

2016

Eisenhower Medical Center

Community Health Needs Assessment



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Introduction

Background and Purpose

Eisenhower Medical Center is a dynamic, progressive health care complex comprised of a 476-bed hospital, the Annenberg Center for Health Sciences at Eisenhower, and the Barbara Sinatra Children's Center at Eisenhower in addition to its outpatient facilities in Palm Springs, Cathedral City, Rancho Mirage and La Quinta. The Betty Ford Center is also located on the Eisenhower campus. Dedicated in 1971, Eisenhower Medical Center is named in honor of President Dwight D. Eisenhower, who lived part time in the Coachella Valley during his retirement. Eisenhower Medical Center (EMC) is the Coachella Valley's only not-for-profit hospital.

Eisenhower is an accredited teaching hospital, with a School of Graduate Medical Education training new physicians in the specialties of family medicine and internal medicine. Eisenhower Medical Center has established health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert and La Quinta to serve the health needs of a diverse population. The health centers provide a variety of services, including primary care physicians, breast centers, imaging centers, laboratories and urgent care centers. The Medical Center also provides off-campus occupational health centers in Cathedral City and La Quinta, an adult day care center in Palm Desert, and the Eisenhower Wellness Institute in La Quinta.

Eisenhower Medical Center provides award-winning, comprehensive care for patients through these Centers of Excellence:

- The Eisenhower Smilow Heart Center's services include Atrial Fibrillation Program, accredited Chest Pain Center, and Cardiac Rehabilitation.
- The Eisenhower Lucy Curci Cancer Center's services offer the Eisenhower Schnitzer/Novack Breast Center, the Arnold Palmer Prostate Center, Bighorn Radiation Oncology, Eisenhower Imaging Center, Infusion Center, Cancer Support Services and the Cancer Resource Center.
- The Eisenhower Neuroscience Institute includes neurological surgery, Neurology, Spine, Stroke Program, Radiosurgery, and the Alzheimer's/Memory Assessment Center.
- The Eisenhower Orthopedic Center of Excellence offers a full array of orthopedic services, including the Eisenhower Joint Replacement Center. The Center utilizes robotic surgery and offers services such as our Hand Clinic, Rehabilitation Services and the Balance Institute.

The Annenberg Center for Health Sciences at Eisenhower is a nationally-accredited nonprofit continuing education center. The Center hosts continuing medical education

with the goal of preventing and managing illness, improving the delivery of health care, and increasing the professional and public understanding of medical issues. The Center has evolved into a leader in national and local health care information, instructional design, visual communication arts, teleconference production and conference services.

At the nonprofit Barbara Sinatra Children's Center, victims of sexual, physical and emotional abuse receive the care, respect and counseling they deserve regardless of a family's ability to pay for services. The Barbara Sinatra Children's Center plays a leadership role in restoring hope, healing and trust to victims of abuse.

Eisenhower Medical Center has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

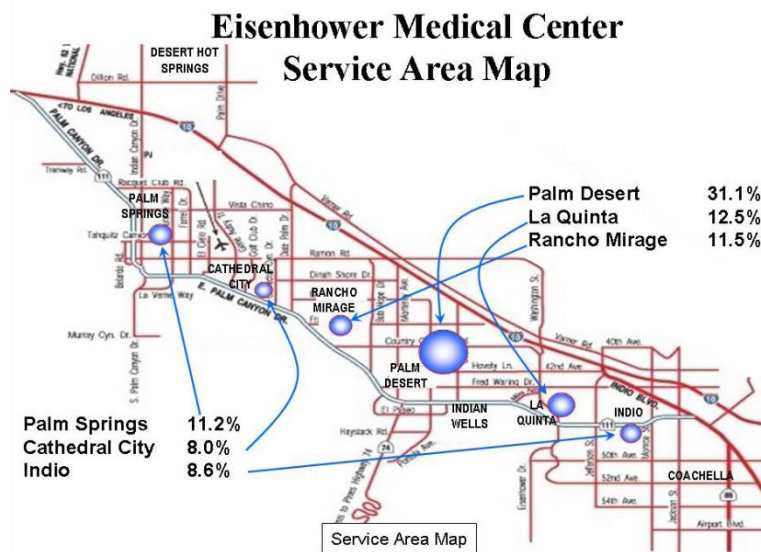
Eisenhower Medical Center uses the Community Health Needs Assessment to make decisions about its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the hospital service area.

Service Area

Eisenhower Medical Center is located at 39000 Bob Hope Drive, Rancho Mirage, California, 92270. The service area includes 15 zip codes, representing 11 cities in Riverside County. The Eisenhower Medical Center service area is presented below by community and zip code.

Eisenhower Medical Center Service Area

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



Project Oversight

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

Consultants

Biel Consulting, Inc. worked in partnership with HARC, Health Assessment and Research for Communities, to conduct the Community Health Needs Assessment.

Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Dr. Melissa Biel led the team for Biel Consulting, Inc. She was joined by Denise Flanagan, BA. www.bielconsulting.com

HARC is a nonprofit agency located in Palm Desert, California. It is dedicated to providing research and evaluation services to improve community health, wellness and quality of life in the Coachella Valley. Dr. Jenna LeComte-Hinely led the survey process. www.harcddata.org

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social and economic factors, health care access, birth characteristics, leading causes of death, chronic disease, and health behaviors.

Analyses were conducted at the most local level possible for the hospital service area, given the availability of the data. For example, demographic data, birth and death data are based on zip codes. Fitness levels and immunization rates are available by school district. Homelessness, crime and economic indicators are available by city. Other data are available by county.

Sources of data include the U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health, California Department of Education, County of Riverside Department of Social Services, California Employment Development Department, Uniform Data Set, National Cancer Institute, U.S. Department of Justice, and others. When pertinent, these data sets are presented in the context of Riverside County and California, framing the scope of an issue as it relates to the broader community.

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

Primary Data Collection

HARC conducted the primary data collection using surveys to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Individuals identified to participate in the survey included representatives from City government, local tribes, school districts, institutions of higher education, and relevant County offices. Nonprofits that serve disadvantaged communities were also represented in the sample, and leaders and representatives of medically underserved, low-income, and minority populations. Input was obtained from Riverside County Department of Public Health. Sixty-four (64) surveys were completed from January 20 –

March 8, 2016. Community stakeholders identified by Eisenhower Medical Center and HARC were contacted and asked to participate in the needs assessment survey.

The identified stakeholders were invited by email to participate in the electronic survey. The purpose of the survey was explained, the stakeholders were assured their responses would remain confidential, and the link to the survey was provided. A list of the stakeholder survey respondents, their titles and organizations can be found in Attachment 1.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the survey. These data were then used to help guide the survey. The needs assessment survey was structured to obtain greater depth and richness of information and build on the secondary data review. During the survey, participants were asked to identify the major health issues in the Coachella Valley, and the health or social services difficult to access or missing in the community. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. The survey focused on these significant health needs:

- Access to health care
- Asthma/lung disease
- Cancer
- Cardiovascular disease
- Dental health
- Diabetes
- Environmental health
- Mental health
- Overweight and obesity
- Safety/violence
- STD/HIV/AIDS
- Substance abuse (alcohol, drugs, tobacco)
- Teen births

Survey respondents were asked to provide additional comments to share with EMC. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Some data resources are only available at the county level so community level information is not available for all data indicators. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community.

Public Comment

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

Identification of Significant Health Needs

Review of Primary and Secondary Data

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

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify community issues, and ascertain community assets to address needs.

Significant Health Needs

The following significant health needs were determined:

- Access to health care
- Asthma/lung disease
- Cancer
- Cardiovascular disease
- Dental health
- Diabetes
- Environmental health
- Mental health
- Overweight and obesity
- Safety/violence
- STD/HIV/AIDS
- Substance abuse (alcohol, drugs, tobacco)
- Teen births

Resources to Address Significant Needs

Through the survey process, community stakeholders identified community resources to address the significant health needs. The identified community resources are presented in Attachment 2.

Priority Health Needs

The identified significant health needs were prioritized with input from the community. A survey with community stakeholders were used to gather input on the significant health needs. In addition to gathering participant perceptions of the significant health needs, two open-ended questions were asked to provide the participant's perspective on priority issues, without introducing a bias from EMC. The first question was, "What are the major health issues affecting individuals in the Coachella Valley community?" and the second was, "What health or social services are most difficult to access or are missing in the Coachella Valley community?"

Participants were asked to use quantitative rating scales to prioritize each of the health issues; the four scales measured perceptions of the importance of addressing the issue, the severity of the consequences of each issue, the adequacy of the existing resources to address each issue, and the overall trend of the issue over time.

Consequences

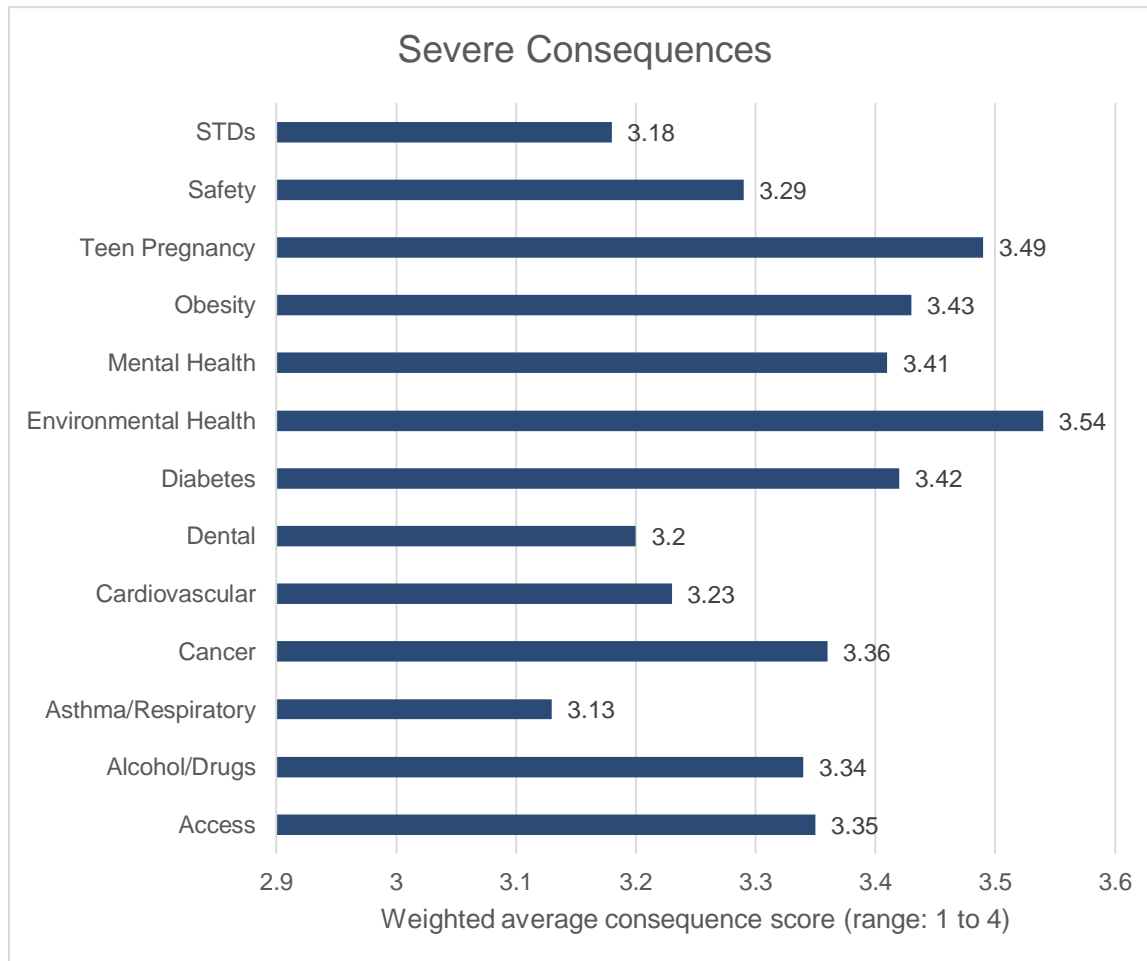
To assess participant perceptions of the severity of the consequences of each of the health issues, participants were asked the following question:

Please tell us more details about these health issues in the Coachella Valley community. In the community, this health issue:

- *Has had no negative consequences*
- *Has had slight negative consequences*
- *Has had serious negative consequences*
- *Has had very severe negative consequences*
- *I don't know*

The lower the number is, the closer it is to "has had no negative consequences." The higher the number is, the closer it is to "has had very severe negative consequences." Scores were weighted and averaged based on the valid responses. As illustrated in Figure 1, results indicate that participants feel the issues with the most severe negative consequences include environmental health, teen pregnancy, obesity, diabetes, and mental health.

Figure 1. Consequences of health issues



Trends

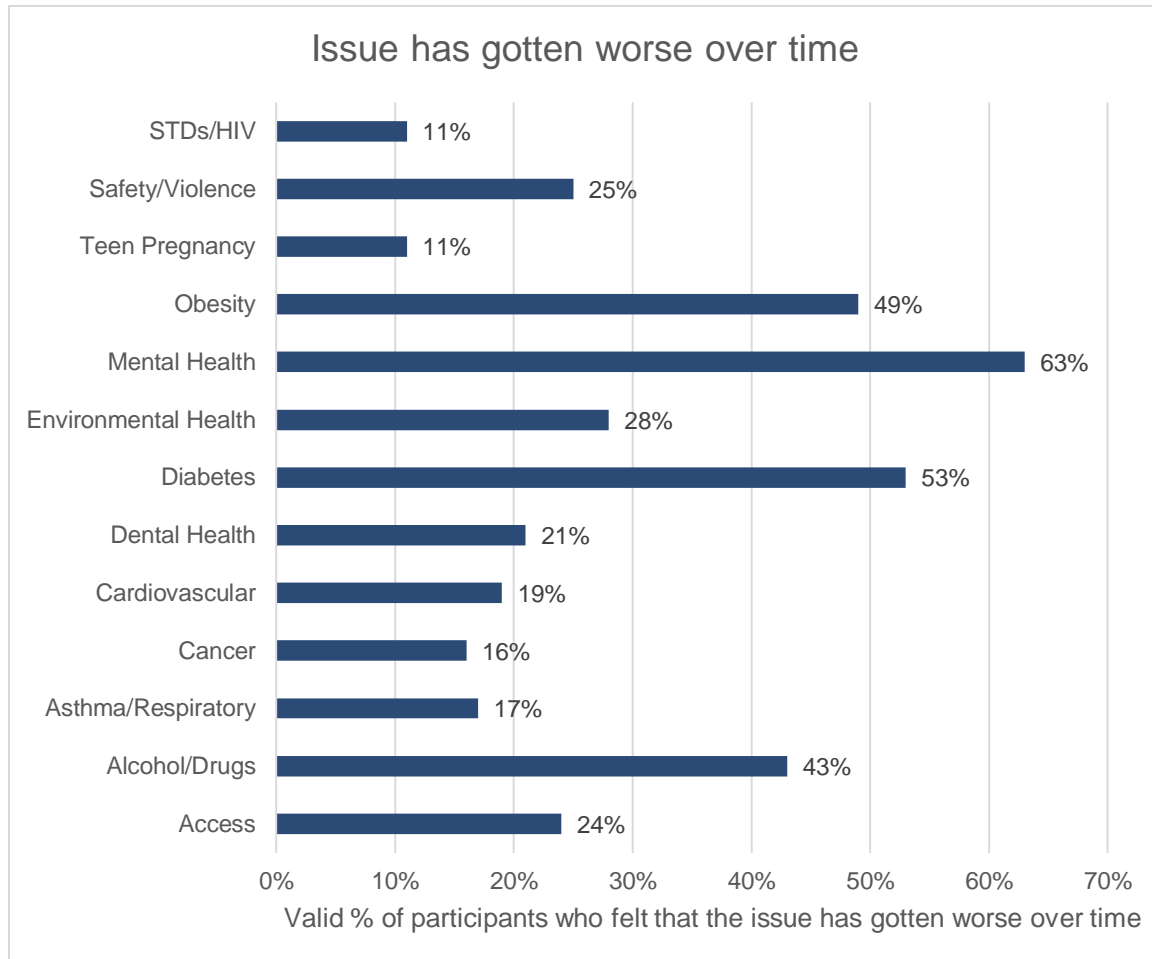
To assess perceptions of change in health issues over time, the following question was asked:

Please tell us more details about these health issues in the Coachella Valley community. Over time, this health issue has:

- *Improved*
- *Stayed the same*
- *Gotten worse*
- *I don't know*

As illustrated in Figure 2, most participants believe that issues of mental health (63%) and diabetes (53%) have gotten worse over time. About half of participants (49%) believe obesity has gotten worse over time.

