

Coachella Valley
Community Health Survey
2016



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Contents

INTRODUCTION	1
What's New This Year.....	2
Geographic Profile	3
METHODS	4
ADULT HEALTH	9
Demographic Profile	10
Healthcare Access – 18 to 64.....	18
General Health Status	21
Healthcare Utilization	22
Preventive Health Screenings	26
Health Behaviors.....	36
Major Disease	44
Disability.....	48
Mental Health.....	50
Weight, Fitness, Nutrition.....	52
Food Insecurity	54
Socioeconomic Needs.....	55
Community Cohesion	55
SENIOR HEALTH	57
Senior Demographics.....	58
Elder Abuse.....	59
Senior Mobility	60
CHILD HEALTH	63
Child Demographics	64
Child Healthcare Access	66
Child General Health	68
Child Healthcare Utilization	69
Preventive Health.....	71
Dental Health	72
Vaccinations.....	73
Safety	74
Asthma	76
Mental and Behavioral Health	78
Weight, Nutrition, and Fitness	80
Food Insecurity	84
Sleep.....	86
Learning and Socialization	88
Reading to Child	90
Conversations with Child.....	91
CONCLUSION.....	92

INTRODUCTION

HARC, Inc. is a 501(c)(3) nonprofit organization that provides community research and evaluation. HARC (Health Assessment and Research for Communities, formerly called Health Assessment Resource Center) was founded in 2006 to serve the Coachella Valley community.

The Coachella Valley is a unique community located within Riverside County in Inland Southern California. As such, local organizations found that County-level data, while available, did not adequately tell the story of the health needs of those living in the Coachella Valley. Service providers in the region struggled for years to identify health disparities, inequities, unhealthy behaviors and trends. HARC emerged to fill this gap and provide objective, reliable Coachella Valley-specific data.

In 2007, HARC was able to conduct the first survey of health in the region, provided by a random-digit-dial telephone survey. This survey provided vital information about health and quality of life in the region, and covered topics such as healthcare access, utilization, health behaviors, major disease, mental health, and more. It was determined that the survey would be revised and repeated every three years in order to measure progress and provide up-to-date data.

To date, the survey has been conducted four times: 2007, 2010, 2013, and 2016. This report summarizes the findings from the 2016 survey.

HARC's Coachella Valley data are used by nonprofit organizations, hospitals, institutions of higher school districts, K-12 education, governmental agencies, and media organizations, among others. These organizations use the data to apply for funding, create presentations/lectures, prioritizing health needs, develop programs to address those needs, write articles, design and conduct trainings, and make/change policy.

Most notable among these is the way in which HARC's objective, reliable Coachella Valley data has strengthened nonprofits' requests for funding. In five years, over 25 local organizations have used HARC's data to strengthen their funding requests, and obtained over \$12.8 million for critically needed programs and services. This funding provides the resources for many important services, including free HIV tests, meal delivery for home-bound seniors, transportation for people with disabilities, and much more.

Results are also available on HARC's query-based online database, [HARCSearch](#). HARCSearch allows users to go beyond what is included in this report, as well as providing many of the results broken down by demographics such as gender, ethnicity, age, education, and income. Pending the availability of additional funding, special reports that explore the data in depth will be released over the next two years. HARC is committed to seeking out funding for these type of detailed reports that will explore the data extensively.

The Coachella Valley Community Health Survey is just one part of HARC's work. HARC also provides consulting services to organizations that need solid data for program planning and decision-making. HARC provides program evaluation, needs assessment, data analysis, and many other services. All of HARC's work supports healthy, vibrant communities.

What's New This Year

There are several new aspects to this year's 2016 survey, including:

- Adapted methods regarding weighting (page 4)
- Adapted race/ethnicity question protocol (page 11)
- New variable: perceived income adequacy (page 12)
- New variable: caregiving (page 15)
- New variable: sleep
 - Adults (page 40)
 - Children (page 86)
- New variable: multiple sclerosis (page 44)
- Expanded disability section (page 48)
- Expanded food insecurity sections
 - Adults (page 54)
 - Children (page 84)
- New variable: community cohesion (page 55)

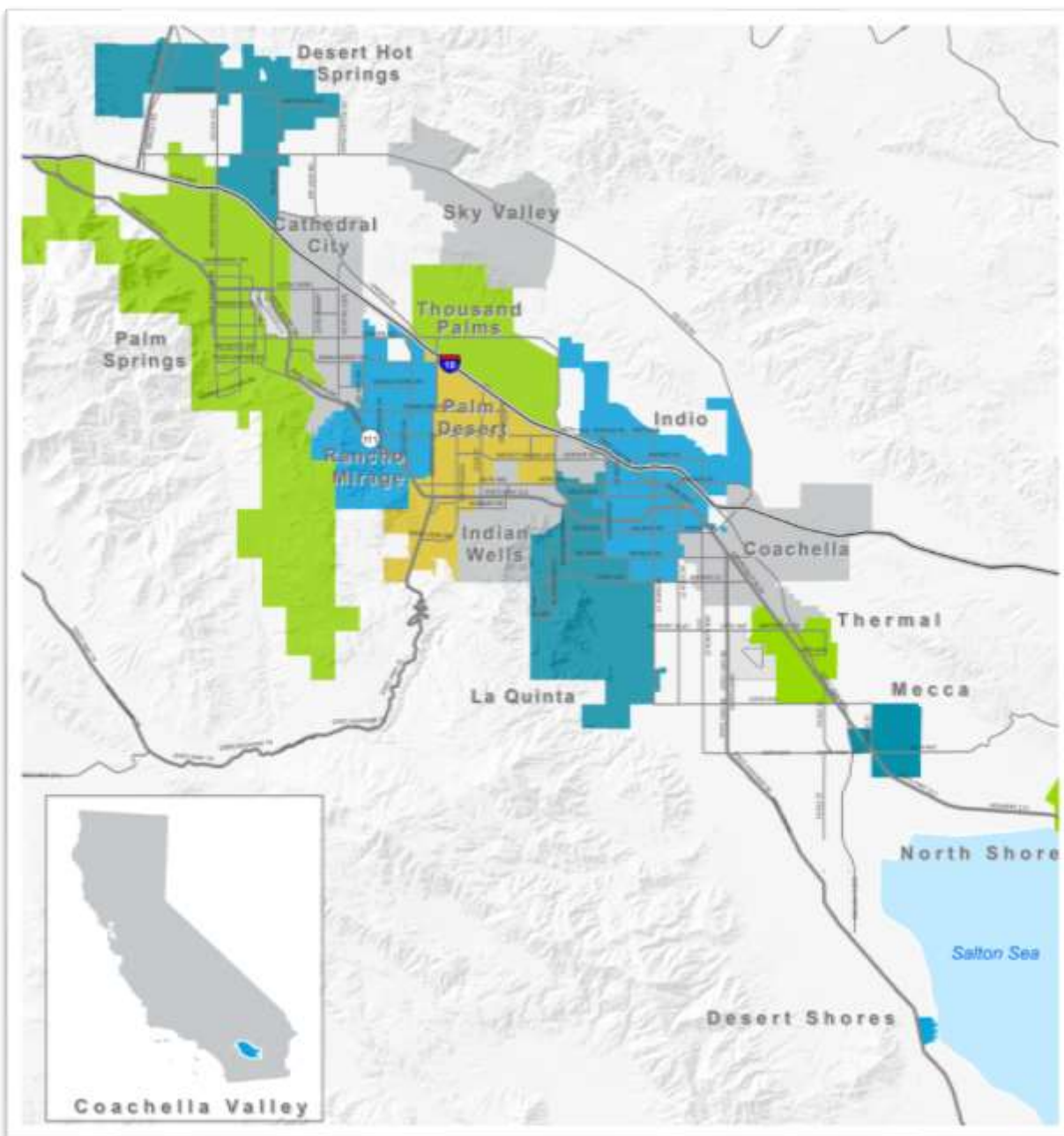


Additionally, for the first time, HARC has included some “Local Spotlight” features, which highlight the work that our partners are doing to improve health and wellness in the community. These features are designed to help illustrate the type of work that is being done in the community to address the issues HARC studies, and to raise awareness about excellent resources that already exist. HARC has chosen to honor Board Member organizations and funders with these “Local Spotlights”, which include:

Section		Local Spotlight Organization	Page
Adult	Education	California State University, San Bernardino Palm Desert Campus	13
Adult	Seasonal Residents	JFK Memorial Hospital	17
Adult	Health Insurance	Coachella Valley Volunteers in Medicine	20
Adult	General Health	Esri	21
Adult	Usual Source of Care	Clinicas de Salud del Pueblo	23
Adult	Preventive Screening	Desert Oasis Healthcare	28
Adult	Vaccines	University of California, Riverside School of Medicine	34
Adult	Medical Marijuana	City of Desert Hot Springs	39
Adult	HIV Testing	Desert AIDS Project	43
Adult	Cancer	Desert Regional Medical Center	45
Adult	Diabetes	Eisenhower Medical Center	47
Adult	Mental Health	Riverside University Health System – Behavioral Health	51
Seniors	Elder Abuse	Riverside County Office on Aging	59
Seniors	Fall Prevention	“A Matter of Balance” funded by Desert Healthcare District	61
Child	Health Insurance	Inland Empire Health Plan	66
Child	Physical Exercise	City of Coachella	81
Child	Food Insecurity	Riverside University Health System – Public Health	85
Child	Academic Achievement	Palm Springs Unified School District	88
Child	Childcare	First 5 Riverside	89

Geographic Profile

This report focuses on the health status of the Coachella Valley, a geographically isolated area of Riverside County in Southern California. The Coachella Valley is comprised of nine major cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) as well as several unincorporated areas (such as Bermuda Dunes, Mecca, Thermal, and Thousand Palms, among others). Tribal areas within the Coachella Valley include the reservations of the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians.



METHODS

Key Methods Facts:

- Random digit dial telephone survey
- Data collection: Feb. to Oct. 2016
- 2,532 completed surveys
 - 2,022 in the adult sample
 - 510 in the child sample
- 60% cell phones, 40% landlines
- 21% in Spanish
- 17% response rate
- Average survey length ranged between 23 and 30 minutes

HARC's Coachella Valley Community Health Survey was initially developed by survey experts and a steering committee of local leaders (nonprofits, healthcare providers, businesses, local government, etc.). The survey is adapted each cycle based on both practical experience (e.g., removing survey questions that are not producing valid information) and input from the steering committee on what new data needs have emerged in the intervening years. Each time, HARC and the steering committee must balance the need to keep the survey the same—allowing for comparisons year over year—and the need to adapt the survey to reflect improved protocols/processes.

The survey instruments were modeled after the well-respected Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System (BRFSS) and the California Health Interview Survey (CHIS). The instruments assessed topics such as access to and utilization of, health status indicators, health insurance coverage, and health related behaviors.

HARC contracted with the Kent State University Survey Research Lab to conduct the 2016 survey. Data were collected by telephone survey with randomly selected adults, or randomly selected children by proxy interview with an adult determined to be the most knowledgeable about the selected child. Surveys were restricted to private residences (such as apartments, houses, or mobile homes) within the geographic area of Coachella Valley with landlines and/or cell phones. As such, this survey does not include people who are homeless, those who live in group home settings (such as nursing homes, group homes, etc.), or those who do not have a landline or a cell phone (which is an estimated 3% of the population, according to the National Health Interview Survey's 2016 figures).¹

Data collection began on February 2 and concluded on October 8, 2016. Data collection included 2,532 fully completed surveys: 2,022 in the adult sample and 510 in the child sample. This compares favorably to prior years of data collection, as illustrated in the table below.

Year	Completed Adult Surveys	Completed Child Surveys	Total Completed Surveys
2016	2,022	510	2,532
2013	1,962	509	2,471
2010	1,935	491	2,426
2007	2,226	589	2,815

¹ National Center for Health Statistics (2016). Wireless substitution: Early release of estimates from the National Health Interview Survey, January – June 2016. Available online at <https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201612.pdf>

Results show that nearly 60% of this year’s completed surveys were conducted on a cell phone, which is an incredibly strong showing. It is critically important to include cell phone respondents, as the National Health Interview Survey shows that approximately half of American homes are cell-phone only, and thus, cannot be reached by a landline.¹ It is especially critical to track people who do not have landlines, as they tend to be younger, more likely to be living in poverty, and more likely to be Hispanic/Latino. To exclude this group would be to underrepresent the true needs of the community.²

HARC strives to improve the cell phone participation each survey. The 2016 survey cell participation is more than double of that in 2013, as illustrated in the table below.

Year	Percent of Completed Surveys Done on a Cell Phone	Percent of Completed Surveys Done on a Landline
2016	59.6%	40.4%
2013	24.8%	75.2%
2010	7.5%	92.5%
2007	0.0%	100.0%

HARC strongly believes that increasing cell phone participants in the sample is an improvement in methodology, as it better reflects the entire population of the Coachella Valley. However, it does present a shift in methods, and thus, readers should keep this in mind when making comparisons to prior years.

Approximately 21% of the completed surveys were done in Spanish, according to the preferences of the participants.

Once data collection was complete, statisticians at Kent State University weighted the sample data to most accurately represent the entire population living in the Coachella Valley. The post-stratification weighting used the CDC raking protocol (CDC 2011). The data was weighted based on the U.S. Census Bureau’s American Community Survey’s five-year estimates (2009 to 2014) for the nine incorporated cities in the Coachella Valley combined with seven census-designated places (CDPs; Bermuda Dunes, Desert Palms, Indio Hills, Garnet, Mecca, Oasis, and Thousand Palms) to capture the population that lives in the unincorporated areas of the Coachella Valley. The weights were raked to age, sex, race, and ethnicity. Seventeen categories were defined for age, five categories were defined for race, and two categories for ethnicity.

Weighting the data is essential to ensure that the 2,532 survey respondents represent the 400,000+ people living in the Coachella Valley. As such, the weighted percents and population estimates presented in the report represent estimates that are weighted from the 2,500+ respondents to the 400,000+ residents of the region. Most of the tables included in this report include “Weighted Percent” and “Population Estimate” columns. The “Population Estimate” refers to the estimated number of people in the population (the Coachella Valley) represented by the survey respondents. The “Weighted Percent” is the proportion of people that the population estimate represents.

¹ National Center for Health Statistics (2016). Wireless substitution: Early release of estimates from the National Health Interview Survey, January – June 2016. Available online at <https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201612.pdf>

² Ibid.

It is worth noting that in prior survey cycles, the weighting procedure included weighting to the seasonal residents or “snowbirds”. Because of the climate and relatively low cost of living, many people have chosen to make the Coachella Valley their home for the winter months. In the past, HARC weighted the data to represent these seasonal residents based on the 2009 Wheeler’s Report. However, this cycle, HARC staff chose not to weight the snowbird data because of the relative age of the reference data (the 2009 Wheeler’s Report has not been updated since). Given the lack of weighting for snowbirds, as well as the slight shift in data collection months (including summer months when snowbirds are not in residence), this data represents far fewer snowbirds than prior years. HARC staff chose to make this operational decision to strengthen the reliability of the data and reduce reliance on outdated figures so that the 2016 data could be as robust and reliable as possible.

Specifically, in 2013, snowbirds made up about 12% of the raw data. When weights were applied, this became approximately 25%. In 2016, snowbirds made up about 6% of the raw data. Without weighting the snowbird data specifically, snowbirds remained about 6% in the final weighted dataset. As a result, this year’s data focuses more heavily on year-round residents of the Coachella Valley, with less emphasis on snowbirds than in prior cycles. As such, readers should be cautious about making comparisons to prior years.

Additionally, in prior years, race/ethnicity was asked as a combined question—and weighted as such. In this cycle, the survey used the U.S. Census Bureau’s protocol for asking race/ethnicity as two separate questions, with corresponding weights. As such, there may be some slight shifts in the population estimates in this aspect as well, and race/ethnicity estimates cannot be compared between 2016 and the prior surveys. While the lack of continuity is a disadvantage, HARC staff chose to make the switch to using the gold standard (U.S. Census Bureau) to increase the strength and reliability of HARC’s data. Additionally, this now allows for easy comparisons between HARC’s Coachella Valley data and Census Bureau data for other regions.

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

Things to Keep in Mind When Reading this Report

Report sections cover different populations, often determined by age. Unless otherwise specified (such as, “Men Age 40 and Over”), adult statistics are for all individuals age 18 and over. Unless otherwise specified (such as, “Children 0 to 5”), child statistics are for all children between the ages of 0 and 17.

These report data were collected in 2016, and are considered primary data, as they are original data collected by HARC. However, this report does include some secondary data (that is, data collected by a different organization such as from the U.S. Census or the California Health Interview Survey). The non-HARC data is always cited below the table or chart with the original source and year.

All data and data collection methods have strengths and weaknesses. The strengths of telephone surveys are that they typically have higher response rates than mailed surveys, can reach households with unlisted as well as listed phone numbers, allow respondents to ask questions about the survey and obtain immediate answers, and allow interviewers to probe for additional information if survey responses are unclear. One weakness is that telephone surveys cannot reach households without telephones, homeless populations, those who are incarcerated, or the institutionalized.

Significant historical trends between HARC’s 2016 Coachella Valley data and prior years are noted where applicable in text and vertical column charts. Differences reported in the text are “statistically significant”, which means that the differences are 95% sure to be “real” differences in the entire population of the Coachella Valley (and not just a fluke of HARC’s sample of Coachella Valley residents). This means that there is a 95% likelihood that the differences described here are true differences, not just due to chance.

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

This report frequently includes statements such as, “60% of adults live in households with an annual income below \$50,000.” Given that these are self-report data, it might be more appropriate to write, “60% of adults *report* that they live in households with an annual income below \$50,000.” For parsimony and readability, we have omitted reference to “reporting.”

Total rows are included in tables that represent mutually exclusive categories (e.g., income levels, age groups, etc.). The total row may sometimes be slightly off due to non-responses and/or rounding.

This report is not intended to serve as a comprehensive summary of the 2016 survey data. Rather, the report is meant to be an overview of high-level findings. More in-depth information can be found on HARC’s query-based database, HARCSearch, available at survey.HARCdata.org and additional information will be released in the form of special reports, data briefs, and press releases in the future.

ADULT HEALTH

Age 18+

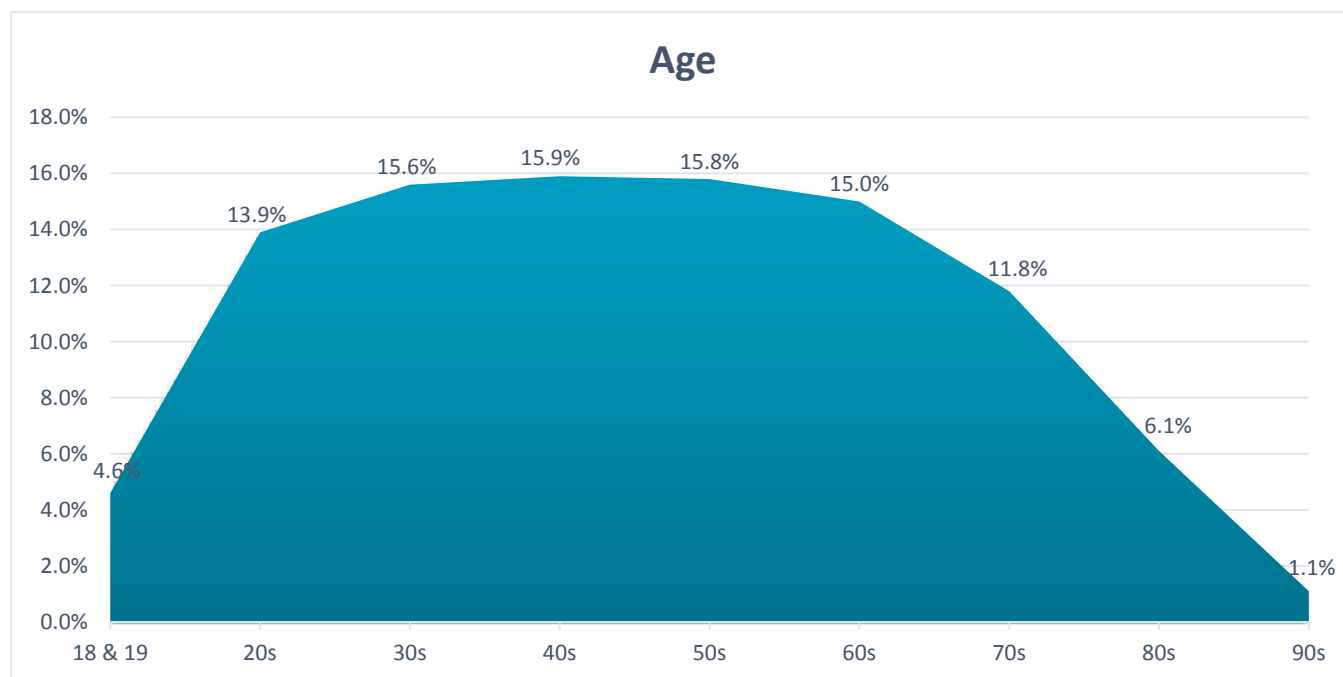


Demographic Profile

There are approximately 307,234 adults age 18 and older living in the Coachella Valley.

Age

Adults in this sample range in age from 18 to 97. The average age of an adult in the Coachella Valley is 50 years old.



Gender

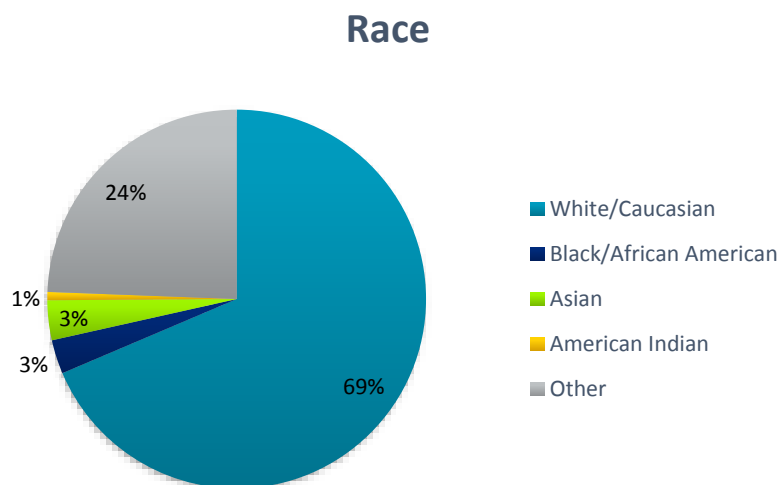
Participants were asked, “what is your gender?” with the options of male, female, transgender, and other. As illustrated in the table to the right, the sample was split half female and half male. No participants identified their gender as transgender or other.

Gender	Weighted Percent	Population Estimate
Male	49.7%	152,658
Female	50.3%	154,576
Total	100.0%	307,234

Race

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

Most adults in the Coachella Valley identify their race as “White/Caucasian”, as illustrated in the chart to the right. Nearly one-quarter of adults identify their race as “other”, the majority of whom identify their ethnicity as Hispanic/Latino, see below.



Ethnicity

To assess ethnicity, participants were asked, “Are you of Hispanic, Latino, or Spanish origin?” About 44.7% of Coachella Valley adults are Hispanic/Latino. The majority of Hispanic/Latino adults in the Coachella Valley identify as Mexican/Mexican-American, as illustrated in the table below.

Ethnicity	Weighted Percent	Population Estimate
Not of Hispanic, Latino, or Spanish origin	55.3%	168,819
Yes, Mexican, Mexican-American, Chicano	34.8%	106,267
Yes, other Hispanic, Latino, or Spanish origin	9.9%	30,465
Total	100.0%	305,551

Adult Socioeconomic Status (SES)

Socioeconomic status (SES) has many components, including income, poverty, education, and employment, which affect health and well-being. People with lower SES are less likely to receive healthcare, acquire a well-paying job, or be able to take advantage of healthful opportunities.¹

Income

Nearly 60% of Coachella Valley adults live in households with an annual income at or below \$50,000. As illustrated in the table to the right, this is relatively similar to the income distribution across the rest of Riverside County and California.

Annual Household Income	Coachella Valley	Riverside County	California
\$0 to \$19,999	27.7%	26.3%	21.7%
\$20,000 to \$50,000	31.6%	28.0%	29.8%
\$50,000 to \$99,999	21.8%	27.4%	25.7%
\$100,000 or more	18.9%	18.3%	22.9%
Total	100.0%	100.0%	100.0%

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2014.

Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels per the Department of Health and Human Services' guidelines for poverty in 2016. For example, for a single person, the poverty line is \$11,880 per year, while for a family of four, it is \$24,300 per year.

Illustrated in the table to the right, results show that over a quarter of Coachella Valley adults (26.8%, 61,911 adults) live in homes that fall at or below the Federal Poverty Line (FPL).

Percent of Federal Poverty Line (FPL)	Weighted Percent	Population Estimate
0 to 100% FPL	26.8%	61,911
101 to 200% FPL	19.3%	44,590
201 to 250% FPL	9.5%	21,870
251% FPL or higher	44.5%	102,963
Total	100.0%	231,333

Perceived Income Adequacy

Participants were asked to rate how well their household's total monthly income takes care of their needs. Approximately 3.7% of Coachella Valley adults feel that they are unable to meet their needs with their household's income each month, as illustrated below.

Level of Difficulty	Weighted Percent	Population Estimate
Easily meets needs	35.3%	81,385
Fairly easily meets needs	26.8%	61,857
Meets needs with some difficulty	27.0%	62,381
Meets needs with great difficulty	7.2%	16,565
Unable to meet needs	3.7%	8,457
Total	100.0%	230,645

¹ Factors That Contribute to Health Disparities in Cancer. (2014). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/healthdisparities/basic_info/challenges.htm

Employment Status

As illustrated in the table to the right, most adults in the Coachella Valley are either working or retired. When compared to the state and the nation, it is clear that Coachella Valley has a disproportionate amount of retirees.

Employment Status	Coachella Valley	California	United States
Employed or self-employed	47.3%	54.8%	57.3%
Retired	26.8%	16.1%	17.7%
Out of work	8.4%	7.5%	6.0%
Unable to work	6.5%	5.7%	6.7%
Student	5.9%	7.3%	5.3%
Homemaker	5.2%	8.6%	5.9%
Total	100.0%	100.0%	100.0%

Note. The California and United States data in this table are from BRFSS, 2014.

Education Level

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

Nearly 20% of adults in the Coachella Valley lack a high school diploma or equivalent.

In contrast, about a third of adults have a college degree or higher.

