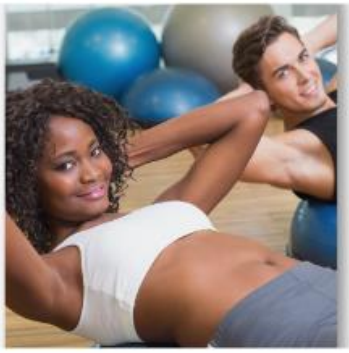
2022 | Executive Report

HARC
HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

Coachella Valley
Community Health Survey



Coachella Valley Community Health Survey 2022

Thank You to Our Funders

This survey and this report would not be possible without the grants and contributions from the following outstanding organizations that have made contributions to HARC in 2021 and 2022. Funders are presented in descending order of funding amount; in cases where organizations gave at the same level, they are listed alphabetically.

Gold
$25,000 and up

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Desert Care Network: Desert Regional Medical Center

MolinaCares Foundation on behalf of John Epps

Thank You to Our Funders

Friends of HARC
$100 to $4,999

We would also like to thank the "friends of HARC," those generous individuals and organizations who have contributed between $100 and $4,999 in 2021 and 2022, presented in alphabetical order by last name/organization name below.

Bill Ballas

Veronica Barajas

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Dr. Juliet Brosing & Keith LeComte

City of Indio

Dr. Janet Collins & Richard Gannon

John Epps

Dr. Pablo Gomez

Dr. Glen Grayman

Blaz Gutierrez

Shayra Hernandez

Dr. Teresa Hodgkins

Innercare (formerly Clinicas de Salud del Pueblo)

Kaiser Permanente, Riverside

Dr. Jenna LeComte-Hinely & Braden Hinely

Molina Healthcare

Luz Moreno

Chris Morin

Eileen & Howard Packer

Daniel Polk

William VanHemert

Kristi Vaughn

Giving to HARC

As a 501(c)3 nonprofit organization, donations to HARC are tax deductible to the extent allowable by law. If you find the data to be useful in your work, we strongly encourage you to donate to HARC to support our ability to provide this data. HARC's federal employee identification number (EIN) is 20-5719074. You can donate online at HARCdata.org/donate/ or by mailing a check to HARC at 41550 Eclectic Street, Palm Desert, CA 92260.

HARC Staff – As of February 2023

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Acknowledgements

HARC would like to respectfully acknowledge and recognize our responsibility to the original and current caretakers of this land, water, and air: the Cahuilla, Cocopah, and Serrano peoples and all of their ancestors and descendants, past, present, and future. Today the Coachella Valley is home to many Indigenous peoples from all over the world, and we are grateful to have the opportunity to live and work on these homelands.

HARC would like to thank the team at Ace Printing, especially Mark Lawrence, Chief Executive Officer, and Sandy Miller, Project Manager, for working with HARC to mail out the surveys. Please thank them by doing business with them at aceprintingps.com.

HARC would also like to thank Brian Kriz, the statistician who weighted the data, and our editor, Dr. Juliet Brosing. Thank you to David Robinson for creating the map on page three.

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INTRODUCTION

HARC, Inc. (Health Assessment and Research for Communities) is a 501(c)3 nonprofit research organization located in Palm Desert, CA. HARC is a nonprofit that advances quality of life by helping community leaders use objective research and analysis to turn data into action.

Founded in 2006, HARC began measuring the health of the Coachella Valley, a unique region located within Eastern Riverside County of the Inland Empire of Southern California. Before HARC, local organizations had relied on county-level data which was limited in describing the unique characteristics such as health needs, disparities, and inequities of those living in the Coachella Valley. With the creation of HARC, data was now available to shine a light on the untold stories of the complex community that is the Coachella Valley.

The very first Coachella Valley Community Health survey was conducted in 2007. The results of that survey helped to uncover critical information about our community such as healthcare access, healthcare utilization, health behaviors, major diseases, mental health, and much more. That said, it is important to assess community health at regular intervals to properly assess population-level change, and thus, the Coachella Valley Community Health survey has been conducted every three years since then. To date, the survey has been conducted six times: 2007, 2010, 2013, 2016, 2019, and now, 2022.

This report summarizes the findings from the 2022 survey of the Coachella Valley.

HARC's Coachella Valley data shines a light on the unmet needs of residents around the valley. Thus, these data are used by nonprofit health and human services agencies, hospitals, federally qualified health centers, institutions of higher education, K-12 education, governmental agencies, and media organizations, among others. Having access to these data helps these organizations to better understand the people who live in our region and also to apply for funding, prioritize health needs, develop programs to address those needs, create presentations/lectures, write articles, design and conduct trainings, and make/change policy. Altogether, having these free, reliable, and objective data helps leaders within the Coachella Valley to work towards a more vibrant and equitable community.

Most notable among these uses is how the data have strengthened local nonprofits' requests for funding. Dozens of nonprofits have used these data over the last decade to make compelling requests for funding and have successfully generated millions of dollars each survey cycle. These funds have provided support for critically important programs and services, such as mental health counseling for children, pregnancy prevention education for teens, medical care for uninsured adults, meal delivery for homebound seniors, and HIV testing for all, among others.

The Coachella Valley Community Health Survey is just one facet of HARC's work. HARC also provides consulting services to organizations that need data for program planning and decision-making. HARC provides program evaluation, needs assessments, customized data analysis, client satisfaction surveys, and many other services. All of HARC's work supports healthy, vibrant communities. For more information on these services, please visit www.HARCdata.org/consulting-services/.

Changes to Survey Content

Overall, our survey includes many of the same questions each cycle. This repetition allows HARC to compare trends and changes in our community over time. However, the content for each survey cycle also changes based on input from stakeholders, including data users and funders. This cycle, the survey incorporated several changes highlighted below.

New Topics

Adult Section

- Intimate partner violence
- Lifestyle changes for the environment
- Perceptions of air quality
- Experiences with racism
- Testing, vaccination, and impact of COVID-19
- Vaccine (general) perceptions
- Workplace benefits

Child Section

- COVID-19 vaccination
- Disability
- Conversations with child
    - Bullying,
    - Gender identity/sexual orientation

Topics Removed

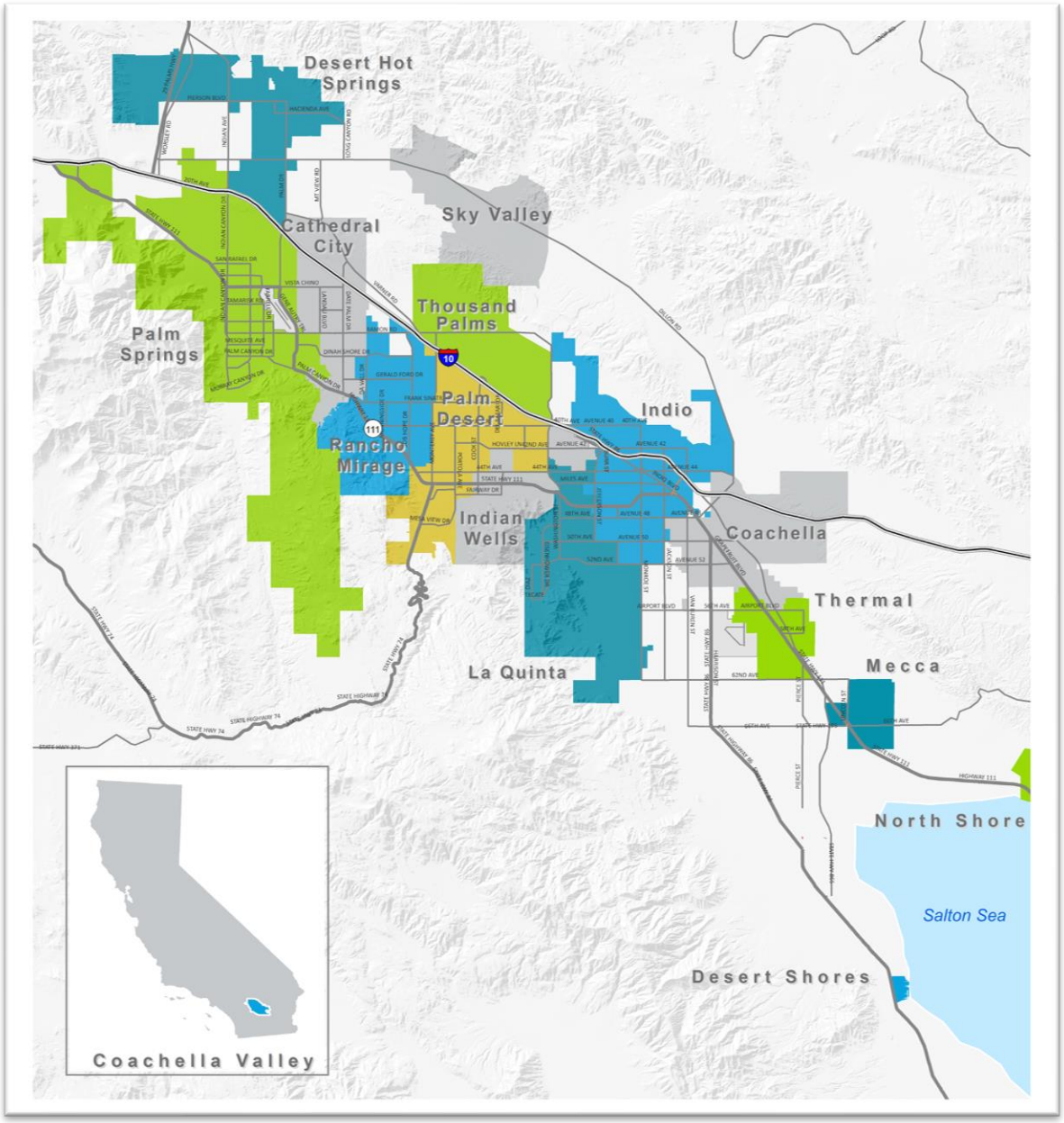
Funding for the 2022 cycle was substantially lower than previous years, and many topics had to be removed in order to keep the survey length manageable. HARC staff worked with stakeholders and funders to identify which topics were of greatest importance, and to remove the topics that were less commonly used.

If you are looking for a topic that was historically included in prior reports and cannot find it here, it is likely that that topic was removed this cycle. Please contact HARC staff to let us know if the topic is critical to your work; it may be possible to add it back into the next survey cycle if the need for the information is great. Historical data on many of these topics is still available on HARC's website in the older Executive Reports and by special request.

Geography of the Coachella Valley

This report focuses on the health status of the Coachella Valley, a unique geographic region located in eastern Riverside County, California. The Coachella Valley is an enclosed desert basin, surrounded by mountains on three sides and the Salton Sea to the southeast. The Coachella Valley is made up of nine cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) and 12 census-designated places (CDPs; Bermuda Dunes, Desert Edge, Desert Palms, Indio Hills, Garnet, Mecca, North Shore, Oasis, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa). Each are represented by different colors in the map below.

The Coachella Valley is home to five federally recognized Indian tribes: the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Cahuilla Indians, the Cabazon Band of Mission Indians, the Twenty-Nine Palm Band of Mission Indians, and the Torres Martinez Desert Cahuilla Indians.