Figure 2. Issues have worsened over time



Adequacy of Existing Resources

To assess whether there are existing resources in place to address these health issues, participants were asked the following question:

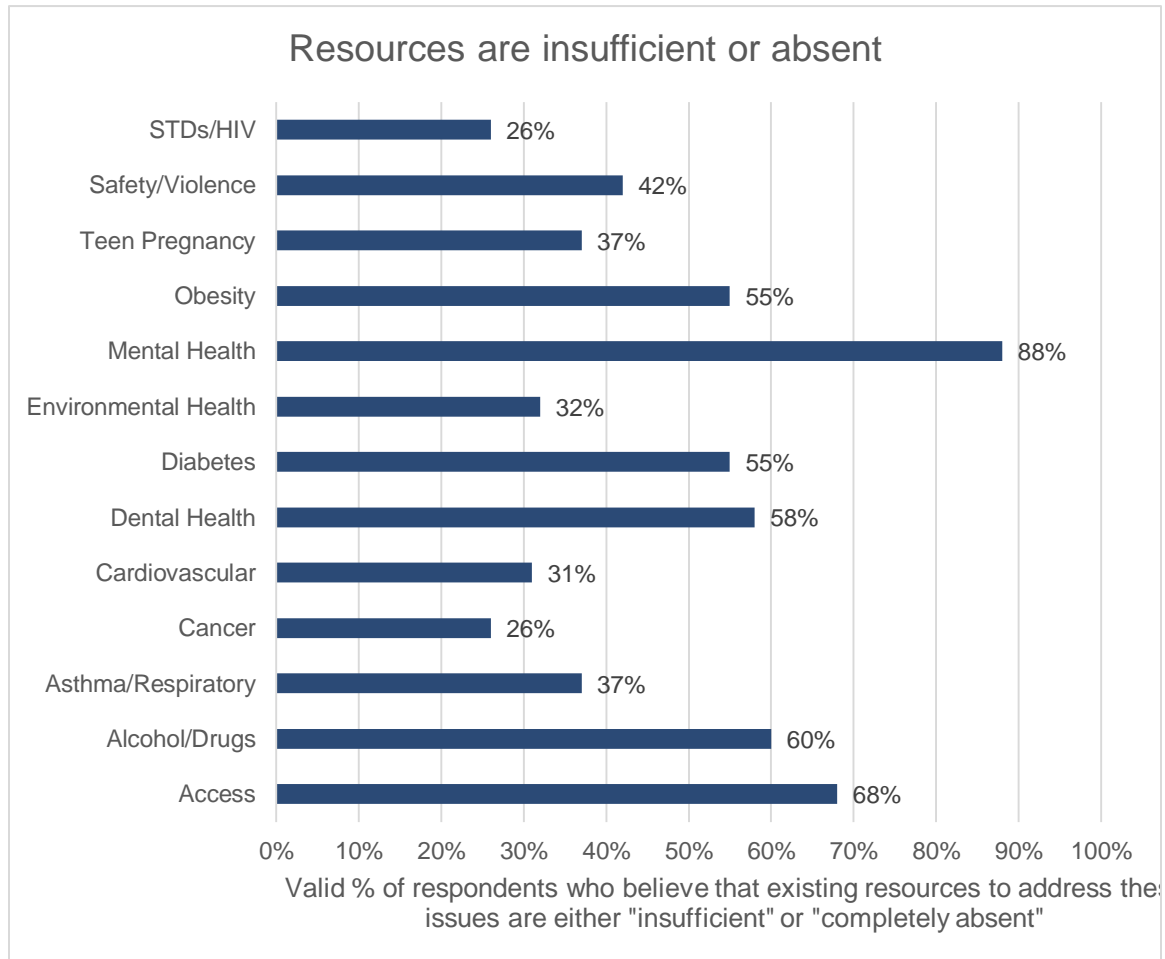
Please tell us more details about these health issues in the Coachella Valley, based on your experience and expertise. For this health issue, the existing resources in the Coachella Valley are:

- *More than sufficient*
- *Adequate*
- *Insufficient*
- *Absent*
- *I don't know*

As illustrated in Figure 3, the majority of participants (88%) believe there are absent or insufficient resources available to address mental health. The majority of respondents

also indicated there were absent/insufficient resources available in the community for access to health care (68%), substance abuse (60%), dental health (58%), and diabetes and obesity (55%).

Figure 3. Adequacy of existing resources to address issues



Importance

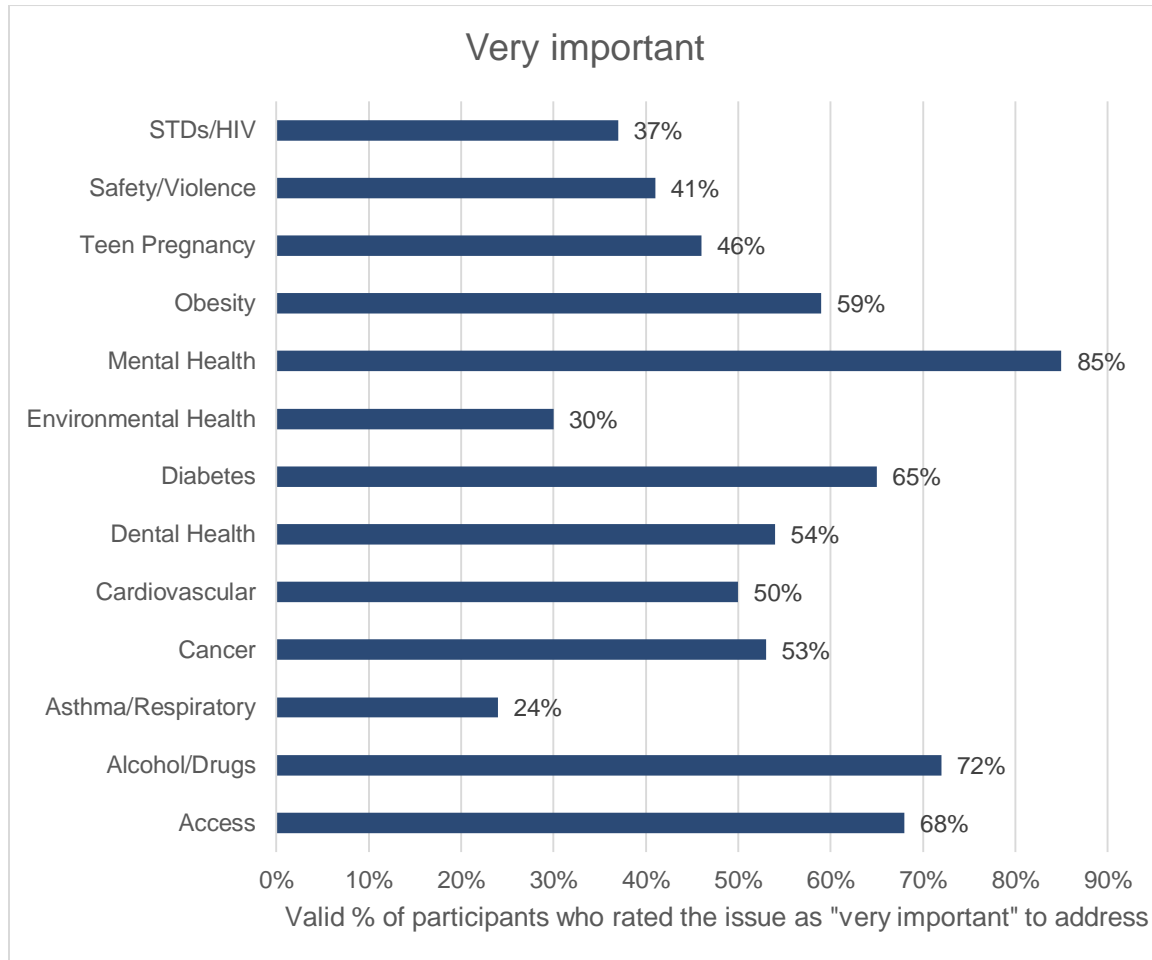
To identify which major health issues were most important in the Coachella Valley, participants were asked the following question:

Please tell us more details about these health issues in the Coachella Valley community, based on your experience and expertise. How important is it for the Coachella Valley community to address each of these health issues?

- *Not important*
- *Somewhat important*
- *Important*
- *Very important*
- *I don't know*

As illustrated in Figure 4, the majority of participants (85%) felt that mental health issues were very important to address. On the other end of the spectrum, less than a third of participants felt it was “very important” to address environmental health or asthma/respiratory disease.

Figure 4. Importance of issues



The importance scores from the community stakeholder interviews resulted in the following prioritization of the significant health needs.

Significant Health Needs	Priority Ranking Percent Important to Address
Mental health	85%
Alcohol/drugs/tobacco	72%
Access to care	68%
Diabetes	65%
Overweight/obesity	59%
Dental care	54%
Cancer	53%
Cardiovascular disease	50%
Teen pregnancy	46%
Safety/violence	41%
STD/HIV	37%
Environmental health	30%
Asthma/lung disease	24%

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

Impact Evaluation

In 2013, EMC conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, EMC chose to address mental health, wellness and prevention, continuity of care and primary care, through a commitment of community benefit programs and resources. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 3.

Community Demographics

Population

The population of the Eisenhower Medical Center service area is 405,228.

Population, 5-Year Estimates, 2010-2014

	Zip Code	Population
Cathedral City	92234	52,534
Coachella	92236	43,037
Desert Hot Springs	92240	35,878
Desert Hot Springs	92241	9,156
Indian Wells	92210	4,839
Indio	92201	63,915
Indio	92203	27,466
La Quinta	92253	38,462
North Palm Springs	92258	520
Palm Desert	92211	24,564
Palm Desert	92260	32,855
Palm Springs	92262	26,693
Palm Springs	92264	19,754
Rancho Mirage	92270	17,634
Thousand Palms	92276	7,921
EMC Service Area		405,228
Riverside County		2,266,899

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Of the area population, 50.0% are male and 50.0% are female.

Population by Gender

	EMC Service Area	Riverside County
Male	50.0%	49.8%
Female	50.0%	50.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Children and youth, ages 0-17, make up 23.8% of the population, compared to 27.2% for the County; 55.3% are adults, ages 18-64; and 20.9% of the population are seniors, ages 65 and over, which is significantly higher than the 12.5% found countywide. The median age in the service area is 41.5, again much higher than Riverside County's median age of 34.2.

Population by Age

	EMC Service Area	Riverside County
0 – 4	6.1%	7.1%
5 – 9	6.6%	7.5%
10 – 14	6.9%	7.8%
15 – 17	4.1%	4.9%
18 – 20	3.7%	4.8%
21 – 24	4.2%	5.8%
25 – 34	11.6%	13.2%
35 – 44	11.5%	13.0%
45 – 54	12.3%	13.2%
55 – 64	12.0%	10.3%
65 – 74	11.2%	6.9%
75 – 84	7.0%	4.0%
85+	2.7%	1.5%
2015 Median Age	41.5	34.2

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

When the Community Benefit service area is examined by zip code, Coachella has the largest percentage of youth, ages 0-17 (37.4%). Indian Wells has the highest percentage of residents 65 and older (60.9%).

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

	Zip Code	Youth, Ages 0 – 17	Seniors, Ages 65+
Cathedral City	92234	28.0%	13.6%
Coachella	92236	37.4%	4.5%
Desert Hot Springs	92240	31.5%	11.1%
Desert Hot Springs	92241	17.3%	30.5%
Indian Wells	92210	3.6%	60.9%
Indio	92201	30.6%	11.6%
Indio	92203	25.4%	18.0%
La Quinta	92253	22.1%	23.6%
North Palm Springs	92258	0.4%	19.4%
Palm Desert	92211	13.0%	47.2%
Palm Desert	92260	16.7%	31.9%
Palm Springs	92262	14.7%	21.3%
Palm Springs	92264	9.0%	35.0%
Rancho Mirage	92270	9.6%	45.4%
Thousand Palms	92276	21.1%	21.7%
EMC Service Area		23.8%	20.9%
Riverside County		27.2%	12.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Race/Ethnicity

In the Eisenhower Medical Center service area, 50.5% of the residents are Hispanic; 42.2% of the population is White; 2.9% are Asian; 2.5% are African American; and 1.8% are American Indian/Alaskan Native, Hawaiian/Pacific Islander other or multiple

race/ethnicity. This is a higher percentage of Hispanics and Whites, and a lower percentage of all other races/ethnicities than found at county level.

Race/Ethnicity

	EMC Service Area	Riverside County
Hispanic/Latino	50.5%	46.5%
White	42.2%	38.3%
Black/African American	2.5%	5.9%
Asian	2.9%	5.9%
American Indian/Alaska Native	0.1%	0.5%
Native Hawaiian/Pacific Islander	0.1%	0.3%
Other/Multiple	1.6%	2.6%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. <http://factfinder.census.gov>

Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the service area communities. English is spoken in the home among 55.2% of the service area population. Spanish is spoken among 40% of the population; 2.1% of the population speak an Asian language; and 2.3% of the population speaks an Indo-European language.

Language Spoken at Home, Population 5 Years and Older

	EMC Service Area	Riverside County
Speaks only English	55.2%	60.1%
Speaks Spanish	40.0%	33.0%
Speaks Asian/Pacific Islander language	2.1%	4.0%
Speak Indo-European language	2.3%	2.1%
Speaks other language	0.1%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

When communities in the service area are examined by zip code and the language spoken in the home, several communities have high percentages of Spanish speakers, including Coachella (88.7%), Indio 92201 (62.9%), and North Palm Springs (53.5%). Areas with a higher percentage of Asian language speakers include Indian Wells (8%) and Palm Springs 92264 (4.7%). Palm Springs (4.4%) and Rancho Mirage (4.5%) have higher rates of residents who speak Indo-European languages at home.

Language Spoken at Home by Zip Code

	Zip Code	English	Spanish	Asian/Pacific Islander	Indo European
Cathedral City	92234	43.8%	51.2%	3.1%	1.8%
Coachella	92236	11.2%	88.7%	0.1%	0.0%
Desert Hot Springs	92240	51.1%	45.0%	1.8%	2.1%
Desert Hot Springs	92241	59.8%	37.7%	0.7%	1.7%
Indian Wells	92210	87.8%	1.1%	8.0%	2.6%

	Zip Code	English	Spanish	Asian/Pacific Islander	Indo European
Indio	92201	35.2%	62.9%	0.9%	0.7%
Indio	92203	67.8%	27.9%	1.8%	1.8%
La Quinta	92253	75.1%	19.8%	1.8%	2.4%
North Palm Springs	92258	45.6%	53.5%	0.0%	1.0%
Palm Desert	92211	82.1%	10.5%	3.0%	3.6%
Palm Desert	92260	72.2%	20.3%	3.6%	3.7%
Palm Springs	92262	67.3%	25.2%	2.6%	4.4%
Palm Springs	92264	74.9%	15.4%	4.7%	4.5%
Rancho Mirage	92270	83.9%	8.3%	2.0%	4.5%
Thousand Palms	92276	53.8%	44.0%	0.0%	2.2%
EMC Service Area		55.2%	40.0%	2.1%	2.3%
Riverside County		60.1%	33.0%	4.0%	2.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for that county with the poorest factors. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. Riverside County is ranked as 29, in the middle of California counties according to social and economic factors—the same rank it held for 2011 and 2012, and slightly better than its 2013 and 2014 ranking of 31st place.

Social and Economic Factors Ranking, 2015

	County Ranking (out of 58)
Riverside County	29

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty level (FPL) for one person was \$11,670 and for a family of four \$23,850.

The Eisenhower Medical Center service area has a higher rate of poverty than Riverside County or the state, with 19.5% at or below 100% of the federal poverty level (FPL) versus 16.9% for the county and 16.4% for California. This is mirrored in the percentage of the population below 200% FPL, with the service area being higher (44.2%) than Riverside County (39.2%) and the state (36.4%).