Highest Education Level Achieved	Weighted Percent	Population Estimate
Less than high school	19.7%	60,318
High school or equivalent	19.2%	58,727
Some college	25.6%	78,144
College degree	20.5%	62,530
Post-graduate degree	15.1%	46,021
Total	100.0%	305,741



Local Spotlight: California State University, San Bernardino Palm Desert Campus

California State University, San Bernardino Palm Desert Campus offers bachelor's and master's degrees, a doctorate in educational leadership, and teacher credentials and certificates. With more than 1,400 students, it is the only four-year public university in the Coachella Valley and plays a vital role in educating and training the region's growing population.

Students benefit from the resources of a large university through the San Bernardino Campus while receiving the supportive environment of a small campus here in the Coachella Valley. CSUSB Palm Desert Campus has exciting plans for expansion in the coming years which will help even more students receive a four-year college degree. To learn more about CSUSB Palm Desert Campus, visit www.pdc.csusb.edu.

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

Marital Status

Having a spouse typically means greater companionship and in turn, greater social support. Married partners often share health care benefits.¹ As illustrated in the table below, about 41% of Coachella Valley adults are married, while about 35% are single/have never been married. This is similar to the rates in Riverside County and California overall.

Marital Status	Coachella Valley	Riverside County	California
Married	41.4%	49.7%	48.2%
Single/never married	35.0%	22.1%	27.3%
Separated/divorced/widowed	20.1%	19.0%	17.3%
Live with partner	3.4%	9.1%	7.2%
Total	100.0%	100.0%	100.0%

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2015.

Sexual Orientation

Same sex couples are a minority across the U.S.; however, the greater Palm Springs area has one of the highest per capita rates of same sex couples in the nation.² As illustrated below, about 12% of Coachella Valley adults identify as homosexual, bisexual, or other orientation. This is substantially higher than the rate for California overall.

Sexual Orientation	Coachella Valley	California
Straight, heterosexual	88.1%	92.7%
Gay, lesbian, homosexual	9.0%	2.7%
Bisexual	1.9%	2.6%
Other (e.g., questioning, not sexual, celibate, none)	1.0%	2.0%
Total	100.0%	100.0%

Note. The California data in this table are from the California Health Interview Survey, 2015.

¹ The Effects of Marriage on Health: A Synthesis of Recent Research Evidence: A Research Brief. (2007). U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/pdf/75106/report.pdf>

² Facts and Findings from the Gay and Lesbian Atlas. (2004). Urban Institute. <http://www.urban.org/sites/default/files/alfresco/publication-pdfs/900695-Facts-and-Findings-from-The-Gay-and-Lesbian-Atlas.PDF>

Citizenship and Residency

Participants were asked to report whether they were a U.S. citizen. Some people who are not citizens may be hesitant to admit their lack of citizenship for fear of legal repercussions, including deportation. To encourage participation, these questions were prefaced with the statement, “The following questions are on citizenship and immigration. Your answers are confidential and will not be reported to any government agency.”

It is important to examine citizenship status, because people who are not United States citizens sometimes don’t have access to the same support systems that citizens do, such as public assistance programs like welfare, Medicaid, and food stamps.

There are approximately 58,405 adults in the Coachella Valley who are not U.S.-born citizens. Of these 58,405 people, the majority (62.2%, or 36,223 people) are permanent residents with a green card. Approximately 22,005 people are non-citizens and do not have green cards.

When compared to Riverside County and California as a whole, Coachella Valley has a smaller proportion of non-citizens, as illustrated below.

Citizenship and Immigration Status	Coachella Valley	Riverside County	California
U.S. citizen	80.7%	73.3%	65.9%
Naturalized citizen with a green card	12.0%	12.1%	18.0%
Non-citizen	7.3%	16.2%	14.6%
Total	100.0%	100.0%	100.0%

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2015.

Caregiving

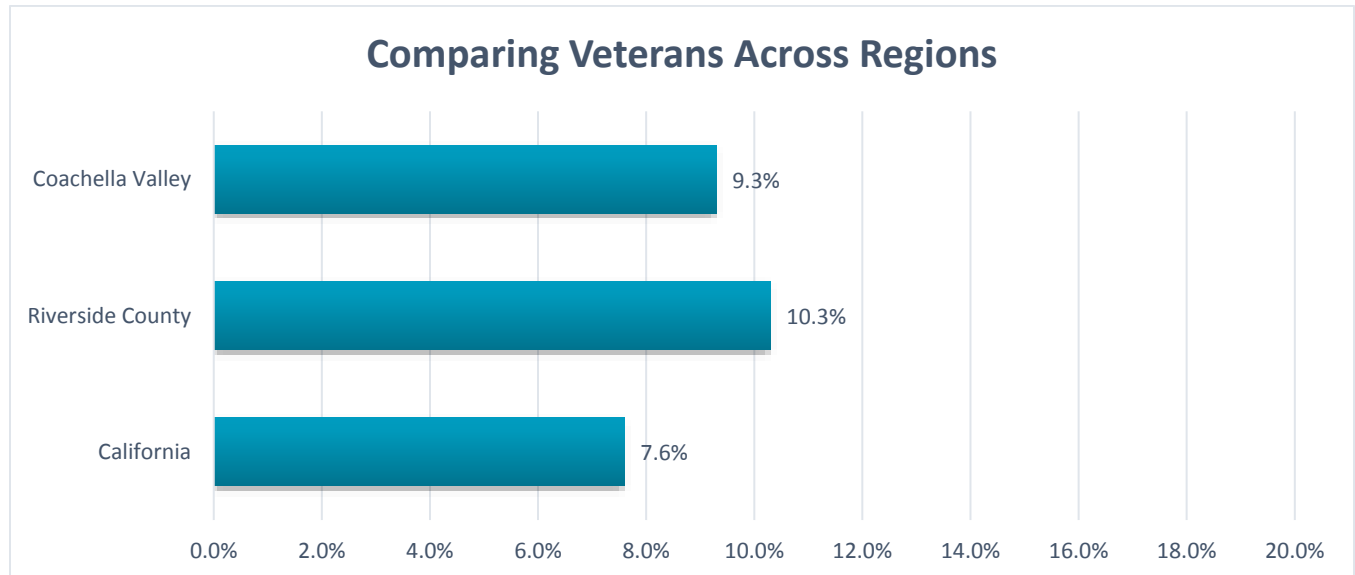
Caregiving for another adult is fairly common, especially for older adults who may need greater levels of assistance. Not only does caregiving require physical and sometimes financial assistance, but also emotional and social support. Although it can be a rewarding experience, it can also present burdens. For example, according to the Centers for Disease Control (CDC), caregivers frequently experience economic hardships, increased levels of depression and anxiety, compromised immune functions, and increased risks of early death.¹

Approximately 13.7% of Coachella Valley adults (41,909 people) are caregivers that provide unpaid care or assistance to a family member or friend with a health condition, long-term illness, or disability.

¹ Caregiving. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/aging/caregiving/index.htm>

Military Service

Approximately 9.3% of Coachella Valley adults (28,652 people) have served on active duty in the Armed Forces of the United States. As illustrated below, this is comparable to rates in Riverside County and California overall.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2015.

Veterans in the Coachella Valley span all ages, and have served our country across the last 70 years. Most veterans in the Coachella Valley began their service prior to 1970, as illustrated in the table to the right.

Era of Enlistment	Weighted Percent	Population Estimate
1940s	6.1%	1,747
1950s	24.1%	6,834
1960s	31.7%	8,998
1970s	10.2%	2,900
1980s	6.4%	1,820
1990s	7.0%	1,987
2000s	14.5%	4,129
Total	100.0%	28,415

Slightly over half of Coachella Valley veterans (56.3%, or 16,100 adults) were deployed during their time in the service. The remaining 43.7% of veterans (12,476 soldiers) were not deployed.

The majority of Coachella Valley veterans (67.5%, 19,152 veterans) served for five years or less. As a result, some of these veterans may not have full benefits. Only 1,300 veterans served for 20 or more years, and most likely have full benefits.

Part-Time Residents

Because of the climate and relatively low cost of living, many people have chosen to make the Coachella Valley their second home. These seasonal residents, known as “snowbirds”, typically spend the winter months in the Valley, and the hotter summer months in their other home—often a northern state, or Canada. This survey only captured information from people who stay in the Valley for at least one month out of the year; those who live in the Valley for 30 days or less were excluded from this sample.

Approximately 5.4% of Coachella Valley adults (16,482 people) are seasonal residents. The majority of these snowbirds stay for five months or more, as illustrated in the table below. This indicates that most snowbirds are spending a significant amount of time in the Valley.

Months living in the Coachella Valley, snowbirds only	Weighted Percent	Population Estimate
1 to 2 months	14.6%	2,408
3 to 4 months	24.1%	3,980
5 to 6 months	54.0%	8,905
7 months or more	7.2%	1,189
Total	100.0%	16,482

As noted in the methods section of this report, this is substantially lower than in prior years. Part of this is due to the change in weighting methods outlined in the methods section. The other part is due to the slight shift in the months of data collection. The 2016 data collection spanned the full summer when snowbirds are not in residence, while in 2013 there was no data collection during two months of the summer.

Local Spotlight: John F. Kennedy Memorial Hospital

While the Coachella Valley’s part time residents (“snowbirds”) visit primarily for the spectacular winter weather, many also benefit from the region’s vast healthcare resources and the opportunity to recuperate from elective medical procedures in privacy and comfort.

During the tourism season, JFK Memorial Hospital offers a diverse slate of free, informational seminars on orthopedic, urological, gynecological and general surgery. Hospital tours can be arranged on an individual basis. JFK also provides 24-care for medical emergencies. Our Emergency Department provides an online appointment feature through InQuicker for urgent, but non-emergency needs to help reduce emergency room waiting times. For more information, visit www.JFKMemorialHosp.com or phone (844) 535-6784.



Healthcare Access – 18 to 64

In the United States, health insurance is the primary means for accessing and obtaining needed medical care and for reimbursing providers who deliver medical care. Uninsured persons tend to have fewer healthcare visits than those who are insured.¹ Uninsured persons also receive less preventive health care, less service for major health conditions, and less service for chronic diseases.²

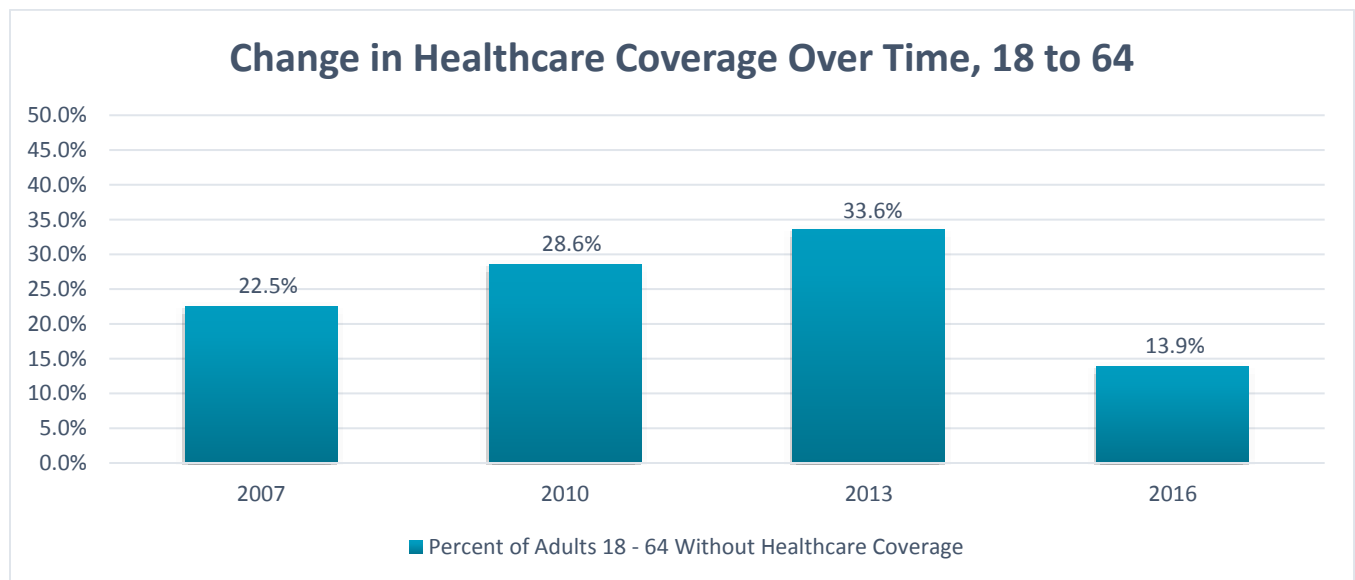
Americans are eligible for Medicare at the age of 65, and therefore nearly all adults over the age of 65 have some sort of health insurance. Thus, in order to obtain an accurate picture of healthcare access for nonelderly Americans, this section on access is restricted to those between the ages of 18 and 64.

Health Insurance Coverage

As a part of healthcare reform, 20 million uninsured nonelderly adults have acquired health insurance as of 2016, bringing the national estimate of uninsured nonelderly adults to 11.5%.³

The percent of Coachella Valley adults 18 to 64 that lack health insurance dropped from 34% in 2013 to 14% in 2016

Locally, from 2007 to 2013, the percentage of Coachella Valley adults 18 to 64 who did not have health insurance was steadily climbing, as illustrated below. Since the implementation of the Affordable Care Act, there has been a sharp and significant drop; approximately 13.9% of Coachella Valley adults 18 to 64 (30,965 people) lack health insurance, currently.

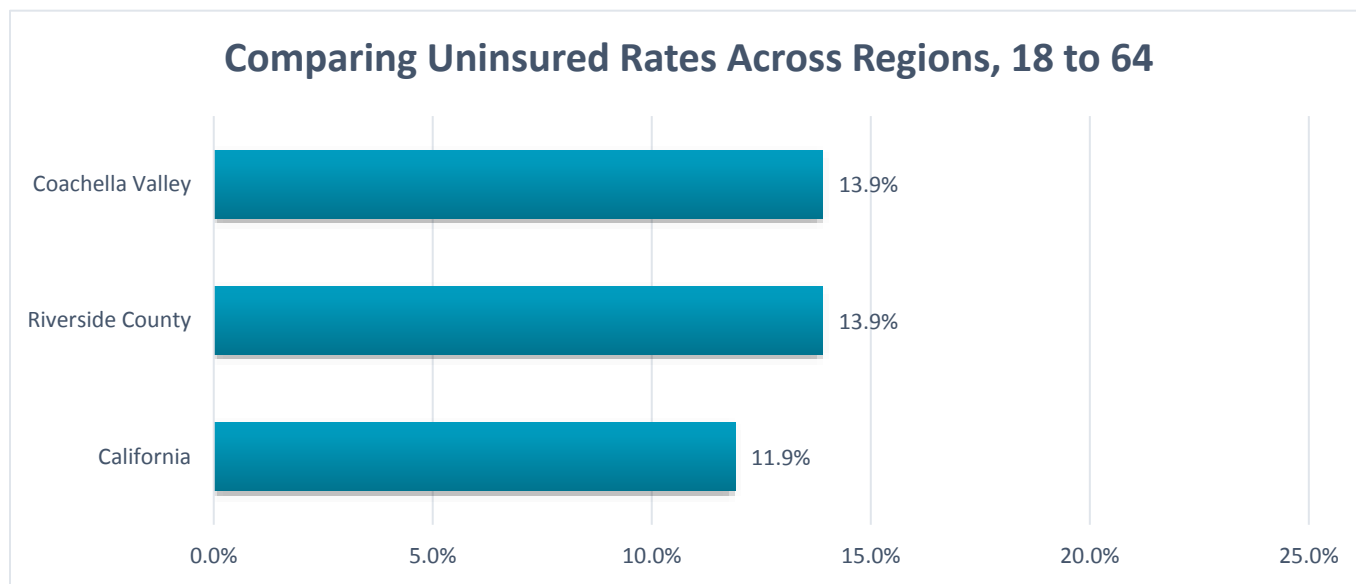


¹ Key Facts about the Uninsured Population. (2015). The Kaiser Commission on Medicaid and the Uninsured. <http://files.kff.org/attachment/fact-sheet-key-facts-about-the-uninsured-population>

² Ibid.

³ Health Insurance Coverage and the Affordable Care Act, 2010-2016. (2016). U.S. Department of Health and Human Services. <https://aspe.hhs.gov/sites/default/files/pdf/187551/ACA2010-2016.pdf>

This is very similar to rates across the county and state, as illustrated in the chart below.



Note. Riverside County and California data in this chart are from the California Health Interview Survey, 2015.

Most insured adults 18 to 64 are covered by their employer (27.6%, or 53,170 people), Medi-Cal (25.3%, or 48,641 people), paying with their own money (16.8%, or 32,404) or Medicare (15.2%, 29,192 people).

For the more than 30,000 adults 18 to 64 who are uninsured, common reasons include a lack of documentation to prove legal residency (15.9% of uninsured adults 18 to 64) and the inability to pay premiums (13.7% of uninsured adults 18 to 64).

Learn about the demographic differences in health insurance rates at survey.HARCDdata.org.

Using HARCSearch, you can examine disparities in insurance by age, gender, ethnicity, income level, and educational level.

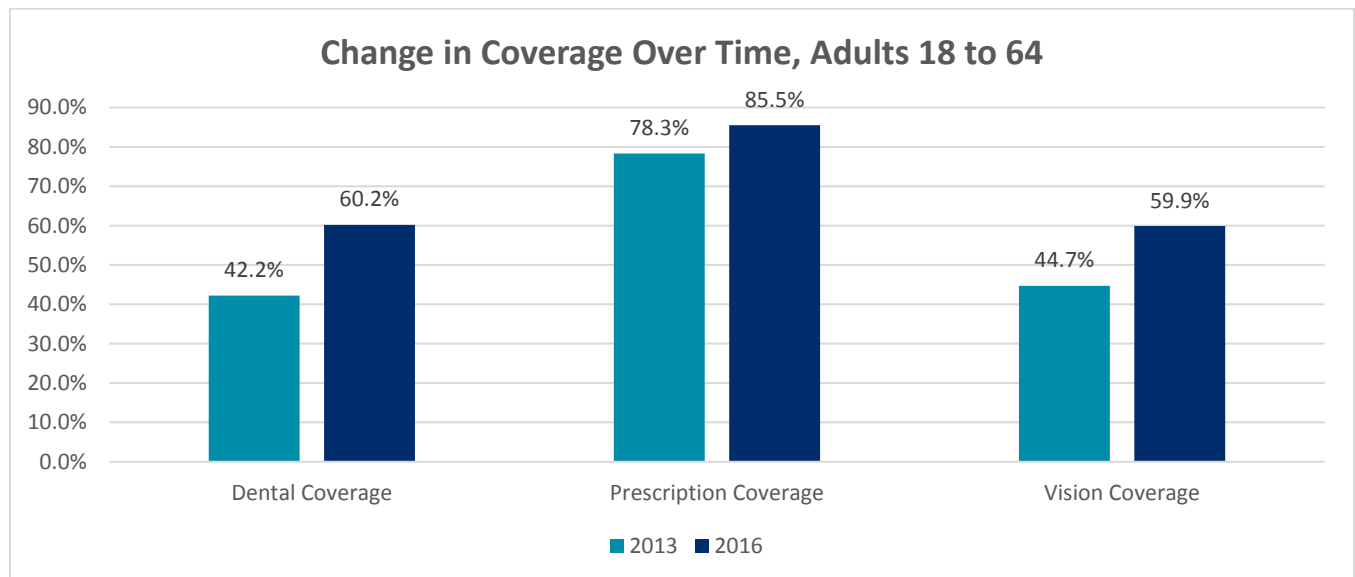
Specific Coverage

Participants were asked whether they had insurance that paid for some or all of their prescription drugs, routine dental care, and routine vision care.

As illustrated in the table to the right, most Coachella Valley adults 18 to 64 have coverage for these important services. Prescription coverage is especially high.

Coverage – Adults 18 to 64	Covered		Lacking Coverage	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Prescription coverage	85.5%	158,065	14.5%	26,711
Dental coverage	60.2%	128,295	39.8%	84,967
Vision coverage	59.9%	125,345	40.1%	83,904

This marks a statistically significant improvement in all three types of coverage when compared to 2013, as illustrated in the chart below.



Local Spotlight: Coachella Valley Volunteers in Medicine



People who lack health insurance often struggle to find a place to get healthcare. In our community, adults without insurance can receive medical and dental services at no charge at the Coachella Valley Volunteers in Medicine (CVVIM) clinic in Indio. CVVIM is the only free clinic in the Coachella Valley. CVVIM treats the whole person by addressing chronic diseases, acute conditions, preventive medicine, diet, and emotional health. CVVIM is a member of Volunteers in Medicine, a national nonprofit alliance. Since its inception in 2010, more than 23,000 patient contacts have been provided. To learn more about CVVIM, visit www.cvvim.org.

General Health Status

Self-rated health is a powerful predictor of outcomes. According to the Office of Disease Prevention and Health Promotion, self-assessed general health is useful for gauging the health status of many different populations.¹

As illustrated in the table below, Coachella Valley adults perceive their health to be strong overall, mirroring local, state, and national trends. Less than 5% of adults rate their health as “poor”.

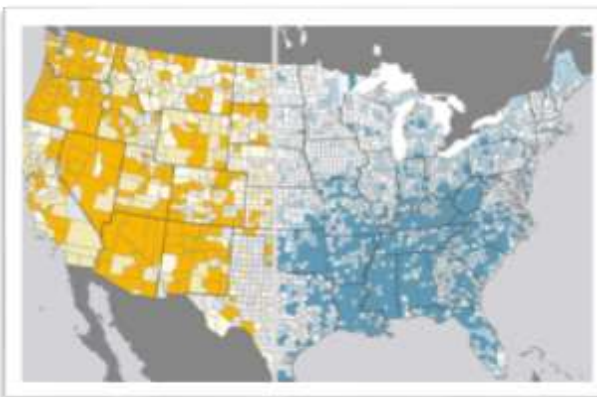
Health Status	Coachella Valley	Riverside County	California	United States
Excellent	20.5%	16.2%	18.0%	19.0%
Very Good	29.3%	30.2%	29.8%	33.7%
Good	30.2%	31.5%	30.2%	30.5%
Fair	15.2%	17.7%	17.3%	12.1%
Poor	4.8%	4.4%	4.7%	4.3%

Note: Riverside County and California data are from the California Health Interview Survey, 2015. United States data are from the Behavioral Risk Factor Surveillance System, 2014.

The most common reasons given for poor health include chronic illnesses (such as asthma and diabetes) and physical disabilities.

Local Spotlight: Esri

Based here in the Inland Empire, Esri is the global leader in GIS technology. Their mission is to inspire and enable people to positively impact their future through a deeper, geographic understanding of the changing world around them. Esri has created numerous free story maps to help people understand many health and wellness issues, including poverty, health insurance, vaccinations, breast cancer, and much more.



For example, Esri’s story map “Graduating to Better Health” relates the same general health status question used here to educational attainment, providing a visual story of the linkage between education and health. View the interactive map here: <http://arcg.is/1oX5fOi>

¹ General Health Status. (2016) Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/about/foundation-health-measures/General-Health-Status#selfAssessed>

Healthcare Utilization

Simply having health insurance is not enough to ensure health; one must actually utilize health services, especially preventive services.

Recent Use

Ideally, all adults should visit a healthcare provider with some regularity. Regular care increases the likelihood that any health problems will be identified and treated early on, leading to better health outcomes. On a national level, the CDC estimated in 2014 that about 83% of adults had contact with a healthcare professional within that year.¹

72%
of Coachella Valley adults have visited
a healthcare provider within the past six months

As illustrated in the table below, most adults in Coachella Valley have visited a doctor within the past year. Approximately 8,452 adults have not been to the doctor in five years or more, and are overdue for a checkup. Approximately 716 local adults have never been to a doctor, and should be seen as soon as possible.

Time Since Most Recent Visit to a Doctor	Weighted Percent	Population Estimate
Less than 6 months	72.0%	220,622
Less than 1 year	13.4%	41,189
Less than 2 years	7.2%	22,109
Less than 5 years	4.3%	13,156
Five or more years ago	2.8%	8,452
Never been for treatment	0.2%	716
Total	100.0%	306,244

¹ Ambulatory Care Use and Physician office visits. (2014). Centers for Disease Control and Prevention.
<http://www.cdc.gov/nchs/fastats/physician-visits.htm>

Usual Source of Care

In an ideal world, adults' usual source of care would be a primary care physician, who would be able to provide the continuity of care that is crucial to protecting and promoting health. Emergency rooms, in contrast, should ideally be used for emergencies only, and should not be a usual source of care.

To assess usual source of care, participants were asked, "When you are sick or in need of health care, where do you usually go?" Results indicate that routine care is sought at doctors' offices, urgent care facilities, clinics, and the ER/hospital, as illustrated in the table below.

Unfortunately, patterns of use between the 2013 survey and the 2016 survey reflect a decrease in the proportion of adults who cite doctor's offices as their usual source of care, and a corresponding increase in those who get their routine care at urgent care facilities. This pattern of use is less than ideal; clearly it will take longer for the increased insurance rates to translate into changes in utilization.

Usual Source of Care	2013		2016	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Doctor's Office</i>	<i>54.2%</i>	<i>191,103</i>	<i>44.9%</i>	<i>129,202</i>
<i>Urgent Care</i>	<i>13.0%</i>	<i>45,872</i>	<i>23.7%</i>	<i>68,379</i>
Clinic	12.7%	44,880	14.0%	40,462
ER/Hospital	10.5%	37,119	10.5%	30,386
Health center	1.9%	6,789	2.7%	7,654
VA/veterans association/VA hospital	0.5%	1,749	1.1%	3,177
Other	7.2%	25,213	3.0%	8,797
Total	100.0%	352,725	100.0%	288,058

Note. Lines in italics represent statistically significant differences between the two years.

Local Spotlight: Clinicas de Salud del Pueblo

One place where many local people seek treatment is Clinicas de Salud del Pueblo ("Clinicas"). Clinicas is a local nonprofit healthcare organization providing a wide array of primary care services across the Coachella Valley and beyond. Clinicas provides ambulatory, primary medical, and pediatric care. Several Clinicas locations provide dental care for adults, children, and adolescents. Clinicas is dedicated to providing high quality care to underserved residents; no one will be denied services due to their inability to pay. A sliding fee schedule is available to patients without insurance. Coachella Valley locations include clinics in Indio, Coachella, and Mecca. To learn more about Clinicas, visit www.cdsdp.org.