METHODS

Key Methods Facts:

- Address-based sampling survey
- Data collection: April to August
- 2,790 completed surveys
  - 2,447 in the adult sample
  - 343 in the child sample
- 8.4% in Spanish

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

Address-Based Sampling – Key Method Changes

In prior cycles, HARC conducted the survey by telephone via random-digit-dialing. Data were collected with randomly selected adults or randomly selected children (by proxy interview with an adult determined to be the most knowledgeable about the selected child). Surveys were restricted to private residences (such as apartments, houses, or mobile homes) within the geographic area of the Coachella Valley with landlines and/or cell phones.

Survey Year	Data Collection	Months to Finish Data Collection
2007	February 2007 – April 2007	3
2010	January 2010 – March 2010	3
2013	January 2013 – September 2013	8
2016	February 2016 – October 2016	9
2019	January 2019 – December 2019	12
2022	April 2022 – August 2022	5

However, each survey cycle, data collection via phone calls was becoming increasing difficult to achieve the required sample size, as illustrated in the table to the right. This difficulty in collecting data through phone calls was likely due to many people rejecting unknown calls as a results of increased robo-calls and the rise in the incidence of telephone scams. Often when residents see an unknown number, they are reluctant to answer the phone.

To improve the efficiency of collecting data in a timely manner, HARC moved from random-digit-dialing (telephone surveys) to address-based mailing using paper surveys. This method has been utilized by the California Health Interview Survey[1] in recent years with much success, and by HARC in partnership with Riverside University Health System – Public Health.

With this method, rather than a phone call, residents received an envelope in the mail which included a letter that described the survey, the actual survey, a prepaid pre-addressed envelope, and a $2 bill "pre-incentive" that was theirs to keep regardless of their participation. Utilization of this method means that this survey does not include people who live in group home settings (such as nursing homes, assisted living facilities, jails, or prisons, etc.) or those who are homeless. Altogether, HARC found this paper-based survey method to be more efficient in the data collection process, more affordable, and also more convenient for the respondents.

[1] California Health Interview Survey. (n.d.) UCLA Center for Health Policy Research. https://healthpolicy.ucla.edu/chis/design/Pages/methodology.aspx

Mailing the Paper Survey

Adult Version

HARC partnered with Ace Mailing to send out the paper surveys. Homes within the Coachella Valley were randomly selected to participate in the survey. The sample included a total of 18,000 randomly selected households in the Coachella Valley.

HARC and Ace Printing mailed a package to each home containing a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a $2 bill as a pre-incentive. Each survey also included a unique identifier code, which allowed reminder letters to be sent just to those households that did not initially respond. Residents of each household were asked to provide the survey to the adult household member with the next birthday. This method[1] has been shown to decrease participant burden regarding determining who in the household should participate while maintaining a random sample.

Survey invitations were mailed to 18,000 households in April 2022. Responses began to come in immediately, with the following cities over-represented (i.e., a higher percentage of the total responses was higher than the percentage of the residents in the overall population): Indian Wells, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage.

As such, reminders were only sent to non-responders from those cities and census-designated places (CDPs) where the survey participants were represented at lower rates than the actual residents in the overall population. That includes the following cities/census-designated places: Bermuda Dunes, Cathedral City, Coachella, Desert Hot Springs, Indio, Mecca, Thermal, and Thousand Palms. Reminders were mailed to 7,500 non-responders from under-represented cities in June 2022. Data collection closed in August 2022 with 2,447 valid responses—a response rate of 13.6%.

Child Version

Participants in the adult survey could indicate whether they had children living in the home; those who did were subsequently sent a follow-up survey regarding the health of the child. The follow-up survey asked for an adult of the household who was most knowledgeable of the child to complete the child survey. Households with more than one child were asked to respond regarding the youngest child, as is consistent with previous cycles of the survey.

In return, and unlike the adult survey, residents were offered a $10 post-incentive ($10 Visa gift card) for completing and sending the second survey back to HARC. As with the adult survey, the child survey also included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a prepaid pre-addressed return envelope, and a $2 bill pre-incentive.

A total of 250 of the adult surveys were identified as having children in the home; child survey invitations were mailed to these 250 households in July 2022. Those who did not respond by August received a reminder. A total of 117 of these households completed the child survey, representing a 45.5% response rate.

To supplement these participants and obtain a larger sample size for children, in July HARC sent out survey invitations to a random sample of 5,000 homes that were identified as “likely to have a child

[1] Wells, B. M., Hughes, T., Park, R., CHIS Redesign Working Group, & Ponce, N. (2019). Evaluating the California Health Interview Survey of the future: Results from a statewide pilot of an address-based sampling mail push-to-web data collection. Los Angeles, CA: UCLA Center for Health Policy Research.

in the home" by vendors. Some survey responses (over 100) indicated that this list was far from perfect—some respondents noted that they lived in a 55+ community, had grandchildren, etc. As such, not all 5,000 households were eligible to participate.

In August, a reminder was sent to 3,500 households, which included those who had not yet responded who lived in cities/CDPs with a high percentage of children—that is, likely to be eligible to participate in the survey (e.g., Coachella rather than Indian Wells). A total of 223 completed child surveys were obtained from this sample; however, because not all households were eligible to participate, a response rate cannot be calculated.

Completed Data Collection

Data collection began in April 2022 and concluded in August 2022. The final number of adult participants is higher than in previous years, while the child sample is smaller.

Year	Completed Adult Surveys	Completed Child Surveys	Total Completed Surveys
2022	2,447	343	2,790
2019	2,019	502	2,521
2016	2,018	512	2,530
2013	1,962	509	2,471

As mentioned previously, HARC's earlier cycles of the survey were completed via telephone. This cycle, however, HARC adapted to an address-based-sampling method. While this method decreases the cost of data collection, reduces data collection duration, and provides greater convenience for the respondent, it does present a methodological shift between cycles. Thus, readers are encouraged to be cautious in making comparisons to prior survey cycles.

Data Weighting

Once data collection was complete, the data was weighted by a statistician to the five-year (2016 - 2020) Census population estimates of the Coachella Valley (nine incorporated cities in the Coachella Valley combined with the 12 census-designated places) to most accurately represent the entire population living here. Specifically, data was weighted to five variables: race and ethnicity, education, gender, age, and geographic location (city/CDP). Missing data was imputed using a hot-deck method; for more detail on the weighting methodology, please contact HARC.

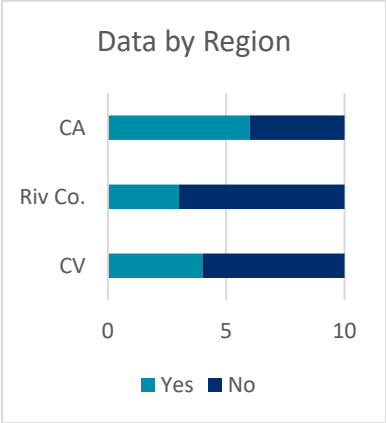
This is the first survey cycle to include such precise weighting; previous cycles only accounted for race and ethnicity, gender, and age. As such, this 2022 data is likely a better representation of the community's nuanced demographics than previous cycles.

Weighting the data is essential to ensure that the 2,790 survey respondents represent the approximately 430,000 people living in the Coachella Valley. As such, the weighted percentages and population estimates presented in the report represent estimates that are weighted from the 2,700+ respondents to the 430,000 residents of the region. Most of the tables in this report include "Weighted Percent" and "Population Estimate" columns. The "Population Estimate" refers to the estimated number of people in the population (the Coachella Valley) represented by the survey respondents. The "Weighted Percent" is the proportion of people that the population estimate represents.

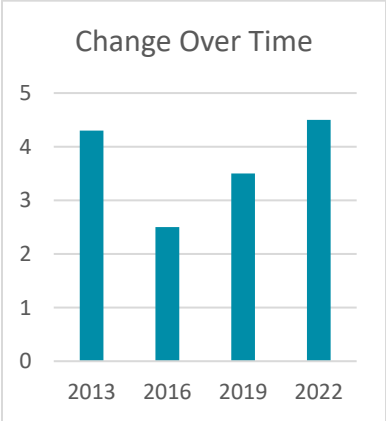
Things to Keep in Mind When Reading This Report

Unless otherwise specified (e.g., "Men Ages 40 and Over"), adult statistics are for all individuals ages 18 and over. Unless otherwise specified (e.g., "Children Ages Zero to Five"), child statistics are for all children between the ages of zero and 17.

The data in this report were collected in 2022 and are considered primary data. This report does include some secondary data (that is, data collected by a different organization such as the U.S. Census or the California Health Interview Survey, etc.). The purpose of bringing in outside data is to provide context for the findings; that is, how does the Coachella Valley compare to Riverside County? The state of California? In these instances, the external sources utilized the same questions asked in HARC surveys, allowing for "apples-to-apples" comparisons. The non-HARC data are always cited below the table or chart with the original source and year. All charts that utilize non-HARC data are ***horizontal*** bar charts, like in the example to the right.



In contrast, ***vertical*** column charts, like the one to the right, illustrate data where the source is strictly HARC's Coachella Valley Community Health Survey. This may include comparing the 2022 data to previous survey cycles (especially the 2019 data) to examine significant change over time, or it may focus on differences in the 2022 data between groups to examine significant disparities (for example, examining how data varies by poverty, ethnicity, or age).



This report often highlights differences—how the Coachella Valley is different from other places, how this cycle's data are different from prior cycles, how one subgroup's data are different from another's, etc. In this report, differences are only noted in the narrative if they are "statistically significant." In layman's terms, this means that our statistical analyses provide evidence that a true difference exists. These differences are unlikely to be due to chance but likely reflect real differences in the populations, locations, or times being compared.

In some tables and charts, the reader will see different values reported (e.g., 12.0% versus 14.0%). However, unless those differences are specifically identified in the narrative as "significantly different," it means they are relatively similar, regardless of a few percentage points difference.

It is worth noting that a statistically significant difference is not necessarily a ***meaningful*** difference. Just because two numbers are truly different from one another does not necessarily make that difference important in the big scheme of things, or one worth focusing time and effort on. Whether a difference is "meaningful" is a judgement call, not a statistical test; and must be based on knowledge and experience of the topic, the context, and the region. Many significant differences are very meaningful—such as those that highlight disparities by gender, ethnicity, or income. Others may not be important. This is something that must be decided subjectively by the data user.

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

with any degree of confidence that a particular low-income resident in our community does or does not have problems with transportation.

All data and data collection methods have strengths and weaknesses. Paper surveys are accessible to people who are not proficient with technology and/or do not have phones or access to the Internet. It also allows people to put thought into their responses, and to answer potentially embarrassing questions in complete privacy, leading to more frank responses. However, one weakness is that mailed paper surveys cannot reach households without a residential mailing address, such as homeless populations, those who are incarcerated, or the institutionalized. Additionally, the sample is biased towards those individuals who are willing and able to take a written survey, and therefore likely under-estimates those with extremely low levels of literacy as well as those who are blind or low vision, among others.