Poverty Levels

	EMC Service Area	Riverside County	California
<100% FPL	19.5%	16.9%	16.4%
<200% FPL	44.2%	39.2%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

A view of poverty by zip code shows that the highest rates of poverty are found in Coachella and Desert Hot Springs 92240 (31.1%), Indio 92201 (26.8%), and Desert Hot Springs 92241 (23.9%). 30.4% of children in the service area live below the poverty level, with Coachella, Desert Hot Springs and Indio 92201 having the highest percentages, and Palm Springs 92264 following closely. The rate of poverty for children in the service area is higher than the state and county rates. 9.1% of area seniors live in poverty, which is less than county (9.4%) and state (10.2%) rates. The highest rates of seniors living in poverty are found in Coachella, Indio 92201, and Cathedral City.

Poverty Levels of Individuals, Children under Age 18, and Seniors 65+

	ZCTA	Individuals	Children	Seniors
Cathedral City	92234	21.9%	29.5%	14.3%
Coachella	92236	31.1%	41.5%	18.9%
Desert Hot Springs	92240	31.1%	42.0%	12.2%
Desert Hot Springs	92241	23.9%	36.9%	11.1%
Indian Wells	92210	5.2%	2.9%	3.7%
Indio	92201	26.8%	38.3%	16.0%
Indio	92203	8.8%	9.2%	9.3%
La Quinta	92253	9.5%	14.8%	6.6%
North Palm Springs	92258	12.4%	No Data	9.9%
Palm Desert	92211	8.5%	8.9%	6.9%
Palm Desert	92260	11.5%	17.9%	8.2%
Palm Springs	92262	19.2%	30.2%	8.9%
Palm Springs	92264	16.1%	35.0%	8.6%
Rancho Mirage	92270	12.3%	20.8%	3.8%
Thousand Palms	92276	10.0%	13.7%	6.2%
EMC Service Area		19.5%	30.4%	9.1%
Riverside County		16.9%	23.4%	9.4%
California		16.4%	22.7%	10.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. <http://factfinder.census.gov>

Households

In the Eisenhower Medical Center service area, there are 151,666 households. The median household income is \$50,763 and the average (mean) household income is \$73,339. This is lower than for Riverside County.

Household Income

	EMC Service Area	Riverside County
Median Household Income	\$50,763	\$56,592
Average Household Income	\$73,339	\$74,062

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

When examined by zip code, the median household income ranges from \$25,707 in North Palm Springs to \$83,269 in Indian Wells.

Median Household Income

	ZCTA	Households	Median Household Income
Cathedral City	92234	16,824	\$43,170
Coachella	92236	9,798	\$40,897
Desert Hot Springs	92240	11,892	\$35,315
Desert Hot Springs	92241	3,917	\$34,896
Indian Wells	92210	2,604	\$83,269
Indio	92201	18,770	\$40,024
Indio	92203	9,740	\$68,027

	ZCTA	Households	Median Household Income
La Quinta	92253	14,765	\$71,697
North Palm Springs	92258	232	\$25,707
Palm Desert	92211	12,355	\$57,557
Palm Desert	92260	15,718	\$50,309
Palm Springs	92262	12,426	\$46,519
Palm Springs	92264	10,795	\$43,703
Rancho Mirage	92270	8,962	\$71,688
Thousand Palms	92276	2,868	\$43,917
EMC Service Area		151,666	\$50,763
Riverside County		690,388	\$56,592
California		12,617,280	\$61,489

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. <http://factfinder.census.gov>

Households by Type

When households are examined by type, the service area has a lower percentage of family households with children under 18 years old (26.2% of all households) and the households with a female as head of household and children (6.2% of all households) than compared to the county and state. The service area has a higher percent of seniors 65+ living alone (14.6% of all households), when compared with the county and state.

Households by Type

	Total Households	Family Households with Children under 18	Female Head of Household with Children under 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
EMC Service Area	151,666	26.2%	6.2%	14.6%
Riverside	690,388	36.2%	7.5%	9.1%
California	12,617,280	32.4%	7.1%	8.6%

Source: U.S. Census Bureau, 2010-2014 American Community Survey, 5-year estimates, DP02. <http://factfinder.census.gov>

Free or Reduced Price Meals

The percentage of students eligible for the free or reduced price meal program is one indicator of socioeconomic status. All school districts in the service area have higher numbers of their student population eligible for the free or reduced price meal program than either the state or county levels, indicating a high level of low-income families. In Desert Sands Unified, 67.9% of students qualify for the program. Rates are higher in the Palm Springs Unified School District (87.6%) and Coachella Valley Unified, where 94.5% of students qualify for the meal program.

Free or Reduced Price Meals Eligibility

	Eligible Public School Students
Coachella Valley Unified School District	94.5%
Desert Sands Unified School District	67.9%
Palm Springs Unified School District	87.6%
Riverside County	64.0%
California	58.6%

Source: California Department of Education, 2014-2015. <http://data1.cde.ca.gov/dataquest/>

Public Program Participation

In Riverside County, 37% of residents below 200% FPL cannot afford food and 18.3% utilize food stamps. These rates indicate residents may qualify for food stamps but do not access this resource. 36.6% of county respondents reported accessing WIC for their children, and 6.4% of respondents were TANF/CalWorks recipients.

Public Program Participation

	Riverside County	California
Not Able to Afford Food (<200%FPL)	37.0%	38.4%
Food Stamp Recipients (<300% FPL)	18.3%	18.1%
WIC Usage Among Children, 6 Years & Under	36.6%	44.6%
TANF/CalWorks Recipients	6.4%	8.4%

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

Unemployment

The unemployment rates of area cities show a diverse range from 5.2% in La Quinta to 12.6% in Coachella. Indio (8.9%), Desert Hot Springs (9.8%) and Coachella have higher unemployment rates than the county (8.2%) or state (7.5%).

Unemployment Rate, 2014 Average

	Percent
Cathedral City	6.7%
Coachella	12.6%
Desert Hot Springs	9.8%
Indian Wells	6.0%
Indio	8.9%
La Quinta	5.2%
Palm Desert	5.9%
Palm Springs	6.8%
Rancho Mirage	7.0%
Thousand Palms	6.7%
Riverside County	8.2%
California	7.5%

Source: California Employment Development Department, Labor Market Information, 2014.

<http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html> - HIST

* Data available by city, therefore, zip code-only areas in the Eisenhower Medical Center service area are not listed.

Community Input – Socioeconomic Issues

Stakeholder interviews identified the following issues, challenges and barriers related to socioeconomic issues. Following are their comments, quotes and opinions:

There are numerous health disparities within the Coachella Valley, and that those in great need are geographically close to those with great wealth. For example,

- “I work in the East Valley and drive past fields and poverty every day. I live in La Quinta. The contrast is very, very stark.”
- “It is difficult to look at the whole Valley as the issues are more prevalent the farther east you travel and the resources are much less.”
- “The disparity among the regions in the Coachella Valley is obvious. Some populations are not as healthy as others due to economic insecurity, poverty, low educational attainment, language barriers and lack of transportation.”
- “Transportation issues affect all of the health issues. There is limited transportation to County Medical Center; there are inadequate, low/no cost medical transportation services.
- “Food stability also affects all issues. Financial resources/assistance for care and treatment is limited.”
- “The medical and/or behavioral health services are primarily available in upper valley centers. Transportation to these centers is limited.”
- “Even though SunLine is available for some, due to health and mobility issues, not everyone is able to use it.”

Other participants noted the association between poverty and poor health, indicating that the low-income population struggles with health issues more than most. For example,

- “There are disparities in income, wealth, environmental health, and access to health care services.”
- “Affordable housing has a serious gap, which is the foundation of good health and stable economic comfort for all families who live in poverty.”

Educational Attainment

Among adults, ages 25 and older, 20.3% lack a high school diploma; this is equivalent to the county rate of 20.2%. 23.9% of service area adults are high school graduates and 31.8% are college graduates. In Riverside County 25.5% of residents are high school graduates and 28.5% are college graduates.

Educational Attainment of Adults, 25 Years and Older

	EMC Service Area	Riverside County
Less than 9 th grade	9.8%	9.6%
Some High School, no diploma	10.5%	10.6%
High School graduate	23.9%	25.5%
Some college, no degree	24.0%	25.8%
Associate degree	6.8%	7.7%
Bachelor degree	15.6%	13.4%
Graduate or professional degree	9.4%	7.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. <http://factfinder.census.gov>

High school graduation rates are determined by taking the number of graduates for the school year divided by the number of freshman enrolled four years earlier. The high school graduation rate for Coachella Valley Unified School District (78.3%) is lower than the county (85.2%), and state (81%). This district does not meet the Healthy People 2020 objective of 82.4% high school graduation rate.

High School Graduation Rates, 2013-2014

	High School Graduation Rate
Coachella Valley Unified School District	78.3%
Desert Sands Unified School District	87.5%
Palm Springs Unified School District	87.3%
Riverside County	85.2%
California	81.0%

Source: California Department of Education, 2015. <http://dq.cde.ca.gov/dataquest/>.

Homelessness

Every two years, the Riverside County Department of Public Social Services, in partnership with Riverside County's Continuum of Care, conducts the Point-in-Time (PIT) Homeless Count to determine how many individuals are homeless on a given day. Data from these surveys show decreases in homelessness from 2013 to 2015 of 19% countywide, and 23% among unsheltered homeless in service area cities.

Homeless Population, 2013-2015 Homeless Count Comparison

	EMC Service Area				Riverside County			
	2013		2015*		2013		2015	
Total Homeless	916		No Data		2,978		2,467	
Sheltered	465	51%	No Data	No Data	1,090	36.6%	880	35.7%
Unsheltered	451	49%	346	No Data	1,888	63.4%	1,587	64.3%
Families with Children	13	3%	5	1%	45**	3%**	14	1%
Youth (24 or younger)	26	6%**	19	5%	113**	6%**	128	8%

Source: County of Riverside Department of Social Services, 2013* & 2015 Point in Time Homeless Count

<http://www.riversidehomelesscounts.com/> * The 2015 report did not break down sheltered homeless by city, and so sheltered homeless by service area numbers are unavailable. ** Subpopulation counts were incomplete for Desert Hot Spring and Thousand Palms, as well as other cities countywide, and did not include accompanied minors, so counts and percentages were based on a different count than the total number of unsheltered.

Among the unsheltered homeless population, 23% in the service area were chronically homeless; the rates of chronic homelessness decreased sharply from 2013 to 2015 in both the service area and the county. 46% of the unsheltered homeless population in the service area used alcohol or drugs.

Unsheltered Homelessness Subpopulations*

	EMC Service Area				Riverside County			
	2013		2015		2013		2015	
Chronically Homeless	192	46%	80	23%	995	52%	401	37%
Recently Released (jail/prison)	86	21%	37	11%	326	18%	225	21%
Alcohol Use**	104	25%	99	29%	506	28%	474	44%
Drug Use**			60	17%			348	32%
Mental Health Conditions	78	19%	88	25%	452	25%	322	30%
Ongoing Health Problems	No Data	No Data	79	23%	525	29%	295	27%
Veterans	36	9%	32	9%	181	10%	102	10%
Victims of Domestic Violence	72	17%	52	15%	326	18%	243	23%
Physical Disability	No Data	No Data	82	24%	489	27%	300	28%
Persons with HIV/AIDS	4	1%	6	2%	18	1%	22	2%

Source: County of Riverside Department of Social Services, 2013 & 2015 Point in Time Homeless Count.

<http://www.riversidehomelesscounts.com/> * Information obtained from interview surveys only; percentages are based on number interviewed. ** For 2013 these categories were combined; as overlap can occur in the same individual, no comparisons can be made.

The largest number of unsheltered homeless individuals in 2015 was in Palm Springs (118) and in Indio (92). This was the reverse of the 2013 count, where Indio had the highest number of unsheltered individuals of all area cities. A drop was seen in Cathedral City and Thousand Palms from 2013 to 2015. All other area cities saw an increase in the number of unsheltered homeless from 2013 to 2015. Area cities held 21.8% of the county's unsheltered homeless population (346 individuals).

Unsheltered Homelessness by City, 2013-2015

	2013		2015		% Change
Cathedral City	65	3%	38	2%	- 42%
Coachella	37	2%	41	3%	11%
Desert Hot Springs	9	0%	21	1%	133%
Indian Wells	0	0%	0	0%	0%
Indio	256	14%	92	6%	- 64%
La Quinta	5	0%	10	1%	100%
Palm Desert	11	1%	16	1%	45%
Palm Springs	60	3%	118	7%	97%
Rancho Mirage	1	0%	6	0%	500%
Thousand Palms	7	0%	4	0%	- 43%
Service Area	451	24%	346	22%	- 23%

Source: County of Riverside Department of Social Services, 2015 Point in Time Homeless Count

http://www.riversidehomelesscounts.com/pdf_2015/2015_RiversideCountyPITCountReport.pdf

Air, Water and Climate

The South Coast Air Quality Management District monitors air quality across Southern California. In the Coachella Valley, rates of nitrogen dioxide and carbon dioxide are lower than in the South Coast Air Basin.

Air Quality Indicators, 2014

	Coachella Valley	South Coast Air Basin
Nitrogen dioxide, average annual concentration ppb	7.1	22.2
Carbon monoxide maximum concentration in ppm 8 hours	0.9	3.8

Source: South Coast Air Quality Management District, 2014 Air Quality. <http://www.aqmd.gov/docs/default-source/air-quality/historical-data-by-year/aq14card-gases.pdf?sfvrsn=6>

In Riverside County, 1.0% of the population may be getting drinking water from public water systems with at least one health-based violation. This is lower than the population exposed to unsafe water in the state (2.0%).

Unsafe Drinking Water

	Riverside County	California
Population exposed to unsafe drinking water	1.0%	2.0%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014. [County Health Rankings](#)

In Riverside County, 21.5% of the county was experiencing severe drought.

Drought Severity

	Riverside County	California
Percentage of county in severe drought	21.5%	20.5%

Source: U.S. Drought Monitor, 2016. [US Drought Monitor](#)

Community Input – Environmental Health

Stakeholder interviews identified the following issues, challenges and barriers related to environmental health. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers to Environmental Health

Several participants emphasized air quality and water quality as major challenges in the pursuit of environmental health. For example,

- “Air quality - dust from desert - asthma cases will continue to soar.”
- “The eastern Coachella Valley has to deal with poor water, and air quality and lack of parks to exercise.”
- “Uneven public policy community-to-community, tainted air and water.”
- “Pesticides used in farming.”
- “Exposure to pesticides in farming areas.”

- “This is an area that many people are unfamiliar with as it pertains to environmental health laws/regulations, enforcement and protection. There definitely needs to be more outreach and education for the public so that it’s properly understood and so that we can all do our part (at an individual, community, city, and regional level.”

Specific Groups Most Impacted by Environmental Health

Participants emphasized that families living in the East Valley, especially those who were farmworkers, were at the greatest risk for environmental health problems. For example,

- “East valley residents and workers experience poor air quality from farming, pesticide spraying, wind, not wearing protective gear.”
- “Workers and families at Eastern end of the Valley.”
- “Farm workers, low income.”
- “Latinos, especially migrants.”
- “Low-income families.”

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate that service area cities, with the exception of Palm Desert and Rancho Mirage, have higher rates of violent crime than the county or state, and with the exception of Cathedral City, higher rates of property crime. Desert Hot Springs had the highest rate of violent crime (1,231.7 per 100,000 persons) and Palm Springs had the highest rate of property crime (4,852.6 per 100,000 persons) for the service area.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2012

	Property Crime Rates	Violent Crime Rates
Cathedral City	2,981.1	385.9
Coachella	3,680.4	630.4
Desert Hot Springs	4,142.6	1,231.7
Indio	3,555.4	573.2
La Quinta	4,313.8	387.7
Palm Desert	4,642.1	207.9
Palm Springs	4,852.6	656.6
Rancho Mirage	4,083.7	129.4
Riverside County	3,065.7	310.8
California	2,758.7	423.1

Source: U.S Department of Justice, FBI, Uniform Crime Reporting Statistics, 2012. www.bjs.gov/ucrdata/index.cfm

Calls for domestic violence are categorized as with or without a weapon. The domestic violence calls in the service area were primarily *without* weapons. The calls with weapons (19.5%) were lower than the county and the state.

Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
Cathedral City	117	92.3%	7.7%
Coachella	145	75.2%	24.8%
Desert Hot Springs	207	67.1%	32.9%
Indian Wells	11	81.8%	18.2%
Indio	293	86.0%	14.0%
La Quinta	87	77.0%	23.0%
Palm Desert	149	72.5%	27.5%
Palm Springs	263	89.7%	10.3%
Rancho Mirage	45	73.3%	26.7%
EMC Service Area	1,317	80.5%	19.5%
Riverside County	6,379	79.2%	20.8%
California	158,547	60.9%	39.1%

Source: California Department of Justice, Office of the Attorney General, 2014. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

* Data available by city, therefore, zip code-only areas in the service area are not listed.