Barriers to Receiving Care

People may be prevented from receiving regular healthcare by a wide variety of barriers, such as increased costs, inconvenient hours, and not understanding what is covered by the health plan, to name a few. Addressing these barriers may increase the number of adults who receive regular care.

To identify local barriers to care, participants were asked to report if certain barriers made it “very difficult” or prevented them from receiving healthcare in the past year.

As illustrated in the table below, the most common barrier to receiving treatment was understanding what is covered by insurance. Thus, it is clear that a program assisting adults in understanding the details of their health insurance would be beneficial to the region. Additionally, many adults struggle with the hours that healthcare providers are open to see patients, which may account for the high rates of utilization of urgent care facilities (which are typically open for much longer hours than traditional doctors’ offices).

Barrier	Weighted Percent	Population Estimate
Understanding what is covered by your plan	18.3%	55,289
Hours that the healthcare provider is open to see patients	17.5%	53,282
Taking time off work	11.8%	36,055
Not having authorization from an HMO	11.8%	34,196
Transportation	9.0%	27,634
Finding a doctor of the sex/age/ethnicity or sexual orientation that is comfortable for you	8.7%	26,524
Language barriers or problems	6.3%	19,195
Unable to find child care or home care	2.7%	8,321

Not surprisingly, many of these barriers vary based on the population:

- **Transportation and income:** Transportation is a barrier for 18.4% of people who live in homes with annual incomes below \$20,000, while for wealthier individuals, it ranges from 3% to 6%.
- **Language barriers/problems and ethnicity:** Language problems exist for Hispanic/Latino adults much more often than for non-Hispanic/Latino adults (11.3% compared to 2.2%, respectively).
- **Taking time off work and age:** Taking time off from work is a much more common barrier for adults under 55 than those older than 55, likely because many seniors are retired.

Learn about the demographic differences in barriers to receiving care at survey.HARCdata.org.

Using HARCSearch, you can examine disparities in barriers by age, gender, ethnicity, income level, and educational level.

Seeking Healthcare in Mexico

Given the Coachella Valley's proximity to the U.S.-Mexico border, seeking medical treatment (in the form of prescription medications or other healthcare visits) is feasible for many people.

Results show that 9.8% of Coachella Valley adults (29,974 people) have sought healthcare or prescription medication in Mexico in the past year. This is very comparable to 2013, where 10.2% of Coachella Valley adults had sought treatment in Mexico in the past year. Thus, despite increased insurance rates, it's clear that treatment in Mexico is still a desirable option for many people, due to proximity and low cost.

10%
of Coachella Valley adults
have sought healthcare in Mexico in the past year

Not surprisingly, Hispanic/Latino adults are more likely than non-Hispanic/Latino adults to seek treatment in Mexico (13.9% versus 6.5%, respectively). This is likely because many Hispanic/Latino adults are fluent in Spanish, and thus have an easier time seeking treatment in Mexico.

Preventive Health Screenings

Preventive health – or preventative health – refers to steps that can be taken to promote health and well-being and prevent disease and disability. There are many preventive health screenings available to assist in the early identification and treatment of major diseases, such as mammogram screenings for breast cancer, blood cholesterol tests, colonoscopies to check for colon cancer, PSA blood tests and digital rectal exams for the detection of prostate cancer, among others.

Vision Care

Having good vision and the appropriate care is not only important for quality of life but for functioning in daily activities. The American Optometric Association recommends that adults between the ages of 18 and 60 receive an eye exam every two years.¹ For those at risk of developing vision problems/diseases, eye exams should be sought every one to two years.² Those above the age of 60, regardless of risk status, should seek an eye exam annually.³

Most Coachella Valley adults (60.8%) have had an eye exam within the past year, as illustrated in the table below. However, 4.1% of adults (12,548 people) have never had an eye exam, and may be struggling with vision problems without a diagnosis.

Time since last eye exam	Weighted Percent	Population Estimate
Within the past year	60.8%	184,236
Within the past two years	13.7%	41,527
Two or more years ago	21.4%	64,711
Never	4.1%	12,548
Total	100.0%	303,022

¹ Recommended Eye Examination Frequency for Pediatric Patients and Adults. (n.d.). American Optometric Association. <http://www.aoa.org/patients-and-public/caring-for-your-vision/comprehensive-eye-and-vision-examination/recommended-examination-frequency-for-pediatric-patients-and-adults?sso=y>

² Ibid

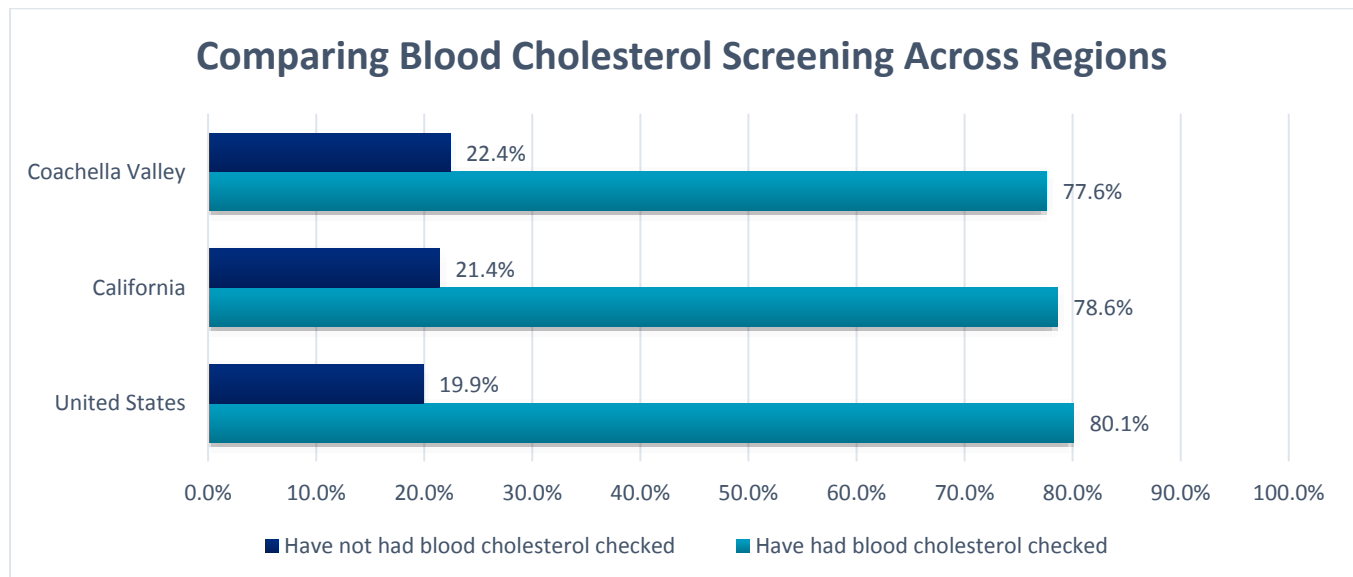
³ Ibid

Blood Cholesterol Screening

High blood cholesterol often does not have signs or symptoms, but is a major risk factor for heart disease. Monitoring blood cholesterol levels can alert one of the need to prevent and control high blood cholesterol levels. In most cases, a doctor's blood cholesterol screening is the only way to show high blood cholesterol. According to the CDC, cholesterol levels should be checked by a healthcare provider every four to six years.¹

22% of Coachella Valley adults have *never* had their blood cholesterol tested

As illustrated in the chart below, most Coachella Valley adults (77.6%, or 230,000 people) have been tested for high cholesterol at least once in their lives. However, 22.4%, or 66,479 people, have never been checked and should be checked as soon as possible. This is similar to rates across the state and nation.



Note. The California and United States data in this chart are from the Behavioral Risk Factor Surveillance System, 2013.

Of the 230,000 Coachella Valley adults who have had their cholesterol tested, the vast majority have been tested within the past year, as illustrated below.

Time since last cholesterol test	Weighted Percent	Population Estimate
Within the past year	81.9%	186,201
Within the past two years	9.5%	21,510
Within the past five years	5.3%	12,102
Five or more years ago	3.3%	7,439
Total	100.0%	227,252

¹ Preventing or Managing High Cholesterol: Other Medical Conditions. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/cholesterol/medical_conditions.htm

Colorectal Cancer Screening

Colon cancer is the growth of abnormal cells in the large intestine (colon). Rectal cancer is the growth of abnormal cells that develop in the last several inches of the colon. Together, they are often referred to as colorectal cancer. Advanced stages of colorectal cancer can cause pain due to blockage and can spread to nearby organs and lymph nodes.

Screening tests can determine colorectal cancer in individuals who do not display symptoms. Early detection and treatment greatly improves outcomes for the disease. In addition, screening tests can also help prevent some cancers by detecting polyps that might become cancerous, which doctors could remove immediately.

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.¹ In 2013, there were 136,119 individuals diagnosed with colorectal cancer in the U.S. and 51,813 deaths due to the disease.² Although there are approximately 140,000 new cases of colorectal cancer each year, it is highly preventable if screenings begin at age 50.³

Approximately 69.6% of Coachella Valley adults age 50 and older (105,385 people) have had a colonoscopy or sigmoidoscopy to check for colon cancer. However, 30.4% of older adults (45,950 people) have never had this important test, and should make an appointment as soon as possible.

Slightly fewer people have had a blood stool test using a home kit. Approximately 51.4% have had this test (76,980 people), while 48.6% have not (72,645 people).

Local Spotlight: Desert Oasis Healthcare

One local healthcare organization that provides extensive preventive screenings is Desert Oasis Healthcare (DOHC). A leader in healthcare for over 35 years, DOHC provides care to over 70,000 people in the Coachella Valley.

DOHC offers many comprehensive services and programs, provided in concert with the primary care physician. This ensures that patients are supported by a comprehensive healthcare team so that maximum wellness potential is achieved. Preventive health and wellness services are a priority at DOHC, and DOHC strives to ensure these services are conveniently available throughout the Coachella Valley. For more information about DOHC and the preventive screenings available, visit www.MyDOHC.com.



¹ Colorectal Cancer Statistics. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/statistics/>

² Ibid.

³ Colorectal Cancer Awareness. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/Features/ColorectalAwareness/>

Dental Care

Oral health problems are common but preventable with periodic, regular dental visits. The American Dental Association recommends regular dental visits, although the frequency of visits depends on oral health history.¹ Almost 50% of all adults over the age of 30 have signs of gum disease², and advanced gum disease affects 4% to 12% of adults in the United States.³ In addition, a fourth of U.S. adults aged 65 and older have lost all of their teeth.⁴

As illustrated in the table below, most Coachella Valley adults (65.3%) have been to the dentist within the past year. This demonstrates a similar pattern to dental visits across the U.S. as a whole.

Time Since Last Dentist Visit	Coachella Valley	Riverside County	California	United States
6 months or less	47.2%	43.3%	53.6%	44.0%
6 months to 1 year ago	18.8%	19.8%	15.9%	17.8%
1-2 years ago	8.4%	10.9%	10.2%	13.1%
2-5 years ago	12.4%	8.3%	9.5%	11.6%
More than 5 years ago	11.8%	14.3%	8.6%	12.3%
Never been to a dentist	1.4%	3.3%	2.2%	1.2%

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2014. United States data are from the National Center for Health Statistics, 2014.

People who had not visited the dentist in the past year were asked to describe their primary reason for not going. As illustrated in the table below, many cited cost as a prohibitive measure. However, 23.0% don't feel the need to go for preventive exams; this may require outreach and education about the benefits of regular check-ups.

Reasons for Not Visiting the Dentist in Past Year	Weighted Percent	Population Estimate
Cost	24.8%	24,764
No reason to go, don't need it, no pain	23.0%	22,931
Lack of dental coverage	11.6%	11,606
No teeth/have dentures	7.7%	7,712
Other priorities	4.7%	4,639
Didn't think of it	4.3%	4,290
Fear, apprehension, nervousness, pain, dislike going	4.0%	4,010
Other	19.8%	19,727
Total	100.0%	99,679

¹ American Dental Association Statement on Regular Dental Visits. (2013). American Dental Association. <http://www.ada.org/en/press-room/news-releases/2013-archive/june/american-dental-association-statement-on-regular-dental-visits>

² Oral Health. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/resources/publications/aag/oral-health.htm>

³ Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. <https://stacks.cdc.gov/view/cdc/11862>

⁴ Ibid

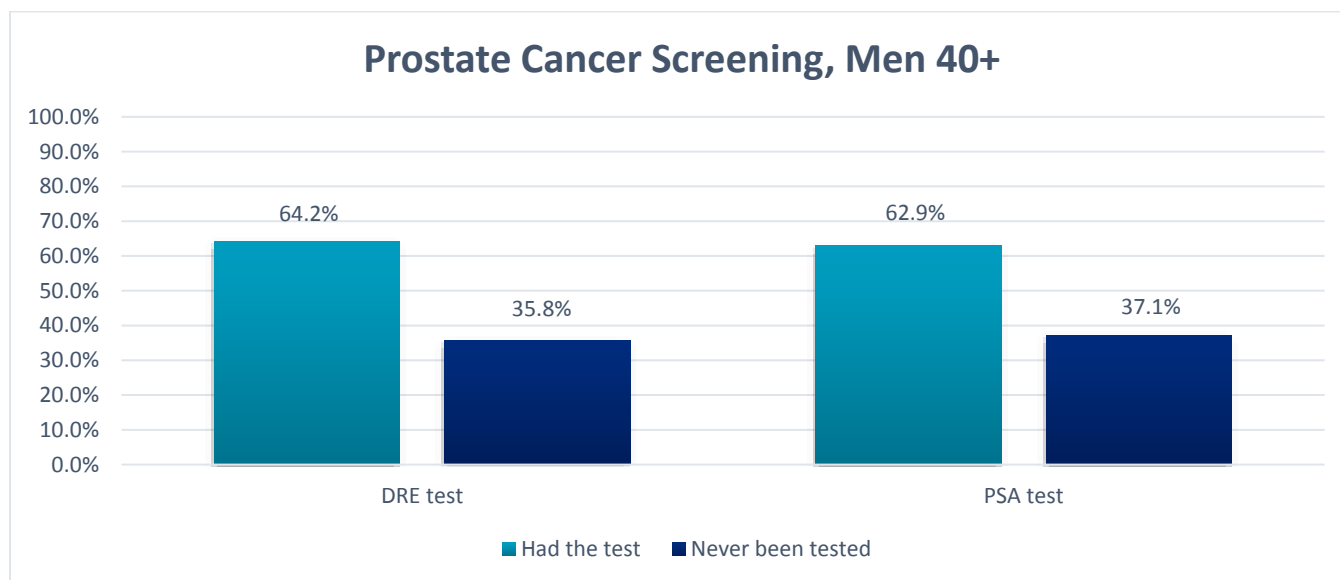
Men's Health Screenings

Prostate cancer is the most common cancer for men, and the second leading cause of cancer death among men.¹ The American Cancer Society estimated that in 2015, there were about 180,890 new prostate cancer cases, with 26,120 deaths from the disease.² Further, one in seven men will be diagnosed with prostate cancer sometime during his lifetime, and about one in 39 will die of prostate cancer.³

Prostate cancer can be identified early by measuring the amount of prostate-specific antigen (PSA) in the blood. PSA tests alone are not enough to determine cancer in the patient, but higher levels of PSA indicate a higher probability of cancer. However, a high level of PSA may also be the result of an infection or inflammation of the prostate. Prostate cancer may also be found via a digital rectal exam (DRE). Although less effective than the PSA blood test, the DRE can sometimes find cancers in men with normal PSA levels. For this reason, the American Cancer Society (ACS) recommends that when prostate cancer screening is done, both the DRE and the PSA should be used.

The CDC and other federal agencies recommend that PSA-based screening should not be done for men with no signs and symptoms of cancer.⁴ According to the U.S. Preventive Services Task Force, the potential harm of PSA tests outweighs the possible benefits.⁵ This can include pain, fever, infection, urinary difficulties from a biopsy, unnecessary cancer treatment, and complications of the treatment.⁶

The majority of Coachella Valley men age 40 and older have had a digital rectal exam and/or a PSA test, as illustrated below.



¹ Cancer Among Men. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/dcpc/data/men.htm>

² Key Statistics for Prostate Cancer. (2016). American Cancer Society. <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>

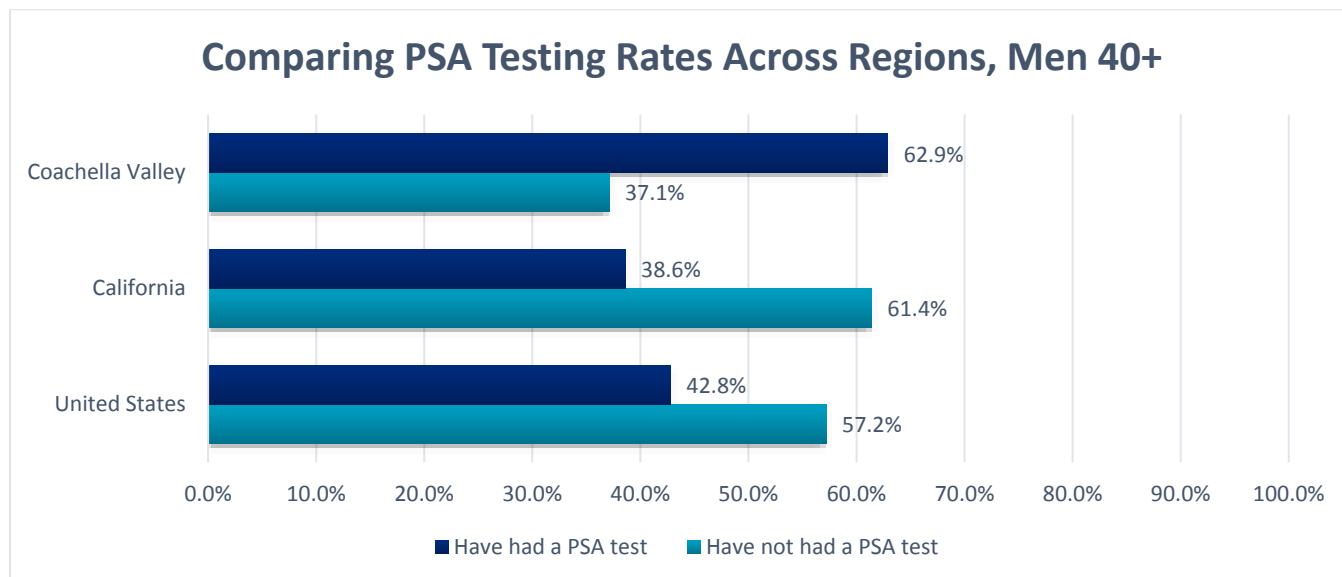
³ Ibid

⁴ Should I Get Screened for Prostate Cancer? (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/prostate/basic_info/get-screened.htm

⁵ Final Recommendation Statement. (2012). U.S. Preventive Services Task Force. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening>

⁶ Ibid

This is significantly higher than the rate for California and the nation, as illustrated in the chart below. In other words, men over 40 in the Coachella Valley are much more likely to have received a PSA test than men over 40 elsewhere.



Note. The California and United States data in this chart are from the Behavioral Risk Factor Surveillance System, 2014.

Men who received a PSA test were asked if the doctor talked to them about the pros and cons of the PSA test prior to getting the test. Results showed that approximately 61.1% of men who had the test had a conversation with their doctor about the pros and cons, while 38.9% did not.

Hispanic/Latino men are much less likely to have received prostate cancer screening than their non-Hispanic counterparts. For example, 38.2% of Hispanic/Latino men have had a PSA, compared to 73.2% of non-Hispanic/Latino men. Preventive outreach to Hispanic/Latino men regarding prostate cancer screening would be beneficial.

Learn about the demographic differences in prostate cancer screening at survey.HARCdata.org.
Using HARCSearch, you can examine disparities in cancer screening by age, gender, ethnicity, income level, and educational level.

Women's Health Screenings

Breast Health

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). In 2013, approximately 230,815 U.S. women were diagnosed with breast cancer, and 40,860 died from breast cancer.¹

A mammogram is an x-ray exam of the breast that is used to detect and evaluate breast abnormalities. The American Cancer Association recommends that women of average risk (for example, those with no family history of breast cancer.) should have the choice to start annual mammograms between age 40 and 45. Between the ages of 45 to 54, women should get a mammogram annually, and those older than 55 should get one every two years.²

Results indicate that nearly all Coachella Valley women age 40 and over (92.9%, or 97,477 women) have had a mammogram. Approximately 7.1% women 40 and over (7,400 women) have never had a mammogram, and should make an appointment as soon as possible.

Most women who have had a mammogram have had one within the past year. However, approximately 17.4% have not had a mammogram within the past two years, and should have another mammogram soon.

Time since last mammogram, women 40+	Weighted Percent	Population Estimate
Within the past year	65.1%	63,108
Within the past two years	17.4%	16,914
Two or more years ago	17.4%	16,909
Total	100.0%	96,931

Interested in other breast health measures, such as clinical breast exam rates? Visit survey.HARCDdata.org to access additional variables.

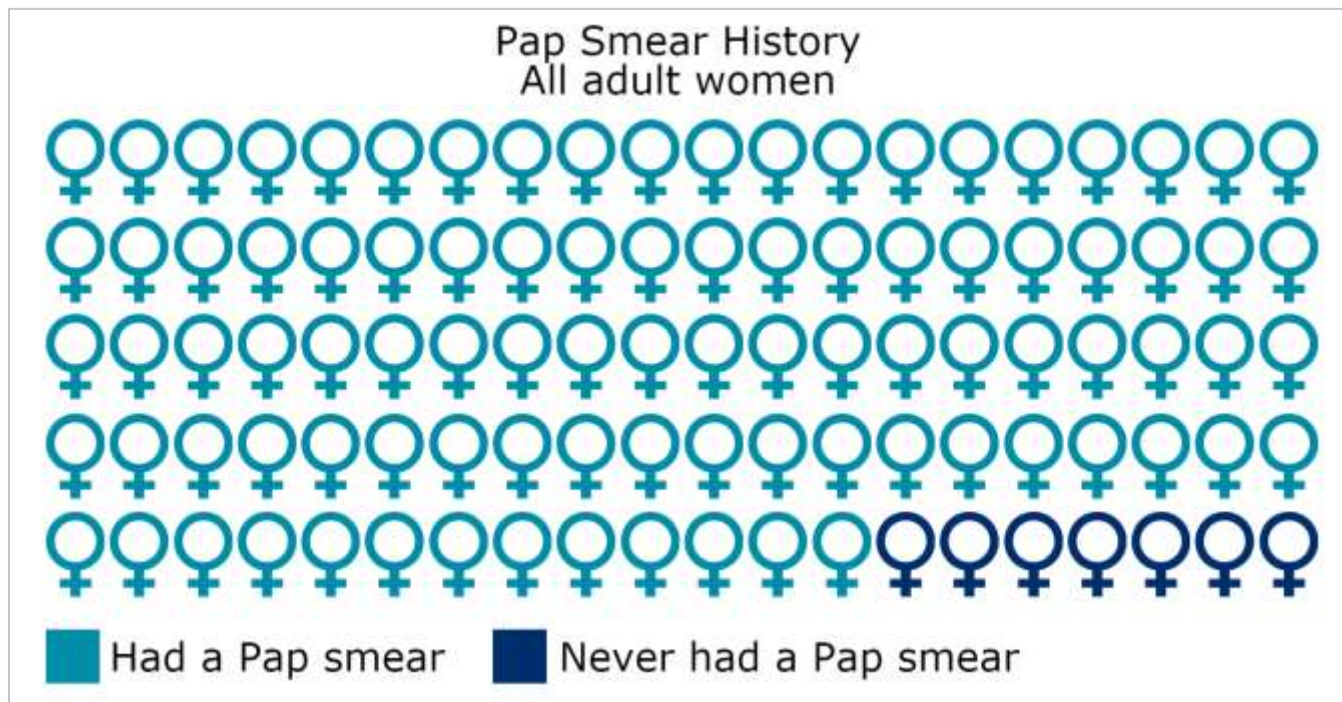
¹ Breast Cancer Statistics. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/breast/statistics/>

² American Cancer Society Recommendations for Early Breast Cancer Detection in Women without Breast Symptoms. (2015). American Cancer Society. <http://www.cancer.org/cancer/breastcancer/moreinformation/breastcancerearlydetection/breast-cancer-early-detection-acs-recs>

Pap Smear Test

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix. The main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. Cervical cancer is the easiest female cancer to prevent as long as screening and follow-ups are done.¹ All women should begin cervical cancer screening at the age 21.² Women with normal test results should be tested every three to five years.³

Nearly all Coachella Valley women age 21 and over (92.8%, 134,116 women) have had a pap smear at least once. However, as illustrated below, 7.2% (10,383 women) have never had a Pap smear and should make an appointment as soon as possible.



Of the 134,116 women 21 and over who have had a Pap smear, the majority (82.1%, 109,077 women) have had a Pap smear within the past five years. However, 17.9%, or 23,703 women, have not had one in over five years, and should be screened again soon.

Time since last Pap smear, women 21+	Weighted Percent	Population Estimate
Within the past year	45.6%	60,599
Within the past two years	20.0%	26,617
Within the past five years	16.5%	21,862
Five or more years ago	17.9%	23,703
Total	100.0%	132,780

¹ Ibid.

² The American Cancer Society Guidelines for the Prevention and Early Detection of Cervical Cancer. (2014). American Cancer Society. <http://www.cancer.org/cancer/cervicalcancer/moreinformation/cervicalcancerpreventionandearlydetection/cervical-cancer-prevention-and-early-detection-cervical-cancer-screening-guidelines>

³ Ibid.

Vaccines

Vaccinations are used to prevent many serious diseases. Vaccines function by using dead or weakened bacteria or viruses in order to create immunity for the specific disease.

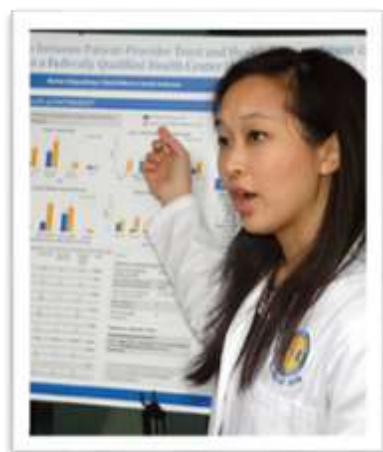
HPV Vaccine

Genital human papillomavirus, more commonly known as HPV, is the most common sexually transmitted infection.¹ For most people, HPV will go away on its own and not cause any health-related problems.² When HPV does not go away, genital warts and cancer can be acquired as a result of the infection.³

In June 2006 the Gardasil® vaccine was approved by the FDA as a vaccine against four common types of HPV. The HPV vaccine can prevent the majority of cases of genital warts and associated cancers.⁴ For both females and males, three doses (shots) are needed to ensure full efficacy.⁵

Since the Gardasil® vaccine has only been available since 2006, and since it is only targeted to individuals between the ages of 11 and 26, only individuals that are currently age 36 or younger could have been vaccinated. Thus, the HPV statistics presented here are for those adults between the ages of 18 and 36.