This report frequently includes statements such as "51.0% of adults live in households with an annual income below $50,000." Given that these are self-reported data, it might be more appropriate to write, "51.0% of adults *report* that they live in households with an annual income below $50,000." For parsimony and readability, we have omitted reference to "reporting."

The survey data are weighted such that the 2,790 survey participants provide estimates for the approximately 430,000 residents in the Coachella Valley. As such, it would perhaps be appropriate to write statements such as "Approximately 54.6% of local veterans, or approximately 15,391 veterans) were deployed during their time in the service". However, for parsimony and readability, we frequently omit the term "approximately." Readers should bear in mind that all weighted percentages and population estimates are statistical approximations and should not be taken to definitively state the precise number of any individuals in our community.

Participants in this survey were free to skip any questions that made them uncomfortable. Thus, for many questions, some people left questions blank, known as "missing data." These responses are typically left out of the analyses that are presented; that is, the weighted percentages in the report represent the percent of valid responses, excluding the missing data. This is a well-accepted method used in almost all statistical analyses; it is the way that HARC has analyzed the data in all previous surveys as well. If many people choose to skip a question, there will be lower population estimates in tables. For example, although there are 336,000 adults living in the Coachella Valley, not everyone was willing to answer the "what is your age?" question. As such, the total population in the table that shows age ranges is only 329,000. Thus, if you see total population estimates that are smaller than the overall population as a whole, this is an indicator that some participants exercised their right to refuse to answer the question.

Some tables include a "total" row at the bottom; this indicates that the rows in that table represent mutually exclusive categories (e.g., income levels, age groups, etc.). The total row may sometimes be slightly off due to non-responses and/or rounding. This may be a difference of up to 0.2% in the weighted percentages, or one or two individuals in the population estimates. These are due to the rounding of weighted data estimates and should not be a cause for concern.

If a table does ***not*** include a total row, it indicates that the responses were not mutually exclusive (e.g., barriers to receiving healthcare, major disease diagnoses, etc.) and an individual may fall into more than one category.

This report features "Local Spotlights," highlighting the work that our partners are doing to change lives and improve the quality of life in the Coachella Valley. These "Local Spotlights" feature survey funders (at or above the $5,000 level) as well as organizations affiliated with HARC Board Members who generously dedicate their time and resources to HARC. If you would like your organization featured in a "Local Spotlight," please consider contributing to the next triennial survey at the $5,000 level or above.

This report is not intended to serve as a comprehensive summary of the 2022 survey data. Rather, the report is meant to be an overview of high-level findings. More in-depth information will be made available on HARC's website in the coming years via special reports, data briefs, infographics, and press releases.

Additionally, if you are interested in a specific set of variables for a unique subgroup (e.g., heart disease just for women ages 50 and older, HIV testing just for Hispanic/Latino men, etc.), please contact HARC—customized data analysis can be conducted to meet your needs.

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

HARC Staff in February 2023

Back row: Nicole Smith, Chris Morin, Daniel Polk, Casey Leier

Front row: Theresa Sama, Jenna LeComte-Hinely, Amairani Ramos

ADULT HEALTH

Ages 18+

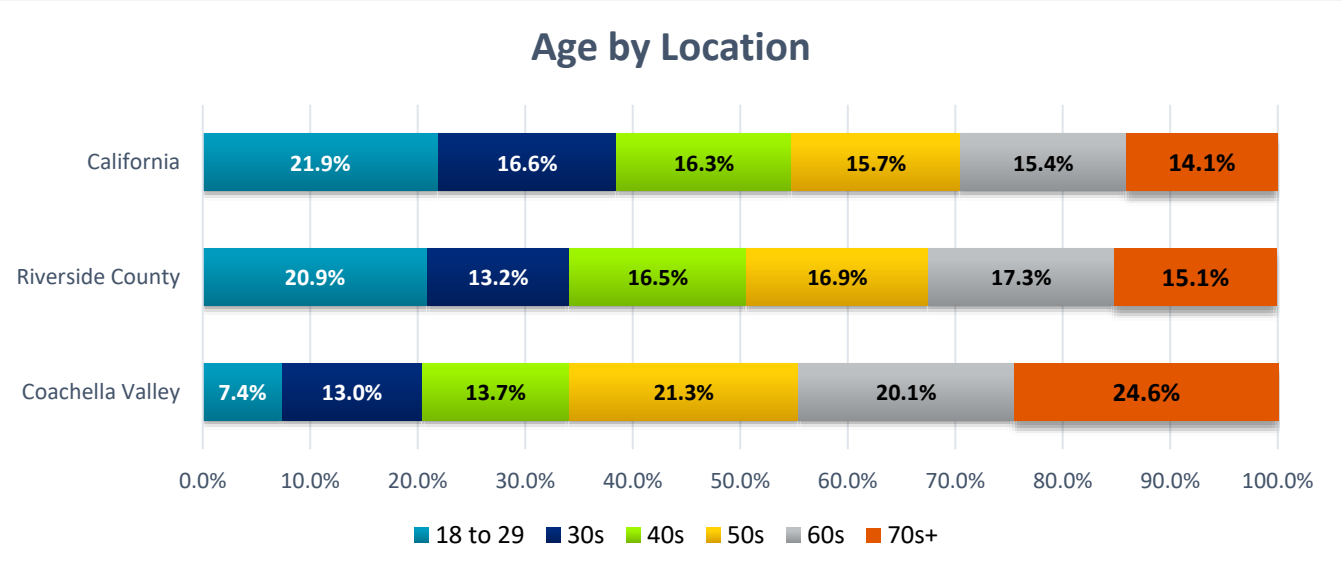
Demographic Profile

Age

There are approximately 336,000 adults ages 18 and older living in the Coachella Valley. The average age for Coachella Valley adults is 56 years.

Age Group	Weighted Percent	Population Estimate
18 to 29	7.4%	24,283
30s	13.0%	42,843
40s	13.7%	44,912
50s	21.3%	69,950
60s	20.1%	66,100
70s	16.3%	53,603
80s and up	8.3%	27,317
Total	**100.0%**	**329,008**

Adults in the Coachella Valley are significantly older than adults in Riverside County and California as a whole, as illustrated in the chart below. For example, 24.6% of adults in the Coachella Valley are ages 70 or older, compared to only 15.1% in Riverside County and 14.1% in California as a whole. This is because the Coachella Valley is a major retirement destination.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Gender

To measure gender/gender identity, HARC utilizes the recommended two-question approach designed by the Williams Institute.[1]

The first question asks what sex the individual was assigned at birth, on their original birth certificate. As illustrated in the table below, the Coachella Valley is fairly evenly split between those assigned male and female, with a slight over-representation of males.

Sex Assigned at Birth	Weighted Percent	Population Estimate
Male	53.3%	178,903
Female	46.7%	156,945
Total	**100.0%**	**335,848**

The second question asks how individuals currently identify themselves. As illustrated in the table below, more than 1,317 local adults identify as transgender or another gender identification.

Current Gender Identification	Weighted Percent	Population Estimate
Male	52.8%	176,879
Female	46.8%	156,707
Transgender	0.3%	1,061
Do not identify as female, male, or transgender	0.1%	256
Total	**100.0%**	**334,903**

For **0.9% of local adults (3,130 people), the sex they were assigned at birth does not match their gender identity now**. It may be that they were assigned the sex of male at birth and now identify as female, vice versa, or that they now identify as transgender or another gender identity.

[1] The GenIUSS Group. (2014). Best Practices for Asking Questions to Identify Transgender and Other Gender Minority Respondents on Population-Based Surveys. J.L. Herman (Ed.). Los Angeles, CA: The Williams Institute.

Race

Participants were asked to report their race and ethnicity in two questions, via the protocol utilized by the U.S. Census Bureau. To assess race, participants were asked, "Which one of these groups would you say best represents your race? For the purposes of this survey, Hispanic is not a race."

As illustrated in the table below, **most Coachella Valley adults identify their race as "White/Caucasian," but there is also a substantial proportion who identify as "other."** Those selecting "other" were invited to specify (write in) their racial identity. Many participants wrote in a racial identity that is Hispanic (e.g., "Mexican," "Latino," "Hispanic," etc.).

Race	Weighted Percent	Population Estimate
White/Caucasian	76.4%	234,309
Black/African American	2.9%	8,797
Asian/Asian American	3.8%	11,792
American Indian/Alaska Native	1.6%	4,838
Other	15.3%	46,987
Total	**100.0%**	**306,724**

Ethnicity

To assess ethnicity, participants were asked, "Are you of Hispanic, Latino, or Spanish origin?" As illustrated in the table below, **slightly less than half of local adults (45.4%) identify as Hispanic/Latino**. Of these, most local Hispanic/Latino adults identify as Mexican, Mexican American, or Chicano.

Ethnicity	Weighted Percent	Population Estimate
Not of Hispanic, Latino, or Spanish Origin	54.6%	175,800
Hispanic, Latino, or Spanish origin: Mexican, Mexican American, Chicano	36.0%	116,135
Hispanic, Latino, or Spanish origin: Cuban	0.6%	1,942
Hispanic, Latino, or Spanish origin: Puerto Rican	0.3%	847
Hispanic, Latino, or Spanish origin: Other	8.5%	27,505
Total	**100.0%**	**322,228**

Many of those who listed another Hispanic, Latino, or Spanish origin indicated that they were Spanish (e.g., "Spanish Basque," "Spaniard," "Spain," etc.), Central American (e.g., "Nicaraguan," "Savladorena," "Columbian," etc.), Mexican ("Mexicano," "American of Mexican descent," etc.), and South American (e.g., "Peruvian," "Argentino," "Chilean," etc.).

Adult Socioeconomic Status (SES)

Socioeconomic status includes factors such as personal/household income, educational attainment, and occupation. All these factors can have an impact on health; for example, people with insufficient income and low wages may be unhealthier throughout their lives and have higher risks for certain chronic health conditions.[1] Quite simply, having sufficient income and the ability to improve one's current financial position improves the chances of accessing healthcare, food, and housing.