Community Input – Safety and Violence

Stakeholder interviews identified the following issues, challenges and barriers related to safety and violence. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers for Preventing Violence

Responses to this particular question varied widely. Some mentioned specific types of violence. For example,

- “Domestic violence starting in high school; lack of domestic violence education.”
- “Gangs are still a big problem in eastern and western Coachella Valley.”

Others mentioned a relative lack of services to address violence. For example,

- “Availability of services and programs. Only one domestic violence shelter in the Valley and no real sexual assault safe havens or programs.”
- “Need more places for women and children to stay if they leave abusive situations or cannot pay for rent and get kicked out of home. Need more safety defense classes. Need more after school programs on site at the schools.”
- “Our police departments are begging for assistance to deal with mental health issues.”

Some noted the link between violence and poverty, and suggested we need “More constructive choices for young people, better employment opportunities, education.”

One participant spoke of fear as a major barrier: “Shame of being a victim of violence or being in an unsafe location, blame of victim, fear and mistrust of law enforcement and medical personnel, fear of losing children if reported.”

Specific Groups Most Impacted by Violence

Several participants identified younger people, especially women, as heavily affected by violence. For example,

- “All populations yet we see a rise in younger women, 14 to 28 years old, being victimized and assaulted.”
- “Teens and women.”
- “Juveniles.”

Others identified racial and ethnic minorities as particularly vulnerable to violence. For example,

- “Communities of color.”
- “Hispanic and African American gangs, domestic violence, farm worker women safety.”
- “Native Americans.”

Other participants mentioned low-income groups as at-risk for violence. For example,

- “Low income; undocumented.”
- “Marginalized folks.”
- “Low-income families.”

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. In Riverside County, 20.7% are uninsured, which is higher than the state rate of 11.9% of uninsured.

Insurance Coverage, 2014

	Riverside County	California
Insured	79.3%	88.1%
Uninsured	20.7%	11.9%

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

A look at insurance coverage by source shows that 34.6% of county residents have employment-based insurance and 26.2% are covered by Medi-Cal.

Insurance Coverage Source, 2014

	Riverside County	California
Medi-Cal	26.2%	22.5%
Medicare only	2.1%	1.4%
Medi-Cal/Medicare	2.0%	3.0%
Medicare and others	10.0%	9.0%
Other public	0.6%	1.0%
Employment based	34.6%	44.8%
Private purchase	3.9%	6.4%
No insurance	20.7%	11.9%

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

When insurance coverage was examined by age groups, seniors had low rates of uninsured and high rates of Medicare coverage. Coverage for children was primarily through Medi-Cal or employment-based insurance. In Riverside County 16.2% of children and 27.2% of adults are uninsured.

Insurance Coverage by Age Group, Riverside County

	Ages 0-17	Ages 18-64	Ages 65+
Medi-Cal	42.1%	24.9%	0.3%
Medicare only	N/A	1.2%	10.3%
Medi-Cal/Medicare	N/A	0.6%	12.5%
Medicare and others	N/A	0.0%	74.9%
Other public	0.4%	0.7%	0.0%
Employment based	37.6%	40.6%	1.4%
Private purchase	3.7%	4.7%	0.2%
No insurance	16.2%	27.2%	0.2%

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

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. 95.4% of seniors and 93.2% of children in Riverside County reported having a usual source of care; 77.4% of adults had a usual source of care.

Usual Source of Care, Riverside County

	Ages 0-17	Ages 18-64	Ages 65+
Usual source of care	93.2%	77.4%	95.4%

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

African-Americans in the county are least likely to have a usual source of care. Whites were most likely to have a usual source of care, at county and state levels.

Usual Source of Care by Race/Ethnicity

	Riverside County	California
African American	72.0%	88.8%
Asian	83.0%	83.3%
Latino	79.7%	80.6%
White	92.2%	91.2%

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

A doctor's office, HMO, or Kaiser is the usual source of care for 58.1% of county residents. Clinics and community hospitals are the source of care for 22.6% of residents. The ER or Urgent Care is the usual source of care for a small percentage of area residents (1.5%).

Sources of Care

	Riverside County	California
Dr. Office/HMO/Kaiser	58.1%	60.7%
Community clinic/government clinic/community hospital	22.6%	23.0%
ER/Urgent care	1.5%	1.4%
Other	1.7%	0.7%
No source of care	16.0%	14.2%

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

21.2% of county residents visited an ER over the period of a year, and youth visited the ER at the highest rates (25.6%). Residents living in poverty visited the ER at slightly higher rates than county and state residents.

Use of Emergency Room

	Riverside County	California
Visited ER in last 12 months	21.2%	17.4%
0-17 years old	25.6%	19.3%
18-64 years old	20.5%	16.5%
65 and older	15.4%	18.4%
<100% of poverty level	23.1%	20.6%
<200% of poverty level	23.0%	19.8%

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

Barriers to Care

Adults in the Community Benefit service area experience a number of barriers to accessing care, including cost of care and lack of a medical home. Over half (55.5%) of Riverside County adults reported difficulty accessing care through Covered California, as compared to 36.4% at the state level.

Barriers to Accessing Health Care

	Riverside County	California
Adults who delayed or forewent care in the past year	13.6%	13.5%
Adults whose delayed care was due to cost / lack of insurance	74.4%	52.1%
Adults unable to afford prescription medication in the past year	7.1%	10.0%
Adults who reported difficulty finding primary care	3.6%	4.6%
Adults who reported difficulty finding affordable insurance through Covered California	55.5%	36.4%

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

Access to Primary Care Community Clinics

Community clinics provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (Zip Code Tabulation Area) data for the Eisenhower Medical Center service area and information from the Uniform Data System (UDS)¹, 43.9% of the population in the service area is categorized as low-income (200% of Federal Poverty Level) and 19.1% of the population are living in poverty.

There are several Section 330 funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including: Borrego Community Health Foundation, Clinicas de Salud del Pueblo Inc., Urban Community Action Projects, Desert AIDS Project Inc., Sac Health System, and the County of Riverside Community Health Agency.

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

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

Even with Community Health Centers serving the area, there are a significant number of low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes have a total of 46,777 patients in the service area. From 2012-2014 the clinic providers added 6,759 patients for a 16.9% increase in patients served by Community Health Centers in the service area. However, there remain 126,755 low-income residents, approximately 73% of the population at or below 200% FPL that are not served by a Community Health Center.

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

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
173,532	46,777	27.0%	11.8%	126,755	73.0%

Source: UDS Mapper, 2014. <http://www.udsmapper.org>

Delayed Care

10.4% of county residents delayed or did not get medical care when needed, 5.4% delayed or did not fill prescriptions.

Delayed Care

	Riverside County	California
Delayed or didn't get medical care in past 12 months	10.4%	11.3%
Delayed or didn't get prescription meds in past 12 months	5.4%	8.7%

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

Community Input – Health Care Access

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Access to Care

The most commonly mentioned barriers were related to transportation, the distance to a health care provider, the accessibility of care providers, and the issue of proximity. It is clear that a lack of transportation and/or the need to drive long distances to receive services are serious barriers to receiving care in the Coachella Valley. For example,

- “Availability of services in the Valley. Many times services require a long drive to other locations.”
- “Lack of public transportation for those living in rural areas.”
- “Transportation and HMOs limiting where elective surgeries are performed (i.e. out of the Valley).”

Cost, even with insurance, remains a barrier. Some low-income people with insurance cannot afford copays, and thus, the presence of insurance does not necessarily allow

them access to care. For example,

- “If you have Medi-Cal with a share of cost, the share of cost is a minimum of \$612, preventing some people from accessing health care.”
- “Ineligibility for certain health care programs (Medi-Cal, MISP) and/or unable to afford health care services. Also, individuals may qualify for health care but unable to afford premiums and other costs (employer sponsored plans, Covered CA or private insurance).”
- “There needs to be more affordable health care, dental, vision for low and moderate income.”

Individuals struggling with health issues need to receive care and treatment in order to live healthy lives. However, many participants noted that there is a serious lack of access to affordable care in the region which prevents this. For example,

- “Affordable access to medical and dental care for the uninsured and underinsured who are unable to pay privately for their care.”
- “For uninsured residents (most likely undocumented) access to primary care is still a challenge, but access to specialty care is even more challenging. This is a county-wide issue. Challenges in accessing mental health and oral health are also impacting the community and this goes beyond the low-income or undocumented.”

Sometimes access to affordable care exists—but it is too far away to make it a realistic option. Because of this, transportation is a major issue. Some participants described the issue of transportation and its impact on health. For example,

- “Many health services for the low-income are located out of the Valley (in Moreno Valley).”
- “Access to care is difficult for many, so transportation for those who can't otherwise arrange it is imperative.”
- “Transportation issues related to the vast distance people need to travel to access services.”

For those who can afford health care, they are often limited by the care providers they are eligible to see. Thus, even though they have insurance and can afford their copays, they are limited by the number of doctors they can see. Many providers who do accept Medi-Cal are severely impacted, and there are long wait times in order to get in to see them. For example,

- “Limited providers of no/low charge medical and dental care; limited numbers of medical/dental providers accepting Medi-Cal patients.”
- “Not enough providers in network care, poor coordination between insurance companies and medical offices.”
- “Not enough service providers and too long of wait for services.”

Another common barrier is a lack of understanding of what is available and the resources that are present in the community. For example,

- “Resident knowledge of available resources.”
- “Lack of awareness of services available in the community.”
- “Lack of knowledge of the availability of outpatient services at FQHCs and community health centers.”

Other participants believe that the necessary services are available in the community, but those who need them are not aware of this. For example,

- “High quality health care services are available to low-income individuals, but most are unaware of them.”
- “I think there are more than enough social services, what we are missing is information pertaining to them.”
- “I’ve also noticed that there are times when certain resources are available but there is limited or no information to those that require those services the most.”

Language barriers can prevent quality care. For most in the Coachella Valley, this requires Spanish literacy, but it is important to remember there are other communication barriers, such as those who are hard-of hearing. For example,

- “Increase number of bilingual providers in all health care positions.”
- “Medical forms and other important policies in written form are usually only accessible in English.”
- “Direct communication using qualified sign language interpreters.”

Specific Groups Most Impacted by Access to Care

Most participants stated that the specific sub-group or sub-population that is most impacted by this issue was the low-income population. These people are economically disadvantaged, and often lack the educational attainment to rise out of poverty. However, those who earn slightly more are also struggling with this particular health issue. Specifically, those who make too much money to qualify for some programs but cannot afford insurance on their own. For example,

- “Group that falls between Medi-Cal eligible and those with insurance ‘the working poor’.”
- “Adults that earn too much to qualify for Medi-Cal but are unable to afford premiums for Covered CA or other form of health care coverage.”
- “Those that do not qualify for government programs because their income precludes them from it yet they cannot afford private insurance.”

Racial and ethnic minorities were also greatly impacted by the issue of access to care.

Some responses related to this include,

- “African American.”
- “Native Americans.”
- “Hispanic community.”

In a similar vein, migrant workers and undocumented immigrants are especially vulnerable to this particular issue. For example,

- “Undocumented and limited English speakers.”
- “Migrant workers.”
- “Latinos, especially migrants.”

Another at-risk population that participants listed was the elderly population. For example,

- “Poor and the elderly.”
- “Seniors and people with disabilities.”
- “Some elderly with limited family and transportation.”

Finally, several participants identified homeless people as another at-risk population lacking access to health care.

Dental Care

18.9% of children in Riverside County had never been to a dentist, no teens were reported who had never been to the dentist.

Delay of Dental Care among Children and Teens

	Riverside County	California
Children never been to the dentist	18.9%	15.3%
Children been to dentist less than 6 months to 2 years	71.8%	83.8%
Teens never been to the dentist	0.0%	1.8%
Teens been to dentist less than 6 months to 2 years	98.5%	94.7%

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

63.1% of Riverside County adults reported going to the dentist within the past year. These numbers are lower than for adults in California.

Adult Dental Care

	Riverside County	California
Adults who reported their last visit to a dentist was less than 12 months ago	63.1%	69.5%

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

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to dental care. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Dental Health

The high cost of dental treatment and the lack of insurance, stood out as major barriers for seeking dental care. For example,

- “Costs and insurance coverage.”
- “Affordable care; lack of insurance.”
- “Health services for the population that falls between the Medi-Cal eligible and those whose employment actually provides health care services (or people who can afford health care insurance). I am thinking predominantly of the food/beverage/restaurant population of servers who may make too much for Medi-Cal but buying health insurance would deplete their minimal discretionary income. Dental care services would be instrumental for these individuals.”

There is also a dearth of low-cost/no-cost dental facilities in the region, and those that are operating have long waiting lists. Even with dental insurance, it is difficult to find a dental care provider who can provide services. For example,

- “Limited number of Medi-Cal providers; limited number of no/low charge dental care.”
- “Not enough providers and insurance has limited services.”
- “Dental care is very expensive and the Coachella Valley does not offer low cost dental clinics.”

Participants stated that many people only go to the dentist to address a problem or issue, and that few are getting preventive care. For example,

- “Most wait until there is pain or a problem, no routine/preventive care.”
- “We really don't think about our teeth until something hurts.”
- “Understanding the importance of routine care.”

Specific Groups Most Impacted by Dental Health

Many participants identified low-income people and youth as the largest group impacted by dental health. For example,

- “All people who are impoverished and have no coverage.”
- “Homeless/Low Income.”
- “Elementary aged; working poor.”
- “Youth.”
- “Children of migrants and poor elderly.”

Birth Characteristics

Births

In 2013, there were 4,588 births in the service area.

Teen Birth Rate

In 2013, teen births occurred in the service area at a rate of 9.4% of total births. This rate is higher than the teen birth rate found in the state (6.2%) and county (7.1%). Indio 92201 (12.6%), Desert Hot Springs 92240 (11.5%), Coachella (11.4%), and Palm Springs 92262 (10.9%) had the highest rates of teen births. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

Births to Teenage Mothers (Under Age 20)

	Zip Codes	Births to Teen Mothers	Live Births	Percent of Live Births
Cathedral City	92234	49	646	7.6%
Coachella	92236	93	818	11.4%
Desert Hot Springs	92240	68	591	11.5%
Desert Hot Springs	92241	4	76	5.3%
Indian Wells	92210	0	5	0.0%
Indio	92201	126	1,002	12.6%
Indio	92203	13	349	3.7%
La Quinta	92253	26	300	8.7%
North Palm Springs	92258	1	7	14.3%
Palm Desert	92211	5	141	3.5%
Palm Desert	92260	6	194	3.1%
Palm Springs	92262	23	211	10.9%
Palm Springs	92264	6	106	5.7%
Rancho Mirage	92270	4	53	7.5%
Thousand Palms	92276	6	89	6.7%
EMC Service Area		430	4,588	9.4%
Riverside County		2,158	30,316	7.1%
California		30,814	494,332	6.2%

Source: California Department of Public Health, Open Data Portal, 2013. <https://cdph.data.ca.gov/browse?category=Demographics> and <http://www.rivcohealthdata.org/Data-Reports/Births>

Community Input – Teen Pregnancy

Stakeholder interviews identified the following issues, challenges and barriers related to teen pregnancy. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers to Preventing Teen Pregnancy

Many participants mentioned the need for education and outreach in fight against teen pregnancy. This is especially true since many schools no longer provide such education.

For example,

- “Lack of high school health classes.”
- “Not getting enough education to prevent teen pregnancy.”
- “Need strong reproductive health and risk avoidance curriculum across elementary-college system.”

Participants also noted a cultural barrier, such that teen pregnancy was accepted widely. For example,

- “Cultural acceptance of youth pregnancy.”
- “Breaking barriers with religion in certain demographics.”
- “Cultural belief system of honoring mothers even teen moms.”

Several participants explored the parents’ role in their child’s teen pregnancy, especially as it pertains to communication about sexual topics. For example,

- “Lack of parent control.”
- “Families not talking about it.”
- “Parents who don’t make time to talk or not comfortable to talk about sex.”

Participants also identified lack of access to relevant sexual health services as a barrier. For example,

- “Lack of access to birth control and condoms.”
- “Lack of centers for parenthood in our areas.”
- “Lack of family planning services.”

Specific Groups Most Impacted by Teen Pregnancy

Most participants identified Hispanic women as especially at-risk, as well as those who are low-income. For example,

- “Hispanic, Low-Income.”
- “Lower socioeconomic groups - but not exclusively.”