Only about 21.5% of Coachella Valley adults age 36 or younger (14,533 people) have had the HPV vaccination. The majority of adults in the target age range (78.5%, 52,950 people) have not had the HPV vaccination, and have an increased risk of contracting HPV, developing genital warts, and cancer.



Local Spotlight: University of California, Riverside School of Medicine

In 2013, the University of California, Riverside (UCR) opened the School of Medicine (SOM) with the goal of expanding and diversifying the physician workforce in Inland Southern California. One example of the unique hands-on approach that UCR SOM employs is the LACE Program (Longitudinal Ambulatory Care Experience), where medical students complete a project designed to improve healthcare in applied settings. For example, “Perceptions of the HPV Vaccine and Effects on Rates of Vaccination” was a project that sought to increase HPV vaccination rates in the community.

To learn more about UCR SOM, visit <https://medschool.ucr.edu/>
To learn more about the LACE program at UCR SOM, visit <https://medschool.ucr.edu/mep/lace.html>

¹ What is HPV? (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/hpv/parents/whatishpv.html>

² Ibid.

³ Ibid.

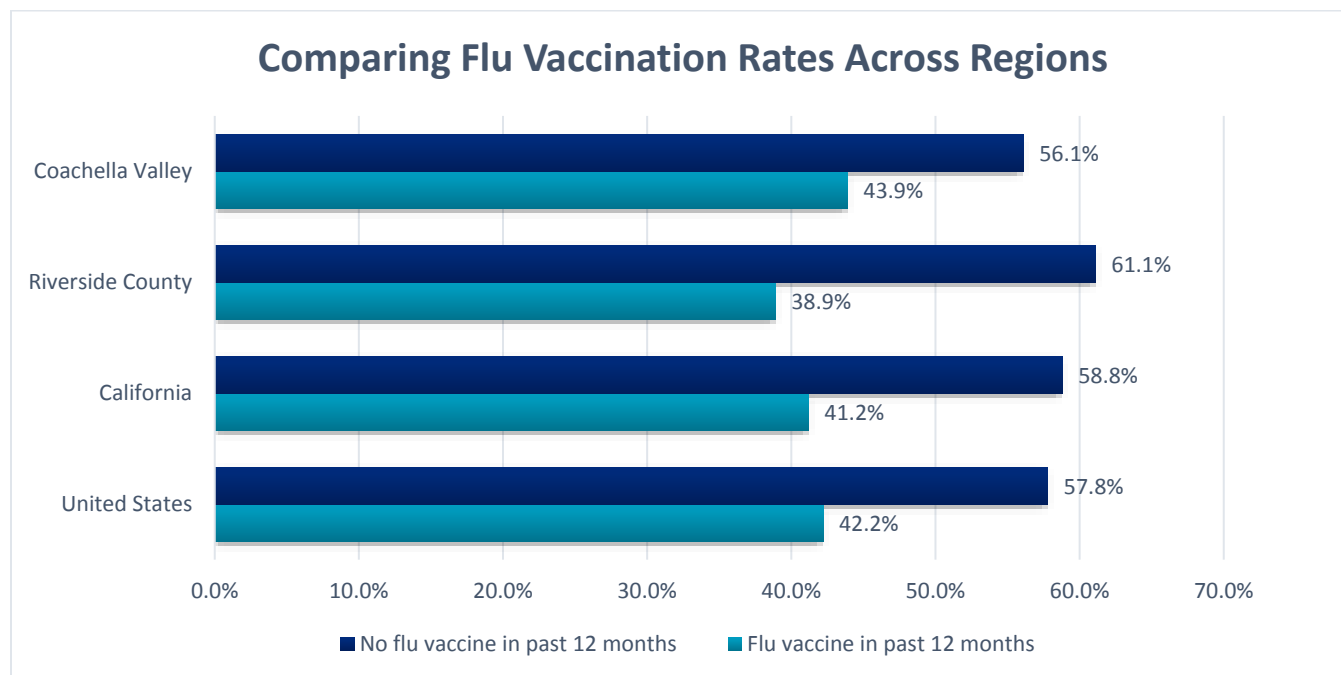
⁴ About Gardasil. (2015). Gardasil Website. <http://www.gardasil.com/about-gardasil/about-gardasil/>

⁵ HPV Vaccines: Vaccinating your Preteen or Teen. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/hpv/parents/vaccine.html>

Flu Vaccine

The flu (influenza) is a respiratory illness that causes mild to severe health problems.¹ The CDC recommends that all people older than six months of age should be vaccinated against influenza annually, with extremely rare exceptions.²

As illustrated in the chart below, less than half of Coachella Valley adults (56.1%) have had a flu vaccine in the past year. This reflects the same pattern across the state and nation.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2015. United States data are crude estimates from the National Center for Health Statistics, 2014.

Learn about the demographic differences in flu vaccination rates at survey.HARCdata.org.

Using HARCSearch, you can examine disparities in flu vaccination rates by age, gender, ethnicity, income level, and educational level.

¹ Seasonal Influenza. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/about/disease/index.htm>

² Vaccination: Who Should do It, Who Should Not, and Who Should Take Precautions? (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

Health Behaviors

Alcohol Use

Alcohol, most often consumed in liquid beverages, is a legal psychoactive drug in the United States. In 2014, the National Institute of Alcohol Abuse and Alcoholism estimated that 87.6% of adults have consumed alcohol at some point in their lifetime.¹ It is recommended that alcohol only be consumed in moderation. According to the Dietary Guidelines for Americans, moderate consumption is one drink per day for women and up to two drinks per day for men.²

51% of Coachella Valley adults drink alcohol, which is a significant decrease from 65% in 2013

Results show that half of Coachella Valley adults (49.5%, 151,083 people) have not consumed alcohol in the past month. This is up significantly from the rate in 2013, when only 34.6% of Coachella Valley adults were non-drinkers.

Of the half of Coachella Valley adults who have had an alcoholic drink in the past month, most of them (68.5%) drink twice a week or less, as illustrated in the table to the right.

However, 9.5% of drinkers (14,652 adults) drink every day, which may put them at risk for health problems.

Days per month of drinking, drinkers only	Weighted Percent	Population Estimate
1 to 4 days	44.7%	68,791
5 to 8 days	23.8%	36,638
9 to 12 days	8.9%	13,689
13 to 16 days	4.9%	7,593
17 to 29 days	8.1%	12,473
30 days	9.5%	14,652
Total	100.0%	153,837

Number of drinks per drinking day, drinkers only	Weighted Percent	Population Estimate
One drink	38.2%	58,360
Two drinks	30.8%	47,148
Three drinks	12.8%	19,535
Four to six drinks	11.8%	18,114
Seven drinks or more	6.4%	9,765
Total	100.0%	152,922

Most Coachella Valley drinkers (69.0%) consume one to two drinks on days that they drink, as illustrated in the table to the left. This represents moderate drinking.

Overall, results indicate that most Coachella Valley adults who drink have one to two drinks twice a week or less, constituting moderate, non-problematic drinking habits.

¹ Alcohol Facts and Statistics. (2016). National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-facts-and-statistics>

² Dietary Guidelines for Americans. 8th Edition. (2015). U.S. Department of Health and Human Services and U.S. Department of Agriculture. http://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

One problematic form of alcohol abuse is binge drinking. Having four or more drinks on a single occasion for women, and five or more for men qualifies as binge drinking.¹ The consumption of any amount of alcohol that raises an individual's blood alcohol concentration (BAC) to 0.08 or more also qualifies as binge drinking.²

According to the CDC, one out of six Americans binge drinks approximately four times a month and consumes about eight drinks each time.³ More than half of the total amount of alcohol consumed in the United States is through binge drinking, and binge drinking is twice as common among men compared to women.⁴ Binge drinking has been linked to several health problems, such as liver disease, neurological damage, cardiovascular conditions, alcohol poisoning, and physical injuries.⁵

Most Coachella Valley drinkers (61.8%, or 95,272 adults) have not engaged in binge drinking in the past month. However, 38.2% (58,903 adults) have engaged in binge drinking once or more in the past month. As illustrated in the table below, over 10,000 Coachella Valley adults are engaging in binge drinking seven or more times per month, and are likely damaging their health as a result.

Number of binge occasions in past month, drinkers only	Weighted Percent	Population Estimate
None	61.8%	95,272
One	13.9%	21,406
Two	8.8%	13,618
Three to six	8.6%	13,248
Seven or more	6.9%	10,631
Total	100.0%	154,175

Not all of the ill effects of alcohol on health are manifested internally. Another threat to health is that of driving while under the influence, which puts not only the drinker at risk, but also other people around them. In 2014, the Department of Transportation found that there were 9,967 deaths in the U.S. due to driving while under the influence of alcohol.⁶

4,250

Coachella Valley adults have driven under the influence of alcohol in the past month

Approximately 2.7% of Coachella Valley drinkers (4,250 people) report driving after having perhaps too much to drink.

¹ Fact Sheets – Alcohol Use and Your Health. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

² Fact Sheets – Binge Drinking. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

³ Ibid.

⁴ Ibid.

⁵ Ibid.

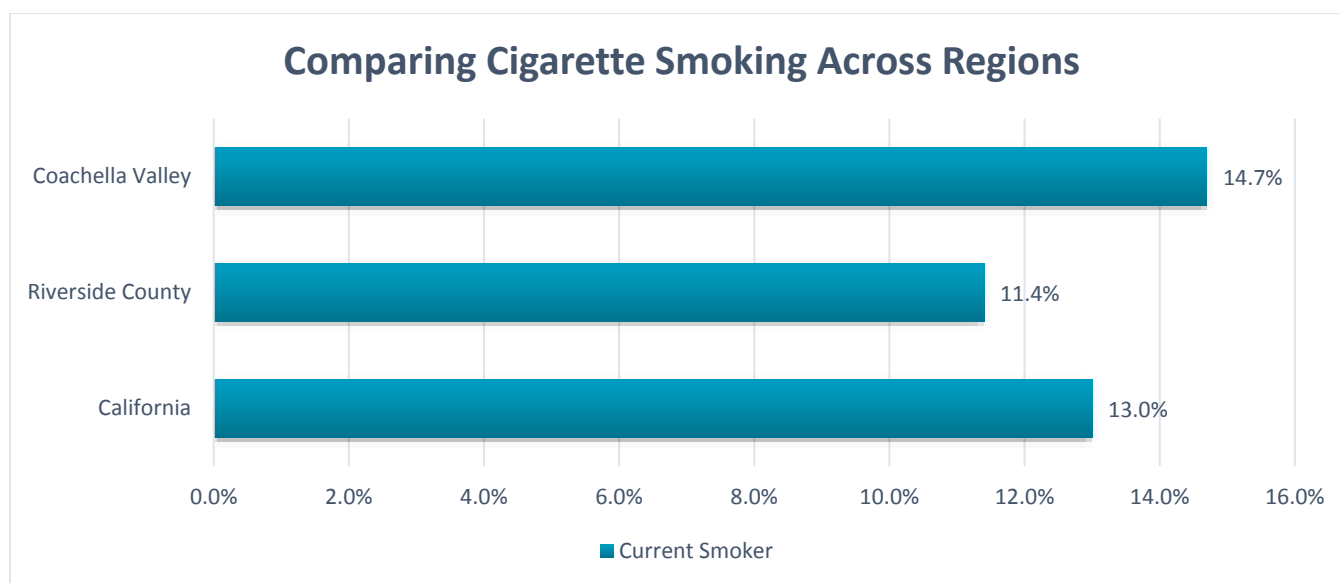
⁶ Traffic Safety Facts (2014). U.S. Department of Transportation. <https://crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/812231>

Tobacco Use

Tobacco is commonly used as a drug throughout the United States. The most common uses for tobacco are cigarettes, cigars, pipes, and chewing tobacco. Tobacco use has been associated with heart disease, cancer of different areas of the body (including lung, larynx, and pancreatic cancer), and lung diseases (emphysema and bronchitis). Nicotine, an addictive substance, is a major constituent of tobacco, along with thousands of other potentially harmful compounds that are generated from tobacco smoke.

According to the CDC, 16.8% of American adults (40 million people) 18 years and older are current smokers.¹ Tobacco use is still the leading preventable cause of death and is considered responsible for about 6 million deaths annually.²

Approximately 14.7% of Coachella Valley adults (45,066 people) smoke cigarettes every day or some days. This is similar to smoking rates across Riverside County and California, as illustrated below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2015.

Approximately 57.6% of smokers (25,837 people) have tried to quit smoking at least once in the past year. The other 42.4% (19,014 people) have not attempted to quit in the past year.

¹ Smoking & Tobacco Use. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

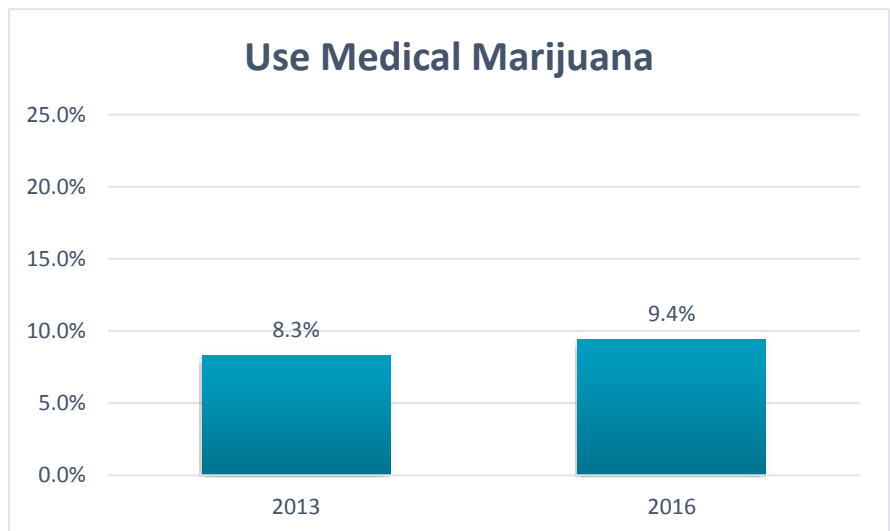
² Ibid.

Medical Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law. Proposition 215 is supplemented by Senate Bill (SB) 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program (MMP). As defined by SB 420, serious medical conditions that warrant the use of medical marijuana include AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and severe nausea, among others.¹ In California, there are approximately 758,607 people on medical marijuana.²

Results show that approximately 9.4% of Coachella Valley adults (28,754 people) use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer treatments, epilepsy, HIV, and appetite stimulation.

This is similar to the rate in 2013 (8.3%), despite the fact that there are more than triple the amount of local dispensaries in the area. At the time of the 2013 survey, there were only three dispensaries in the Coachella Valley—all located in Palm Springs—whereas as of this writing, there were eight medical marijuana dispensaries across the Coachella Valley, as well as four delivery-only dispensaries.



Local Spotlight: City of Desert Hot Springs

Medical marijuana can be invaluable for people coping with chronic pain or nausea, but one benefit often overlooked is how this booming industry can positively impact employment in local communities. One local city, Desert Hot Springs, has enthusiastically embraced this economic opportunity as a way to bring jobs and stability to the region. Desert Hot Springs is now home to several dispensaries, as well as Southern California's first major medical marijuana cultivation facility. Desert Hot Springs officials have approved applications for these medical marijuana-related businesses, including future plans for more than 1.7 million square feet of cultivation facilities. For more information, visit http://www.cityofdhs.org/Medical_Marijuana_Information

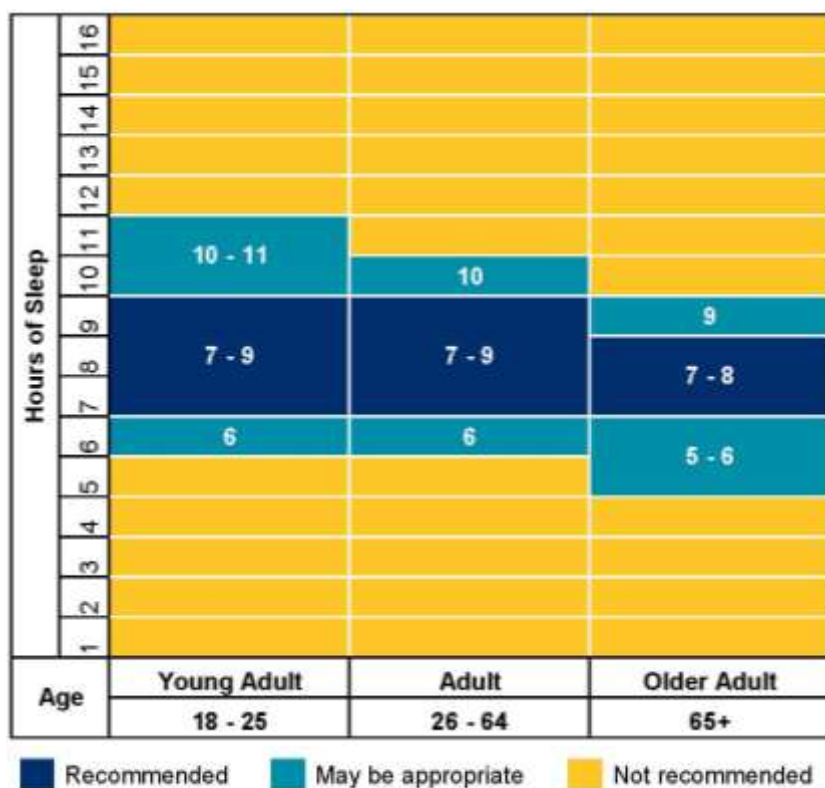


¹ Medical Marijuana Program. (2014) California Department of Public Health. <http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx>

² Number of Legal Medical Marijuana Patients. (2016). ProCon.Org website. <http://medicalmarijuana.procon.org/view.resource.php?resourceID=005889>

Sleep

Getting enough sleep every night plays an integral role in one's health and well-being. According to the National Heart, Lung, and Blood Institute, having a deficiency in sleep can affect cognition, emotions, physical health, and daytime functioning.¹ A shortage of the proper amount of sleep is also linked to the development of chronic diseases such as diabetes, cardiovascular disease, obesity, and depression.² Sleep deficiency is also associated with sleep-specific disorders including insomnia, narcolepsy, restless leg syndrome, and sleep apnea.³



As illustrated in the image to the left, the National Sleep Foundation recommends that adults age 18 to 64 should have seven to nine hours of sleep per night, while seniors age 65 and older should have between seven to eight hours of sleep per night.⁴

On average, Coachella Valley adults get approximately 7.2 hours of sleep per night.

Nearly a third of local adults are not getting the recommended amount of sleep each night, as illustrated in the table below. Approximately 4.9% of adults are getting more sleep than the recommended amount, which, while not problematic in and of itself, may indicate other health problems.

Source: National Sleep Foundation (www.sleepfoundation.org)

Amount of Sleep	Weighted Percent	Population Estimate
Less than recommended amount	31.3%	95,446
Recommended amount	63.8%	194,546
More than recommended amount	4.9%	15,074
Total	100.0%	305,065

¹ Why is Sleep Important? (2012). National Blood, Heart, and Lung Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/sdd/why>

² Sleep and Chronic Disease. (2013). Centers for Disease Control and Prevention.

http://www.cdc.gov/sleep/about_sleep/chronic_disease.html

³ Ibid.

⁴ National Sleep Foundation Recommends New Sleep Times (2015). National Sleep Foundation. <https://sleepfoundation.org/media-center/press-release/national-sleep-foundation-recommends-new-sleep-times>

Sexual Health

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs) or venereal diseases (VDs) are infections that can be transferred from one person to another through sexual contact and often do not cause visible symptoms. The most common STDs in the United States are human papillomavirus (HPV), chlamydia, trichomoniasis, gonorrhea, genital herpes, syphilis, and human immunodeficiency virus (HIV). The CDC has estimated there are about 20 million new infections annually in the U.S.¹

STDs have a range of short-term and long-term health complications. Some of these complications include sores, warts, painful and frequent urination, itching and redness, blisters, odors, bleeding, abdominal pain, and fevers.² More long-term complications include cervical cancer, pelvic inflammatory disease, and infertility in women.³

Most Coachella Valley adults (62.0%, or 185,392 people) have been sexually active in the past year; 38.0% (113,415 adults) have not.

**62% of Coachella Valley adults are sexually active.
Only 28% of these adults use condoms.**

Of the 185,392 sexually active adults in the Coachella Valley, only 27.9% (51,331 people) use condoms to protect from sexually transmitted diseases. The majority of sexually active adults are not using condoms.

Condom use, sexually active adults only	Weighted Percent	Population Estimate
No condom use	72.1%	132,375
Condom use	27.9%	51,331
Total	100.0%	183,706

Of the 51,331 sexually active adults who do use condoms, about half of them (56.3%) use them “always”. However, 43.7% (21,825 people) use them inconsistently, increasing their risk of contracting a sexually transmitted disease.

Frequency of condom use, only sexually active adults who use condoms	Weighted Percent	Population Estimate
Always	56.3%	28,118
Most of the time	25.4%	12,705
Sometimes	18.3%	9,120
Total	100.0%	49,943

¹ Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. (2013). Centers for Disease Control and Prevention. <http://www.cdc.gov/std/stats/sti-estimates-fact-sheet-feb-2013.pdf>

² What are the Symptoms of a Sexually Transmitted Disease or Sexually Transmitted Infection (STD/STI)? (2013). U.S. Department of Health and Human Services. <https://www.nichd.nih.gov/health/topics/stds/conditioninfo/Pages/symptoms.aspx>

³ Sexually Transmitted Infections (STIs). (2015). World Health Organization. <http://www.who.int/mediacentre/factsheets/fs110/en/>

HIV/AIDS Screening

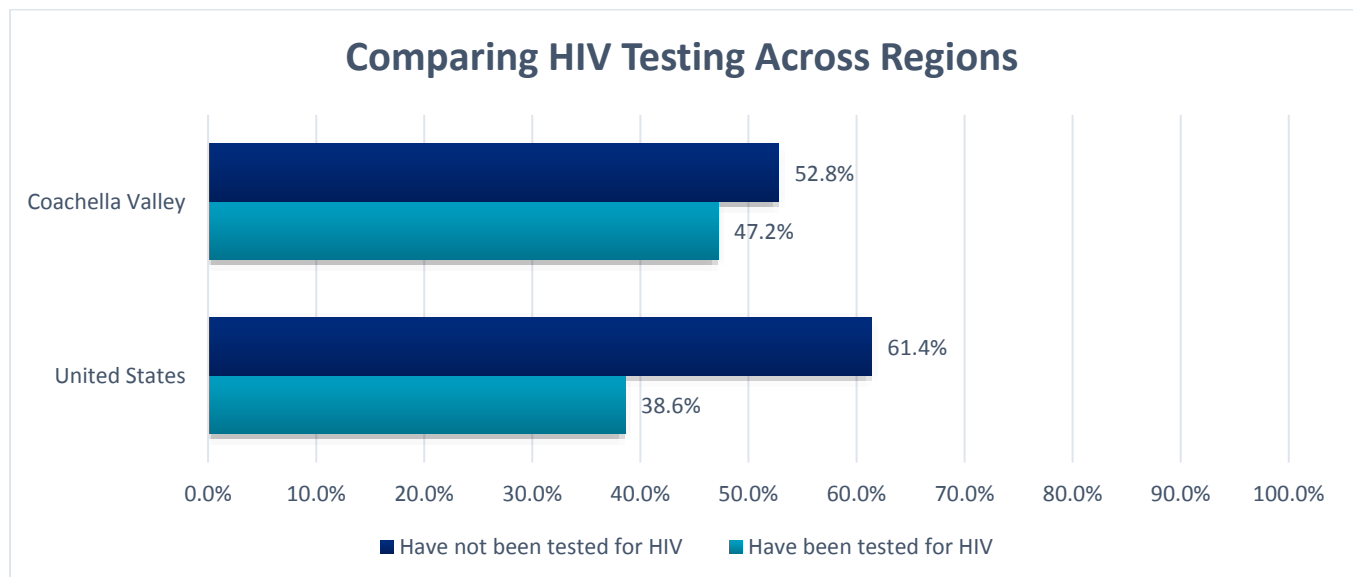
HIV is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. Because of a weakened immune system caused by HIV, an infected person's risk of developing serious illnesses, such as certain cancers, opportunistic diseases, and neurologic disorders increases.

The CDC has estimated there are about 1.2 million people aged 13 and above in the United States living with diagnosed or undiagnosed HIV/AIDS.¹

The most recent guidelines from the CDC recommend that all persons between the ages of 13 and 64 in all healthcare settings be screened for HIV at least once as part of their routine healthcare.² However, individuals who are high risk (e.g., those who engage in homosexual sex, have HIV positive partners, unprotected sex, numerous partners, intravenous drug use, etc.) should be tested annually.³

53% of Coachella Valley adults have *never* been tested for HIV

Over half of Coachella Valley adults (52.8%, 159,669 people) have never been tested for HIV and thus don't know their status. The rate of getting tested for HIV is significantly better in the Coachella Valley compared to the national average, as illustrated in the chart below, but still leaves a great deal of room for improvement.



Note. United States data are age-adjusted and from the National Center for Health Statistics, 2015.

¹ HIV Testing (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/hiv/testing/index.html>

² Ibid.

³ Ibid.

Of the 142,872 Coachella Valley adults who have been tested for HIV, most have been tested within the past five years, as illustrated in the table below.

Date of most recent HIV test	Weighted Percent	Population Estimate
Within the past six months	20.6%	28,892
Within the past year	16.3%	22,821
Within the past two years	8.7%	12,258
Within the past five years	15.7%	22,014
Five or more years ago	38.8%	54,408
Total	100.0%	140,393

Most people who have been tested for HIV were tested at a private doctor or HMO office, or at a clinic, as illustrated in the table below.