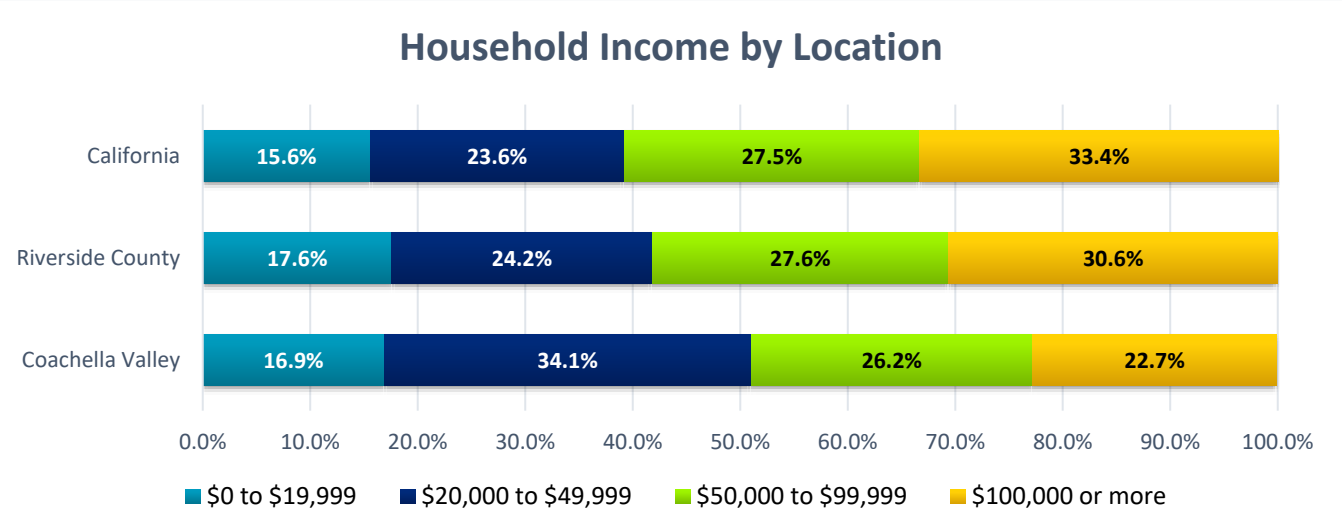
Income

The Coachella Valley is characterized by extreme wealth and extreme poverty in close proximity. For example, the median household income in the city of Indian Wells is $112,680.[2] Just 30 miles away is a community of a similar size, Oasis, with a median household income of only $20,598.[3] Participants were asked, "Last year, what was your household income from all sources before taxes?" HARC then grouped income levels together in the categories below for reporting purposes.

Results show that **16.9% of local adults are living in households with an annual income of less than $20,000**, as illustrated in the table below. At the other end of the spectrum, 22.7% of adults have relatively high income levels, residing in households with six-figure annual incomes.

Income Group	Weighted Percent	Population Estimate
$0 to $19,999	16.9%	42,959
$20,000 to $49,999	34.1%	86,640
$50,000 to $99,999	26.2%	66,595
$100,000 or more	22.7%	57,522
Total	**100.0%**	**253,717**

When compared to their counterparts in Riverside County and California, adults in the Coachella Valley are significantly less likely to live in a household that makes more than $100,000 (22.7% versus 30.6% and 33.4%, respectively), as illustrated in the chart below.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2021.

[1] Populations and Vulnerabilities. (2018). Centers for Disease Control and Prevention. https://ephtracking.cdc.gov/showPcMain

[2] U.S. Census Bureau, 2021 American Community Survey, 5-year estimate (in 2021 dollars)

[3] Ibid.

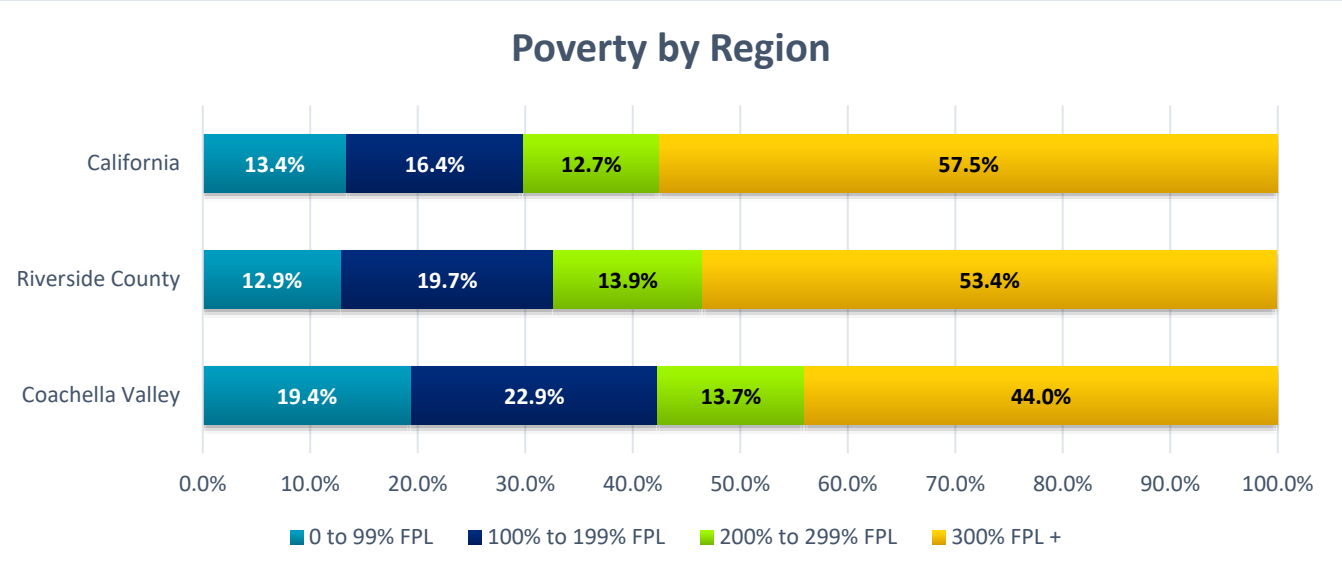
Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels per the Department of Health and Human Services' guidelines for poverty in 2022. For example, for a single person, the poverty line is $13,590 per year, while for a family of four, it is $27,750 per year.[1]

Results indicate that **one in five Coachella Valley adults (19.4%) are living at or below the federal poverty line (FPL)**, as illustrated in the table below.

Poverty Level	Weighted Percent	Population Estimate
0% to 100% FPL	19.4%	48,375
101% to 200% FPL	22.9%	56,924
201% to 250% FPL	7.9%	19,620
251% to 300% FPL	5.8%	14,423
Above 300% FPL	44.0%	109,608
Total	**100.0%**	**248,949**

Coachella Valley adults are significantly more likely to be living in poverty than those across Riverside County and California, as illustrated in the chart below. Specifically, while nearly 20% of Coachella Valley adults live below the poverty line, the rate is 12.9% in Riverside County and 13.4% in California as a whole. In sum, poverty disproportionately affects our region.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2021.

[1] Poverty Guidelines. (2022). U.S. Department of Health and Human Services. https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

Education Level

Higher education is generally associated with a higher quality of life. People with higher levels of education tend to have greater social networks, more connections/support in the community, and better general health and well-being.[1] Education also has a strong positive correlation with higher income levels; those with a master's degree earn more than those with some college but no degree.[2]

Half of Coachella Valley adults (49.5%) have attended at least some college, as illustrated in the table below. However, **17.8% of local adults lack a high school degree or equivalency, including more than 8% who never attended high school at all**.

Highest Education Level	Weighted Percent	Population Estimate
Never attended school	1.0%	3,152
8th grade or less	7.1%	23,452
Some high school (grades 9 – 11)	9.7%	31,989
High school graduate or GED certificate	28.1%	92,381
Some technical school	1.7%	5,501
Technical school graduate	2.8%	9,300
Some college	22.3%	73,339
College graduate	15.1%	49,705
Postgraduate or professional degree	12.1%	39,796
Total	**100.0%**	**328,615**

Employment Status

About half of Coachella Valley adults (52.0%) are employed or self-employed, as illustrated in the table below. Another 30.9% are retired.

Employment Category	Weighted Percent	Population Estimate
Employed	38.9%	128,006
Self-employed	13.1%	43,277
Out of work	5.7%	18,754
Homemaker	5.5%	18,125
Student	1.4%	4,550
Retired	30.9%	101,794
Unable to work	4.5%	14,821
Total	**100.0%**	**329,326**

[1] Employment Projections. (2016). United States Department of Labor. http://www.bls.gov/emp/ep_chart_001.htm
[2] Measuring the Value of Education. U.S. Bureau of Labor Statistics. https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm

Employment Benefits

There are measurable advantages for businesses that offer employment benefits (such as health insurance, vacation time, or retirement plans). For example, such employment benefits positively influence employees' organizational commitment (and thus employee retention).[1] They also result in higher employee productivity.[2] While employment benefits have inherent merit as a form of fair compensation, they thus also have the advantage of making organizations more productive.

Survey participants who were employed were then asked, "Does your workplace provide you with any of the following?" Response options were "paid vacation days," "paid parental leave," "health insurance for you," "health insurance for your family," "401k or other retirement plan," "401k or other retirement plan matching contributions."

As illustrated in the table below, most employed adults in the Coachella Valley enjoy these crucial benefits. **The most common workplace benefit is paid vacation days**—75.6% of working adults receive this benefit. **The least common workplace benefit is 401k matching**; only 54.3% of working adults receive this benefit.

However, there are thousands of workers who do not receive these benefits, meaning that these individuals struggle to take time off to care for themselves and their family, are likely uninsured or underinsured, and likely do not have sufficient savings for retirement.

All local employers should strive to offer these benefits to their workers.

Benefits Offered by Employer – *Working Adults*	**Yes**		**No**	
	Weighted Percent	**Population Estimate**	**Weighted Percent**	**Population Estimate**
Paid vacation days	75.6%	93,620	24.4%	30,280
Paid parental leave	58.5%	57,607	41.5%	40,885
Health insurance coverage for you	69.5%	84,562	30.5%	37,062
Health coverage for your family	58.5%	71,154	41.5%	50,445
401k or other retirement plan	68.0%	79,629	32.0%	37,443
401k or other retirement plan matching contributions	54.3%	59,069	45.7%	49,673

[1] Ju, S., Kong, L., Hussin, Z., and Jusoff., K. (2008). The Influence of Employee Benefits Towards Organizational Commitment. *Asian Social Science, 4(8),* 147-150. https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.897.7671&rep=rep1&type=pdf

[2] Kang, D., Yu, G., Lee, S. (2016). Disentangling the Effects of the Employee Benefits on Employee Productivity. *The Journal of Applied Business Research, 32(5),* 1447-1458.