Others identified geographic regions of the Coachella Valley that have especially high risk for teen pregnancy. For example,

- “More prevalent in the east end of the desert.”
- “Coachella, Mecca, Thermal, Oasis, Desert Hot Springs.”
- “Teens in eastern Coachella Valley.”

Prenatal Care

Among pregnant women in the service area, 85.6% entered prenatal care in the recommended first trimester. This rate of early entry into prenatal care is higher than

the Riverside County rate of 84.8% and the state rate of 83.6%, and meets the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

On-Time Entry into Prenatal Care (In First Trimester)

	Zip Codes	On-Time Prenatal Care	Live Births*	Percent of Live Births
Cathedral City	92234	563	646	87.2%
Coachella	92236	688	817	84.2%
Desert Hot Springs	92240	511	590	86.6%
Desert Hot Springs	92241	62	76	81.6%
Indian Wells	92210	5	5	100.0%
Indio	92201	827	999	82.8%
Indio	92203	318	349	91.1%
La Quinta	92253	262	299	87.6%
North Palm Springs	92258	6	7	85.7%
Palm Desert	92211	128	141	90.8%
Palm Desert	92260	162	193	83.9%
Palm Springs	92262	174	211	82.5%
Palm Springs	92264	89	105	84.8%
Rancho Mirage	92270	49	53	92.5%
Thousand Palms	92276	75	89	84.3%
EMC Service Area		3,919	4,580	85.6%
Riverside County		25,709	30,316	84.8%
California		406,080	485,583	83.6%

Source: California Department of Public Health, Open Data Portal, 2013. <https://cdph.data.ca.gov/browse?category=Demographics>
www.rivcohealthdata.org/Data-Reports/Births *Births in which the age of the mother is unknown are not included in the tabulation.

Infant Mortality

The infant (less than one year of age) mortality rate in the service area was 4.6 deaths per 1,000 live births, which is the same as the county rate, and slightly below the state rate (4.7 deaths per 1,000 live births). The infant death rate is less than the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Mortality Rate, 2013

	Infant Deaths	Live Births	Death Rate
EMC Service Area	21	4,588	4.6
Riverside County	138	29,930	4.6
California	2,348	494,392	4.7

Source: California Department of Public Health, 2012. . <http://informaticsportal.cdph.ca.gov/chsi/vsqs/> ;
<https://cdph.data.ca.gov/Demographics/Deaths-by-ZIP-Code-by-Age-2013/bvrt-8ww7>

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The Eisenhower Medical Center service area rate of low birth weight babies was 6.5% (65.3 per 1,000 live births). This is the same as the county rate

and lower than the state rate (6.8%). The service area meets the Healthy People 2020 objective of 7.8% of births being low birth weight. When examined by community, several areas have a rate that exceeds the Healthy People 2020 objective. Desert Hot Springs 92240, Palm Desert 92211, and Palm Springs 92264 have higher rates of low-birth-weight babies. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.

Low Birth Weight (Under 2,500 g)

	Zip Codes	Low Birth Weight	Live Births	Percent of Live Births
Cathedral City	92234	36	646	5.6%
Coachella	92236	55	818	6.7%
Desert Hot Springs	92240	54	591	9.1%
Desert Hot Springs	92241	3	76	3.9%
Indian Wells	92210	0	5	0.0%
Indio	92201	60	1,002	6.0%
Indio	92203	19	349	5.4%
La Quinta	92253	18	300	6.0%
North Palm Springs	92258	1	7	14.3%
Palm Desert	92211	13	141	9.2%
Palm Desert	92260	10	194	5.2%
Palm Springs	92262	14	211	6.6%
Palm Springs	92264	9	106	8.5%
Rancho Mirage	92270	2	53	3.8%
Thousand Palms	92276	6	89	6.7%
EMC Service Area		300	4,588	6.5%
Riverside County		1,971	30,316	6.5%
California		33,798	494,365	6.8%

Source: California Department of Public Health, Open Data Portal, 2013. <https://cdph.data.ca.gov/browse?category=Demographics>
www.rivcohealthdata.org/Data-Reports/Births

Mortality/Leading Causes of Death

Leading Causes of Death

The overall mortality rate for all causes of death in the service area is 841.3 per 100,000 persons. This is higher than the county rate (650.2 per 100,000 persons) and the state rate (626.9 per 100,000 persons).

Crude Death Rate per 100,000 Persons, 5-Year Average Total, 2008-2012

	Average Annual Deaths	Rate
EMC Service Area	3,409	841.3
Riverside County	14,739	650.2
California	236,089	626.9

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Heart disease, cancer, and respiratory disease are the top three leading causes of death in the service area. When compared to the county and state, the service area has higher death rates for the top three causes of death. Stroke is the fourth leading cause of death, accidents and injuries the fifth, Alzheimer's the sixth, diabetes is the seventh, and pneumonia/influenza is the eighth leading cause of death in the service area.

Leading Causes of Death, Crude Rate per 100,000 Persons, 5-Year Total, 2008-2012

	EMC Service Area		Riverside County	California
	Annual Deaths	Rate	Rate	Rate
Diseases of the heart	884	218.1	173.5	157.1
Cancer	861	212.5	153.6	148.8
Chronic Lower Respiratory Disease/ Chronic Obstructive Pulmonary Disease	225	55.5	43.5	34.7
Stroke	182	44.9	34.1	35.9
Accidents / Injuries	157	38.7	31.0	28.2
Alzheimer's disease	135	33.3	28.6	28.7
Diabetes Mellitus	77	19.0	19.0	20.7
Pneumonia and flu	45	11.1	10.9	16.3

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012,
<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

Heart Disease Mortality

The service area has a rate of death due to heart disease of 218.1 per 100,000 persons, which is higher than the county and state rates.

Heart Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	101	191.9
Coachella	92236	25	58.1
Desert Hot Springs	92240	60	168.3
Desert Hot Springs	92241	26	288.3
Indian Wells	92210	16	330.6
Indio	92201	88	137.4
Indio	92203	33	120.1
La Quinta	92253	59	153.9
Palm Desert	92211	86	350.1
Palm Desert	92260	122	370.7
Palm Springs	92262	93	349.2
Palm Springs	92264	80	404.0
Rancho Mirage	92270	73	412.8
Thousand Palms	92276	22	272.7
EMC Service Area		884	218.1
Riverside County		3,932	173.5
California		59,177	157.1

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Cancer Mortality

The death rate for all cancers in the service area is 212.5 per 100,000 persons, which is higher than county and state rates.

All Cancers, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	90	170.9
Coachella	92236	26	60.9
Desert Hot Springs	92240	60	167.8
Desert Hot Springs	92241	26	281.8
Indian Wells	92210	23	471.2
Indio	92201	86	135.2
Indio	92203	42	151.5
La Quinta	92253	72	186.7
Palm Desert	92211	105	426.6
Palm Desert	92260	104	317.8
Palm Springs	92262	72	268.2
Palm Springs	92264	68	346.3
Rancho Mirage	92270	66	372.0

	Zip Code	Average Annual Deaths	Rate
Thousand Palms	92276	22	272.7
EMC Service Area		861	212.5
Riverside County		3,481	153.6
California		56,040	148.8

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Respiratory (Lung) Disease Mortality

Chronic Lower Respiratory Disease and Chronic Obstructive Pulmonary Disease include emphysema and bronchitis. The death rate for respiratory disease in the service area is 55.5 per 100,000 persons, which is higher than county and state rates.

Chronic Lower Respiratory Disease/Chronic Obstructive Pulmonary Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	30	56.3
Coachella	92236	3	7.9
Desert Hot Springs	92240	20	54.6
Desert Hot Springs	92241	9	100.5
Indian Wells	92210	3	53.7
Indio	92201	18	28.8
Indio	92203	8	30.6
La Quinta	92253	14	36.4
Palm Desert	92211	19	79.0
Palm Desert	92260	29	87.0
Palm Springs	92262	25	94.4
Palm Springs	92264	21	108.3
Rancho Mirage	92270	19	105.5
Thousand Palms	92276	7	83.3
EMC Service Area		225	55.5
Riverside County		985	43.5
California		13,080	34.7

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Stroke Mortality

The crude death rate for stroke in the service area is 44.9 per 100,000 persons, which is higher than county and state rates.

Stroke, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	20	38.8
Coachella	92236	7	16.3
Desert Hot Springs	92240	11	30.7
Desert Hot Springs	92241	3	28.4
Indian Wells	92210	3	57.9
Indio	92201	16	24.7
Indio	92203	9	34.2
La Quinta	92253	10	26.5
Palm Desert	92211	20	82.2
Palm Desert	92260	26	79.7
Palm Springs	92262	17	65.2
Palm Springs	92264	18	89.1
Rancho Mirage	92270	17	94.1
Thousand Palms	92276	5	58.1
EMC Service Area		182	44.9
Riverside County		773	34.1
California		13,528	35.9

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Alzheimer's Disease Mortality

The crude death rate for Alzheimer's in the service area is 33.3 per 100,000 persons, which is higher than county and state rates.

Alzheimer's Disease, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	14	27.4
Coachella	92236	2	4.6
Desert Hot Springs	92240	6	17.3
Desert Hot Springs	92241	2	24.0
Indian Wells	92210	3	57.8
Indio	92201	9	14.1
Indio	92203	4	14.6
La Quinta	92253	11	28.6
Palm Desert	92211	14	57.8
Palm Desert	92260	21	63.9
Palm Springs	92262	14	53.9

	Zip Code	Average Annual Deaths	Rate
Palm Springs	92264	12	58.7
Rancho Mirage	92270	21	119.1
Thousand Palms	92276	2	20.2
EMC Service Area		135	33.3
Riverside County		649	28.6
California		10,794	28.7

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Pneumonia and Influenza Mortality

The crude death rate for pneumonia and influenza (flu) in the service area is 11.1 per 100,000 persons, which is higher than the county rate, but lower than the state rate.

Pneumonia/Influenza, Crude Death Rate per 100,000 Persons, 5-Year Average, 2008-2012*

	Zip Code	Average Annual Deaths	Rate
Cathedral City	92234	4	8.0
Coachella	92236	2	4.2
Desert Hot Springs	92240	3	9.5
Desert Hot Springs	92241	1	10.9
Indian Wells	92210	1	12.4
Indio	92201	4	6.3
Indio	92203	1	3.6
La Quinta	92253	3	8.8
Palm Desert	92211	3	12.2
Palm Desert	92260	7	21.3
Palm Springs	92262	6	21.0
Palm Springs	92264	6	28.3
Rancho Mirage	92270	3	18.1
Thousand Palms	92276	1	15.1
EMC Service Area		45	11.1
Riverside County		246	10.9
California		6,154	16.3

Source: California Department of Public Health, Public Health Statistical Master Files 2008-2012.

<http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

*When examining geographic areas with a small population, such as zip codes, it is important to use caution when drawing conclusions from data; small occurrence of a health problem may result in a high rate.

Chronic Disease

Health Status

Among the residents in Riverside County, 17% indicate they have fair or poor health status. The level of fair or poor health increases among seniors. At the county level, over a quarter (26.8%) of seniors consider themselves to be in fair/poor health.

Health Status, Fair or Poor Health

	Riverside County	California
Fair or poor health	17.0%	17.0%
18-64 years old	19.6%	19.3%
65+ years old	26.8%	27.9%

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

Diabetes

Diabetes is a growing concern in the community. 5.5% of adults in Riverside County reported they have been diagnosed with diabetes, and 7.2% are prediabetic/borderline diabetic. For adults with diabetes, 61.7% were very confident they can control their diabetes, while 12.7% were not confident.

Adult Diabetes, 2014

	Riverside County	California
Diagnosed pre/borderline diabetic	7.2%	10.5%
Diagnosed with diabetes	5.5%	8.9%
Very confident to control diabetes	61.7%	56.5%
Somewhat confident	25.6%	34.7%
Not confident	12.7%	8.8%

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

Rates of diagnosed diabetes reported by Latino (8.8%), White (6.9%), African American (7.1%), and Asian (6.2%) residents of Riverside County were lower than rates for those groups at the state level. However, the sample sizes for the Black and Asian groups are small and results are considered statistically unstable.

Adult Diabetes by Race/Ethnicity, 2011-2014

	Riverside County	California
African American	7.1%	10.9%
Asian	6.2%	8.0%
Latino	8.8%	10.3%
White	6.9%	7.2%

Source: California Health Interview Survey, 2011-2014; <http://ask.chis.ucla.edu/>

Community Input – Diabetes

Stakeholder interviews identified the following issues, challenges and barriers related to access to diabetes. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Diabetes

Participants identified obesity as a major challenge related to diabetes. Education (or the lack thereof) was also identified as a critical component. Many people are unaware of the serious consequences of diabetes, or of the ways it can be prevented. For example,

- “Affordability and awareness of diabetes being a really dangerous condition if untreated; trust of doctors and fear of change.”
- “Awareness for prevention, first, then early screening for those who are at risk due to lifestyle/behaviors.”
- “Lack of educational services.”

Lifestyle habits, such as diet and exercise, were mentioned by many participants. For example,

- “Diet and exercise.”
- “Overeating and lack of fresh veggies.”
- “Seems to be on the rise - I will attribute that to unhealthy eating and a lack of exercise.”

Several participants listed a lack of resources as a major barrier. This is especially pertinent in relationship to access to healthy food. For example,

- “Lack of resources for preventive care or lifestyle education.”
- “Limited access to affordable and quality food products to maintain a healthy diet.”
- “Lack of access to affordable healthy foods.”

Access to appropriate health care can also be a barrier, according to participants. This seems especially relevant for children with diabetes. For example,

- “No diabetes medical care for juveniles with Type I diabetes.”
- “Access to care - lack of endocrinologists (especially pediatrics).”
- “Not enough service providers and too long of wait for services.”

Specific Groups Most Impacted by Diabetes

Participants identified racial and ethnic minorities as groups that are especially affected by diabetes. Income also was identified as a risk factor for diabetes.

Heart Disease

For adults in the county, 4.9% report having been diagnosed with heart disease. Among these adults, 76.1% are very confident they can manage their condition.

Adult Heart Disease, 2014

	Riverside County	California
Diagnosed with heart disease	4.9%	6.1%
Very confident to control condition	76.1%	53.6%
Somewhat confident to control condition	19.3%	34.9%
Not confident to control condition	4.6%	11.5%
Has a management care plan	70.7%	67.1%

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

Whites and Latinos in Riverside County report heart disease rates comparable to the state levels. Rates for Asians (4.7%) were slightly higher than the state (4%) and rates for African Americans (4%) are lower than state rates (5.8%). However, the sample sizes for the Black and Asian groups are small and results are considered statistically unstable.

Adult Heart Disease by Race/Ethnicity, 2011-2014

	Riverside County	California
African American	4.0%	5.8%
Asian	4.7%	4.3%
Latino	4.0%	4.0%
White	8.3%	8.1%

Source: California Health Interview Survey, 2011-2014; <http://ask.chis.ucla.edu/>

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Riverside County, one-third (33%) of adults have high blood pressure. Of these, two-thirds (66.4%) reported taking medication for their high blood pressure.

High Blood Pressure, 2014

	Riverside County	California
Diagnosed with high blood pressure	33.0%	28.5%
Takes medication for high blood pressure	66.4%	68.5%

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

When examined by race, Whites reported the highest rate of diagnosed hypertension (36.8%); this is higher than the rate reported for Whites statewide (30.5%). African Americans (30.8%) and Asians (19.5%) reported lower rates than found in the state. Latinos reported equivalent levels at the county (24.5%) and the state (24.4%).

Adult High Blood Pressure by Race/Ethnicity, 2011-2014

	Riverside County	California
African American	30.8%	39.2%
Asian	19.5%	21.6%
Latino	24.5%	24.4%
White	36.8%	30.5%

Source: California Health Interview Survey, 2011-2014; <http://ask.chis.ucla.edu/>

Community Input – Cardiovascular Disease

Stakeholder interviews identified the following issues, challenges and barriers related to cardiovascular disease. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Cardiovascular Disease

Most participants cited lifestyle factors as a challenge for cardiovascular disease, typically poor diets and lack of physical exercise. For example,

- “Diets heavy in fat and lack of exercise.”
- “Inactivity and consumption of fatty fast foods.”
- “Poor diet and sedentary lifestyle.”

Reasons for these lifestyle problems can vary, but many participants pointed to a lack of access to the necessary components for a healthy lifestyle. For example,

- “Lack of proper nutritional and physical facilities.”
- “Lifestyle modification is often difficult.”
- “Lack of access to healthy foods.”