Location of most recent HIV test	Weighted Percent	Population Estimate
At a private doctor or HMO office	37.1%	52,254
At a clinic	35.7%	50,265
At a counseling and testing site	13.2%	18,664
Other site (jail, drug treatment facility, home, etc.)	14.0%	19,713
Total	100.0%	140,896

Approximately 6.8% of Coachella Valley adults have engaged in behaviors that put them at risk for HIV in the past year: intravenous drug use, treated for sexually transmitted disease, given or received money or drugs in exchange for sex, and/or anal sex without a condom. This equates to 20,978 high-risk people in the Coachella Valley.



Local Spotlight: Desert AIDS Project

Desert AIDS Project (D.A.P.), a nonprofit federally qualified health center in Palm Springs, specializes in HIV care and prevention. The agency's "Get Tested Coachella Valley" public health initiative is dedicated to ensuring that every teen and adult knows their HIV status and that those who test positive are connected to care.

D.A.P.'s sexual health clinic, The DOCK, provides free and confidential testing for HIV and Hepatitis C, testing and treatment for sexually transmitted infections (STIs), and Pre-Exposure

Prophylaxis (PrEP) – the only medicine proven to prevent HIV infection in HIV-negative individuals.

In December 2016, D.A.P. opened the doors to its Hepatitis Center of Excellence. To learn more, visit www.desertaidsproject.org, www.gettestedcoachellavalley.org, and www.thedockclinic.org.

Major Disease

Chronic illnesses – the leading cause of death and disability in the nation – are diseases that generally take years or decades to progress, are persistent, and can last for long periods of time. These illnesses are the cause for 7 out of 10 deaths in the U.S., and approximately 117 million Americans have at least one chronic illness.¹ These conditions diminish one's quality of life and often result in continuous health care costs.

High blood pressure, high cholesterol, and arthritis are the three most common major diseases for Coachella Valley adults, as illustrated in the table below. This is likely due to the relatively advanced age of Coachella Valley adults.

Disease	Weighted Percent	Population Estimate
High blood pressure	34.0%	103,884
High cholesterol	27.5%	83,289
Arthritis	27.5%	83,820
Diabetes	12.8%	39,039
Asthma	10.9%	33,368
Cancer	10.8%	33,116
Bone disease	7.4%	22,687
Heart disease	6.4%	19,456
Other respiratory disease	4.7%	14,246
Heart attack	3.9%	11,856
Stroke	3.0%	9,100
Liver disease	1.7%	5,291
Multiple sclerosis	0.4%	1,167

The rate of high blood pressure in the Coachella Valley is significantly higher than California as a whole (34.0% compared to 28.5%, respectively).

Overall, older adults are significantly more likely to have each of these diseases than their younger counterparts. The one exception to this is asthma; the prevalence of asthma is relatively stable across all age groups.

Learn about the demographic differences in major disease rates at survey.HARCdata.org.

Using HARCSearch, you can examine disparities in disease by age, gender, ethnicity, income level, and educational level.

¹ Chronic Disease Overview. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/overview/>

Cancer

Cancer – the excessive division, growth, and possible invasion of cells in any part of the body – refers to a group of several diseases. There are over 100 known types, and most can be fatal. Cancer is the second leading cause of death in the United States after heart disease.¹ Breast, prostate, and lung/bronchus cancer are the most prevalent types of cancer in the U.S.²

There are many factors that cause and increase the chances of developing cancer. Some of these factors are uncontrollable, such as age and genetic makeup.³ Other more controllable factors include alcohol consumption, diet, infectious agents, obesity, radiation, sunlight, and tobacco usage.⁴

The most common type of cancer in the Coachella Valley is skin cancer, as illustrated in the table to the right.

About 1.1% of people with cancer (363 people) were diagnosed as children.

Type of Cancer	Weighted Percent	Population Estimate
Skin	27.4%	9,086
Breast	20.8%	6,904
Prostate	13.8%	4,583
Lung	4.6%	1,515
Colon	4.5%	1,491
Thyroid	3.8%	1,269
Bladder	3.7%	1,213
Uterine	3.7%	1,226
Ovary	3.5%	1,144
Cervix	2.6%	877
Other	26.0%	8,542

Local Spotlight: Desert Regional Medical Center

Desert Regional Medical Center provides high-quality healthcare to the entire Coachella Valley. One of Desert Regional's specialties is comprehensive cancer care. The Comprehensive Cancer Center is nationally recognized by the Commission on Cancer of the American College of Surgeons for their excellent standards of care.

The Center provides cancer screenings, treatment, clinical trials, support programs, pain management, and women's and men's health programs. The 60,000-square-foot medical complex is equipped with advanced technology and staffed with more than 120 healthcare professionals who have dedicated their careers to the treatment of cancer.



To learn more about Desert Regional Medical Center's Comprehensive Cancer Center, visit www.desertcancercenter.com

¹ FastStats: Leading Causes of Death. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

² United States Cancer Statistics. (2013). Centers for Disease Control and Prevention. <https://nccd.cdc.gov/uscs/toptencancers.aspx>

³ Risk Factors for Cancer. (2015). National Cancer Institute. <http://www.cancer.gov/about-cancer/causes-prevention/risk>

⁴ Ibid.

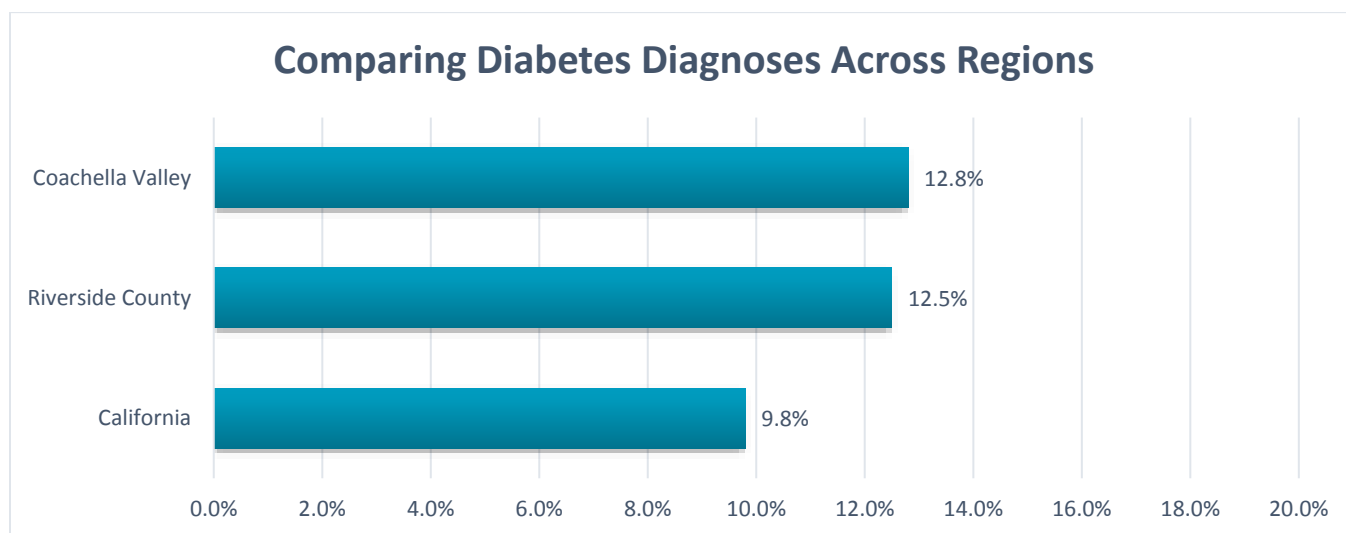
Diabetes

Diabetes mellitus is a group of chronic diseases in which the body has exceedingly high levels of blood glucose resulting from a lack of insulin production, insulin action, or both. When untreated or not properly managed, diabetes can lead to serious health complications, such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death. There are three types of diabetes: Type 1, Type 2, and gestational diabetes.

In 2012, 29.1 million Americans had diabetes.¹ The rate for new cases of diabetes – diagnosed in people 20 years and older – is 1.4 million cases per year.² People with diabetes also make up approximately 60% of those with non-traumatic lower limb amputations.³ Diabetes represents the 7th leading cause of death within the United States.⁴

13% of Coachella Valley adults have been diagnosed with diabetes

Results show 12.8% of Coachella Valley adults (39,039 people) have been diagnosed with diabetes. This is similar to rates across Riverside County and California as a whole, as illustrated below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2015.

Age of Diagnosis	Weighted Percent	Population Estimate
Under 18	5.4%	2,077
18 to 34	13.3%	5,152
35 to 54	45.6%	17,599
55 and older	35.7%	13,804
Total	100.0%	38,632

As illustrated in the table to the left, the majority of adults with diabetes (81.3%) were diagnosed at age 35 or older. This indicates that they most likely have type 2 diabetes, which may be controllable with diet and exercise.

¹ Statistics about Diabetes. (2016). American Diabetes Association. <http://www.diabetes.org/diabetes-basics/statistics/>

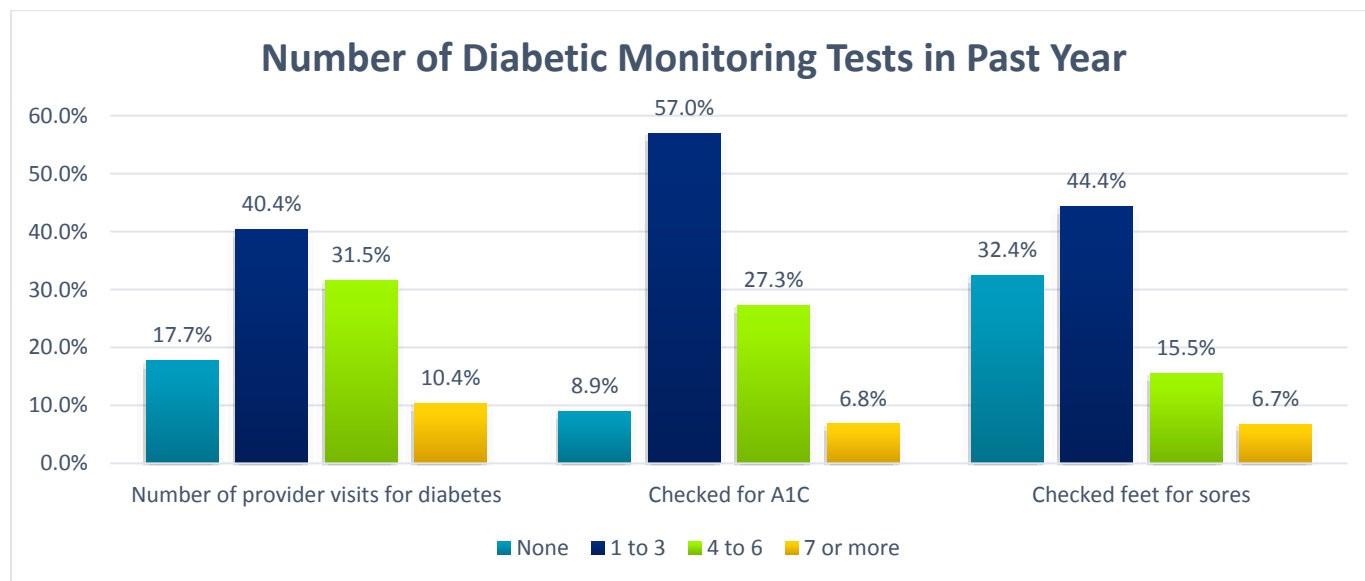
² Ibid.

³ Ibid.

⁴ Leading Causes of Death. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

More than half of Coachella Valley adults with diabetes (59.6%, or 23,218 people) have taken a course in how to manage their diabetes. However, 40.4% (15,766 people) have not taken a course in how to manage their diabetes, and likely would be able to manage their diabetes better with this knowledge.

Preventive exams and treatment should be done regularly for those diagnosed with diabetes. As illustrated in the chart below, most local adults with diabetes have had diabetic monitoring in the past year, although there are some who need to see a doctor for a check-up as soon as possible.



Local Spotlight: Eisenhower Medical Center

Eisenhower Medical Center is the only not-for-profit hospital in the Coachella Valley. Located in Rancho Mirage, this hospital has been dedicated to addressing diabetes for many years. Since its inception in 1974, the Diabetes Program at Eisenhower has provided educational classes, lectures and individual instruction for people with diabetes living in the Coachella Valley. It is the first program in the Coachella Valley to achieve recognition by the American Diabetes Association.

For those who meet insurance requirements, counseling in nutrition, self-monitoring of blood glucose, insulin injection techniques, insulin pumps and all diabetes related topics are available for individuals and family members on a one-on-one basis.

Eisenhower offers free community classes on pre-diabetes and diabetes in both English and Spanish on a regular basis. Classes are taught by certified diabetes education specialists. Each year the Diabetes Education Program sponsors the Desert Diabetes Club which puts on the "Jim Cook Day of Hope for Diabetes" Conference. The event is free to the public and features medical screenings, resource fair and lectures. To learn more about EMC's diabetes program, visit www.emc.org/health-services/eisenhower-medical-center-diabetes-program/



EISENHOWER MEDICAL CENTER
Health Care As It Should Be

Disability

Disability is an impairment that limits or prevents a person's ability to function in one or more areas. Disabilities can be visible or non-visible and refers to any of a wide range of types: physical, mental/intellectual, emotional, developmental, or sensory. Any of these types of disabilities can prevent a person from performing a specific task or action.

Overall Disability Status

Approximately 22.1% of Coachella Valley adults (67,462 people) are limited in their activities because of physical, mental, and/or emotional problems. Many of these people likely need to make accommodations in order to function in their daily lives.

22%
of Coachella Valley adults
have a disability

Not surprisingly, having a disability is more common in older adults. About 9.0% of younger adults have some sort of limitation due to disability, while more than 30% of adults age 55 and older experience some limitations. The highest prevalence of limitations due to disability is in adults age 75 and older; 35.9% experience limitations.

Sensory Limitations

Two common types of disability include vision and hearing deficits. Having visual or hearing problems can prevent or hinder daily activities from being performed. The CDC has estimated that there are about 40.3 million adults living with hearing problems and 21.7 million adults living with visual problems in the U.S.¹

11% of Coachella Valley adults are deaf/hard of hearing.
10% of Coachella Valley adults are blind/low vision.

Results indicate that 10.5% of Coachella Valley adults (32,059 people) are deaf or have serious difficulty hearing. Approximately 9.8% of Coachella Valley adults (30,073 people) are blind or have serious difficulty seeing, even when wearing glasses.

¹ Disability and Functioning (Noninstitutionalized Adults 18 Years and Over). (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/disability.htm>

Assistance with Activities of Daily Living

People sometimes need assistance with activities of daily living (ADLs), which are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring oneself from place to place. Inability to perform the ADLs is a significant predictor of increased use of physician services, formal paid home care services, inpatient hospital services, and changes in living arrangements.

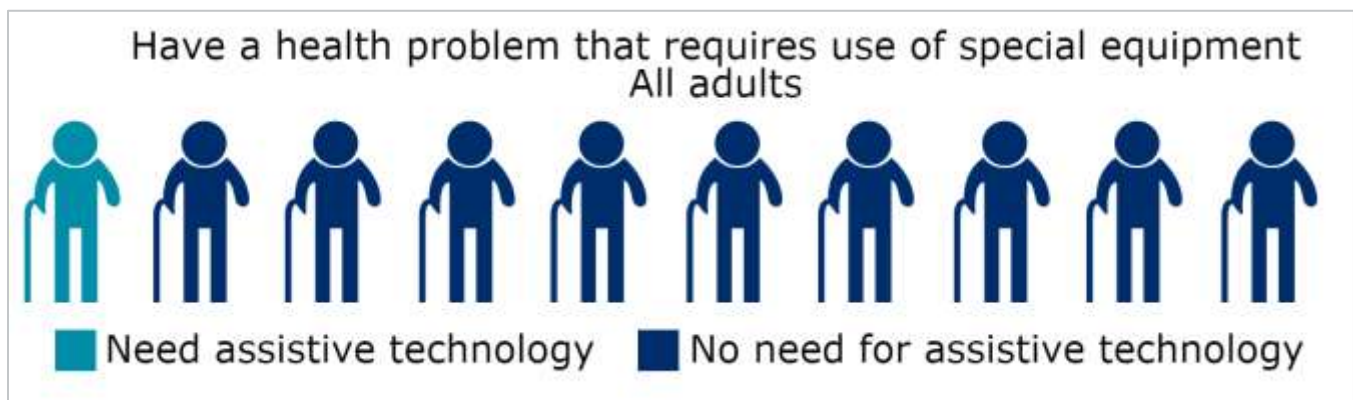
Independent activities of daily living (IADLs) are more complex social activities compared to ADLs. IADLs include using the telephone, preparing meals, managing medications, and shopping, among others. The CDC has estimated that 2.1% of adults in the U.S. have limitations in their ADLs and 4.0% have limitations in their IADLs.¹

Results show that 4.1% of Coachella Valley adults (12,622 people) need help from another person with ADLs. The majority of these people (88.0%, 11,114 people) have someone there to help them with their ADLs, but 12.0% (1,509 people) do not have someone there to assist them.

Slightly more local adults—6.2%, or 19,161 people—need help from another person with their IADLs. Approximately 86.5% of these people (16,473 people) have someone there to assist them when they need it. However, 13.5% (2,581 people) do not have someone there to assist them with these activities, and could benefit from a program to provide assistance.

Assistive Technology

Approximately 11.0% of Coachella Valley adults (33,921 people) have a health problem that requires them to use special equipment, such as a cane, wheelchair, special bed, or special telephone.



The vast majority of these people (87.8%, 29,158 people) are able to get the special equipment they need. However, 12.2% of people who need such assistive technology (4,066 people) are unable to get the assistive technology they need, indicating a substantial need in the community.

¹ 2014 National Health Interview Survey. (2015). Centers for Disease Control and Prevention. http://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2014_SHS_Table_P-3.pdf

Mental Health

Mental health is a state of psychological well-being in which an individual can enjoy life and can cope with everyday situations and stressors. It is not simply the lack of a mental disorder, but also the presence of positive mental health. One's mental health can be affected by environmental, genetic, and/or psychological factors.

The National Institute of Mental Health has estimated there are about 43.6 million adults living with a mental disorder, not including substance-related disorders.¹ Of these mental disorders, anxiety disorders are the most commonly experienced among adults, affecting around 40 million adults in the U.S.²

About a quarter of Coachella Valley adults (25.9%, 79,184 people) have had an emotional, mental, or behavioral problem that concerned that in the past year. Slightly more than half of these (55.5%, 43,077 people) felt the concern was severe enough to require professional help. Most of these people (80.6%, 62,356 people) knew who to contact for help with such a problem. However, 19.4% (15,198 people) did not know who to contact for help with their mental health problem, and as such, likely struggled with this issue alone.

22% of Coachella Valley adults have been diagnosed with one or more mental health disorders

Results show that approximately 22.3% of Coachella Valley adults (68,542 people) have been diagnosed with one or more mental health disorders. The most common is depressive disorder, as illustrated in the table below.

Mental health disorder	Weighted Percent	Population Estimate
Depressive disorder	12.5%	38,295
Anxiety disorder	9.4%	28,847
Post-traumatic stress disorder	5.4%	16,623
Phobia	5.0%	15,199
Panic disorder	4.7%	14,388
Bipolar disorder	3.0%	9,102
Obsessive-compulsive disorder	2.9%	8,803
Schizophrenia	0.9%	2,805
Other mental health disorder	2.8%	8,475

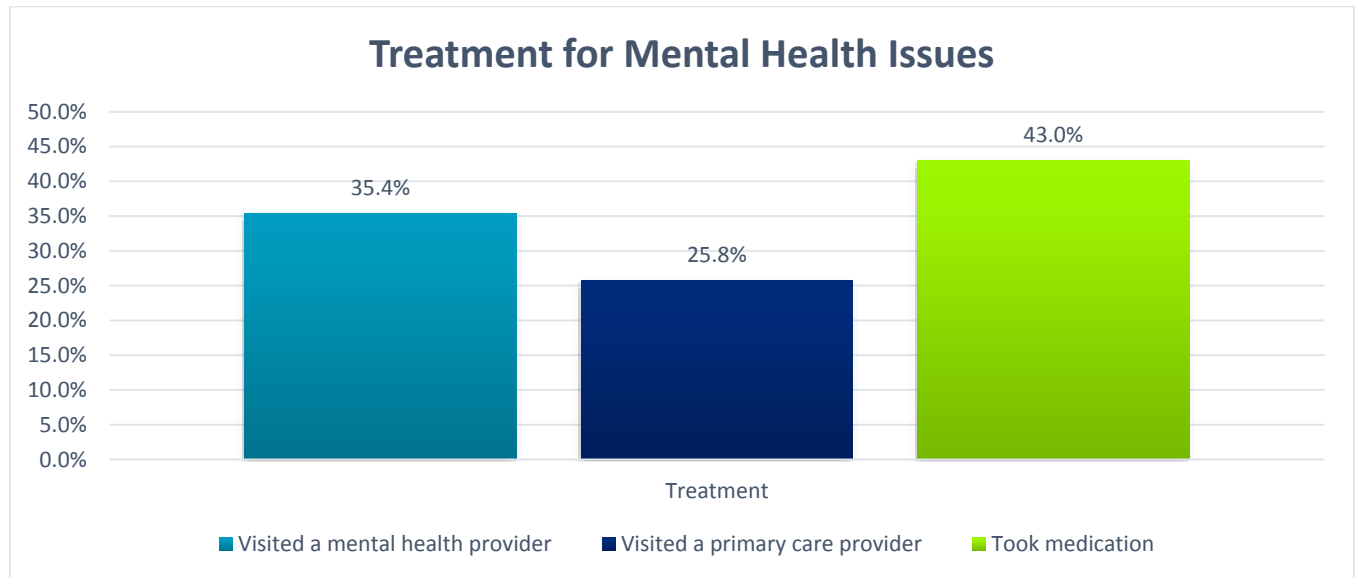
Approximately 4.5% of Coachella Valley adults (13,731 people) seriously considered attempting suicide in the past year.

¹ Any Mental Illness (AMI) Among U.S. Adults. (2015). National Institute of Mental Health. <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>

² Facts & Statistics. (2014). Anxiety and Depression Association of America. <http://www.adaa.org/about-adaa/press-room/facts-statistics>

Participants who had one or more diagnosed mental health disorders, and/or those who had an emotional, mental, or behavioral problem in the past year were asked several questions about treatment for their mental health issue.

As illustrated in the chart below, medication is the most common form of treatment for adults with mental health issues; 44,081 adults have taken medication to address their mental health disorder in the past year.



Approximately 10.1% of people with mental health issues (10,556 people) needed mental healthcare in the past year and could not get it. Similarly, 7.9% of people with mental health issues (8,152 people) needed mental health medication and could not get it.

Local Spotlight: Riverside University Health System – Behavioral Health

Riverside County provides a great deal of resources related to mental/behavioral health, but it can sometimes be difficult to figure out what resources are available in specific situations. To address this, Riverside University Health System – Behavioral Health launched the “Peer Navigation Line”, a phone line that people can call to talk to a real person who is in their own mental/behavioral health recovery. Peer Navigators can listen to worries and concerns, help find relevant local resources, answer questions about recovery, and provide hope. Peer Navigators are available Monday through Friday from 8 am to 4 pm. Call 888-768-4YOU (4968) to access the Peer Navigation Line. For more information, visit www.rcdmh.org/peernav



Weight, Fitness, Nutrition

BMI and Obesity

Body mass index (BMI) is a calculated value based on the height and weight of a person. For most people, BMI correlates strongly with body fat percentage, and as such it is one of the widely accepted tools used to measure obesity.¹

A person with a BMI value higher than 30 is considered obese.² Obesity is often directly caused by a combination of two factors: poor nutrition and a lack of physical activity. Poor nutrition refers to the consumption of foods with inadequate nutritional content, despite often having high caloric value. Individuals who are inactive do not burn all of these consumed calories, and most unused calories are stored in fat cells.

Obesity has serious medical consequences. It can lead to an increased risk for various diseases such as type 2 diabetes, hypertension, coronary heart disease, and ischemic stroke. Because obesity is associated with these types of conditions, it is among the leading causes of death in the U.S.³

61%
of Coachella Valley adults
are overweight or obese

The majority of Coachella Valley adults (60.5%, 175,872 people) have a BMI that places them in the “overweight” or “obese” category. This is very similar to rates across the nation, as illustrated below.

Body Mass Index	Coachella Valley	Riverside County	California	United States
Underweight (BMI 0.00 to 18.49)	3.8%	2.4%	2.0%	1.8%
Normal (BMI 18.50 to 24.99)	35.6%	30.1%	35.4%	33.4%
Overweight (BMI 25.00 to 29.99)	33.4%	33.2%	34.7%	35.4%
Obese (BMI 30.00 +)	27.1%	34.3%	28.0%	29.6%

Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2015. Data for the United States are age-adjusted and from the Behavioral Risk Factor Surveillance, 2014.

In contrast, only 39.8% of adults believe they are overweight, as illustrated in the table to the right. Clearly there is a discrepancy between how many people are overweight and how many realize that they are overweight.

Perception of Weight	Weighted Percent	Population Estimate
Underweight	4.4%	121,318
About the right weight	55.7%	13,549
Overweight	39.8%	169,915
Total	100.0%	304,782

¹ Obesity and Overweight. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/fastats/obesity-overweight.htm>

² Calculate your Body Mass Index. (n.d.). U.S. Department of Health and Human Services.

http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm

³ Adult Obesity Facts. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/obesity/data/adult.html>

Physical Activity

Physical activity is important for maintaining good health and a necessary part of a healthy lifestyle. Engaging in regular physical activity lowers one's risk of premature death and decreases the risk for heart disease, diabetes, high blood pressure, depression, anxiety, and colon cancer. Physical activity facilitates weight control, improves mood, and reduces the risk of falling.

The U.S. Department of Health and Human Services recommends that adults get at least 150 minutes of moderate-intensity aerobic activity each week, as well as 2 or more days per week of muscle-strengthening activities for all major muscle groups.¹ As estimated by the CDC, only 21% of adults in the U.S. meet these criteria for physical activity.²

Most Coachella Valley adults (65.2%) participate in cardiovascular activity—such as golfing, walking for exercise, jogging—three or more times per week, as illustrated to the right. Strength training—such as doing sit-ups, push-ups, or weight-lifting—is much less common.

Days of exercise per week	Cardiovascular activity		Strength training	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	20.8%	63,572	56.0%	170,527
1 to 2	14.0%	42,826	14.3%	43,668
3 to 4	22.2%	67,899	14.1%	43,092
5 to 6	15.1%	46,259	6.5%	19,685
Every day	27.9%	85,420	9.1%	27,799
Total	100.0%	305,976	100.0%	304,771

Nutrition

The U.S. Department of Health and Human Services reports that approximately three-fourths of the population does not eat enough vegetables, fruits, dairy products, and oils.³ Most people also exceed recommended levels for the consumption of sugars, saturated fats, and sodium.⁴ One of the reasons for unhealthy diets includes eating out.