Sexual Orientation

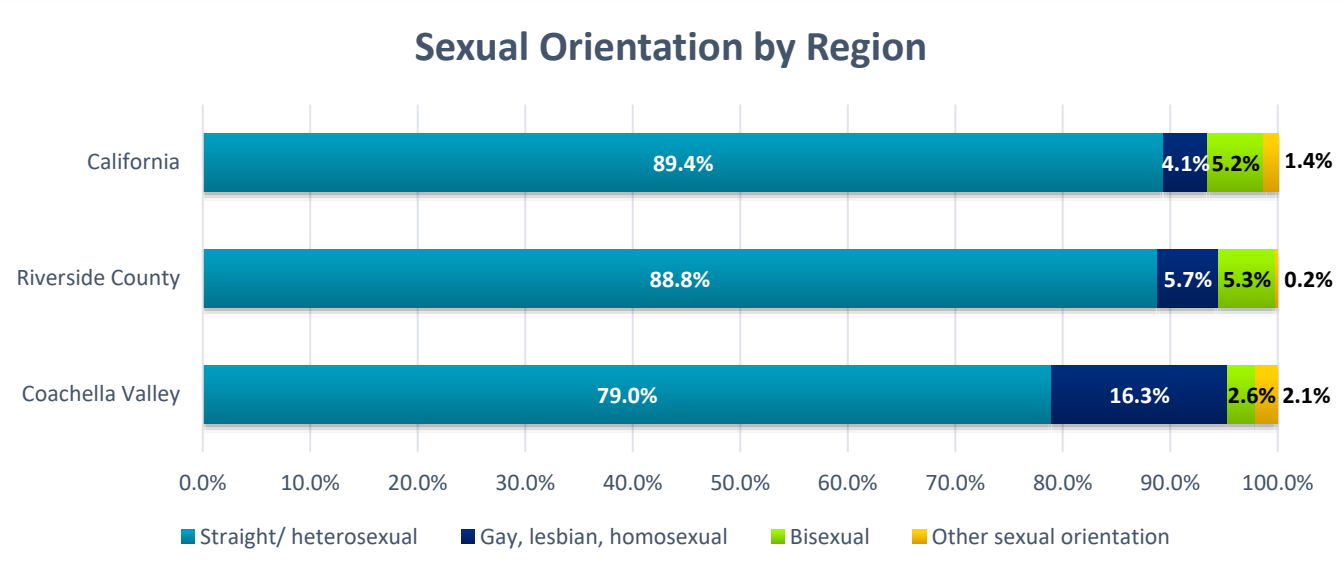
Sexual orientation refers to those who we are attracted to and desire to have relationships with.[1] The Coachella Valley has long been a welcoming place for lesbian, gay, bisexual, queer, and questioning (LGBQ+) populations. The Williams Institute used Census 2010 data to rank 1,415 cities across the nation on the number of same-sex couples per 1,000 households. Palm Springs ranked #1 on the list, and overall, four of the nine Coachella Valley cities fell within the Top 10 list of most same-sex couples per 1,000 households.[2]

Locally, 21.0% of adults identify their sexual orientation as lesbian, gay, bisexual, questioning, or other (LGBQ). This equates to more than 61800 people, as illustrated in the table below.

Sexual Orientation	Weighted Percent	Population Estimate
Heterosexual	79.0%	232,632
Homosexual	16.3%	48,045
Bisexual	2.6%	7,578
Questioning or other sexual orientation	2.1%	6,187
Total	**100.0%**	**294,442**

The percent of the adult population that identifies as LGBQ is significantly larger in the Coachella Valley than in Riverside County or California as a whole, as illustrated in the table below.

In fact, **the percent of adults who identify as gay/lesbian/homosexual in the Coachella Valley is *four times higher* than the percent of adults who identify as gay/lesbian/homosexual in California.**



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2021. The sample size for "other sexual orientation" is very small and thus, these estimates are statistically unstable and should be used with caution.

[1] Sexual Orientation. (n.d.). Planned Parenthood. https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation

[2] Gates, G.J., & Cooke, A.M. (n.d.). California Census Snapshot: 2010. Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_California_v2.pdf

Military Service

Persons who have served in the military have an increased risk for negative physical and mental health consequences such as Post Traumatic Stress Disorder (PTSD), depression, suicide, and substance use disorders.[1] However, they can also have educational, economic, and personal development gains as compensation for serving in the military.[2]

In the Coachella Valley, **10.3% of local adults have served on active duty in the Armed Forces of the United States**—that equates to more than 34,000 veterans.

Most of these veterans are Korean War-era veterans or Vietnam-era veterans, as illustrated in the table below by the year that they enlisted/were commissioned. There are relatively few veterans (1,965 adults) who have enlisted in the last 20 years.

Start Year *Veterans*	Weighted Percent	Population Estimate
1940s	2.0%	589
1950s	17.5%	5,221
1960s	41.2%	12,271
1970s	19.2%	5,718
1980s	10.8%	3,227
1990s	2.7%	815
2000s	6.6%	1,965
Total	**100.0%**	**29,764**

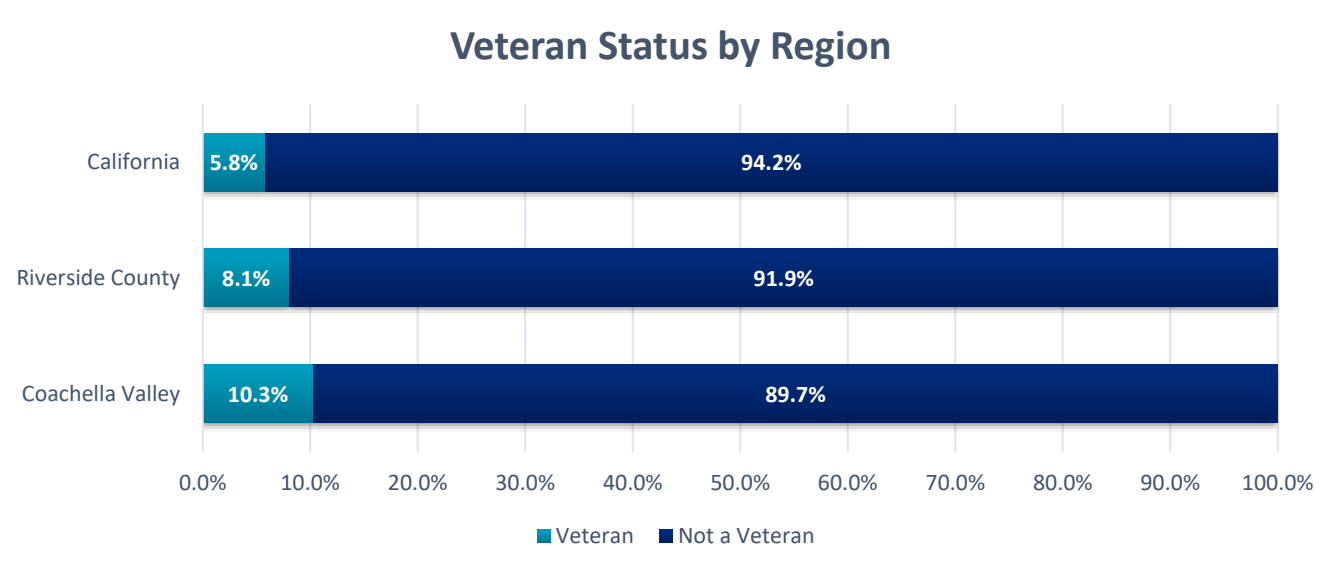
More than half of local veterans (54.6%, or 15,391 veterans) were deployed during their time in the service. These veterans likely have more negative health impacts than veterans who were not deployed, including PTSD, injuries, and chemical exposure.

[1] Inoue, C., Shawler, E., Jordan, C. H., & Jackson, C. A. (2021). Veteran and Military Mental Health Issues. In StatPearls. StatPearls Publishing.
[2] Spiro, A., Settersten, R., Aldwin, C. (2016). Long-Term Outcomes of Military Service in Aging and the Life Course: A Positive Re-Envisioning. The Gerontologist, 56(1), 5-13

The majority of local veterans (74.8%) served for five years or less, as illustrated in the table below. Retirement benefits are typically only offered to veterans who serve on active duty for 20 years or more or to those who retire due to medical conditions.[1] Thus, most of our local veterans are not receiving this benefit.

Total Years in Service *Veterans*	Weighted Percent	Population Estimate
Less than one year	1.7%	499
One to two years	24.4%	7,110
Three to five years	48.7%	14,202
Six to 10 years	19.0%	5,526
More than 10 years	6.3%	1,841
Total	**100.0%**	**29,177**

The percentage of adults who are veterans in the Coachella Valley is significantly higher than the rate for California as a whole. As illustrated in the chart below, about 5.8% of adults in California are veterans, while 10.3% of Coachella Valley adults are veterans.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

[1] Defense Finance and Accounting Service. Retirement eligibility. Available online at: https://www.dfas.mil/retiredmilitary/plan/eligibility.html

General Health Status

Self-rated general health measures how individuals perceive the quality of their health. This measurement of general health is a consistent indicator of life expectancy across longitudinal studies.[1] It is a reliable indicator of general health among those without cognitive impairment and is commonly used in population surveys.[2]

As illustrated in the table below, most Coachella Valley adults rate their health as "good" or better. However, **17.0% rate their health as "fair" or "poor,"** representing more than 55,600 adults.

Health Status	Weighted Percent	Population Estimate
Excellent	13.0%	42,715
Very good	30.2%	98,835
Good	39.8%	130,368
Fair	13.8%	45,323
Poor	3.2%	10,346
Total	**100.0%**	**327,586**

Local Spotlight: City of La Quinta

The City of La Quinta provides many activities that help residents be active both physically and mentally, promoting good health. For example, the Wellness Center provides affordable access to state-of-the-art fitness equipment and exercise classes. For those who prefer to be active outdoors, there are numerous hiking and biking trails as well as 16 different parks.

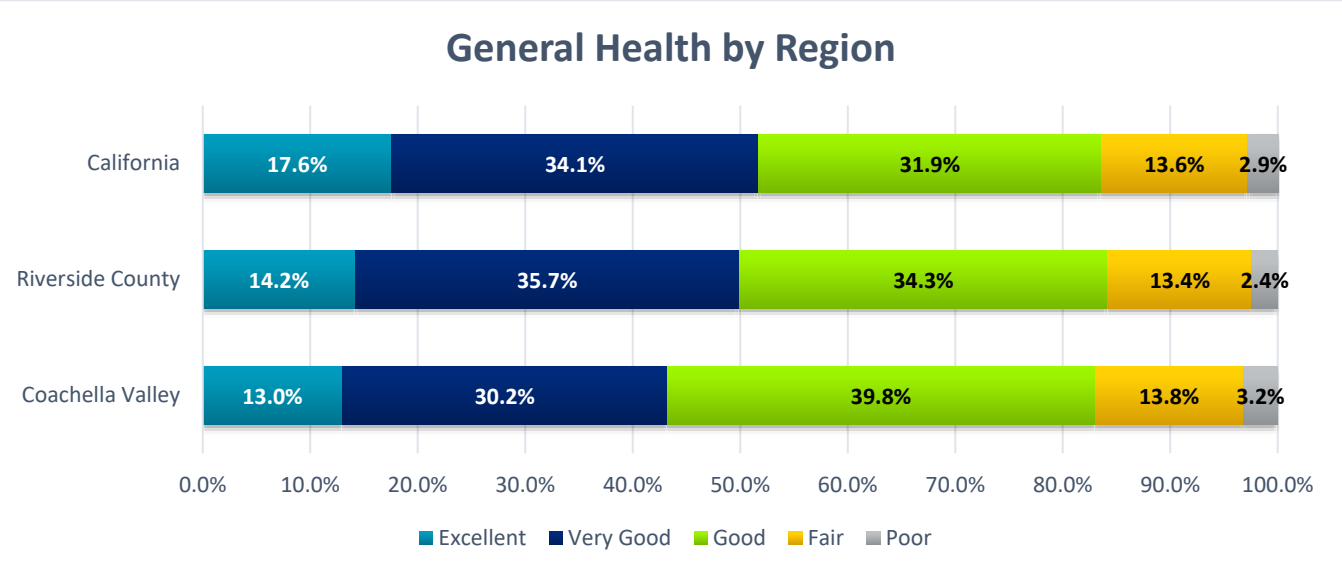
Every Sunday in October through May, La Quinta hosts a Certified Farmers' Market in Old Town, where visitors can purchase fresh local produce, organic meat, and much more.