Comorbidities such as diabetes and obesity can greatly increase the risk of cardiovascular disease. For example,

- “Awareness that people with diabetes are at increased risk for cardiovascular disease.”
- “Uncontrolled hypertension and diabetes are related.”
- “Obesity is a big contributor.”

Awareness, education, and outreach are key to addressing the issue of cardiovascular disease. For example,

- “Better provider and individual education around women's heart health.”
- “Education and prevention tools and funding.”
- “Continue outreach efforts - more public awareness campaigns on social media, need Overeaters Anonymous free groups.”

Specific Groups Most Impacted by Cardiovascular Disease

Minorities were identified by participants as an at-risk group for cardiovascular disease.

For example,

- “Hispanics and African Americans.”
- “Native Americans.”

Seniors were also identified as a group with an especially high risk of cardiovascular disease. People who are overweight or who have other risk factors were also identified by participants. For example,

- “Overweight and family history.”
- “People with poor health habits.”
- “Obese.”

Cancer

In Riverside County, cancer incidence rates (410.8 per 100,000 persons) are lower than at the state level (418 per 100,000 persons). When types of cancer are compared to state rates, county rates exceed for prostate cancer (120.3 per 100,000 men), lung and bronchus cancer (47.2 per 100,000 persons), colorectal cancer (39.5 per 100,000 persons), melanoma of the skin (22.1 per 100,000 persons), urinary bladder (19.9 per 100,000), and kidney and renal pelvis cancers (15 per 100,000).

Cancer Incidence, Age-Adjusted, per 100,000 Persons, 2009-2013

	Riverside County	California
Cancer, All Sites	410.8	418.0
Prostate (males)	120.3	119.0
Breast (female)	115.5	121.7
Lung and bronchus	47.2	46.6
Colon and rectum	39.5	38.3
In Situ breast (female)	26.5	28.9
Uterine ** (females)	22.4	24.4
Melanoma of the skin	22.1	21.1
Urinary bladder	19.9	18.2
Non-Hodgkin lymphoma	16.9	18.7
Kidney and renal pelvis	15.0	14.3
Leukemia *	12.2	12.6
Thyroid	11.6	12.3
Pancreas	11.1	11.6
Ovary (females)	10.7	11.9

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2009-2013
<http://www.cancer-rates.info/ca/> * = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Cancer

Cost and affordability are a major challenge for coping with cancer. For example,

- “Cost of chemo drugs.”
- “Cost of treatment / pharmaceutical costs.”
- “Affordability and location of treatment centers.”

Transportation and the availability of local treatment options negatively impact quality of life for those with cancer. For example,

- “Transportation to treatment.”
- “Local cancer care is not state-of-the-art.”
- “For cancer care, people have to go to Loma Linda or City of Hope.”

Too few people are getting the routine check-ups they need to detect cancer early, and thus, are diagnosed in late stages of cancer. Prevention and screening efforts must be increased to address this issue. For example,

- “Early detection for those with minimal health care access.”
- “Low access and low use of preventive health services.”
- “Hispanics have irregular medical care and do not learn they have cancer until it is too late to get treatment.”

Some participants mentioned risk factors for the different types of cancer. For example,

- “Exposure to pesticides among farm workers.”
- “Tobacco use, sun exposure.”
- “Sun exposure and age.”

There are some resources available in our community. However, navigating those resources, and making sure patients know about the resources, has proven difficult. For example,

- “There are many available resources throughout the Coachella Valley. The difficulty is being able to navigate the system and identify what specific resources are available and whether the individual qualifies for care in a timely fashion.”
- “Once diagnosed, linking to services and navigation for successful treatment.”
- “How to appropriately access agency/organizations available resources to assist with patient/family needs.”

Specific Groups Most Impacted by Cancer

Most participants said “all” or “everyone” in response to the question of at-risk sub-populations for cancer. However, the elderly were mentioned as a specific at-risk group. For example,

- “Older population.”
- “All ages, but mostly older adults.”

- “Middle aged and senior aged population.”

Racial and ethnic minorities were also identified as an at-risk group. For example,

- “Hispanics still fear cancer diagnosis.”
- “Latinos and men.”
- “Native Americans.”

Low-income people were also identified at risk for cancer, mainly because of the lack of preventive screening. For example,

- “Low income more so because they may not have access to care.”
- “Low income; undocumented.”
- “Poor, those without regular access to health care and preventive measures.”

Asthma

In Riverside County 14.7% of the population has been diagnosed with asthma. For those with asthma, over half (55.3%) take medication to control their symptoms. Among youth, 21.3% were reported to have been diagnosed with asthma, which is higher than the state rate of 15.2%.

Asthma, 2013-2014

	Riverside County	California
Diagnosed with asthma, total population	14.7%	14.2%
Diagnosed with asthma, 0-17 years old	21.3%	15.2%
ER visit in past year due to asthma, total population	14.2%	10.2%
ER visit in past year due to asthma, 0-17 years old	15.3%	15.4%
Takes daily medication to control asthma, total population	55.3%	43.9%
Takes daily medication to control asthma, 0-17 years old	53.3%	42.1%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu/>

Community Input – Asthma and Lung Disease

Stakeholder interviews identified the following issues, challenges and barriers related to asthma and lung disease. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Asthma/Lung Disease

Most participants linked asthma and lung disease to poor air quality in the Coachella Valley. Many of the challenges and barriers were related to air quality. For example,

- “Clean air, first and second-hand smoke exposure.”
- “On windy days there are too many particulates in the air.”
- “Air quality needs to be addressed.”

Many responses focused on education and outreach as a necessary component for improving lung health. For example,

- “Lack of education on prevention and/or care.”
- “Need outreach and education in high risk areas; many are not aware of the impact on their health.”
- “Outreach efforts and resources once onset of diagnosis.”

Specific Groups Most Impacted by Asthma/Lung Disease

When asked to specify at-risk sub-populations that are most impacted by asthma and lung disease, most participants focused on the ends of the age spectrum: children and seniors. For example,

- “Infants, children and older adults.”
- “Youth and seniors.”

Low-income people, especially those who are undocumented, were listed as an at-risk group. For example,

- “Undocumented individuals, low-income persons and families.”
- “Native Americans, elderly, and undocumented without health insurance.”

Disability

In Riverside County, 29.3% of adults reported having a physical, mental or emotional disability. The rate of disability reported in the state was 28.9%. Disabled persons in the county (77.5%) were less likely to report having health insurance than disabled persons in the state (86.5%).

Population with a Disability, 2013-2014

	Riverside County	California
Adults with a disability	29.3%	28.9%
Disabled persons with health insurance	77.5%	86.5%

Source: California Health Interview Survey, 2013-2014; <http://ask.chis.ucla.edu/>

Hospitalization Rates for Ambulatory Care Sensitive Conditions

Ambulatory care sensitive (ACS) conditions are defined as “those conditions resulting in hospital admissions that with improved high quality outpatient care could otherwise been avoided, resulting in lower cost to the hospital and better quality of life for the patient.” These indicators can assist hospitals to identify quality of care events that might need further study and to provide insight into community outpatient needs, access and systems (AHRQ, 2004).

In Riverside County, the top three ACS conditions resulting in hospitalization are COPD or asthma in older adults, congestive heart failure, and diabetes.

Hospitalization Rates for Ambulatory Care Sensitive Conditions, per 10,000 Persons

	Riverside County
COPD or asthma in older adults	316.0
Congestive Heart Failure	293.1
Diabetes (short term, long term, uncontrolled, lower-extremity amputation)	204.7
Bacterial pneumonia	181.2
Urinary tract infection	131.9
Long-term complications of diabetes	115.5
Dehydration	101.6
Short-term complications of diabetes	60.0
Hypertension	38.0
Perforated appendix	27.2
Asthma in younger adults	27.1
Angina without procedure	19.9

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2014.
http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/PQI/PQI_Summary_V50_2014.pdf

Hospitalization and ER Rates for Various Diagnoses

At Eisenhower Medical Center, the top five primary diagnoses resulting in hospitalizations were for the circulatory system, digestive system, musculoskeletal system, injuries/ poisonings/ complications, and respiratory system diagnoses.

EMC, Hospitalization Rates by Principal Diagnosis

	Percent Hospitalizations
Circulatory system	20.4%
Digestive system	14.4%
Musculoskeletal system	10.1%
Injuries / poisonings / complications	10.1%
Respiratory system	8.7%
Infections	8.6%
Cancer	5.2%
Genitourinary system	5.0%
Symptoms	4.6%
Endocrine system	3.7%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2015.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Principal diagnoses in the ER indicate that 'symptoms' and injuries/poisonings/ complications are the top two primary diagnoses.

EMC, Emergency Room Rates by Principal Diagnosis

	Percent ER Diagnosis
Symptoms	30.7%
Injuries / poisonings / complications	20.1%
Respiratory system	9.0%
Musculoskeletal system	7.5%
Genitourinary system	6.9%
Digestive system	4.8%

	Percent ER Diagnosis
Nervous system	4.7%
Skin disorders	3.3%
Circulatory system	2.9%
Mental disorders	2.8%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2014.

http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 32 puts Riverside County in the bottom 50% of California counties for health behaviors. However, this is an improved ranking from 2010-2014.

Health Behaviors Ranking

	County Ranking (out of 58)
Riverside County	32

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Overweight and Obesity

In Riverside County, 38.6% of adults, 21.9% of teens, and 8.8% of children are overweight.

Overweight, 2012-2014

	Riverside County	California
Adult (18+ years)	38.6%	35.5%
Teen (ages 12-17)	21.9%	16.9%
Child (under 12)	8.8%	12.2%

Source: California Health Interview Survey, 2012-2014. <http://ask.chis.ucla.edu/>

The Healthy People 2020 objectives for obesity are 30.5% of adults aged 20 and over, and 16.1% of teens. County teens are above this target (19.3% obese), while adults are below at 27.2%.

Obesity, 2012-2014

	Riverside County	California
Adult (ages 20+ years)	27.2%	25.8%
Teen (ages 12-17 years)	19.3%	14.8%

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

Adult overweight and obesity by race and ethnicity indicate almost three-quarters of the adult population among Latinos in Riverside County are overweight or obese (74.2%). Whites (64.8%) and African Americans (62.9%) also have high rates of overweight and obesity. Among Asians the rate overweight/obesity is 42%.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity, 2012-2014

	Riverside County	California
Latino	74.2%	73.7%
White	64.8%	57.9%
African American	62.9%	74.3%
Asian	42.0%	41.8%

Source: California Health Interview Survey, 2011-2014. <http://ask.chis.ucla.edu/>

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

In the Coachella Valley Unified School District, over half (50.5%) of 5th grade students tested as needing improvement or at health risk from body composition; the rate at Palm Springs Unified was lower, but still almost half (45.5%). Among 9th graders the rates were just slightly improved. Rates for Coachella and Palm Springs Unified School Districts were above state averages. Meanwhile, Desert Sands Unified School District was below county and state averages for 5th graders, but slightly higher for 9th graders.

5th and 9th Graders, Body Composition, Needs Improvement + Health Risk

	Fifth Grade	Ninth Grade
Coachella Valley Unified School District	50.5%	46.6%
Desert Sands Unified School District	36.1%	37.6%
Palm Springs Unified School District	45.5%	41.7%
Riverside County	41.1%	37.4%
California	40.3%	36.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015.

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

Fast Food

In Riverside County, almost a third (31.4%) of adults 18-64 and 17.7% of children 0-17 consume fast food 3 or more times a week. These rates are higher than state levels.

Fast Food Consumption, 3 or More Times a Week, 2011-2014

	Riverside County	California
Adult, aged 18-64, fast food consumption	31.4%	23.9%
Children and youth, 0-17 years of age, fast food consumption	17.7%	14.9%

Source: California Health Interview Survey, 2011-2014.; <http://ask.chis.ucla.edu/>

Soda Consumption

The percentage of adults who consume seven or more sodas in a week is 10.5% in Riverside County, which is slightly higher than the state (10.1%).

Adults Average Weekly Soda Consumption; 7 or more times; 2014

	Riverside County	California
Adult Soda Consumption	10.5%	10.1%

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

Fruit Consumption

Children in Riverside County (72.7%) are more likely to have eaten two or more servings of fruit in the previous day than in California as a whole (68.8%). Teens are less likely to eat two or more servings of fruit a day than children, though County teens did better (57.6%) than state teens (51.4%).

Consumption of Fruit, Two or More Servings in Previous Day, Children and Teens, 2014

	Riverside County	California
Children	72.7%	68.8%
Teens	57.6%	51.4%

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

Access to Fresh Produce

Among adults, 18 years and older, 83.9% in Riverside County indicated finding fresh produce (fruits and vegetables) in their neighborhoods 'Always' or 'Usually'. This is a slightly lower rate than seen in the state (86.7%).

Adults who Reported Fresh Produce in Neighborhood Usually or Always, 2014

	Riverside County	California
Adults, 18+ years old	83.9%	86.7%

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

Physical Activity

Almost a quarter (23.1%) of area children and teens spend over five hours in sedentary activities after school on a typical weekday, more than twice the state average. 1.6% spend over 8 hours a day on sedentary activities on weekend days. 12.6% of teens were reported to spend not a single day during the week being physically active for at least one hour. Only 55.8% of teens had been to a park, playground or open space in the past month, compared to 69.2% state-wide. These numbers suggest that area children and teens are more sedentary, with the possible exception of weekend days, than compared to children and teens throughout the state.

Physical Activity

	Riverside County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	23.1%	10.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	1.6%	7.2%
Teens no physical activity in a typical week	12.6%	8.6%
Teens visited park/playground/open space in past month	55.8%	69.2%

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

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers to Preventing Obesity

Healthy food is not always readily available. Some people live in “food deserts”, where there are very few providers of nutritious food (and often many fast food providers). Others lack access to healthy food simply because they cannot afford it. Participants illustrated this in several ways, including,

- “Lack of access to healthy foods.”
- “Healthier food is more expensive and less accessible.”
- “Access to health foods due to cost and availability or knowledge of what is truly healthy.”

Lack of income is closely tied to obesity, as illustrated by several participants:

- “Recognize that obesity is linked to economic instability, poor nutrition, physical inactivity, and community safety.”
- “Lack of disposable income to purchase nutritious meals, lack of down time, lack of green spaces or recreational opportunities can be major contributing factors.”
- “Low-income families have less capacity to eat healthy food.”

Obesity is caused by issues with diet and exercise habits. Several participants highlighted this, saying,

- “Too many fast food sites; unsafe neighborhoods especially in low-income areas; our institutions (schools, senior centers, daycare) are still serving high percentage of unhealthy foods.”
- “Poor diet and sedentary lifestyle.”
- “Fast food industry and lack of proper discipline and nutrition in the home.”

Some participants noted a general lack of education and understanding of the seriousness of obesity, and the comorbidity issues. For example,

- “General lack of understanding regarding the impact on health; precursor to other medical conditions.”
- “Many of the people I see every day are overweight and it causes other health and physical problems. Too much processed and fast food is a problem. Healthy eating and exercise habits are not taught from an early age.”
- “Lack of understanding the complications.”

A few participants noted culture differences in the acceptance of obesity. For example,

- “Cultural acceptance of obesity.”
- “Challenge of cultural views on weight, being heavy means you are healthy and have access to food, especially for younger children.”

Specific Groups Most Impacted by Obesity

Several participants noted the link between low-income and obesity as a risk factor. For example,

- “Low income; undocumented.”
- “Lower socioeconomic groups - but not exclusively.”

Several participants emphasized that children in particular are vulnerable to obesity. For example,

- “Way too many kids are overweight or obese compared to 40 years ago.”
- “Young people who are not encouraged to begin a regular exercise routine.”
- “Growing number of children.”

Some participants noted the relationship between obesity and racial/ethnic minorities. For example,

- “Hispanic and African Americans.”
- “American Indian.”

HIV/AIDS

In 2014, 266 cases of HIV/AIDS were diagnosed in Riverside County (11.5 per 100,000 persons). The rate of HIV/AIDS diagnosed in 2014 increased from 2012 and 2013. Rates of diagnosis of HIV/AIDS are lower than found in the state.

Rates of new HIV/AIDS diagnoses in California are highest among young adults 20-29 (32%), and Blacks/African Americans (40 per 100,000). 91% of new HIV cases in Riverside County were among males, and 73.3% of the new cases were reportedly from male-to-male sexual contact. East Riverside County, in particular Palm Springs and its’ surrounding communities, continues to have high rates of HIV case reporting.