The average Coachella Valley adult ate approximately three meals that were prepared away from home in the past week. About a quarter of Coachella Valley adults (76,151 people) did not eat any meals in the past week that were not prepared in their own home. Approximately 1.4% of adults (4,111 people) ate out for every meal, every day in the past week.

Number of meals prepared away from home in the past week	Weighted Percent	Population Estimate
0	25.1%	76,151
1 to 2	32.9%	100,092
3 to 4	19.3%	58,707
5 to 7	13.4%	40,870
8 to 13	5.0%	15,302
14 to 20	2.8%	8,493
21 or more	1.4%	4,111
Total	100.0%	303,727

¹ 2015–2020 Dietary Guidelines for Americans. 8th Edition. (2015). U.S. Department of Health and Human Services. http://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf

² Facts about Physical Activity. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/data/facts.htm>

³ 2015–2020 Dietary Guidelines for Americans. 8th Edition. (2015). U.S. Department of Health and Human Services. http://health.gov/dietaryguidelines/2015/resources/2015-2020_Dietary_Guidelines.pdf

⁴ Ibid.

Food Insecurity

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

Food insecurity in the U.S. was at 14.0% in 2014.² These estimates include the 8.4% of households that are very food insecure.³ In these households, the food intake and regularity of eating patterns of at least one household member was decreased or interrupted during the year.

Within the past year, approximately 9.7% of Coachella Valley adults (29,560 people) had to cut the size of meals or skip meals because of a lack of money.

How often cut the size of meals or skip meals due to lack of money	Weighted Percent	Population Estimate
Only 1 or 2 months	26.5%	7,706
Some months, but not every month	35.3%	10,283
Almost every month	38.2%	11,115
Total	100.0%	29,104

In the past year, approximately 15.5% of Coachella Valley adults (47,392 people) worried about whether their food would run out before they got money to buy more.

Approximately 3.5% of Coachella Valley adults (10,735 people) had to go without eating for a whole day because there wasn't enough money for food.

Approximately 7.6% of adults (23,359 people) have received food from a food assistance program in the past month. Of these, nearly 5,000 people depended on food assistance programs for nearly all of their food, indicating extreme food insecurity.

Amount of food that came from food assistance programs in the past month	Weighted Percent	Population Estimate
Only a few days' worth of food	32.8%	6,925
1 to 2 weeks' worth of food	28.2%	5,954
More than half of the months' food	15.5%	3,278
Almost all of the months' food	23.4%	4,931
Total	100.0%	21,088

¹ Measurement. (2015). United States Department of Agriculture and Economic Research Service. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx>

² Key Statistics and Graphs. (2015). United States Department of Agriculture and Economic Research Service. <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#trends>

³ Ibid.

Socioeconomic Needs

The most common needs among Coachella Valley adults are for assistance with food, transportation, and finances, as illustrated in the table below. Additional programs designed to help with these issues would be welcome.

Need	Weighted Percent	Population Estimate
Food assistance	10.8%	33,306
Transportation	9.1%	28,008
Financial assistance	8.6%	26,482
Utility assistance	8.4%	25,936
Home health care	5.6%	17,061
Housing assistance	4.2%	12,953
Rental assistance	3.8%	11,642

Not surprisingly, the people in greatest need for assistance are those who are very low income, living in households with an annual income less than \$20,000.

Community Cohesion

Community health refers to the advancement of positive health outcomes in geographical areas which can include cities, towns, and even counties. Communities that work together are stronger and better able to address public health concerns, such as disease, illness, disability, and healthcare coverage. Even sociodemographic concerns can be addressed with tightly knitted communities including education, employment, and volunteering. When people work together at the community level, disparities in health can be closed and resources can be increased to help more people in need.¹

Participants were asked to rate the extent to which they agreed/disagreed with the statement “people in my neighborhood are willing to help each other”. Results show that the majority of Coachella Valley adults (more than 82%) either agree or strongly agree with the statement, indicating a high level of community cohesion. However, more than 12,000 people strongly disagree with the statement, indicating low community cohesion.

Level of agreement	Weighted Percent	Population Estimate
Strongly agree	26.3%	72,875
Agree	56.0%	155,177
Disagree	13.3%	36,948
Strongly disagree	4.4%	12,328
Total	100.0%	277,327

¹ Benefits of Community Health. (2016). Centers for Disease Control and Prevention.
http://www.cdc.gov/nccdphp/dch/about/benefits_community_health.htm

SENIOR HEALTH

Age 55+



Senior Demographics

There are approximately 127,259 seniors age 55 and older living in the Coachella Valley.

Basic Demographics

Most seniors (85.0%, 10,3445 seniors) are White/Caucasian. Approximately 18.8% of seniors (23,691 are Hispanic/Latino. There are slightly more female seniors than male seniors in the Coachella Valley (66,115 female seniors and 61,143 male seniors).

Socioeconomic Status

About half of seniors live in households with an annual income of less than \$50,000, as illustrated in the table below.

Income level, age 55+	Weighted Percent	Population Estimate
\$0 to \$19,999	21.2%	20,317
\$20,000 to \$49,999	28.0%	26,839
\$50,000 to \$99,999	25.8%	24,678
\$100,000 or more	25.0%	23,919
Total	100.0%	95,753

Poverty level was calculated by combining household income level and the number of people in the household. Results indicate that approximately 14,474 seniors are living in poverty.

Federal Poverty Level (FPL), age 55+	Weighted Percent	Population Estimate
0 to 100% of FPL	15.1%	14,474
101 to 200% of FPL	13.9%	13,266
201 to 250% of FPL	9.5%	9,058
250% or more of FPL	61.5%	58,916
Total	100.0%	95,714

Social Demographics

The majority of Coachella Valley seniors (85.9%, 106,210 adults) identify their sexual orientation as heterosexual/straight. Approximately 14.1% (17,463 adults) identify as homosexual, bisexual, questioning, or other orientation.

Most Coachella Valley seniors (89.1%, 112,553 seniors) are citizens of the U.S. Approximately 10.9% (13,839 seniors) are not citizens. Of these, the majority (72.5%, 10,031 people) are permanent residents with a green card. However, approximately 3,808 seniors are non-citizens without a green card. Most of these seniors (2,832 adults) also do not have a temporary visa, and thus, are undocumented.

Approximately 16.3% of seniors (20,716 seniors) are veterans. Approximately 7.7% of seniors (9,770 seniors) are seasonal residents or “snowbirds”.

Elder Abuse

Under California Law, abuse of an elder or a dependent adult includes physical or mental abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm, pain, or mental suffering. The consequences of elder abuse include numerous physical and psychological ailments. Physically, elders who endure abuse are likely to have wounds, injuries, nutrition deficits, increased susceptibility to illnesses, and increased risks for premature death. Psychologically, there is increased distress, depression, anxiety, PTSD, and feelings of helplessness.¹

Every year, hundreds of thousands of elderly people are abused physically, sexually, emotionally, financially, or through neglect and abandonment. According to the CDC, one out of every ten elders are abused in their own home.² Unfortunately, this estimate is likely higher due to the fear of speaking out or the inability to seek help; the CDC has also estimated that for every one case of elder abuse detected/reported, there are an additional 23 cases unreported.³

Over 4,000 Coachella Valley seniors 55 and older have experienced elder abuse in the past year, and more than 6,000 have been taken advantage of financially.

Type of abuse	Weighted Percent	Population Estimate
Physically or mentally mistreated or neglected in past year	3.2%	4,066
Taken advantage of financially in past year	5.0%	6,324

Local Spotlight: Riverside County Office on Aging

The Riverside County Office on Aging (OoA) has two Information and Education Vans and a Healthy Lifestyle Van that are available to participate at community events and fairs.

The OoA Info Vans are equipped with resources for older adults, persons with disabilities, and their caregivers. Each Info Van is staffed by highly trained, bilingual Information Specialists who can conduct small presentations, and provide educational materials and information, not only about OoA programs and services, but those of our partners, collaborators, and other agencies within the County of Riverside.



Contact Riverside County OoA to schedule your Info Van stop at 1-800-510-2020 or visit our website at www.rcaging.org for more information regarding OoA services and programs.

¹ Elder Abuse: Consequences. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/elderabuse/consequences.html>

² Elderly Abuse Prevention. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/features/elderabuse/>

³ Elder Abuse: Consequences. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/violenceprevention/elderabuse/consequences.html>

Senior Mobility

One of the greatest challenges seniors face is the battle to remain mobile. The American Journal of Preventive Medicine listed mobility as a key factor affecting the quality of life of older Americans.¹ Further, reduced mobility increases the chances of falling and fear of falling.²

Nationally, falling is a serious concern for seniors and is the leading cause of unintentional death for those aged 65 and above.³ Falling is very common, with one out of every three elders falling annually. Of these falls, one out of every five results in a serious injury, such as broken bones or head trauma.⁴ Additional injuries include hip fractures and traumatic brain injuries. These injuries can further reduce an elderly adult's mobility, and even if a physical injury doesn't occur, she or he may develop a fear of falling that may still limit mobility.

The majority of Coachella Valley seniors (83.3%) have not fallen in the past three months. However, nearly 8,000 seniors have fallen two or more times in the past three months, putting them at risk for injury.

Number of falls in past three months, seniors 55+	Weighted Percent	Population Estimate
None	83.3%	105,164
One	10.4%	13,154
Two or more	6.3%	7,992
Total	100.0%	126,310

Of the 21,146 seniors who have fallen in the past three months, most of them (63.5%, 13,437 people) did not experience any injury. However, 36.5% of seniors who have fallen recently (7,709) experienced an injury.

The majority of the 7,709 seniors who were injured by a fall (84.8%, 6,537 people) only had one fall that caused injury. However, 15.2% of seniors who were injured by a fall (1,172 people) experienced more than one injurious fall.

About a third of Coachella Valley seniors 55 and older (32.3%, 40,830 seniors) have a fear of falling. Women are more likely to fear falling than men (38.2% compared to 25.9%, respectively). Older adults are also more likely to fear falling; 45.7% of seniors 75 and older compared to only 24.1% of those 55 to 64 who report a fear of falling.

¹ Midlife Physical Activity and Mobility in Older Age. (2006). American Journal of Preventive Medicine, Volume 31, Issue 3. [http://www.ajpmonline.org/article/S0749-3797\(06\)00201-7/abstract](http://www.ajpmonline.org/article/S0749-3797(06)00201-7/abstract)

² The State of Aging and Health in America. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/features/agingandhealth/state_of_aging_and_health_in_america_2013.pdf

³ 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2014. (2014). Centers for Disease Control and Prevention.

http://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_injury_2014-a.pdf

⁴ Important Facts about Falls. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html>

Local Spotlight: "A Matter of Balance" Fall Prevention Program

The Coachella Valley Senior Fall Prevention Program is being funded for two years by the Desert Healthcare District to establish the program at various sites and then provide program support and compliance with the requirements of the "A Matter of Balance" evidence based program for the long term. The funding also includes an evaluation report of the program by HARC.

Prior to the two-year funding, the District funded "A Matter of Balance" Fall Prevention Implementation Study to engage a consultant to conduct a project mapping and implementation study for a district-wide "A Matter of Balance" Program.

"A Matter of Balance" is a nationally recognized and award winning evidence based program and was developed at the Roybal Center at Boston University. This program has been evaluated for its effectiveness and is featured as an effective program following CDC criteria. The program addresses the growing impact of falls among older adults and their consequences.

Within the first year of the program, the "A Matter of Balance" program is active in 8 sites, has 265 graduates, and 68 coaches have been trained.



CHILD HEALTH

0 to 17



Child Demographics

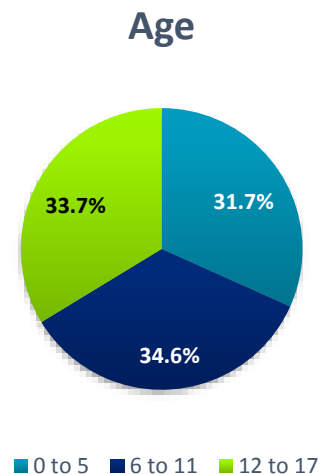
There are approximately 99,655 children age zero to 17 living in the Coachella Valley. No children were surveyed to gather the information in this section, rather, an adult in the household who was knowledgeable about the child was used as a proxy. Most of these respondents were birth parents, as illustrated in the table below.

Respondent Relationship to Child	Weighted Percent
Birth mother	67.3%
Birth father	25.4%
Adoptive parent	2.1%
Grandparent	1.8%
Other related person	1.7%
Other: Step-parent, unrelated legal guardian, foster parent, partner of parent	1.7%
Total	100.0%

Most of these parents/guardians (54.0%) were employed or self-employed or homemakers (25.5%). Unfortunately, 9.8% were out-of-work. Approximately half of the parent/guardian respondents have a high school degree (19.9%) or less (32.1%).

Age

Coachella Valley children are evenly split between the three age groups, as illustrated in the chart to the right. Approximately 31,474 children fall between the ages of zero and five 34,422 between the ages of six and 11, and 33,538 between the ages of 12 and 17.

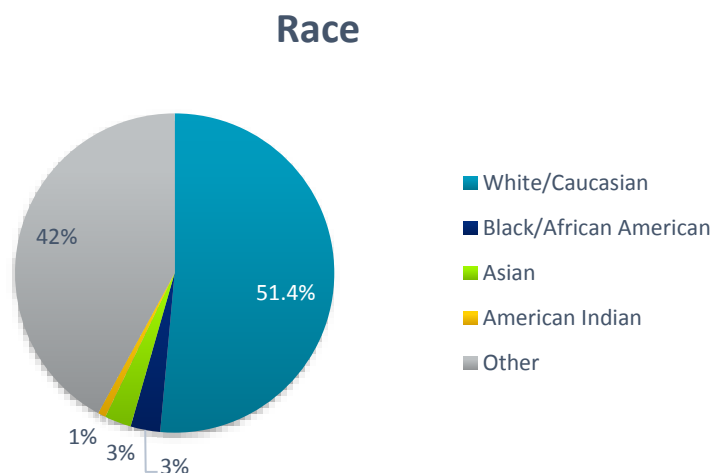


Gender

Coachella Valley children are evenly split in terms of gender; 51% male and 49% female.

Race

About half of children in the Coachella Valley (49,029 children) have a race identified as White/Caucasian, as illustrated in the chart to the right.



Ethnicity

The majority of children in the Coachella Valley (75,432 children) are Hispanic/Latino, as illustrated in the table below. The majority of Hispanic/Latino children are Mexican/Mexican-American.

Ethnicity	Weighted Percent	Population Estimate
Not of Hispanic, Latino, or Spanish origin	23.1%	22,620
Mexican, Mexican-American, Chicano	60.7%	59,493
Other Hispanic, Latino, or Spanish origin	16.3%	15,939
Total	100.0%	98,052

Income

The majority of Coachella Valley children (62.3%, or 47,869 children) live in households with an annual income of less than \$50,000, as illustrated in the table to the right.

Income Level	Weighted Percent	Population Estimate
\$0 to \$19,999	24.5%	18,800
\$20,000 to \$49,999	37.8%	29,070
\$50,000 to \$99,000	19.4%	14,899
\$100,000 or more	18.4%	14,112
Total	100.0%	76,881

Poverty

Over a third of Coachella Valley children live in homes that fall at or below the Federal Poverty Line (FPL), as illustrated in the table below.

Percent of Federal Poverty Line	Weighted Percent	Population Estimate
0 to 100% FPL	34.5%	26,518
101 to 200% FPL	27.5%	21,128
201 to 250% FPL	4.8%	3,725
251% FPL or higher	33.2%	25,510
Total	100.0%	76,881

35%
of Coachella Valley
children live in poverty

Child Healthcare Access

Healthcare Coverage

Because children grow and develop at a quick pace, they are at special risk for illness and injury. Often, health services are expensive, so having health insurance becomes important for children. Children without health insurance are much less likely to have a usual source of care or recent health care visit compared to insured children.¹ When children do have health insurance, they are more likely to have better overall health and to have better school performance.

The vast majority of Coachella Valley children (95.1% of children) have some type of healthcare coverage. Approximately 4.9% of Coachella Valley children (4,867 children) are uninsured. This is very similar to the state; 3.3% of California children are uninsured.²

5%
of Coachella Valley children are uninsured

The primary reasons for lack of insurance include loss of Medi-Cal eligibility (21.7%), inability to pay the premiums (19.8%), and loss of job/change of employers (16.1%). Approximately 12.7% were currently applying for healthcare coverage.

Local Spotlight: Inland Empire Health Plan



Inland Empire Health Plan (IEHP) is proud to celebrate 20 years of ensuring Inland Empire residents access to affordable, quality healthcare. IEHP is a not-for profit Medi-Cal and Medicare health plan that serves nearly 1.25 million residents in Riverside and San Bernardino counties.

Generous support from Riverside County, First 5 Riverside and the Riverside Community Health Foundation helped IEHP's Healthy Kids program (launched in 2002) provide coverage similar to Medi-Cal to children without documentation who would otherwise qualify. The demand was significantly more than the local funding could support. In May 2016, state legislation expanded Medi-Cal coverage for undocumented children up to age 19. IEHP assisted Healthy Kids members and others on the waiting list, to transition to Medi-Cal. To learn more about IEHP, visit www3.iehp.org

¹ NCHS Health Insurance Data. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/factsheets/factsheet_health_insurance.htm

² California Health Interview Survey (2015). Available online at ask.chis.ucla.edu

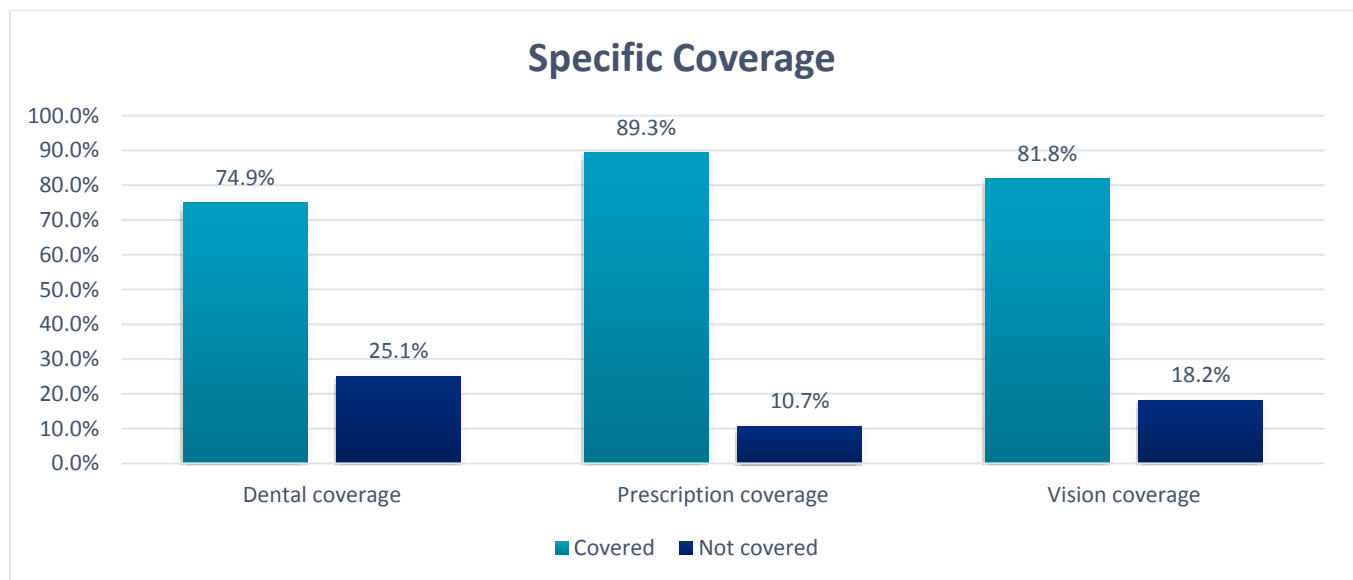
Specific Coverage

Often, the purpose of prescription medication for children is for chronic conditions, such as asthma, diabetes, and seizures. In addition, some children may have certain allergies that require allergy medication. Another common reason for prescription medication for children is psychiatric conditions. Further, children rely on their parents or guardians for prescription medication. It is therefore important for parents and guardians to know about the types of prescription medication that their child may need, and, if needed, find a health insurance plan that provides coverage for those prescription medications.

While states are able to choose whether to provide dental benefits to adults, they are required to provide children covered by Medicaid and the Children's Health Insurance Program (CHIP) with dental benefits.¹ Dental services for children must at least include relief of pain and infections, teeth restoration, and dental health maintenance.² Despite these benefits, the CDC estimates that one in every four children living in poverty has untreated dental caries.³

Vision coverage helps children receive vision care, which includes regular eye exams to monitor eye health. Children's Medicaid and CHIP's comprehensive coverage both offer coverage for eye exams and glasses.⁴ Unfortunately, vision disability is one of the most prevalent disabling conditions among children in the U.S. with about 6.8% being diagnosed with an eye or vision condition.⁵

Most children have coverage for dental, vision, and prescription drugs, as illustrated in the chart below. Approximately 24,161 children lack dental coverage, 10,345 lack prescription coverage, and 16,620 lack vision coverage.



¹ Dental Care for Medicaid and CHIP Employees. (2010). Medicaid. <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html>

² Ibid.

³ Oral Health Disparities as Determined by Selected Healthy People 2020 Oral Health Objectives for the United States, 2009–2010. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/databriefs/db104.htm>

⁴ What's Covered. (2014). CHIP and Children's Medicaid. <http://www.chipmedicaid.org/en/Benefits>

⁵ Fast Facts. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>

Child General Health

General Health Status

The basics of keeping children healthy include offering healthy foods, ensuring enough sleep and exercise, and safety.¹ Beyond the basics, however, children should receive regular health check-ups to check development and prevent health problems early on.²

Parents/guardians were asked to rate their child's overall health.

Approximately 3.1% of children's health is rated as "fair" or "poor", as illustrated in the table to the right.

Health status	Weighted Percent	Population Estimate
Excellent	43.7%	43,517
Very good	26.8%	26,712
Good	26.4%	26,290
Fair	1.9%	1,892
Poor	1.2%	1,244
Total	100.0%	99,655

Greatest Health Concern for Child

Parents/guardians of approximately 41.7% Coachella Valley children have no "greatest health concern" for their child. Of those who did specify health concerns for their children, common issues include the child's weight and/or physical fitness, the quality of their education, and poor nutrition, as illustrated in the table below.

Greatest Health Concern for Child	Weighted Percent	Population Estimate
None	41.7%	41,434
Child's weight and or physical fitness	10.7%	10,617
Quality of education	5.3%	5,291
Poor nutrition	4.5%	4,451
Child's development (physical or mental)	3.6%	3,571
Emotional well-being	3.0%	3,012
Physical safety	2.2%	2,172
Lack of health care	2.1%	2,081
Alcohol and drug use	1.6%	1,541
Other	25.3%	25,207
Total	100.0%	99,377

¹ Children's Health. (2015). U.S. National Library of Medicine. <https://medlineplus.gov/childrenshealth.html#cat51>

² Ibid.

Child Healthcare Utilization

Regular visits to the doctor are essential for ensuring that a child is healthy and safe. Routine care is important because it helps to foster a relationship between the child and the healthcare provider. Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development—and early detection means early treatment. Lack of appropriate physician guidance may result in delays in diagnosis and appropriate intervention. Fortunately, the majority of children (96.4%) within the U.S. had a usual place to go for medical care in 2014.¹

The majority of Coachella Valley children (72.6%) have seen a healthcare provider within the past six months, indicating they are getting regular treatment. However, approximately 611 children have not been to a healthcare provider in the past five years, which means they are long overdue for preventive exams.

Time since child last visited a doctor or other healthcare provider	Weighted Percent	Population Estimate
Within the past six months	72.6%	71,474
Within the past year	16.7%	16,467
Within the past two years	8.3%	8,168
Within the past five years	1.4%	1,380
More than five years ago	0.6%	611
Never been for treatments	0.4%	409
Total	100.0%	98,509

11%
of Coachella Valley children
have not visited a healthcare provider in the past year

The majority of the most recent visits to healthcare providers (64.7%, 56,365 children) were for routine check-ups or general prevention such as vaccines or school physicals. Approximately 16.6% of the visits were for treatment of an acute illness (such as the flu), and 7.5% were for treatment of a chronic illness (such as asthma, allergies, or diabetes).

¹ National Health Interview Survey Early Release Program. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201506.pdf>

Parents/guardians of Coachella Valley children were asked to report whether they experienced certain barriers to getting healthcare treatment for their children. As illustrated in the table below, the most common barrier to getting healthcare for children is the time the child had to wait before seeing a healthcare provider, a barrier experienced by more than a quarter of children.

Barriers	Weighted Percent	Population Estimate
Time child had to wait before seeing the doctor or care provider	26.9%	23,316
The amount of time before child could get an appointment	19.2%	16,727
Demeanor or attitude of the office staff	10.4%	9,132
Demeanor or attitude of the child's doctor or healthcare provider	4.9%	4,315

Parents/guardians were asked to report on the healthcare providers' availability during off hours. Results show that approximately 44.4% of Coachella Valley children have providers that have services available during evenings and weekends; but 55.6% did not (45,115).

Most parents/guardians were satisfied or very satisfied with the level of care their child received on their most recent visit to the healthcare provider, as illustrated in the table below. Less than 1.5% were dissatisfied or very dissatisfied with the level of care, indicating that the vast majority of healthcare providers are providing a high level of care.

Level of satisfaction with quality of care child received	Weighted Percent	Population Estimate
Very satisfied	38.2%	33,401
Satisfied	49.3%	43,112
Neither satisfied nor dissatisfied	11.1%	9,718
Dissatisfied	0.5%	470
Very dissatisfied	0.9%	828
Total	100.0%	87,530

Approximately 5.8% of children (5,817 children) had to have a test or treatment delayed or denied in the past year.

Preventive Health

Hearing Test

Detecting hearing problems can be done through a hearing screening or a full hearing test. Hearing screenings should begin very early (one month of age) to detect any possible hearing problems.¹ If a hearing screening is not passed, it is critical to have a full hearing test done as soon as possible.²

Approximately 87.9% of children (85,600 children) have had their hearing checked by a doctor or healthcare provider. However, 12.1% (11,836 children) have not had their hearing checked by a doctor or healthcare provider, and may have undiagnosed hearing problems.