The La Quinta Museum offers many ways for people to connect, such as Good Books in the Gallery, Sketchbook Journaling, and Genealogy Club. Overall, it's easy to be active and involved in La Quinta.

To learn more about activities in La Quinta, visit https://www.laquintaca.gov/.

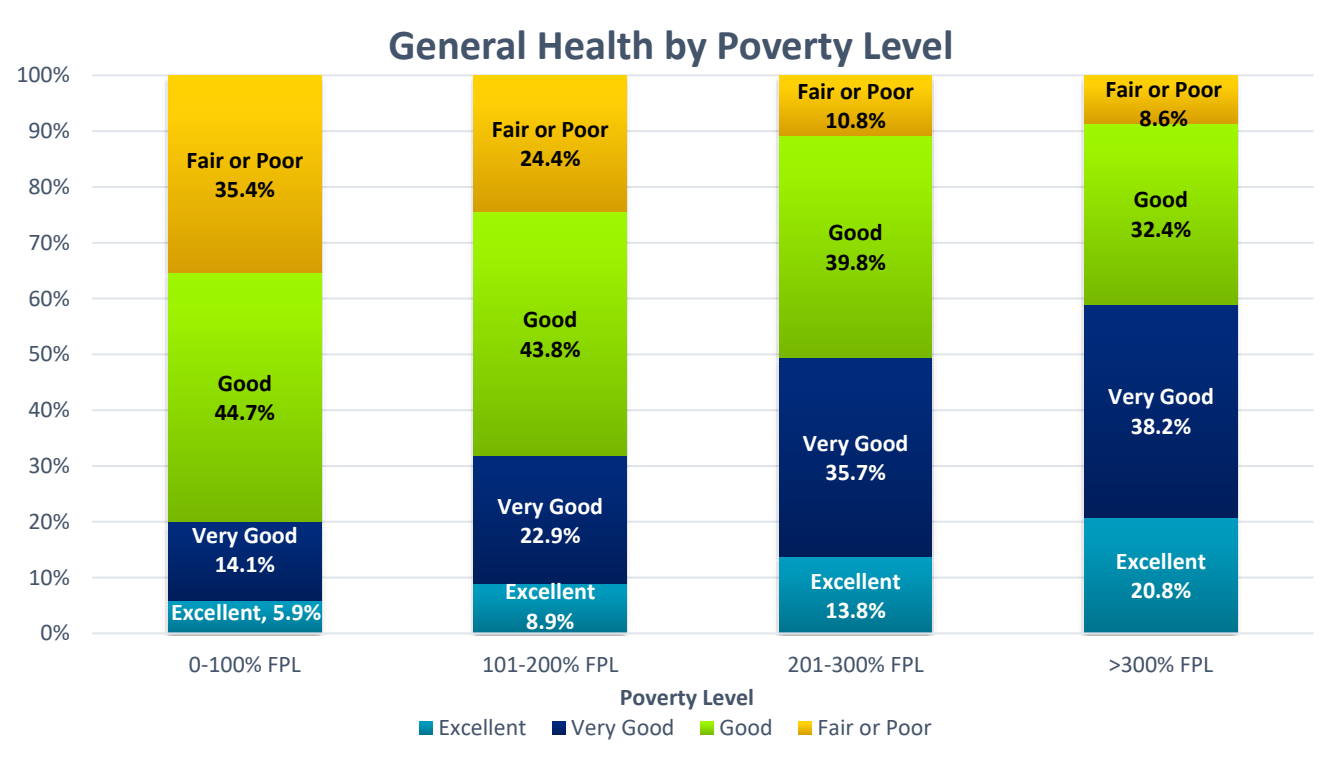
[1] Idler, E. L., & Benyamini, Y. (1997). Self-Rated Health and Mortality: A Review of Twenty-Seven Community Studies. *Journal of Health and Social Behavior*. *38*(1). 21–37.
[2] Bombak A. E. (2013). Self-Rated Health and Public Health: A Critical Perspective. *Frontiers in Public Health*. 1, 15.

As illustrated in the chart below, **Coachella Valley adults are significantly less likely than adults across California to rate their health as "excellent" or "very good,"** indicating overall lower levels of self-rated health in our region.



Note: The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Self-rated general health varies based on poverty level—**those in poverty have worse self-rated health, and as residents rise above the poverty level, their self-rated health improves steadily**. As illustrated in the chart below, 35.4% of adults living in poverty (0 to 100% of the federal poverty level, or FPL) rated their health as "fair" or "poor," while only 5.9% rated their health as "excellent." In contrast, adults who are financially stable (greater than 300% of FPL) have the opposite pattern.



Healthcare Access – Ages 18 to 64

Health insurance is the primary mode for accessing medical care. Since most United States citizens and permanent residents can obtain Medicare coverage at the age of 65, almost all persons who are 65 or older have health insurance.[1] Thus, in this section we examine **health insurance for people ages 18 through 64.**

Access to healthcare is a critically important factor for one's health, and without insurance, healthcare in the United States is cost-prohibitive to all but the very wealthy. In 2020, a majority of Californians got their health insurance through their employers (60.1%) and almost a quarter was covered by Medicaid (24.8%). Yet, 9.1% of Californians were uninsured between 2019 and 2020.[2]

Health Insurance Coverage

The majority of local working-age adults have health insurance (87.5%, or 176,227 adults ages 18 to 64). However, results show that **12.5% of working-age adults (25,207 adults ages 18 to 64) are uninsured**.

Non-Hispanic White adults are significantly less likely to be uninsured when compared to adults of color. Specifically, only 6.6% of non-Hispanic White adults are uninsured, compared to 16.5% of Hispanic adults and 16.3% of non-Hispanic African American/Black adults.

Local Spotlight: IEHP

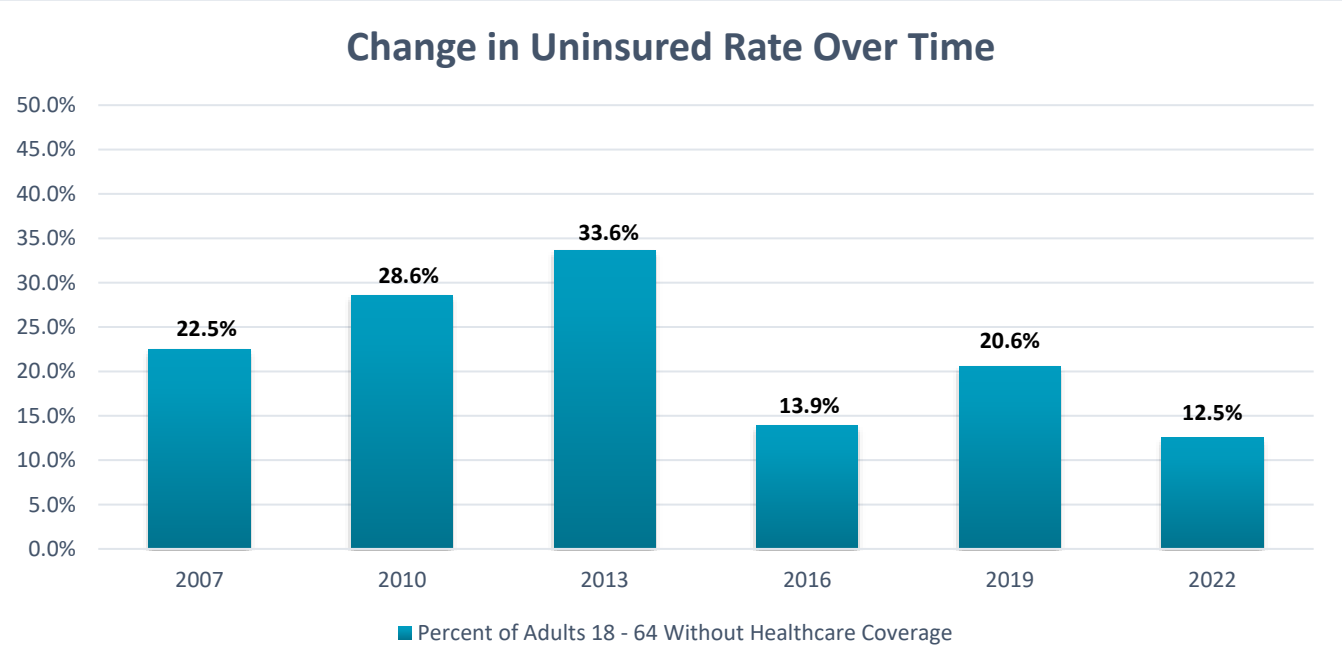
The Mission of Inland Empire Health Plan (IEHP) is to "heal and inspire the human spirit." As the largest Medi-Cal health plan in the Coachella Valley, IEHP provides access and coverage to high-quality health care via a wide network of Providers and hospitals. IEHP also focuses on many other community needs, i.e., health education, exercise programs, housing services, fresh fruit and vegetables distributions, mental health resources and more. IEHP partners with other Inland Empire entities aligned with similar purposes: to make a positive difference in the communities we call home.

To learn more about IEHP, visit https://www.iehp.org/. To see an inspiring video on real-life patient Lavinia W., who needed a comprehensive approach to improving her heart health, scan the QR code.

[1] Medicare coverage excludes unauthorized immigrants. Since May 2022, California has made Medi-Cal coverage eligible for all low-income state residents 50 years of age or older, regardless of immigration status. See Office of Governor Gavin Newsome. (2022). California Expands Medi-Cal to All Eligible Adults 50 Years of Age or Older. https://www.gov.ca.gov/2022/04/29/california-expands-medi-cal-to-all-eligible-adults-50-years-of-age-and-older/

[2] Coverage During a Crisis: Insured Rate for Californians Hits Historic High in First Year of COVID-19 Pandemic. California Health Care Foundation. https://www.chcf.org/publication/coverage-during-crisis-insured-rate-historic-high-first-year-covid-19-pandemic/#related-links-and-downloads