HIV/AIDS Diagnoses, Number and Rate per 100,000 Persons, 2012 – 2013

	2012		2013		2014	
	Number	Rate	Number	Rate	Number	Rate
Riverside County*	258	10.9	240	10.6	266	11.5
California	5,045	13.3	4,763	12.5	N/A	N/A

Source: California Department of Public Health, Open Data Portal, 2013. <https://cdph.data.ca.gov/Diseases-and-Conditions/Infectious-Disease-Cases-by-County-Year-and-Sex-20/yijp-bauh> ; * = Riverside County Department of Public Health's 2014 Communicable Disease Report, www.rivcohealthdata.org/Portals/0/Documents/DATA_REPORTS/COMMUNICABLE_DISEASE/REPORT/2014%20Communicable%20Disease%20Report.pdf?ver=2015-12-03-160153-627

Sexually Transmitted Diseases

In East Riverside County (includes Blythe, Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Mecca, Palm Desert, Palm Springs, Rancho Mirage, Thermal and Thousand Palms) rates of Chlamydia (406.9 cases per 100,000 persons), and Gonorrhea (82.7 per 100,000), are higher than Riverside County, but lower than those found in the state. However, the rate for cases of primary and secondary syphilis (26.4 per 100,000) is more than three times the county rate and 2.5 times the state rate.

Females have the highest rates of Chlamydia (at a rate of 2,361.4 cases per 100,000 girls aged 15-24 in Riverside County). Young adults, ages 20-24, have the highest rates of Chlamydia (2,258.3 per 100,000 in CA) and Gonorrhea (416.1 per 100,000 in CA), and California residents ages 25-29 have the highest syphilis rates (24.9 per 100,000 for Primary/Secondary and 17.9 for early latent).

96.7% of Riverside County's reported cases of primary and secondary syphilis were among men, and approximately 23% of cases were co-infected with HIV; rates were highest among non-Hispanic Whites (13.2 cases per 100,000) and Blacks (6.9 cases per 100,000).

STD Cases, Rate per 100,000 Persons, 2014

	East Riverside County*	Riverside County	California
Chlamydia	406.9	380.3	453.4
Gonorrhea	82.7	72.7	116.8
Primary & Secondary Syphilis	26.4	8.1	9.9
Early Latent Syphilis	N/A	6.2	8.8

Source: California Department of Public Health, 2014. <http://www.cdph.ca.gov/data/statistics/Pages/STDDDataTables.aspx> ; * Riverside County Department of Public Health's 2014 Communicable Disease Report, http://www.rivcohealthdata.org/Portals/0/Documents/DATA_REPORTS/COMMUNICABLE_DISEASE/REPORT/2014%20Communicable%20Disease%20Report.pdf?ver=2015-12-03-160153-627

Teen Sexual History

84.5% of area teens reported that they had never had sex; this was a higher rate of abstinence than seen at the state level (82.9%). Slightly less than half of sexually active teens had their first encounter before the age of 15 (7.3% of all teens versus 8.2% of all

teens, who had sex after age 15).

Teen Sexual History

	Riverside County	California
Never had sex	84.5%	82.9%
First encounter under 15 years old	7.3%	7.6%
First encounter over 15 years old	8.2%	9.5%

Source: California Health Interview Survey, 2012. <http://ask.chis.ucla.edu/>

Community Input – STD/HIV

Stakeholder interviews identified the following issues, challenges and barriers related to STD/HIV. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers for Treating STDs

Participants identified a lack of awareness of this issue as a major barrier, and identified ongoing education as a solution. For example,

- “Ignorance about safe sex in teens.”
- “Need for increased public education and understanding.”
- “More education of providers and the public about HIV prevention, including PrEP, is still needed; HIV tests need to become a routine standard of care in all health care settings, including hospitals and clinics.”

Stigma surrounding STDs still presents a challenge, according to participants. For example,

- “More outreach and education should be done to overcome some of the lack of understanding and stigma that still exists surrounding STDs/HIV/AIDS.”
- “Stigma that prevents some from accessing services.”
- “Getting tested is still a taboo.”

Several participants mentioned the progress made in recent years by Desert AIDS Project’s public health campaign, Get Tested Coachella Valley, which strives to routinize HIV testing. For example,

- “The Get Tested Coachella Valley campaign has made significant progress over the past two years, and these efforts need to continue.”
- “Get tested Coachella Valley is a huge success. But we need widespread HIV testing on all blood tests.”
- “Awareness and testing has increase in the past 2 years.”

Specific Groups Most Impacted by STDs

Ten participants stated that STDs impacted “all” sub-groups or populations. Several

participants identified men who have sex with men as a very high-risk group. For example,

- “Younger gay men.”
- “Men who have sex with men and youth.”
- “Resurgence of non-HIV STDs in the gay community is a not a good trend.”

Others focused on age; participants felt that youth and, to a lesser extent, seniors were strongly impacted by the issue of STDs. For example,

- “Teens/ Latinos/Seniors.”
- “Middle/high school aged kids; young, single professionals, as well as widowed seniors.”
- “Youth, at-risk youth/runaway, young adults.”

One participant focused on behaviors that put people at risk: “Individuals living with HIV and their families/partners; individuals who are unaware of their HIV status; individuals having unsafe sex; IV drug users; sex workers.” Another identified geographic areas of greatest risk: “Indio, Palm Desert, and Palm Springs.”

Cigarette Smoking

The 2014 California Health Interview Survey indicated that 12.3% of adults in Riverside County are current smokers, higher than the state (11.6%) and the Healthy People 2020 objective for cigarette smoking among adults (12%).

Cigarette Smoking, Adults

	Riverside County	California
Current smoker	12.3%	11.6%
Former smoker	18.3%	22.4%
Never smoked	69.4%	66.0%

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

Among teens in Riverside County, 8.6% have smoked an electronic (vaporizer) cigarette; this rate is lower than for the state.

Smoking, Teens

	Riverside County	California
Current cigarette smoker	0.0%	2.1%
Ever smoked an e-cigarette	8.6%	10.3%

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

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 26.1% had engaged in binge drinking in the past year, which is a lower level than found in the state (32.6%).

Binge Drinking, Adults

	Riverside County	California
Adult binge drinking past year	26.1%	32.6%

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

Teens in Riverside County reported having tried alcohol (18.7%) at a slightly lower rate than state teens (22.5%) and illegal drugs (15.3%) and marijuana (12%) at a slightly higher rate to state teens (12.4% and 8.6% respectively).

Teen Alcohol and Illegal Drug Use

	Riverside County	California
Teen ever had an alcoholic drink	18.7%	22.5%
Ever tried illegal drugs, including marijuana, cocaine, sniffing glue or others*	15.3%	12.4%
Use of marijuana in past year*	12.0%	8.6%

Source: California Health Interview Survey, 2014 & 2012 (*); <http://ask.chis.ucla.edu/>

Community Input – Alcohol, Drugs and Tobacco

Stakeholder interviews identified the following issues, challenges and barriers related to alcohol, drugs and tobacco. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers Related to Alcohol/Drugs/Tobacco

One of the barriers to addressing the issue of alcohol, drugs, and tobacco was the ease of access to these substances. Participants felt that it was relatively easy to obtain all of these, thus making it convenient to us. For example,

- “Extensive advertising of alcohol and tobacco products, excessive prescribing of opiates, low prices of heroin.”
- “Drugs and alcohol are easy to acquire.”
- “Too easy to access illicit drugs.”

Participants felt that the cost of substance abuse treatment was a major barrier to addressing this issue in the Coachella Valley. There are relatively few low-cost options for people seeking treatment, thus making it difficult for those who want to change to do so. For example,

- “Limited treatment options for the low-income residents.”

- “There need to be more substance use treatment centers that are affordable.”
- “Not all people seeking a rehab program can get access/afford it.”

Cost seems to be closely tied to another barrier, lack of service providers and treatment facilities. Several participants stated that there is a lack of treatment options in the Coachella Valley. For example,

- “Not enough services/waiting lists/costs.”
- “Programs have long waiting lists or too expensive to access.”
- “Lack of proper referrals and intervention programs.”

Prevention is possible, especially for the youth, according to participants. For example,

- “Continue prevention campaigns on social media outlets, in schools.”
- “Need more prevention work at school level; need campaign around dangers of prescription drugs; need to get ahead of the looming heroin epidemic.”
- “Need for stronger parental guidance to steer youth away from bad choices.”

Specific Groups Most Impacted by Alcohol/Drugs/Tobacco

When asked to describe the sub-groups or populations that are most impacted by alcohol, drugs, and tobacco, some participants stated “all” or “everyone”. Others felt that it was primarily a risk for young people. For example,

- “Teens.”
- “Middle and high school-aged kids.”

Several participants indicated that this health issue was linked to economics and poverty. For example,

- “Homeless.”
- “Low income; undocumented.”
- “Lower socioeconomic groups.”

Similarly, it was also mentioned that racial and ethnic minorities are an at-risk group for this particular health issue. For example,

- “Very common usage among migrant workers and undocumented and Native American populations.”
- “Native Americans.”

The linkage between loneliness and substance use/abuse was noted:

- “Teens, lonely individuals.”
- “Young, LGBT, older, lonely adults especially use alcohol to excess.”

Mental Health

Among Riverside County adults, 6.5% experienced serious psychological distress in the past year, while 13.9% needed help for mental health and/or alcohol and problems. 11.4% of adults saw a health care provider for their mental health and/or alcohol and drug issues in the past year.

10.2% of Riverside County adults had taken a prescription medication for at least two weeks for an emotional or mental health issue in the past year. Over a third (40.6%) of adults who needed help for an emotional or mental health problem did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment, which equates to 35.4% who do not receive treatment. As a result, Riverside County does not meet the HP2020 objective.

Mental Health Indicators, Adults

	Riverside County	California
Adults who had serious psychological distress during past year	6.5%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	13.9%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	11.4%	12.0%
Has taken prescription medicine for emotional/mental health issue in past year	10.2%	10.1%
Sought/needed help but did not receive treatment	40.6%	43.4%

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

Among County teens, 30.8% needed help in the past year for emotional or mental health problems, which was higher than the state rate (23.2%). Frequent mental distress was reported during the past month by 16.3% of area teens, which was higher than the state (5.8%).

Mental Health Indicators, Teens

	Riverside County	California
Teens who needed help for emotional or mental health problems in past year	30.8%	23.2%
Teens who had frequent mental distress during the past month	16.3%	5.8%

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

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions:

Greatest Challenges or Barriers to Mental Health

Participants list affordability and availability of services as a serious barrier to receiving mental health treatment. For example,

- “Affordable care; lack of insurance.”
- “Available of services, cost.”
- “Costs and availability.”

Lack of accessible resources is another challenge, according to participants. For example,

- “The lack of significant accessible mental health resources in the Coachella Valley is a serious problem. Early intervention in assisting people through depression and life changes would help reduce other problems and substance use.”
- “Lack of qualified Mental Health care providers.”
- “Top issues our city faces is the lack of services and funding cuts made by county and state.”

While all mental health resources are needed, there is a very severe lack of in-patient beds noted by participants. For example,

- “No facilities - emergency departments are overwhelmed with mental health crises.”
- “Inpatient services and crisis services that are locally based. Psychiatric Facilities are far away.”
- “Zero service and health beds.”

Participants identify stigma is still a barrier to receiving mental health treatment.

- “Still a lot of stigma about mental illness in communities of color.”
- “There is still a great deal of negativity associated with mental health. People are hesitant to access services and don't know where to start.”
- “Stigma preventing diagnosis/treatment.”

Transportation was also identified as a barrier.

- “Accessibility via public transportation and location of services (area seen as bad or not safe).”
- “Inpatient services and crisis services that are locally based. Psychiatric Facilities are far away.”
- “Transportation!”

Specific Groups Most Impacted by Mental Health Issues

Overall, most participants stated that mental health impacts everyone. However, some identified risk groups based on age. For example,

- “Young adult/seniors.”
- “Older adults.”
- “Middle/high school aged kids; senior population (depression); homeless.”

People who are especially disadvantaged, such as the homeless, low-income, or those who are undocumented, were listed as at risk for mental health issues. For example,

- “Homeless”
- “Low income; undocumented; Medical recipients.”
- “Veterans, homeless, lonely individuals.”

Flu and Pneumonia Vaccines

Residents of Riverside County are less likely to get flu shots, in every age group, than in the state. Seniors tend to receive flu vaccines at higher rates than adults or children; 61.7% of area seniors, 51.5% of children 6 months to 17 years of age, 35% of adults received a flu shot. The Healthy People 2020 goal is for 70% of the population to receive flu shots.

Flu Vaccine

	Riverside County	California
Received flu vaccine, 65+ years old	61.7%	72.7%
Received flu vaccine, 18-64	35.0%	37.4%
Received flu vaccine, 6 months-17 years old	51.5%	53.7%

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

The Healthy People 2020 objective is for 90% of seniors to obtain a pneumonia vaccine. 66.6% of the seniors in Riverside County had obtained a pneumonia vaccine, falling short of the Healthy People 2020 objective.

Pneumonia Vaccine, Adults 65+, 2012

	Riverside County	California
Adults 65+, had a pneumonia vaccine	66.6%	67.5%

Source: Centers for Disease Control and Prevention, BRFSS SMART, 2012. <https://chronicdata.cdc.gov/Behavioral-Risk-Factors/Behavioral-Risk-Factors-Selected-Metropolitan-Area/cpem-dkkm#column-menu>

Immunization of Children

Area rates of compliance with childhood immunizations upon entry into kindergarten are above the state (92.9%) and county (95.2%) averages; with Palm Springs Unified the lowest (95.9%), followed by Desert Sands Unified (96.4%) and Coachella Valley Unified having 99% of kindergartners fully immunized.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2015-2016

	Immunization Rate
Coachella Valley Unified School District	99.0%
Desert Sands Unified School District	96.4%
Palm Springs Unified School District	95.9%
Riverside County	95.2%
California	92.9%

Source: California Department of Public Health, Immunization Branch, 2015-2016.
www.cdph.ca.gov/programs/immunize/Pages/ImmunizationLevels.aspx

Mammograms

The Healthy People 2020 objective for mammograms is that 81.1% of women 50-74 years to have a mammogram in the past two years; in Riverside County, 87% of women 50-74 have had mammograms, which meets this objective.

Pap Smears

The Healthy People 2020 objective for Pap smears in the past three years is 93% of 21-65 year olds to be screened. In Riverside County, 75.5% of women 18+ have had a Pap smear in the past three years, which is slightly lower than the state (78.3%), and falls below the HP2020 objective.

Women Mammograms and Pap Smears

	Riverside County	California
Women 50-74 years, had a mammogram in past two years*	87.0%	85.9%
Women 18+; pap smear in past three years^	75.5%	78.3%

Source: *California Health Interview Survey, 2012. <http://ask.chis.ucla.edu/>; ^Centers for Disease Control and Prevention, BRFSS SMART, 2012. <https://chronicdata.cdc.gov/Behavioral-Risk-Factors/Behavioral-Risk-Factors-Selected-Metropolitan-Area/cpem-dkkm#column-menu>

Colorectal Cancer Screening

The Healthy People 2020 objective for colorectal cancer screening is 70.5% of 50-75 year olds to be screened; Riverside County (73.2%) exceeds this screening objective. Of adults advised to obtain screening, 60.8% were compliant at the time of the recommendation, which is lower than the state rate of 67.2%.

Colorectal Cancer Screening, Adults 50 to 75 years old

	Riverside County	California
Screening sigmoidoscopy, colonoscopy or fecal occult blood test	73.2%	76.6%
Compliant with screening at time of recommendation	60.8%	67.2%

Source: California Health Interview Survey, 2009. <http://ask.chis.ucla.edu/>

Attachment 1 – Community Stakeholder Survey Participants

Community input was obtained from public health professionals and representatives from organizations that serve medically underserved, low-income, and/or minority populations.

