancer deaths	**127.3**	122.7 per 100,000 persons
Colon and rectum cancer deaths	**13.5**	8.9 per 100,000 persons
Lung cancer deaths	**27.0**	25.1 per 100,000 persons
Female breast cancer deaths	**20.2**	15.3 per 100,000 persons
Prostate cancer deaths	**21.9**	16.9 per 100,000 persons
Stroke deaths	31.0	33.4 per 100,000 persons
Unintentional injury deaths	**63.6**	43.2 per 100,000 persons
Suicides	**13.8**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**15.7**	10.9 per 100,000 persons
Homicides	**6.6**	5.5 per 100,000 persons
Overdose deaths involving opioids	**23.7**	13.1 per 100,000 persons
Infant death rate	4.7	5.0 per 1,000 live births
Adult obese, ages 20 and older	35.5%	36.0%, adults ages 20+
Teens, 12 to 17 years, obese	**24.2%**	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	**54.2%**	68.8%
Adults engaging in binge drinking	16.0%	25.4%
Cigarette smoking by adults	6.0%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	81.9%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	**79.2%**	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**51.9%**	68.3%
Annual adult influenza vaccination	**39.7%**	70.0%

Attachment 2: Community Organizations Participating in the Survey

Organization Name
ABC Recovery Centers
Advancing Steps
AIDS Assistance Program, Inc.
Alzheimers Coachella Valley
American Association of University Women Coachella Valley (AAUW)
Big Brothers Big Sisters of the Desert
Boo2Bullying
California Health Collaborative
California Indian Nations College (CINC)
California State University, San Bernardino (CSUSB)
City of Rancho Mirage
Coachella Valley Association of Governments (CVAG)
Coachella Valley Disaster Preparedness Network
Coachella Valley Economic Partnership (CVEP)
Coachella Valley Free Clinic
Coachella Valley Rescue Mission (CVRM)
Coachella Valley Unified School District (CVUSD)
Coachella Valley Volunteers In Medicine (CVVIM)
Communities for a New California Education Fund
County of Riverside, Self-Sufficiency Division, Community Outreach Branch
DAP Health
Democratic Women of the Desert
Desert Doctors
Desert Healthcare District
Desert Oasis Healthcare
Desert Regional Medical Center
Desert Sands Unified School District
Earthquake Country Alliance
El Sol Neighborhood Educational Center
Family YMCA of the Desert
First 5 Riverside County
Food Now
Fromberg Edelstein Fromberg
Get In Motion Entrepreneurs
Guide Dogs of the Desert
HARC, Inc. (Health Assessment and Research for Communities)

Organization Name
Hazelden Betty Ford Foundation
HIV+ Aging Research Project-Palm Springs (HARP-PS)
Hope through Housing Foundation
Imagine School Charter
Innercare (formerly known as Clinicas de Salud del Pueblo)
Jewish Family Service of the Desert
Joslyn Center
Kaiser Permanente
Let's Kick AIDS Survivor Syndrome
LifeStream Blood Bank
Lift to Rise
Mission Vista Academy Charter School - Christian Education Committee
OneFuture Coachella Valley
Palm Desert Rotary
Palms to Pines Parasports dba SoCal Adaptive Sports
Providence Presbyterian Church
Pueblo Unido CDC
Riverside County Continuum of Care (CoC)
Riverside County Mecca Family & Farmworker's Service Center
Riverside University Health System - Public Health
Riverside University Health System - Behavioral Health
Shelter From The Storm Incorporated
SongShine Foundation
TruEvolution
United Cerebral Palsy of the Inland Empire (UCPIE)
University of California, Riverside (UCR)
Variety Children's Charity of the Desert
We Are One United (WAOU)

Attachment 3: Community Survey Responses

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 thematically analyzed.

Participants in the study painted a vivid picture of the health and social struggles facing residents of the Coachella Valley. Many shared concerns about the limited access to affordable and culturally competent health care, particularly among marginalized populations such as low-income residents, farmworkers, immigrants, and those experiencing homelessness. One participant expressed frustration, stating, “Even when health care is available, it doesn’t always reflect our culture or language—so people avoid going until it’s too late.”

Chronic diseases such as diabetes, hypertension, and obesity were frequently mentioned as widespread health concerns. Residents pointed to barriers to preventive care and healthy living, including the high costs of fresh food, limited access to wellness programs, and a lack of safe spaces for physical activity. As one community member explained, “It’s hard to stay healthy when the cheapest food is the worst for you, and the nearest doctor is too far away.”

Mental health challenges emerged as another pressing issue, with participants describing high levels of anxiety, depression, and substance abuse. These struggles were often linked to experiences of trauma, social isolation, and a lack of mental health resources. A mother shared, “We’re expected to just push through, but there’s nowhere to turn when you’re overwhelmed.”