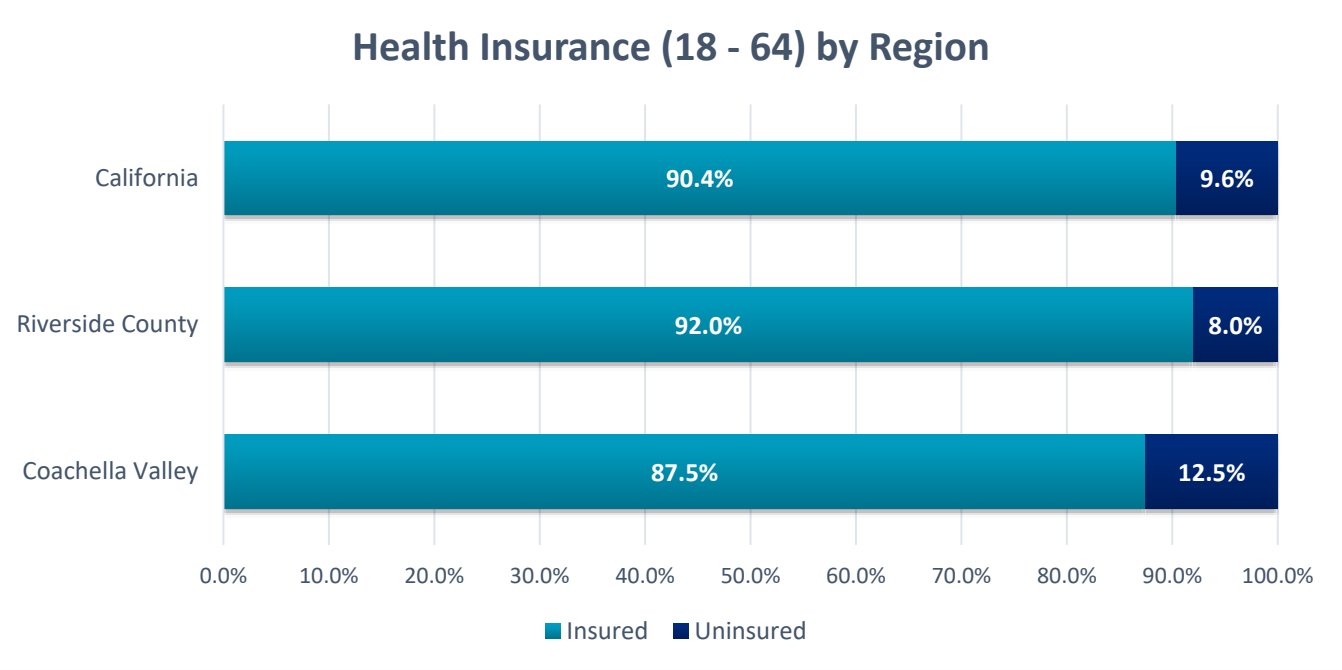
The proportion of working-age adults who are uninsured is the lowest it has been in over a decade, as illustrated in the chart below. Prior to the implementation of the Affordable Care Act, the rate of uninsured working adults was creeping higher and higher each survey cycle. After the ACA was implemented, there was a sharp drop, but in 2019 some of that progress was lost. This cycle saw significant improvement, going from 20.6% to 12.5%, as illustrated in the chart below.



It is highly likely that the lower rates of uninsured working-age adults in 2022 are related to the Medicaid rule changes during the COVID-19 pandemic. Specifically, the federal government declared a COVID-19 Public Health Emergency (PHE) early on in the pandemic; this provided flexibility that helped people across the country to get on Medicaid and stay on it in instances where they would otherwise be dis-enrolled. In California, the Department of Health Care Services (DHCS) allowed more than 100 flexibilities to the Medi-Cal system (California's Medicaid system).[1] This allowed many people to obtain Medi-Cal who might not otherwise be eligible. However, based on the Consolidated Appropriations Act of 2023, the requirement to provide continuous coverage via Medi-Cal will end on March 31, 2023.[2] As such, **it is highly likely that the progress we've made from 2019 to 2022 will be reversed in only a matter of months.**

[1] Department of Health Care Services. (February 24, 2023). Medi-Cal COVID-19 Public Health Emergency and continuous coverage operational unwinding plan. https://www.dhcs.ca.gov/Documents/PHE-UOP/Medi-Cal-COVID-19-PHE-Unwinding-Plan.pdf
[2] Ibid.

Although the Coachella Valley has made progress over the last three years in reducing the percent of the working-age adults that are uninsured, we still lag behind Riverside County and California as a whole. As illustrated in the chart below, Riverside County has gotten the percent of uninsured working-age adults down to 8.0%, while Coachella Valley lags behind at 12.5%.



Note. Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Of the more than 25,000 working-age adults who are uninsured, the most frequently cited reason for lack of insurance is the inability to pay premiums.

Healthcare Utilization

While having health insurance is critical to good health, it is also important to utilize healthcare appropriately, including regular preventive check-ups with a primary care provider.

Recent Use

Regular visits to a healthcare provider are critically important for individuals to maintain positive health. Regular visits can help address emerging issues before they become major health problems. As such, it would be ideal if all adults could visit a healthcare provider every year.

Fortunately, **the majority of Coachella Valley adults (83.7%) have seen a healthcare provider**, such as a doctor, nurse practitioner, specialist, or other healthcare provider in the past year.

However, as illustrated in the table below, **more than 8,000 local adults have not seen a healthcare provider within the past five years**, putting them at a higher risk of negative health outcomes. Furthermore, more than 4,400 local adults have *never* seen a healthcare provider for treatment.

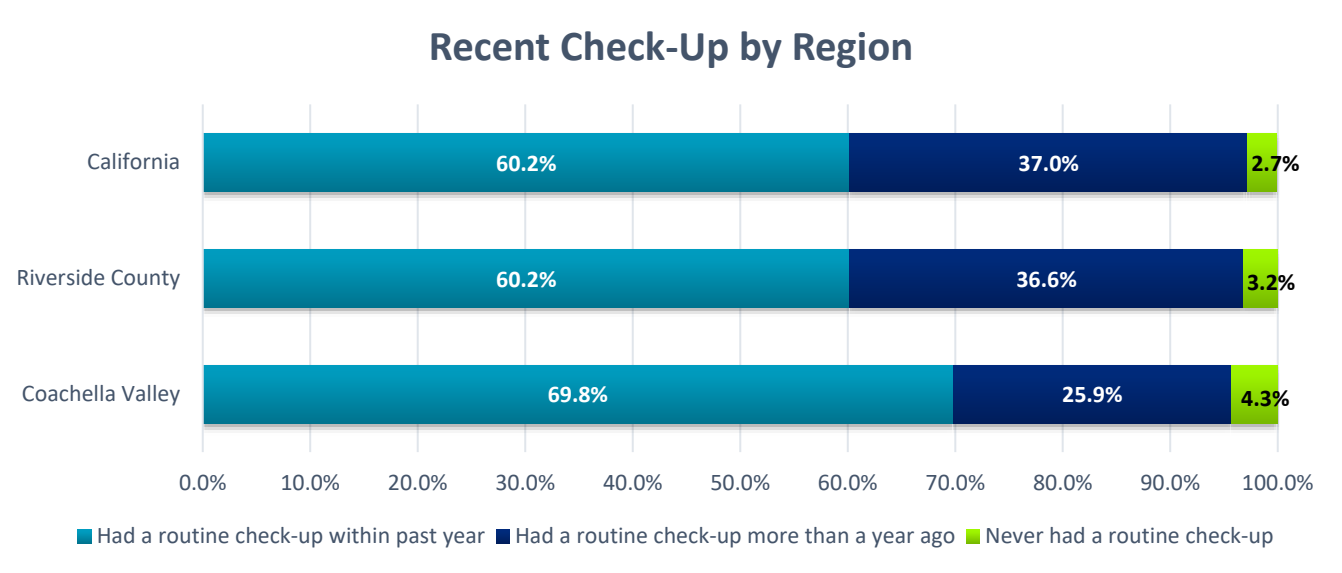
Time Since Last Visit to a Healthcare Provider	Weighted Percent	Population Estimate
Less than six months	71.6%	238,463
Six months to less than one year	12.1%	40,456
One year to less than two years	7.7%	25,578
Two years to less than five years	4.8%	15,875
Five or more years ago	2.4%	8,151
Never been for treatment	1.3%	4,473
Total	**100.0%**	**332,995**

While having a visit to a provider in the past year is important, it does not necessarily indicate that an individual is receiving preventive care or continuity of care. For example, the visit within the past year may have been to an emergency room provider for the purpose of an accident or acute illness. Ideally, all local adults would have a check-up, or preventive care visit, with a primary care provider within the past year. As such, participants were asked, "Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine checkup?"

As illustrated in the table below, about **69.8% of local adults have had a check-up within the past year**. In contrast, 5.3% have not had a check-up visit within the past five years, and 4.3% have *never* had a basic check-up.

Time Since Last Check-Up	Weighted Percent	Population Estimate
Within the past year	69.8%	233,614
One year to less than two years	13.9%	46,667
Two years to less than five years	6.6%	22,019
Five or more years ago	5.3%	17,855
Never	4.3%	14,454
Total	**100.0%**	**334,608**

When compared to counterparts in Riverside County and California as a whole, **Coachella Valley adults are significantly more likely to have had a routine check-up within the past year**. As illustrated in the chart below, nearly 70% of local adults have had a routine check-up in the past year, while the overall county and state totals are closer to 60%.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2021.

Local Spotlight: Desert Oasis Healthcare

It's important to establish care with a primary care provider and be examined at least annually (more often if you have chronic health issues) in order to maximize and maintain your health. Your primary care provider is there to make sure you get important health screenings so that issues can be identified early, when they are most effectively treated.

Fortunately, Desert Oasis Healthcare (DOHC) has an extensive network of fantastic primary care providers—supported by others on your patient care team—for you to choose from. This care team is dedicated to making sure you have the best opportunity to live your healthiest life. Desert Oasis Healthcare cares for more than 60,000 patients locally. To learn more about DOHC and how you can become a member, visit www.mydohc.com

Usual Source of Care

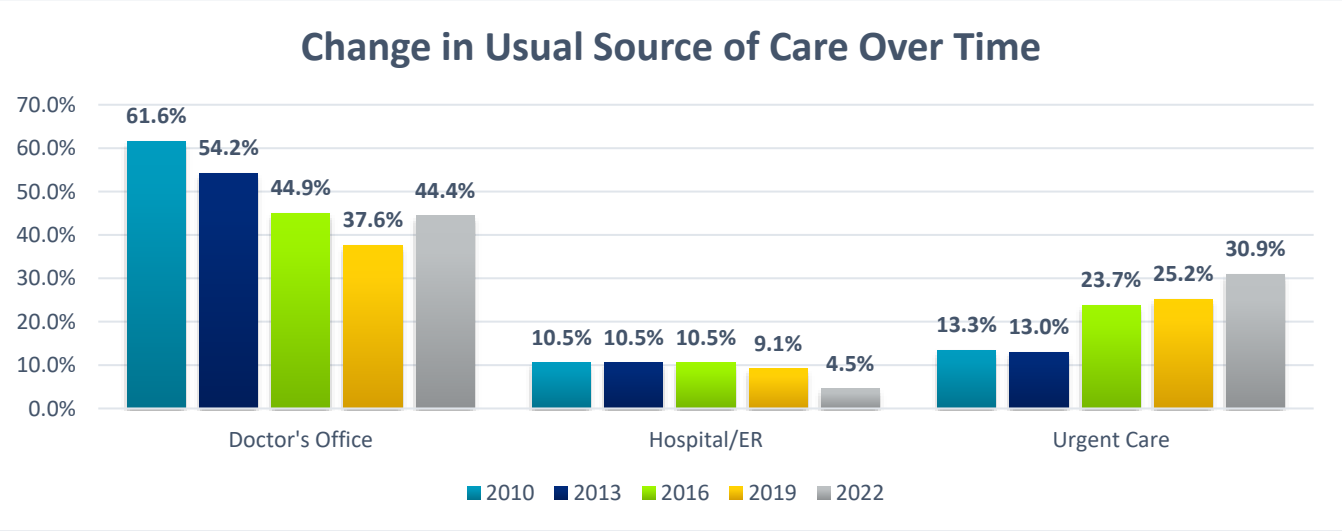
Not only is at least one annual preventative care visit with a primary care provider an objective, but it would be preferable if persons could have the same primary care provider on a consistent basis or over long periods of time. Having the same primary care provider can establish continuity of care which can facilitate improved decision-making with the foundational knowledge of the person's medical history and any new medical information that develops throughout time.[1] Emergency room usage does not provide an opportunity for continuity of care and thus, should be used for emergencies only, not routine care.