First Name	Last Name	Organization	Title
John	Aguilar	City of Cathedral City	Councilmember
Maria	Arcos	Coachella Senior Center	Director
Cecilia	Arias	Kaiser Permanente, Riverside	Community Benefit Health Manager
Dru	Bagwell	Alliance for a Healthier Generation	Regional Coordinator
Adrienne	Barton	American Heart Association / American Stroke Association	Executive Director
Alex	Bleza	Torres Martinez Tribal TANF	Family Preservation Services Manager
Sharon	Brown-Welty	CSUSB Palm Desert Campus	Dean
Felice	Chiapperini	Braille Institute	Manager Field Services
Sarah	Clapp	Guide Dogs of the Desert	Executive Director
Thomi	Clinton	Transgender Community Coalition	President and Founder
Angelina	Coe	Shelter From The Storm, Inc.	Executive Director
Anne	Coleman	John F. Kennedy Memorial Foundation	Program Director
Tom	Cox	Coachella Valley Rescue Mission	Director of Programs
Leticia	De Lara	Regional Access Project Foundation	CEO
Quinton	Egson	Boys & Girls Clubs of Coachella Valley	CEO
Maureen	Forman	Jewish Family Service of the Desert	Executive Director
Tricia	Gehrlein	Clinton Health Matters Initiative	Regional Director
Maria Elena	Geyer	Gilda's Club Desert Cities	President and CEO.
Elizabeth	Goold	College of the Desert	Assistant Director, Clinical Services
Jill	Gover	The LGBT Community Center of the Desert	Director of Counseling
Glen	Grayman	Borrego Community Health Foundation	Chief Population Health Officer & Regional Medical Director
Kathy	Greco	Desert Healthcare District	Executive Director
Andrew	Green	St. Paul in the Desert	Priest
Bev	Greer	Neurovitality Center	Executive Director

First Name	Last Name	Organization	Title
Luis	Guido	St. Louis Church of Cathedral City	Parish Administrator
Lisa	Houston	FIND Food Bank	CEP
Kraig	Johnson	Jewish Family Service of the Desert	Community Programs Coordinator
Kevin	Kalman	Desert Recreation District	General Manager
Shelley	Kaplan	City of Cathedral City	Councilmember
Lisa	Kay Price	Center On Deafness Inland Empire	Regional Director
Geoff	Kors	City of Palm Springs	Councilmember
Maria	Machuca	Mecca Family & Farmworker's Service Center	Community Program Specialist II
Scott	Matas	City of Desert Hot Springs	Mayor
Judy	May	Incight	Regional Director
Kathy	McAdara	Operation SafeHouse	Executive Director
Kevin	Meconis	County of Riverside, Department of Public Health	Epidemiologist/ Accreditation Coordinator
Ivonne	Millan	Susan G Komen Inland Empire	Mission Programs Coordinator
Glen	Miller	City of Indio	Mayor
Anne	Montgomery	Eisenhower Medical Center	Family Medicine Residency Director
Doug	Morin	Coachella Valley Volunteers in Medicine	Executive Director
Jack	Newby	Mizell Senior Center	Director of Development
Candice	Nichols	The LGBT Community Center of the Desert	Director of Programs
Chris	O'Hanlon	Senior Advocates of the Desert	Executive Director
Leslie	Pepper	Temple Sinai of Palm Desert	Director of Education
Joan	Prehoda	Palm Springs Unified School District Early Childhood Education	Principal
Michaelleen	Prest	Desert Sands Unified School District	School RN
Sande	Quattlebaum	Desert Regional Medical Center	Director of Bariatric and Diabetes Centers
Mary Ann	Resvaloso	Torres Martinez Desert Cahuilla Indians	Tribal Chairwoman
Carole	Rogers	Desert Healthcare District	Director
Lori	Serfling	ACT for MS, Desert Arc	Board Member
Paula	Simonds	Desert Cancer Foundation	Executive Director
Larry	Singh	County of Riverside, Department of Public Social Services	Riverside DPSS Family Resource Center Site Coordinator
Judy	Tobin May	Big Brothers Big Sisters	Executive Director

First Name	Last Name	Organization	Title
Susan	Unger	Get Tested Coachella Valley	Project Director
Anna Lisa	Vargas	Coachella Valley Volunteers in Medicine	Clinic Coordinator
Carolina	Vasquez	Boys & Girls Clubs of Coachella Valley	Director of Development
Ivet	Woolridge	Independent Living Partnership	TRIP Operations Manager

Attachment 2 – Community Resources

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

Where Community Members go for Help/Information Regarding Access to Health Care

Many people get help and/or information regarding access to care at local clinics, including Borrego Health, Clinicas de Salud del Pueblo, Coachella Valley Volunteers in Medicine (CVVIM), the Coachella Valley Rescue Mission (CVRM), and the County clinics. These were the most common responses to the question of where community members go for help/information on this particular issue. For example,

- “Borrego Springs Medical Clinics in Coachella or Cathedral City or Moreno Valley Public Health.”
- “For low-income or uninsured, any of the community clinics (FQHC, CVVIM, RUHS).”
- “FQHCs and community clinics, but only if they know about them.”

Others receive help and information at the emergency departments or urgent care facilities. For example,

- “Hospital emergency departments.”
- “They go to the closest ER when they need access to health care.”
- “Urgent care (not low income can afford).”

Other participants indicated local hospitals and primary care providers (PCPs) as a frequently used source of information.

Several participants noted events as a source of help and information regarding access to care. These events include examples such as,

- “Health Fairs, Health Departments, Flying Doctors.”
- “Covered California events.”
- “Free community health fairs.”

Some rely on non-health care facilities for their help and information regarding access to care. This includes examples such as,

- “Resource Centers, church, non-profit organizations, trusted family and friends.”
- “Info sent home from school; Community Centers; senior centers.”
- “Local community centers.”

Those with unique needs typically seek out resources through a specialized source. For example, transgender people utilize the “Transgender Community Coalition for a resource referral”. Deaf people utilize “CODIE” (Center on Deafness Inland Empire) for resources as well.

Where Community Members go for Help/Information Regarding Alcohol/Drugs/Tobacco

Participants listed several potential resources where community members currently go for help and information regarding alcohol, drugs, and tobacco that were specifically aimed at addressing substance abuse. These included:

- 12 step programs
- ABC Recovery
- Alcoholics Anonymous (AA)
- Betty Ford Center
- Local shelters with treatment programs
- Michael’s House
- Narcotics Anonymous (NA)
- Quit Smoking classes
- Riverside County’s tobacco cessation program
- Roy’s Resource Center
- The Ranch

Other resources less specific to substance abuse, included,

- “CVRM, Oasis Mental Health all in Indio.”
- “Local clinics.”
- “Schools, county offices.”
- “Community clinics, churches, word of mouth.”

Where Community Members go for Help/Information Regarding Asthma/Lung Disease

Participants listed several community clinics, County programs, and other low-cost/no-cost resources as a source of help and information regarding asthma and lung disease. For example,

- “Community clinics.”
- “Churches.”
- “County programs.”

Others focused on doctors and hospitals. For example,

- “Primary Care Physician or clinics.”
- “Medical Provider.”
- “Doctors, Hospitals and Internet.”

Health events were also mentioned: “Flying Doctors; Care Force; Kaiser Surgery Days”. The emergency department and urgent care were also listed as potential sources of help and information regarding lung disease.

Where Community Members go for Help/Information Regarding Cancer

Most participants focused on doctors and hospitals for the primary source of information and assistance when it comes to the issue of cancer. For example,

- “Luci Curci Cancer Center, Desert Regional Comprehensive Cancer Center, Desert Cancer Foundation, Gilda’s Club, American Cancer Society, many individual doctors’ groups, health fairs.”
- “Doctors and Hospitals and Internet and local services.”
- “Local Hospital Comprehensive Cancer centers.”

Other participants mentioned the low-cost clinics and events aimed at low-income groups. For example,

- “Clinics.”
- “Flying Doctors; Care Force; Kaiser Surgery Days.”

Medical providers were often supplemented with non-medical sources of information and assistance. For example,

- “TV or during check-ups.”
- “Various non-profits, friends and family, hospitals.”
- “Medical provider/word of mouth for information.”

Where Community Members go for Help/Information Regarding Cardiovascular Disease

Many participants emphasized hospitals, doctors, and heart specialists as a resource for people with cardiovascular disease. For example,

- “Desert Cardiology Center, American Heart Association, health fairs, personal physician.”
- “Hospitals and Cardiologists, after they have had an incident.”

Others mentioned community clinics and organizations. For example,

- “Community clinics; specialists.”
- “Community events/senior centers.”
- “Local hospitals; Community Centers; senior centers; county offices.”

Where Community Members go for Help/Information Regarding Dental Health

Many participants said that community members seek help and information from dentists. Several participants mentioned Mexico as a source for dental care. Some identified FQHCs and other low-cost sources of care for dental information and

assistance. For example,

- “Flying Doctors; Coachella Valley Volunteers in Medicine.”
- “For low-income or uninsured, FQHC with dental clinics.”

Where Community Members go for Help/Information Regarding Diabetes

A few well-informed participants listed several existing resources for people searching for information or assistance regarding diabetes. Examples include,

- “EMC Diabetes Program; American Diabetes Association; Coachella Valley Volunteers in Medicine.”
- “American Dietetic Association, American Diabetes Association.”

Others emphasized primary care providers as a resource. For example,

- “Primary Care Physician or clinic.”
- “For low-income or uninsured, their medical home at a local community clinic.”

Where Community Members go for Help/Information regarding Environmental Health

Existing environmental health resources listed by participants include:

- “Air Quality Control, Environmental Health Department.”
- “EPA.”
- “T.V. / various forms of media.”
- “Community clinics, churches, word of mouth.”
- “County.”
- “Emergency Care.”
- “CVRM, Oasis Mental Health in Indio.”

Where Community Members go for Help/Information regarding Mental Health

Several participants identified the Riverside University Health System’s Behavioral Health Department (formerly known as Riverside County Department of Mental Health) as a primary resource for help and information about mental health. For example,

- “Riverside County mental health.”
- “County Services or schools.”
- “Primarily Riverside County Mental Health but we do provide mental health services via licensed LCSW or LMFT. We also refer to Jewish Family Services and other local agencies for long term issues.”

Others listed local providers that can assist with relevant information and/or treatment. For example,

- “Therapists in private or public sector”
- “Service providers.”

Some nonprofit organizations that provide mental health information and services were described. For example,

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- “Indio Mental Health, Catholic Charities, Jewish Family Services of the Desert, Latinos Commission, EHS Counseling, private therapists, Barbara Sinatra Children's Center.”
 - “El Sol, RAP foundation, Gilda's Club.”
 - “CVRM, Oasis Mental Health all in Indio.”

Where Community Members go for Help/Information regarding Obesity

Some participants described weight loss or activity programs, or locations where such programs were readily available. For example,

- “American Diabetes Association, local gyms, physicians, Boys and Girls Clubs, City Recreational Centers, after school programs ACES.”
- “Weight Watchers and similar programs.”
- “They should get more PE in the schools and health education.”

Other participants emphasize their health care providers and community clinics. For example,

- “During check-ups, or from friends and family.”
- “EMC Diabetes Program.”
- “Health care provider, RUHS Public Health.”

Where Community Members go for Help/Information regarding Safety and Violence

Participants identified several nonprofit organizations that serve as resources for people coping with violence. For example,

- “After school programs, Shelter from the Storm, CVRM, Martha's Village.”
- “Safe House of the Desert, Coachella Valley sexual assault and local Family Justice Centers and law enforcement”
- “Shelters for youth and domestic violence.”

Other participants focused on local law enforcement agencies. For example,

- “Local police departments.”
- “Sheriff Department, city police.”
- “Riverside County Sheriff.”

Where Community Members go for Help/Information regarding STDs/HIV/AIDS

According to participants, the most common resources for help and information regarding STDs include Desert AIDS Project (D.A.P.), Planned Parenthood, and the health department. For example,

- “RUHS Public Health.”
- “Planned Parenthood, local Health Department, Desert AIDS Project.”

As with other health issues, low-cost providers and primary care providers were also a source of help and information. For example,

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- “Medical providers.”
 - “Health care providers, get tested CA.”
 - “Borrego Health Clinics/ private insurance.”

Where Community Members go for Help/Information regarding Teen Pregnancy

Many participants listed Planned Parenthood or other clinics as a resource for help and information about teen pregnancy. For example,

- “Planned Parenthood and other community clinics.”
- “Sexual health clinics such as Planned Parenthood.”

Several participants mentioned schools as a source of help and information on this topic. For example,

- “Youth agencies and schools.”
- “Schools, riverside county offices.”
- “Info sent home from school; local hospitals; Community Centers; county offices.”

Attachment 3 – Impact Evaluation

Eisenhower Medical Center developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. EMC chose to address mental health, wellness and prevention, and access to care (continuity of care, primary care), through a commitment of community benefit programs and resources.

Access to Care

The hospital provides financial assistance through free and discounted care for health care services, consistent with EMC's financial assistance policy. To address health care access issues, the hospital also offers information and enrollment assistance in the low-cost insurance programs. The hospital continues to provide transportation support for those patients and families who may not be able to access needed care due to a lack of transportation. In FY14, 2,100 persons received transportation assistance and in FY15, 1,365 persons received transportation assistance.

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

Eisenhower is an accredited teaching hospital, with a School of Graduate Medical Education training new physicians in the specialties of family medicine and internal medicine. The Family Medicine Residency Program started in 2013 and annually supports 24 residents. The Internal Medicine Residency Program annually supports 32 residents.

Eisenhower Medical Center is committed to providing an organized program in Graduate Medical Education that includes community volunteer activities. A key element of this commitment includes providing support to our local communities' underserved populations. We do this through support of health clinics in the Riverside County System, including Borrego Community Health Foundation, Family Clinic in Cathedral City, California. The Borrego Medical Clinic provides comprehensive health care services to all segments of the community's population. Programs are available for all ages, regardless of ability to pay. Another key program is the Coachella Valley Volunteers in Medicine, which is a non-profit medical and dental clinic serving low-income, uninsured families and individuals in the Coachella Valley. The clinic is open

Tuesday through Saturday and is staffed with volunteers. Doctors, nurses and other staff from EMC contributed 1,140 volunteer hours in FY15.

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

Mental Health

The Eisenhower Memory Care Center is an adult day center providing a much needed alternative for many frail adults and their families. The Eisenhower Memory Care Center offers both respite for the caregiver and the chance for the individual member to develop skills and explore new interests. The center serves over 30 persons on a daily basis. The program is designed to:

- Maximize members' health and independence through therapeutic activities.
- Encourage friendships to flourish, minds to be stimulated and independence to be celebrated.

The following activities and services were provided:

- Personal care and bathing assistance
- Referrals to other community services
- Family support groups
- Financial assistance
- Meals

EMC provides leadership support to address regional mental health issues by serving on the Riverside County Department of Mental Health Board, and the Desert Regional Behavioral Health Board.

The hospital hosts an Alzheimer's/Dementia Caregiver Support Group, a behavioral health support group and a support group for adults who were molested as children. Annually these support groups have over 2,700 encounters.

Wellness and Prevention

In FY14, over 32,400 persons participated in community events focused on wellness and prevention. In FY15, over 26,000 individuals were reached through community classes and events focused on healthy living and disease prevention. Programs and initiatives focused on wellness and prevention included:

-
- Pre-diabetes and diabetes classes offered in English and Spanish.
 - Smoking cessation classes and support group.
 - Exercise, walking, core strengthening, Lebed® Method movement, Tai Chi, and yoga classes.
 - Lunch and Lose healthy eating education and support offered with healthy lunch options.
 - The Barbara Sinatra Children's Center offered parenting classes in English and Spanish, and classes for pregnant teens offered at the Amistad Alternative High School.
 - Child Abuse Awareness and Prevention program provided by the Barbara Sinatra Children's Center. The program was presented at 29 Coachella Valley elementary schools for students Kindergarten through 3rd grade.
 - Health education lectures offered throughout the year on a variety of topics, including: healthy lifestyles, nutrition, sleep, women's issues, stroke, heart disease, diabetes, lung disease, men's health issues, arthritis, medications, and others.
 - Cancer lecture series and informal Lunch & Learn roundtable discussions.
 - Healing massage.
 - Fall prevention and balance classes.
 - Senior health topics.
 - Support groups for community residents and family members/caregivers.
 - Public health education in the media and community health awareness events to encourage healthy behaviors and improve preventive practices.
 - Free health care screening held in the community. Includes: body fat/BMI, skin cancer, and blood pressure.
 - Balance and hearing screenings for seniors.
 - Lung cancer risk assessments made available to the community.
 - Nutrition consultation with Registered Dietitians.
 - Consultations with Ostomy Nurses.
 - CancerCare telephone, online and face-to-face counseling, support groups, education, and publications for patients, cancer survivors, families and caregivers.
 - American Cancer Society's Cancer Help Line.
 - In partnership with the American Cancer Society program, we offer a Wig Bank. An American Cancer Society volunteer distributes free wig to cancer patients.