Vision Exam

As mentioned previously, vision disability is one of the most common disabling conditions among children³, with amblyopia, colloquially referred to as ‘lazy eye’, being the most common cause of vision loss among children.⁴

Healthy vision is important for a developing child as the inability to see may affect the child in multiple areas, including learning at school. A vision exam can determine whether a child needs corrective lenses. Typically, children, especially those with a family history of eye problems or those with eye irregularities, should have regular vision exams with an eye doctor. The U.S. Preventive Services Task Force recommends that all children, aged three to five, have a vision screening at least once.⁵

Approximately 62.4% of children age three and over (51,433 children) have had a vision exam in the past year that was conducted outside of school. However, 37.6% have not had a vision exam in the past year (30,991 children).

Approximately 32.2% of children (26,181 children) need glasses or contacts. Of these, 93.6% (24,254 children) are able to get the glasses or contacts that they need. However, 6.4% of these children (1,669 children) are not able to get the glasses they need.

¹ Hearing Loss in Children: Screening and Diagnosis. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/NCBDDD/hearingloss/screening.html>

² Ibid.

³ Fast Facts. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/visionhealth/basics/ced/fastfacts.htm>

⁴ Frequently Asked Questions (FAQs). (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/visionhealth/faq.htm>

⁵ Final Recommendation Statement

Visual Impairment in Children Ages 1-5: Screening, January 2011. (2011). U.S. Preventative Services Task Force. <http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/visual-impairment-in-children-ages-1-5-screening>

Dental Health

The majority of Coachella Valley children (86.3%, 85,686 children) have been to see a dentist at least once. However, 13.7% of children (13,564 children) have never been to the dentist.

Of the 85,686 children who have visited the dentist, most (55.5%) visited before the age of three, as illustrated in the table below. Very few children (approximately 400) had their first visit after the age of 12.

Age at first dentist visit	Weighted Percent	Population Estimate
0 to 1	19.9%	16,548
2 to 3	35.6%	29,655
4 to 5	33.5%	27,836
6 to 11	10.5%	8,765
12 to 17	0.5%	400
Total	100.0%	83,203

Most children who have been to the dentist have gone within the past six months, as illustrated in the table below.

Time since last dental visit	Weighted Percent	Population Estimate
Within the past six months	73.9%	62,967
Within the past year	18.3%	15,576
Within the past two years	5.0%	4,297
Within the past five years	1.5%	1,288
More than five years ago	1.2%	1,037
Total	100.0%	85,164

Of the children who have not been to the dentist in the past year, the most common reason (54.1%, 3,426 children) is that there have been no problems. This indicates that many lack information on the benefits of preventive dental visits, and only go to the dentist when there is a problem.

About a third of children age five and older floss every day or more often, as illustrated in the table to the right. However, more than 17,000 children do not floss at all, indicating they likely are at risk for dental problems as a result of their lack of dental hygiene.

Number of times per week that the child flosses, age 5+ only	Weighted Percent	Population Estimate
None	27.8%	17,608
One to two	25.7%	16,290
Three to four	8.3%	5,246
Five to six	5.3%	3,359
Seven or more	32.9%	20,806
Total	100.0%	63,310

Vaccinations

Vaccinations are one of the best ways to protect a child from potentially harmful diseases.¹ A vaccination usually involves injecting a weakened or killed microorganism into the body in order to stimulate the production of antibodies against that microorganism. The schedule for vaccinations of children, teenagers, and adults can be found on the CDC's website.² Although a vaccine, like any other form of medicine, can cause a serious reaction, the risks of serious harm are extremely small.³

HPV Vaccination

Genital human papillomavirus, more commonly known as HPV, can cause genital warts and several types of cancer. In June 2006 the Gardasil® vaccine was approved by the FDA as a vaccine against HPV. The vaccine is recommended for females and males beginning at age 11 or 12.⁴ For more information on the HPV vaccine, please see the "Prevention" section in the "Adults" portion of this report.

Approximately 48.5% of children age 11 and older (16,426 children) have had the HPV vaccine. However, 51.5% (17,441 children) have not had the vaccine, and should get it as soon as possible to ensure full coverage.

Immunization Support

As illustrated in the table below, relatively few parents/guardians need assistance with immunization services. Additionally, most find immunization schedules easy to understand, and are reminded of immunization schedules by their healthcare providers. All of this is promising, as it appears that most parents/guardians have few barriers to getting their children adequately vaccinated.

Immunization statement, children age 5 and younger	True		False	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
My doctor or clinic reminds me of immunizations for the child	77.2%	22,809	22.8%	6,744
Immunization schedules are easy to understand	88.7%	25,193	11.3%	3,215
I need help with immunization services in my community	24.3%	6,992	75.7%	21,814

¹ For Parents: Vaccines for your Children. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/vaccines/parents/index.html>

² Immunization Schedules. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/vaccines/schedules/>

³ Possible Side-Effects from Vaccines. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/vaccines/vac-gen/side-effects.htm>

⁴ HPV Vaccines: Vaccinating your Preteen or Teen. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/hpv/parents/vaccine.html>

Safety

Helmet Use

Wearing a helmet while riding a bicycle or other wheeled sporting equipment is the single most effective way of reducing head injuries and fatalities resulting from crashes.¹ In fact, 60% of those who died in a bicycling-related accident in 2014 were not wearing helmets.² Under California law, anyone under the age of 18 is required to wear a helmet while operating a bicycle.³

As illustrated in the table to the right, only about a quarter of Coachella Valley children age two and older “always” wear a helmet. Unfortunately, 14.3% (12,373 children) never wear a helmet when riding a bicycle, skateboard, scooter, or skates, putting them at high risk for serious head injury.

How often child has worn a helmet in past year, age 2+	Weighted Percent	Population Estimate
Always	27.8%	24,012
Nearly always	12.1%	10,403
Sometimes	6.8%	5,860
Seldom	3.3%	2,872
Never	14.3%	12,373
Does not ride a bicycle /skateboard/scooter/skates	35.6%	30,722
Total	100.0%	86,242

Safe Place to Play Outside

Parents/guardians were asked to report whether they believed that their child had a safe place to play outdoors. Results indicate that the vast majority of children in the Coachella Valley (96.2%, 82,753 children) have a safe place to play outside. However, 3.8% (3,260 children) do not have a safe place to play outside.

Parents/guardians who did not believe that their children had a safe place to play outside were asked to explain what made the area of unsafe. The most common reason for lack of safety was related to traffic safety. For example,

- “Apartment complex with no playground, traffic throughout, not a gated apartment.”
- “There are no speed bumps; I am worried about them going into the street and they may get hit.”
- “It is an apartment, and there is open space, but there isn’t a park or anything, just a parking lot and the cars come fast and often.”

Another common reason was the danger caused by gang violence and guns. For example,

- “Dangerous area, gun violence, bad parenting.”
- “Gang violence.”
- “The neighborhood is violent.”

¹ Helmet Use Saves Lives (2006). World Health Organization. <http://www.who.int/mediacentre/news/releases/2006/pr44/en/>

² Pedestrians and Bicyclist. (2014). Insurance Institute for Highway Safety. <http://www.iihs.org/iihs/topics/t/pedestrians-and-bicyclists/fatalityfacts/bicycles/2014>

³ Article 4. Operation of Bicycles [21200 - 21213]. California Legislative Information. http://leginfo.ca.gov/faces/codes_displayText.xhtml?lawCode=VEH&division=11.&title=&part=&chapter=1.&article=4

Home Safety for Toddlers

Accidents can happen at home, but are often preventable. Some items that could pose a potential risk are stoves, electrical outlets, medication, and stairs.¹ However, with proper home safety items, serious injuries can be avoided. It is particularly important to engage in home safety as the leading cause of death in children is unintentional injury.²

As illustrated in the table below, the most commonly used home safety item for young children is power outlet covers; most homes with young children have this in the home. Most homes with children age five and younger have one or more home safety items, however, 12.7% have none of these common home safety items.

Safety item, ages 5 and under	Yes		No	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Power outlet covers	66.8%	21,022	33.2%	10,452
Latches on cabinets	47.4%	14,922	52.6%	16,552
High latches on outside doors	43.6%	13,713	56.4%	17,761
Door knob covers	31.6%	9,933	68.4%	21,541
Latches on oven doors	27.7%	8,726	72.3%	22,748
Gates to block stairways	24.1%	7,594	75.9%	23,880
Latches on fridge	21.3%	6,706	78.7%	24,768
Toilet seat lock	19.8%	6,219	80.2%	25,255
None	12.7%	3,999	87.3%	27,475

¹ Home Safety Checklist. (2015). Safe Kids Worldwide.
https://www.safekids.org/sites/default/files/documents/2015_home_safety_checklist_eng.pdf

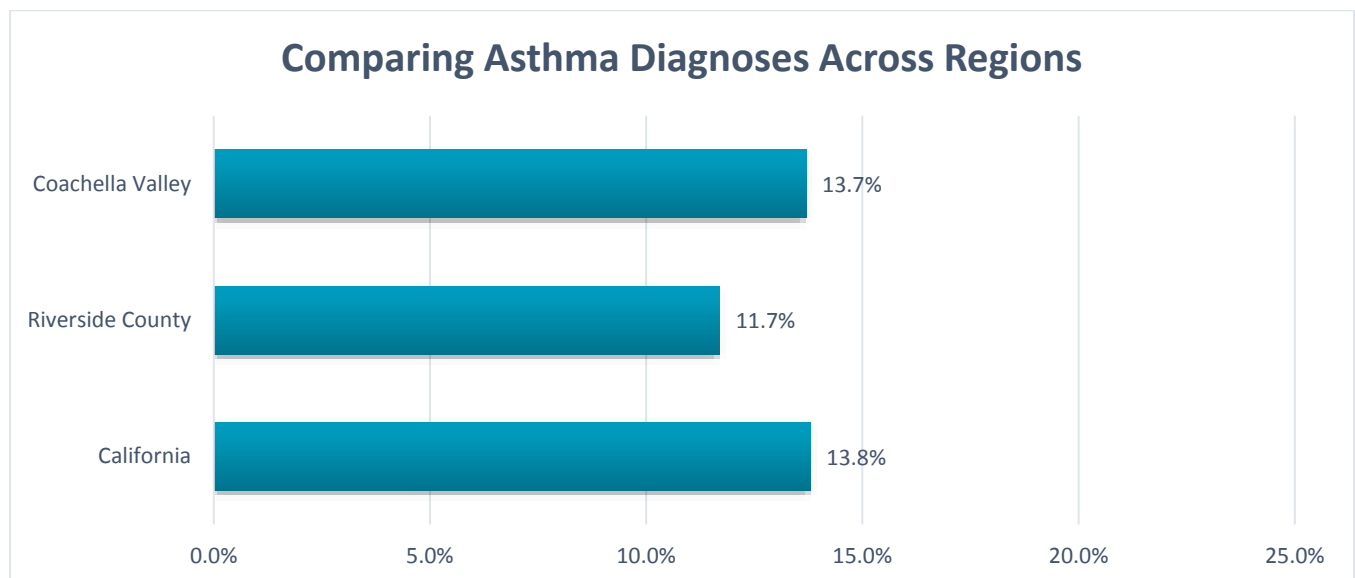
² 10 Leading Causes of Death by Age Group, United States – 2014. (2014). Centers for Disease Control and Prevention.
http://www.cdc.gov/injury/images/lc-charts/leading_causes_of_death_age_group_2014_1050w760h.gif

Asthma

Asthma is a long-term lung condition in which the airways become inflamed, restricting airflow. Asthma often begins during childhood and can cause periods of shortness of breath, coughing, and wheezing.¹ More than 25 million people in the U.S. have asthma with an estimated seven million being children.² Treatment is available for asthma, but when poorly controlled, it can result in missed days of school and lower academic performance by children.³

13,536
Coachella Valley children
have been diagnosed with asthma

Approximately 13.7% of Coachella Valley children have been diagnosed with asthma. This is very similar to rates in California as a whole, and significantly higher than those in Riverside County as a whole, as illustrated below.



Note. The Riverside and California data are taken from the California Health Interview Survey, 2015.

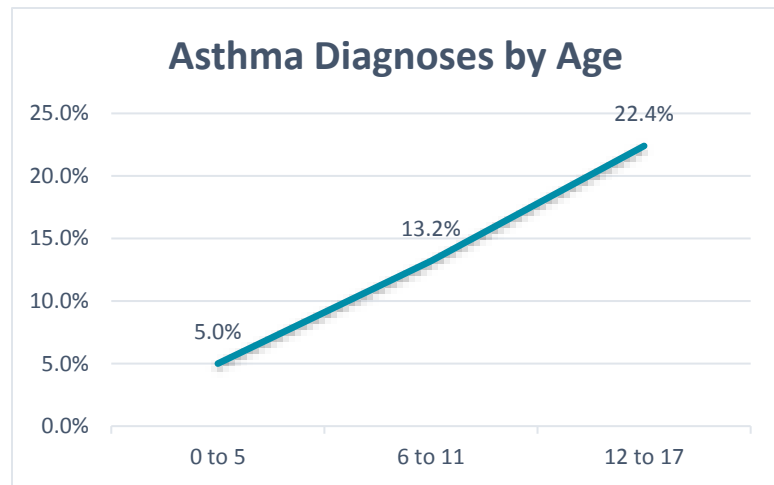
¹ What Is Asthma? (2014). National Heart, Lung, and Blood Institute. <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/>

² Ibid.

³ Asthma Stats. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/asthma/asthma_stats/default.htm

Older children are significantly more likely to have been diagnosed with asthma than their younger counterparts.

As illustrated in the chart to the right, only 5% of very young children have been diagnosed with asthma. In contrast, nearly a quarter of teens have been diagnosed with asthma.



The majority of children with asthma did not miss any days of school in the past year, as illustrated in the table below. This is relatively similar to rates in California as a whole.

Unfortunately, 9.0% of local children with asthma missed 11 or more days of school in the past year due to asthma, and are likely seriously struggling academically because of their illness.

Missed school/daycare in the past year due to asthma, children diagnosed with asthma only	Coachella Valley	California
Missed no days	62.4%	72.6%
1 to 2 days	8.5%	10.1%
3 to 4 days	15.9%	4.2%
5 to 10 days	4.3%	6.3%
11 or more days	9.0%	6.9%

Note. The California data are taken from the California Health Interview Survey, 2015.

Mental and Behavioral Health

Children, like adults, can suffer from mental health problems, such as depression, anxiety, behavioral disorders, and neurodevelopmental disorders including ADHD. These problems can affect the child's daily life at home and at school.

On a national level, an estimated one in five children have had or currently have a serious mental disorder according to the National Institute of Mental Health.¹ For children aged three to 17, 6.8% have ADHD, 3.5% have behavioral conduct problems, 3.0% have anxiety, and 2.1% have depression in the U.S.²

The mental health questions in this survey are restricted to children that are between the ages of three and 17.

Approximately 24.4% of children age three and older (20,749 children) have difficulties with emotions, concentration, behavior, or getting along with others. The majority of these issues (77.4%, 15,043 children) are minor; however, 22.6% (4,384 children) have severe issues.

15,147
Coachella Valley children
have been diagnosed with a mental health disorder

Approximately 18.2% of Coachella Valley children age three and older (15,147 children) have been diagnosed with one or more mental health disorders. The most common mental health disorder is attention deficit disorder/attention deficit hyperactive disorder (ADD/ADHD), as illustrated below.

Mental health disorder	Weighted Percent	Population Estimate
ADD/ADHD	9.3%	7,734
Anxiety disorder	5.9%	4,898
Developmental delay	5.2%	4,238
Mood disorder (depressive or bipolar disorders)	4.3%	3,584
Autism	2.5%	2,092
Eating disorder	2.0%	1,657
Suicidal thoughts	1.3%	1,060
Other mental health disorder	5.8%	4,820

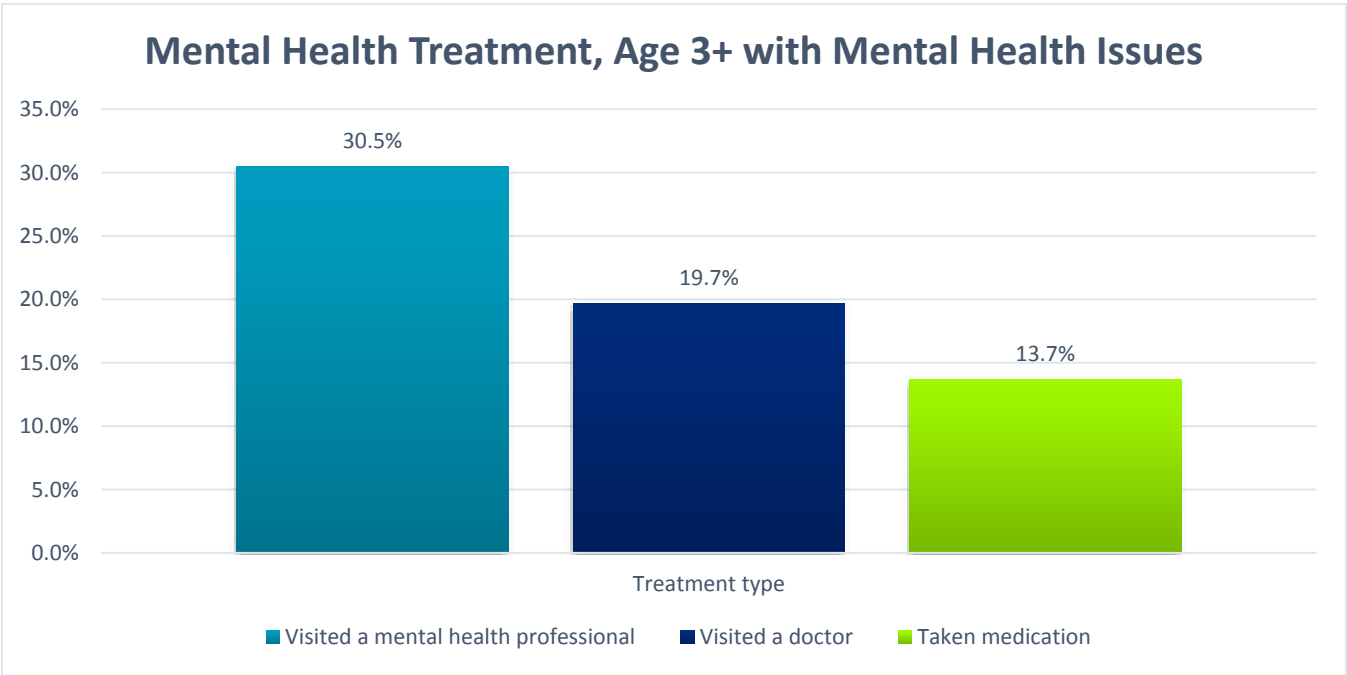
¹ Any Disorder among Children. (n.d.). National Institute of Mental Health. <http://www.nimh.nih.gov/health/statistics/prevalence/any-disorder-among-children.shtml>

² Data & Statistics. (2016). Centers for Disease Control and Prevention. <http://www.cdc.gov/childrensmentalhealth/data.html>

Approximately 29.8% of Coachella Valley children age three and older have been diagnosed with a mental health disorder and/or have difficulties with emotions, concentration, behavior, or getting along with others. This equates to 25,488 children. The majority of these children (61.4%, or 16,978 children) have not visited a mental health professional, a pediatrician or family doctor, or taken medication in the past year to address their mental health issues.



As illustrated in the chart below, of the 10,659 children who have received treatment for their mental health issue in the past year, visiting a mental health professional is most common. Relatively few children have taken medication to manage their mental health issues.



Weight, Nutrition, and Fitness

BMI Analysis and Perception of Weight

According to the CDC, in the past 30 years, childhood obesity has more than doubled.¹ Childhood obesity can have a negative impact on both immediate and long-term health. Obese youth are at a greater risk for pre-diabetes, high cholesterol, high blood pressure, bone and joint problems, and social and psychological problems including stigmatization and low self-esteem.² In addition, obese youth are more likely to be obese as adults, heightening their risk for heart disease, type 2 diabetes, stroke, and cancer.³

BMI is calculated from a person's height and weight. For children and teens, BMI is age and gender-specific. The BMI number is compared to the CDC's BMI-for-age growth charts for each gender to obtain a percentile ranking, which is then translated into four categories: underweight, healthy weight, overweight, and obese.⁴

49%
of Coachella Valley children age 2+
are overweight or obese

As illustrated in the table below, nearly 49% of Coachella Valley children age two and older have a BMI that puts them in the “overweight” or “obese” category, putting them at risk for serious health issues.

Weight category, age 2+	Weighted Percent	Population Estimate
Underweight (less than 5 th percentile)	7.4%	4,999
Normal weight (between 5 th and 84 th percentile)	43.8%	29,460
Overweight (between 85 th to 94 th percentile)	18.2%	12,217
Obese (95 th percentile or above)	30.6%	20,606
Total	100.0%	67,282

Despite the fact that nearly 49% of Coachella Valley children (age two and older) are overweight or obese, many parents/guardians do not see this reality. In fact, the majority of these parents (77%) feel that their child is “about the right weight”, as illustrated in the table to the right. The fact that parents are unaware that their children are overweight is a significant barrier to the child attaining a healthy weight.

Parent/guardian perception, age 2+	Weighted Percent	Population Estimate
Underweight	6.5%	5,785
About the right weight	76.8%	68,076
Overweight	16.7%	14,789
Total	100.0%	88,651

¹ Childhood Obesity Facts. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyouth/obesity/facts.htm>

² Ibid.

³ Ibid.

⁴ About Child & Teen BMI. (2015). Centers for Disease Control and Prevention. http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

Physical Activity

Physical activity is an important part of childhood and adolescence as regularly active youth have healthier bone and muscles, better control over weight, reduced anxiety and stress, and increased self-esteem.¹ Physical activity can also help to improve blood pressure and cholesterol in children.²

The CDC recommends that children and adolescents should engage in an hour or more of age-appropriate physical activity every day.³ These physical activities should include aerobic activity, muscle strengthening, and bone strengthening.⁴

Approximately a third of Coachella Valley children age six and older meet this recommendation, as illustrated below. In contrast, about 12.5% (7,990 children) do not engage in the recommended amount of physical activity at all during the week.

Number of days per week that child is physically active for at least 60 minutes (excluding school PE), age 6+	Weighted Percent	Population Estimate
0 days	12.5%	7,990
1 to 2 days	18.3%	11,739
3 to 4 days	20.2%	12,945
5 to 6 days	15.4%	9,878
All 7 days	33.7%	21,614
Total	100.0%	64,165

Local Spotlight: City of Coachella

Coachella supports physical fitness by supporting continued improvements in its parks and recreation programs, including soccer and swimming, as well as special events, such as the annual Run with Los Muertos event, an increasingly popular 5K in which participants run or walk in memory of a family member or friend who has passed away. The city also supports the Day of the Young Child, an educational event that promotes healthy and active living for our youth. Information about the city's recreation programs is available at www.coachella.org and on the city's Facebook page.



¹ Physical Activity Facts. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/healthyschools/physicalactivity/facts.htm>

² Ibid.

³ How Much Physical Activity Do Children Need? (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html>

⁴ Ibid.

Nutrition

A healthy diet is important for the growth and development of children. In addition, healthy eating also helps prevent obesity and adult chronic diseases, which, in recent years, are being found more and more in younger ages.

Fast Food

According to the Dietary Guidelines for Americans (2015), children and adolescents who eat out often are at an increased risk for weight gain or obesity, even more so for those who eat at fast food restaurants.¹ With the excessive advertising of unhealthy foods and limited access to healthy affordable foods, it can be difficult for children to eat healthier.² Furthermore, the CDC estimated in 2015 that over a third of children consume fast food on any given day and 12.4% of daily calories consumed were from fast-food.³

As illustrated in the table to the right, most Coachella Valley children age two and older consume fast food once a week or less often, which is very similar to California rates.

Amount of fast food eaten in past week, children 2+	Coachella Valley	California
No times	22.1%	24.7%
One time	42.5%	32.8%
Two times	17.0%	22.0%
Three times	9.2%	10.8%
Four or more times	9.2%	9.7%
Total	100.0%	100.0%

Note. The California data are taken from the California Health Interview Survey, 2015.

Family Meal Time

Research has shown that when a family eats together, there is a decreased chance of children being overweight, eating unhealthy foods, and having an eating disorder.⁴ In addition to that, sharing meals together offers the chance for a family to come together and share experiences and stories for the day.

As illustrated below, most Coachella Valley families sit down to eat dinner as a family every day.

Times per week eating dinner together as a family, children 2+	Weighted Percent	Population Estimate
None	2.8%	2,429
1 to 2 times per week	10.2%	8,840
3 to 4 times per week	18.3%	15,846
5 to 6 times per week	14.2%	12,273
Every day	54.4%	46,965
Total	100.0%	86,354

¹ Dietary Guidelines for Americans, 2010. (2010). U.S. Department of Agriculture and U.S. Department of Health and Human Services. <http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf>

² Childhood Obesity Causes & Consequences. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/obesity/childhood/causes.html>

³ Caloric Intake from Fast Food Among Children and Adolescents in the United States, 2011–2012. (2015). Centers for Disease Control and Prevention. <http://www.cdc.gov/nchs/data/databriefs/db213.htm>

⁴ Is Frequency of Shared Meals Related to the Nutritional Health of Children and Adolescents? (2011). Pediatrics, volume 127, issue 6. <http://www.ncbi.nlm.nih.gov/pubmed/21536618>

Breastfeeding

The World Health Organization (WHO) recommends breast milk as the perfect food for newborns and states that exclusive breastfeeding should be done up to at least six months of age.¹ Continued breastfeeding after six months should be accompanied by complementary foods. The immediate effects of breastfeeding include the child receiving all the appropriate nutrients for healthy development and receiving antibodies for protection from common childhood illnesses.² There are also long term benefits including reduced risk of the child being overweight, obese, and having type 2 diabetes.³

Most Coachella Valley children age five and younger (82.0%, 25,239 children) were breastfed, as illustrated below. The remaining 18.0% (,5536 children) were not breastfed at all.



Of the 25,239 children who were breastfed, most were breastfed until they were between the ages of four months and 12 months, as illustrated below.