Underlying these health challenges are significant social determinants of health—factors such as poverty, housing insecurity, food insecurity, and transportation barriers—which participants said shape their daily realities. Many emphasized the urgent need for affordable housing and noted the rising costs of living and economic inequality as critical stressors. One participant explained, “You work three jobs just to afford rent, and then there’s nothing left for anything else—especially not health care.”

Environmental concerns also surfaced in the survey, particularly regarding poor air quality and its impact on respiratory health. Parents expressed concern for their children, saying they worried about the long-term effects of pollution and extreme heat.

Additionally, vulnerable populations face disparities in access to services and support—populations such as children, seniors, and individuals with disabilities. A caregiver described the difficulty of securing reliable resources for a disabled family member, stating, “The help exists, but good luck navigating the system to get it.”

The feedback from participants highlights a complex web of interrelated health and social challenges. Addressing these issues will require a coordinated, collaborative effort among health care providers, social service organizations, policymakers, and community leaders. As one resident aptly put it, “We don’t just need services—we need solutions that truly work for us.”

Missing Services

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

Residents of the Coachella Valley face significant barriers when seeking mental health care, addiction treatment, affordable housing, specialized medical services, and quality childcare options. Many respondents emphasized that mental health services are difficult to access, citing a shortage of providers, long wait times, and high costs. One individual described the challenge, stating, “By the time you can actually get an appointment, the situation has already worsened.”

The lack of culturally competent care was a recurring concern, particularly among the Latinx and Purépecha communities. Many noted that language barriers and a lack of culturally sensitive providers deter individuals from seeking help. As one respondent put it, “Services exist, but they don’t always feel like they’re meant for us.”

Access to specialized medical services, such as pediatric care, dental care, and chronic disease management, was another commonly cited gap. Many residents struggle to find specialists within the region and are forced to travel outside the Coachella Valley for necessary treatment. One participant shared, “If you need cancer treatment, you must go to another county. That’s not realistic for people who can’t afford the time off work or transportation.”

Transportation itself is a major barrier, making it difficult for residents—especially those in rural areas—to reach health care and social services. Many noted that public transit options are limited or unreliable, and those without personal vehicles face significant

delays in receiving care. One respondent stated, “Missing an appointment isn’t about forgetting—it’s about not having a way to get there.”

Housing insecurity was also a key issue, with many respondents describing rising rent costs and a lack of affordable housing options. One individual noted, “Even if you have a full-time job, it’s still impossible to afford a decent place to live.” The lack of job training and workforce development programs further compounds these challenges, limiting economic mobility for many residents.

Another pressing concern was the shortage of affordable and high-quality childcare options. Many respondents described long waitlists and high costs as major obstacles for working parents. One parent shared, “Without childcare, I can’t work, and without work, I can’t afford childcare—it’s a cycle that’s impossible to break.”

Many respondents expressed frustration that existing services are either insufficient, difficult to navigate, or not designed to meet the needs of the community. As one individual stated, “It’s not just about having services—it’s about making sure they actually work for the people who need them.”

Additional Comments
Participants were asked a final question: “Is there anything else you would like to share regarding the health needs of the Coachella Valley community?”

Residents of the Coachella Valley face mounting health care challenges driven by population growth, an aging demographic, and deep-rooted socioeconomic disparities. Many respondents emphasized the need for increased funding and resources to expand health care services, particularly in low-income and underrepresented communities. One resident shared, “It’s hard enough finding a doctor, but even harder when you don’t have insurance or reliable transportation to get there.”

Accessibility remains a persistent issue, with transportation barriers and a lack of local medical facilities preventing many from receiving timely care. Participants described the long distances they must travel for specialized services, with one individual noting, “By the time I get to an appointment, I’ve already missed a full day of work.”

Mental health services were also highlighted as severely under-resourced, with marginalized groups—particularly the uninsured, unemployed, and Native American populations—facing significant barriers to mental health care. One respondent

explained, “We need more mental health professionals who understand our struggles and don’t just prescribe medication as a quick fix.”

Participants stressed that addressing these gaps requires a multifaceted approach. Several emphasized the importance of investing in local students who want to pursue health care careers, suggesting that increased scholarships, paid internships, and mentorship programs could help build a stronger local workforce. One respondent stated, “If we train our own people, they’re more likely to stay and serve the community.”

Beyond workforce development, residents highlighted the need for greater collaboration among health care partners to identify and address service gaps. Several participants pointed out that sharing resources and working collectively could lead to more effective solutions. One respondent expressed hope for broader systemic changes, stating, “If there was really political will to expand health care access and share resources, we could solve a lot of these problems.”

Other key concerns included the ongoing impacts of climate change, substance abuse, and social isolation due to the COVID-19 pandemic, which continue to exacerbate health disparities in the region. One participant described the mental and emotional toll of prolonged isolation, noting, “So many people still haven’t fully recovered from the loneliness and anxiety the pandemic created.”

The findings underscore the urgent need for a long-term, equitable approach to health care and social services. As one resident summed up, “Everyone deserves access to quality care—it shouldn’t depend on where you live or how much money you have.”