Age at which child completely stopped breastfeeding, children 5 and younger who were breastfed	Weighted Percent	Population Estimate
Less than 1 month	5.6%	1,188
1 to 3 months	21.3%	4,512
4 to 6 months	30.4%	6,442
7 to 12 months	28.8%	6,100
More than a year	13.9%	2,945
Total	100.0%	21,187

¹ Breastfeeding. (2016). World Health Organization. <http://www.who.int/topics/breastfeeding/en/>

² 10 Facts on Breastfeeding. (2015). World Health Organization. <http://www.who.int/features/factfiles/breastfeeding/en/>

³ Ibid.

Food Insecurity

The U.S. Department of Agriculture Economic Research Service estimates that 6.4 million children live in food-insecure households in which they, along with adults, were food insecure.¹

Cutting Meals due to Lack of Money

In the past year, approximately 5.2% of Coachella Valley children (5,158 children) had to cut the size of meals or skip meals because of a lack of money for food. This indicates that these children are suffering from food insecurity, and may be going hungry. Fortunately, very few of these children had to cut the size of meals or skip meals every month, as illustrated in the table below.

How often child had to cut the size of meals or skip meals in the past year	Weighted Percent	Population Estimate
Almost every month	4.6%	233
Some months, but not every month	59.3%	2,975
Only 1 or 2 months	36.1%	1,811
Total	100.0%	5,019

Stress About Food Security

Food insecurity is a major stressor for local parents/guardians. In the past year, parents/guardians of approximately 20,635 Coachella Valley children (20.8% of children) worried whether their food would run out before they had money to buy more.

For most of these families, this worry occurred only a few times a year, as illustrated in the table below. However, for approximately 9.4% of these families (1,836 children), this worry happened seven or more times, indicating that more often than not, the monthly budget was stretched too thin.

In the past year, how often did you worry that food would run out before you had money to buy more?	Weighted Percent	Population Estimate
Once or twice	40.8%	8,011
Three or four times	36.0%	7,081
Five or six times	13.9%	2,739
Seven or more times	9.4%	1,836
Total	100.0%	19,667

¹ Key Statistics & Graphics. (2015). United States Department of Agriculture Economic Research Service.
<http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#children>

Utilizing Emergency Food Assistance

Fortunately for those who need assistance making ends meet, there exist several emergency food assistance programs in the Coachella Valley.

20,134

Coachella Valley children received food from a food assistance program in the past month

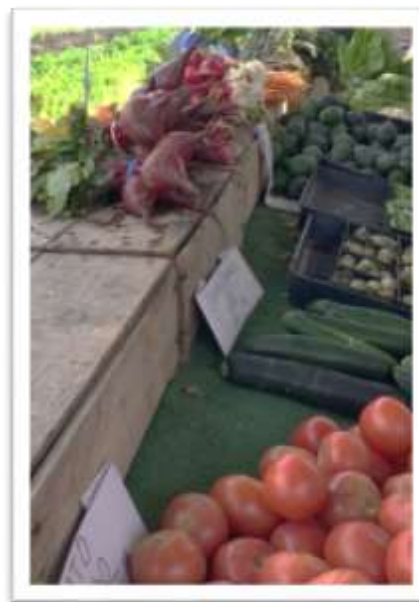
Approximately 20.3% of Coachella Valley children (20,134 children) received food from a food assistance program in the past month. Unfortunately, nearly 30% of these children rely heavily on the food assistance programs, as illustrated in the table below.

Amount of food that came from the assistance program in the past month	Weighted Percent	Population Estimate
Only a few days' worth of food	17.1%	3,242
1 to 2 weeks' worth of food	31.3%	5,930
More than half of our food for the month	21.7%	4,103
Almost all of our food for the month	29.8%	5,640
Total	100.0%	18,915

Local Spotlight: Riverside University Health System – Public Health

Riv-Hero is a public health campaign designed to address food insecurity. This program, led by Riverside University Health System – Public Health (RUHS-PH) – Nutrition and Health Promotion, strives to respond to families' needs by partnering with public and private programs. These partnerships include USDA-funded programs, such as the Women, Infants, and Children (WIC) Program and the CalFresh Program, as well as partnerships with food banks to end the epidemic of hunger.

As a result of these partnerships, residents across the Valley have greater access to healthy foods through farmers markets, farm stands, and local grocery stores. There are also a greater number of people receiving WIC and CalFresh benefits, allowing them to supplement their income and afford healthy food.

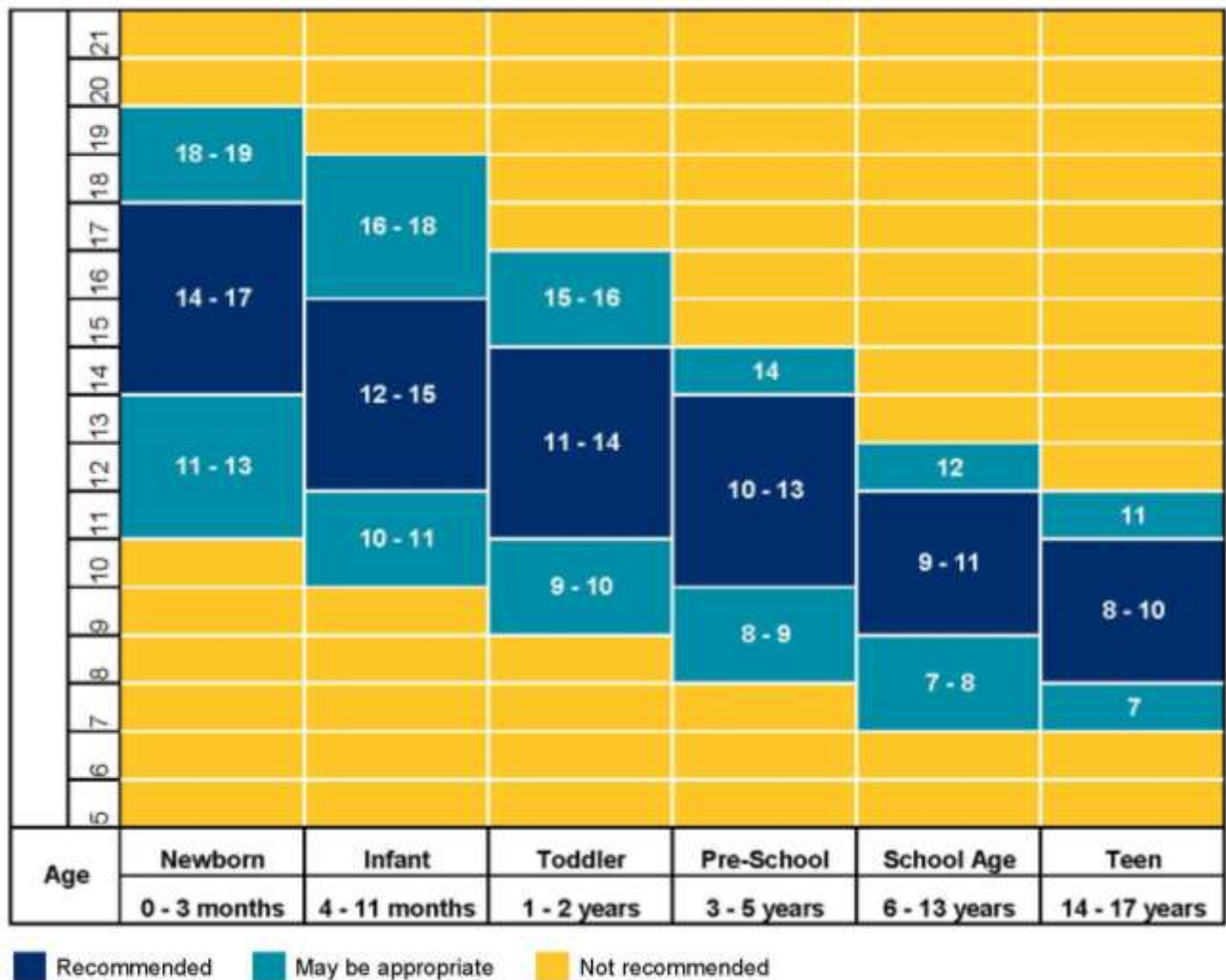


To learn more about Riv-Hero visit www.rivhero.com

Sleep

Getting enough sleep is critical for everyone's health and well-being, but it is especially important for children. Having adequate sleep will release hormones to help children grow and will also help them to repair muscles and tissues.¹ Children who do not get enough sleep can have social problems, anger problems, feelings of sadness or depression, lack of motivation, and can have trouble fighting common infections.²

The National Sleep Foundation recommends that school-aged children get between seven and 12 hours of sleep per night, as illustrated in the image below.³ Younger children require additional hours of sleep each day.



Source: National Sleep Foundation (www.sleepfoundation.org)

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

² Ibid.

³ National Sleep Foundation (2016). Sleep Duration Recommendations. https://sleepfoundation.org/sites/default/files/STREPchanges_1.png

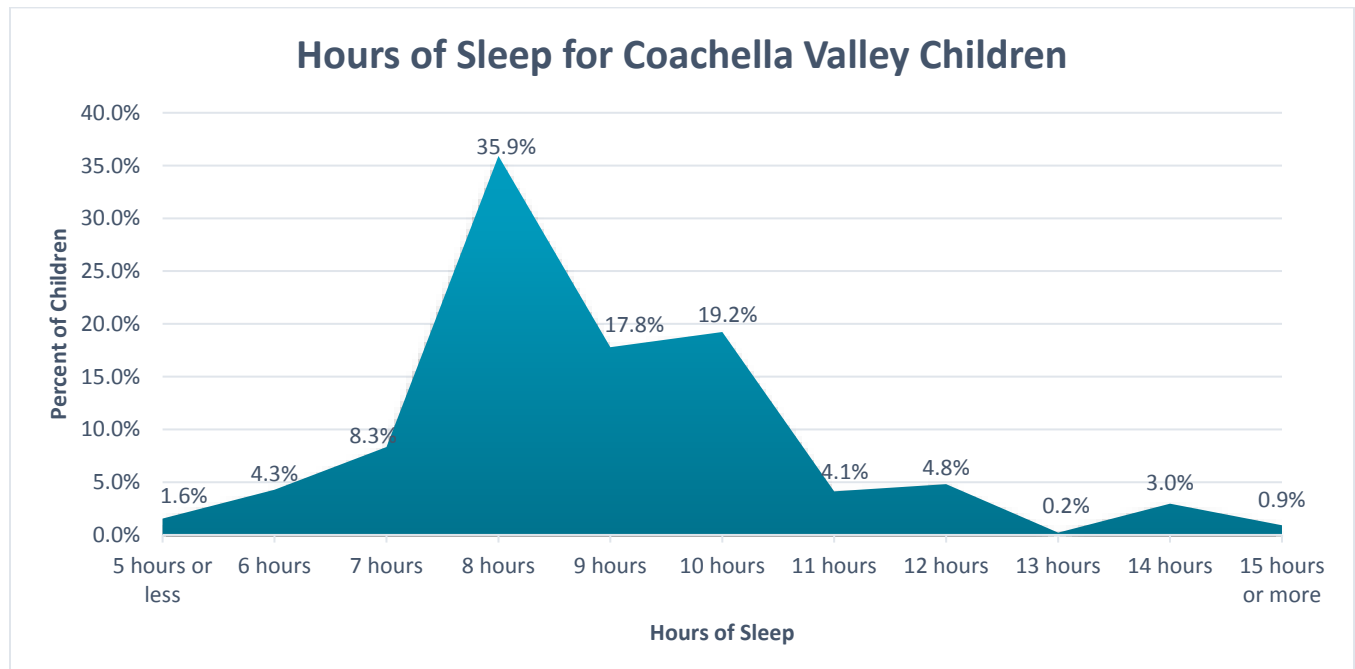
The vast majority of Coachella Valley children (91.4%, or 84,488 children) get an appropriate amount of sleep that falls within these age-specific guidelines. However, as illustrated in the table below, 8.1% of local children (7,487 children) are getting less than the recommended amount of sleep for their age group, and may suffer negative consequences.

Hours of sleep by age by National Sleep Foundation guidelines	Weighted Percent	Population Estimate
Less than the recommended amount of sleep for age	8.1%	7,487
Within recommended guidelines for age	91.4%	84,488
More than recommended amount of sleep for age	0.5%	453
Total	100.0%	92,428

8%

of Coachella Valley children
get too little sleep

Most children in the Coachella Valley get at least 8 hours of sleep per night, as illustrated in the chart below. However, approximately 1.6% Coachella Valley children (1,438 children) sleep five hours or less per day, indicating a substantial sleep deficit.



Learning and Socialization

School Achievement and Absenteeism

Most parents/guardians of Coachella Valley children report that their children are doing well in school, as illustrated in the table to the right. However, parents/guardians of about 5.8% of children six and older report that the child is doing poorly in school.

Child's performance in academic classes at school, age 6+	Weighted Percent	Population Estimate
Excellent	35.5%	23,250
Very good	22.5%	14,730
Good	18.1%	11,844
Average	18.1%	11,821
Poor	5.8%	3,791
Total	100.0%	65,437

Higher academic achievement is heavily linked to school attendance.¹ Beginning as early as kindergarten, students who attend school regularly perform better academically.² Although missing school is, at times, unavoidable, excessive absenteeism can be a warning sign for significant problems. For example, frequent unexcused absences are a predictor of failure, dropping out, substance abuse, and troubled activities.³

The majority of Coachella Valley children age six and up (75.6%, 48,767 children) missed one or more days of school in the past year. This is very comparable to U.S. rates, as illustrated to the right. Most children who missed school (33,145 children) did so because of illness.

Days of school missed in past year, age 6+	Coachella Valley	United States
0 days	24.4%	22.9%
1 to 5 days	55.5%	58.7%
6 to 10 days	12.7%	12.2%
11 or more days	7.3%	6.2%

Local Spotlight: Palm Springs Unified School District

There are many innovative ways to improve student outcomes. One local example is how Palm Springs Unified School District (PSUSD) has changed recess to "Game On!" The Fogelson Family Foundation implemented activities from Playworks, a national program, in PSUSD elementary schools. Playworks found that nearly all discipline-related problems in schools occur during lunch and recess. To address this, the Playworks program emphasizes organized play. Now children run their own games on the playground and settle disputes quickly (rock-paper-scissors is a favorite conflict resolution tool). As a result, PSUSD schools are seeing decreased disciplinary problems, more teaching time as a result of reduced transition time back to the classroom and children enjoying recess more.



¹ Student Absenteeism. (2015). Child Trends. http://www.childtrends.org/wp-content/uploads/2013/01/106_Student_Absenteeism.pdf

² Ibid.

³ Ibid.

Child Care

Child care is the supervision and care of young children. Child care occurs in a range of contexts and settings such as daycare, babysitting, preschool, and in-home care. Child care can offer the opportunity for parents/guardians to continue working while their child is taken care of. Good child care, in which there are many activities and services to choose from, allowing the child to grow socially and academically, can be beneficial for parents and their children.

In the past year, parents/guardians of approximately 7.6% of Coachella Valley children age 12 and younger (5,197 young children) struggled to find childcare. Many of these difficulties arose because parents/guardians couldn't afford childcare, or couldn't find a suitable provider, as illustrated in the table below.

Reason for inability to find child care for child age 12 and younger	Weighted Percent	Population Estimate
Couldn't afford any child care	23.5%	1,222
Couldn't find a provider with space available	19.8%	1,028
The hours and location didn't fit my needs	11.2%	582
Couldn't find the quality of childcare I wanted	16.2%	839
Couldn't afford the quality of childcare I wanted	6.6%	343
Other	22.7%	1,182
Total	100.0%	5,197

Local Spotlight: First 5 Riverside

First 5 Riverside is a public agency that strives to support children 0 to 5. One way that First 5 Riverside does that is by implementing Quality Start—Riverside County (QS-RC). The goal of QS-RC is to help children thrive by increasing the number of high-quality early learning settings, supporting and engaging families in the early learning process, and raising the level of quality of early learning service providers.

To date, 30 childcare providers in the Coachella Valley are a part of this program, which will provide an integrated, comprehensive, and collaborative system of information and services to enhance early childhood development in the region. For more information about First 5 Riverside, please visit www.rccfc.org

Quality Start
RIVERSIDE COUNTY
Condado de Riverside



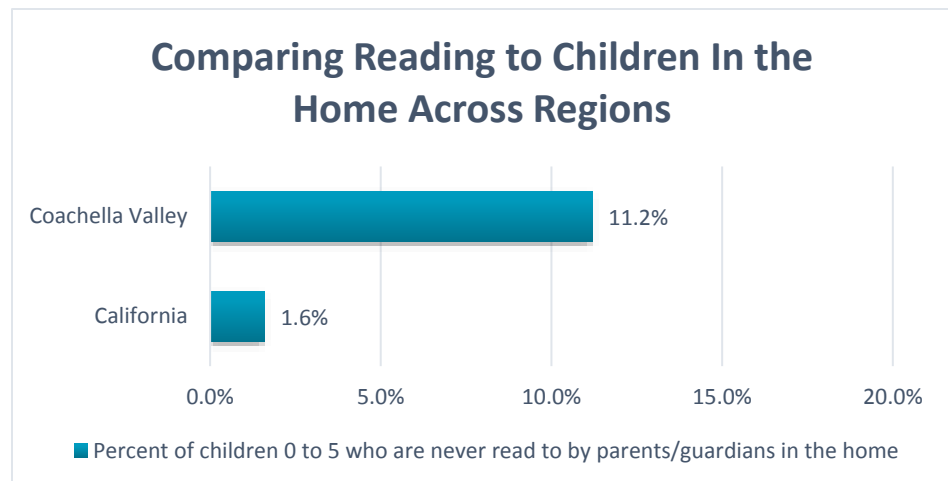
Reading to Child

Learning to read is an important and lifelong skill for functioning in everyday life. Parent-child reading has been found to help with oral language development and understanding of letters, words, and punctuation.¹

For children zero to five, participants were asked to report how often the child was read to in the home in the past three months. Fortunately, most young children were read to in their home at least five times per week, as illustrated in the table below.

Number of times per week an adult read to the child in the home, age 5 and younger	Weighted Percent	Population Estimate
Never	11.2%	3,429
Less than once a week	5.0%	1,535
Once a week	7.4%	2,268
2 to 4 times a week	19.9%	6,087
5 or more times per week	56.5%	17,318
Total	100.0%	30,636

The proportion of children zero to five who are never read to in their home is significantly higher in the Coachella Valley than in California as a whole, as illustrated in the chart to the right. This presents a serious problem for child literacy in our region.



Note. The California data are taken from the California Health Interview Survey, 2015.

One common reason not reading to a child was the child's age. For example, parents described:

- "Child is a baby"
- "The baby's only three months old"
- "The baby's only one year old"

Another common reason is that parents/guardians are too busy and have no time to read to their child. A portion of these parents pointed to the fact that they work too much.

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

Conversations with Child

It can be difficult to talk to a child or teenagers about complex topics such as death, drug usage, violence, sex, safety, and so forth. Regardless, having talks with children about life's uncertainties and sensitive issues are important to have. Addressing the concerns, questions, and curiosities a child or teenager has can help them make better, safer choices.¹

As illustrated in the table below, most children age six to 17 have had conversations with parents about drugs, alcohol, dealing with anger, tobacco use, and the issue of gangs/violence.

In contrast, very few children six to 17 have had discussions with their parents/guardians about domestic violence, suicide, or self-injury.

Conversation with children 6 to 17 about...	Yes		No	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Drugs	72.6%	48,116	27.4%	18,163
Alcohol	69.6%	46,072	30.4%	20,096
Dealing with anger	66.9%	44,176	33.1%	21,859
Smoking, e-cigarettes, vaping, chewing, or other tobacco use	65.0%	43,071	35.0%	23,208
Gangs or violence	56.3%	37,286	43.7%	28,992
Sexual issues/pregnancy	49.9%	32,942	50.1%	33,117
Depression or isolation	37.1%	24,508	62.9%	41,512
Eating disorders	32.4%	21,458	67.6%	44,820
Interpersonal (domestic) violence	30.1%	19,939	69.9%	46,339
Suicide	29.6%	19,638	70.4%	46,641
Self-injury like cutting	25.5%	16,914	74.5%	49,364

Not surprisingly, parents/guardians are more likely to have these conversations with older children (12 to 17) than younger children (six to 11). The one exception to this is the topic of dealing with anger; parents of young children and older children are equally likely to discuss this topic.

¹ American Psychological Association (2016). Communication Tips for Parents. Available online at: <http://www.apa.org/helpcenter/communication-parents.aspx>

CONCLUSION

Our Coachella Valley community is home to more than 406,000 people, and visited by hundreds of thousands more each year. The region is characterized by distinct contrasts between the very wealthy and the very poor. HARC's 2016 Coachella Valley Community Health Survey has produced a wealth of information about our unique population, some highlights of which are covered here.

Adults

HARC's 2016 data demonstrate that the rate of uninsured adults has dropped precipitously since 2013. However, patterns of healthcare utilization have not shifted in the desired way yet, with an increasing number of people citing urgent care as their usual source of care. This may be because the most common barrier to accessing healthcare is understanding what is covered in their insurance plan. It would be beneficial to the Coachella Valley community to have programs and materials that explain health insurance member benefits in ways that are easy to understand.

The majority of Coachella Valley adults receive regular healthcare, and obtain important preventive screening exams. However, there are thousands of local adults who do not receive these important exams and who may be at risk for developing late-stage diseases before they are diagnosed. Similarly, while most local adults engage in healthy behaviors—no or moderate drinking, no cigarette smoking, and adequate sleep—thousands of others engage in unhealthy behaviors and put themselves at-risk for serious negative health consequences.

Due to the relatively advanced age of our adult population, we have a substantial number of adults who have been diagnosed with major diseases and conditions, most commonly high blood pressure, high cholesterol, and arthritis. Affordable and accessible healthcare to treat these conditions needs to be a priority in our region.

Approximately 22% of Coachella Valley adults are limited in their activities because of physical, mental, and/or emotional problems. Many of these disabilities are sensory, such as blindness and deafness. Local service providers and businesses must be aware of these disabilities, and make accommodations for them if we are to serve our entire community.

Local focus on mental/behavioral health has been growing in recent years, and for good reason. Approximately 22% of Coachella Valley adults have been diagnosed with a mental health disorder. Depressive disorders are the most common. To put this in perspective, depression is more common than cancer in our region. Thousands of people have needed mental health care and/or medications in the past year and were unable to get them; this underscores the need for more mental health treatment services.

Mirroring the rest of the country, obesity remains a substantial problem in the Coachella Valley, with 61% of adults falling into the “overweight” or “obese” BMI category. Since only 40% of adults believe they are overweight, this presents a serious mismatch in perception that must be addressed before we can expect an actual change in health outcomes.

Food insecurity is a very real problem in the Coachella Valley; impacting thousands of adults. Fortunately, some safety net services do exist to address this problem, and are well-utilized; 8% of local adults have received emergency food assistance in the past month. This underscores the importance of continuing to provide such programs.

Children

The unfortunate truth is that most Coachella Valley children are living in relative poverty. Most children in our Valley qualify for free or reduced price lunch at school, and poverty calculations show that only one third of children live at or above 250% of the federal poverty line in relative stability. Programs designed to assist low-income families are critically important to keeping our local children healthy and thriving.

Fortunately, most children have healthcare coverage, as a result of public programs. Consequently, most children have been to visit a healthcare provider in the past six months, indicating strong utilization of the healthcare system. Most have received important preventive health screenings, such as hearing tests, vision exams, and dental cleanings. Less than half of eligible Coachella Valley children have had the HPV vaccine, however, indicating substantial room for improvement.

More than 18% of Coachella Valley children age three and older have been diagnosed with a mental health disorder, rates that are similar to those of adults. ADD/ADHD is the most common disorder diagnosed among children. Most children with mental health concerns have not received treatment from their pediatrician/family doctor, a mental health provider, or via medication. As such, it is clear that additional mental health services for children could be beneficial in our region.

About half of local children (age two and older) are overweight or obese. This mirrors national trends, and is substantially lower than the obesity rate for adults. However, less than 17% of parents/guardians believe that their child is overweight or obese. This mismatch between perception and reality is of major concern. If parents/guardians do not realize their child is overweight, it is extremely unlikely that there will be any change in this status, as parents/guardians are typically the ones making food purchasing decisions. In order to address the obesity epidemic, parents/guardians must be included in interventions.

Only a third of local children (age six and older) get the recommended amount of exercise each week, which likely has much to do with the obesity rate. Most children eat fast food at least once a week, which may also contribute to the high rate of childhood obesity. Overall, it is clear that healthy eating and active living programs remain critically important to ensure that our children flourish.

It should be noted that although obesity is a problem, so is hunger. Parents/guardians of more than 20,000 Coachella Valley children worried whether their food would run out before they had money to buy more, placing undue stress on the family. Fortunately, the safety net services mentioned for adults also serve children; more than 20,000 children received emergency food assistance in the past month. More than 5,000 of these children relied on a food assistance program for almost all of their food for the entire month. Once again, it is clear that food support systems are heavily relied upon in the Coachella Valley, and must be continued.

Most parents/guardians spend quality time with their child, having meals together every day. Similarly, most parents/guardians of children zero to five read to their child in the home regularly, setting up their child for strong literacy later in life. However, the percent of parents/guardians who “never” read to their child is substantially higher in Coachella Valley than in other regions, indicating a serious discrepancy. It seems that many parents/guardians are not aware of the benefits of reading to young children. Programs to encourage reading aloud to young children would be beneficial to enhance future literacy in our community.

What's Next

HARC conducted this survey with the goal of providing the information back to the community. It is HARC's goal to have community members take this information and turn it into action—actions that will improve our community health as a whole.

In the past, community members have used HARC's data to prioritize health needs, design programs and services to address those needs, and obtain funding to make needed programs and services a reality. We hope that this happens once again, and that the data contained in this report lead to improvements in our own community. If you accomplish something great using HARC's data, please share your story with us! We can be reached at staff@HARCdata.org, and we love to hear success stories of how community members have turned data into real-life change.

As mentioned previously, this report is not intended to be comprehensive—it merely shares the highlights of HARC's extensive dataset. For additional information, including demographic examinations of many health issues, visit survey.HARCdata.org to use HARC's searchable database.

Pending receipt of additional funding, HARC plans to produce several subsequent in-depth reports based on the wealth of data collected in 2016. These reports will provide in-depth insights into populations such as seniors, veterans, Hispanic adults, those with a disability, specific diseases, mental health disorders, and many others. If you have a report that you'd be particularly interested in, or know of a funding source to support a specific report, please contact HARC at staff@HARCdata.org. Visit www.HARCdata.org regularly to download the latest reports.

If you have any questions or concerns about this report, please don't hesitate to contact HARC.

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