Participants were asked, "When you are sick or in need of healthcare, where do you usually go?" As illustrated in the table below, **the two most common places for healthcare are doctor's offices and urgent care**.

Usual Source of Care	Weighted Percent	Population Estimate
Doctor's office	44.4%	148,563
Urgent care	30.9%	103,209
Clinic	10.3%	34,335
Emergency room/hospital	4.5%	15,048
No usual place	5.8%	19,560
Some other place	4.1%	13,670
Total	**100.0%**	**334,387**

Many of the responses in the "other" category included the VA, followed by seeking care in Mexico.

As illustrated in the chart below, **for the first time in HARC's history, the percentage of people who cite the "hospital/ER" as their usual source of care has gone down significantly**—it appears that these individuals are now more likely to access care via urgent care or at a doctor's office.



However, there are still disparities in the usual source of care based on poverty level. Specifically, over **12% of people living below the poverty line use the hospital/ER as their usual source of care, compared to less than 1% of those living at or above 300% of the poverty line.**

[1] Continuity of Care, Definition of. (n.d.). American Academy of Family Physicians. https://www.aafp.org/about/policies/all/continuity-of-care-definition.html

Barriers to Care

Although persons may have health insurance, it does not guarantee that there will be access to care. Barriers such as income, education, occupation, geography, inconvenient hours, among others, can deter people from accessing medical care.

Participants were asked to indicate if any of a series of barriers consistently made it very difficult or prevented them from receiving healthcare when they needed it in the past year. As illustrated in the table below, **the most common barrier to healthcare was the length of time it took to get an appointment**, which impacted one in three local adults in a negative way.

Barriers to Care	Weighted Percent	Population Estimate
Length of time it took to get an appointment	36.4%	110,407
Hours the provider is open to see patients	20.9%	61,699
Understanding what is covered by your plan	16.7%	48,967
Not having authorization from an HMO	14.5%	40,712
Taking time off work	14.3%	42,102
Finding a doctor of the sex, age, ethnicity, or sexual orientation that you are comfortable with	13.0%	38,822
Transportation	6.7%	20,105
Language barrier	5.1%	14,954

Not surprisingly, **transportation was a greater barrier for people living in poverty than for those living in relative financial stability**. Specifically, 19.5% of people living in poverty experienced transportation as a major barrier to receiving needed healthcare this year; in contrast, only 1.6% of people living at or above 300% of the poverty line struggled with transportation.

Local Spotlight: Innercare

Innercare, formerly known as Clinicas de Salud del Pueblo, is a federally qualified health center with locations throughout Riverside and Imperial Counties, including clinics in Coachella and Mecca. Innercare has an entire team dedicated to community health and outreach, which includes dedicated and experienced Community Health Workers, Promotoras, and Health Navigators. These programs complement clinic and hospital care by helping people to manage their health at home.

The Community Health and Outreach Teams help patients understand the importance of preventive care, understand when to visit the emergency room versus when to see a primary care provider, how to live a healthy lifestyle, and how to overcome barriers that prevent them from visiting doctors. This department also helps with enrollment for Medi-Cal, Covered California, and MISP. To learn more about this innovative program, visit https://innercare.org/?page_id=4327

Preventive Health Screenings

Preventive health refers to steps that promote health and prevent disease through routine healthcare such as screenings, check-ups, and patient counseling.[1] Screenings can detect disease before it develops into severe illness, allowing treatment to be administered before serious complications occur.

Dental Care

Oral health conditions affect all persons, but with regular dental visits, these conditions can be prevented or treated. Generally, at least one visit per year should be made with a dentist to maintain good oral health, yet the frequency for dental visits may vary and should be determined between patients and their dentists should any special needs arise.[2]

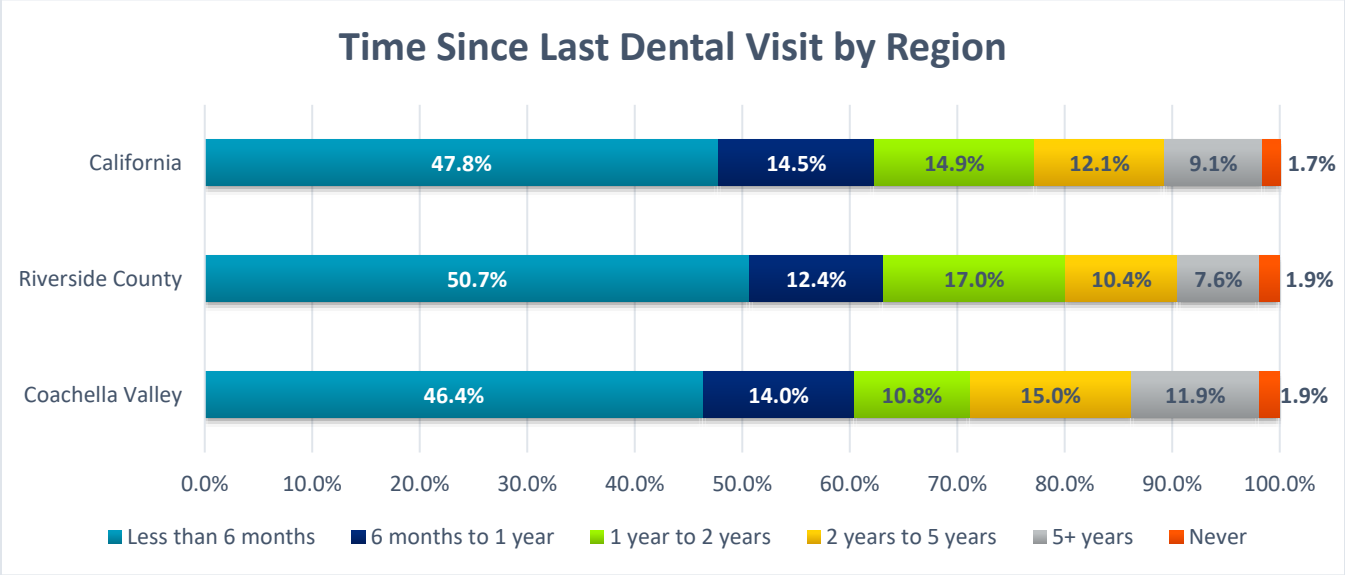
As illustrated in the table below, **60.4% of local adults have been to the dentist in the past year** as is generally recommended. This equates to 199,919 people. In contrast, 39.6% of adults (131,111 people) have *not* been to the dentist within the past year—including 6,266 who have *never* been to the dentist.

Time Since Last Dental Visit	Weighted Percent	Population Estimate
Less than six months	46.4%	153,467
Six months to less than one year	14.0%	46,452
One year to less than two years	10.8%	35,679
Two years to less than five years	15.0%	49,784
Five or more years ago	11.9%	39,381
Never	1.9%	6,266
Total	**100.0%**	**331,030**

[1] Preventive Care. (2022). U.S. Department of Health and Human Services. https://www.hhs.gov/healthcare/about-the-aca/preventive-care/index.html

[2] Oral Health (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealth/basics/adult-oral-health/tips.html

Overall, patterns of dental visits in Coachella Valley are relatively similar to those across Riverside County, as illustrated in the chart below.



Note. The Riverside County and California data in this table are from the California Health Interview Survey, 2021. The estimate for Riverside County "never" is statistically unstable and should be interpreted with caution.

Of those who have not visited a dentist in the past year, **the most commonly cited reason for lack of a recent dental visit was the cost,** which was a barrier for more than 28%. About 12.5% did not go to the dentist in the past year because they saw no reason to go/had no pain, which indicates a lack of understanding of the purpose of preventive care.

Reason for Not Visiting Dentist in Past Year ***Adults Who Have Not Visited a Dentist in Past Year***	**Weighted Percent**	**Population Estimate**
Cost	28.8%	33,028
Lack of dental coverage	13.3%	15,218
No reason to go, don't need it, no pain	12.5%	14,334
No teeth/have dentures	6.0%	6,869
Fear, nervousness, pain, dislike going	5.9%	6,725
Didn't think of it	5.3%	6,086
Other priorities	5.0%	5,687
Dislike dentist	4.7%	5,430
Do not have/know a dentist	4.5%	5,149
Other	14.1%	16,251
Total	**100.0%**	**114,776**

Most of the "other" barriers were related to COVID-19; e.g., "pandemic," "COVID lockdown," "COVID risk," etc.

Women's Health Screenings

Breast Health

Breast cancer can occur in different areas of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk).[1] Breast cancer is the most common type of cancer among women and the second leading cause of cancer-related deaths among women in California.[2] In 2019, 28,781 new cases of female breast cancer were reported, and 4,527 women died of breast cancer in California.[3]

Screening for breast cancer can be done through mammography, breast magnetic resonance imaging (MRI), or doing a physical breast exam with a healthcare provider. A screening does not prevent cancer; however, screening can help identify early signs of breast cancer in order to administer treatment as early as possible which is more likely to be successful.[4] The U.S. Preventive Services Task Force recommends that women ages 50 to 74 should receive a mammogram screening every two years.[5] Mammogram screenings for women in their 40s should be based on individual risk status while also evaluating the benefits and harms.[6]

The vast majority of local women between the ages of 50 and 74 have had a mammogram at least once—99.0% of women 50 to 74 or 53,540 women. Only **1.0% of local women between the ages of 50 and 74 have *never* had a mammogram**.

Most women between the ages of 50 and 74 who have had a mammogram (85.6%) had the procedure done within the past two years, per the recommendation, as illustrated in the table below. However, **14.4% of women between the ages of 50 and 74 have not had a mammogram in the past two years,** and thus, are likely overdue for this screening (approximately 7,719 women).

Time Since Last Mammogram *Women 50 to 74 Who Have Ever Had a Mammogram*	**Weighted Percent**	**Population Estimate**
Within the past year	62.5%	33,459
One year to less than two years	23.1%	12,361
Two years to less than three years	4.7%	2,503
Three years to less than five years	4.1%	2,212
Five or more years ago	5.6%	3,004
Total	**100.0%**	**53,539**

[1] What is Breast Cancer? (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/basic_info/what-is-breast-cancer.htm
[2] United States Cancer Statistics: Data Visualizations. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/breast/statistics/index.htm
[3] Ibid.
[4] What is Breast Cancer Screening? (2021). https://www.cdc.gov/cancer/breast/basic_info/screening.htm
[5] Breast Cancer: Screening. (2016). U.S. Preventive Services Task Force. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-screening
[6] Ibid.

Pap Smear Test

Cancer within the female reproductive organs is called gynecologic cancer and includes five types, one of which is cervical cancer.[1] All women are at risk for cervical cancer, but it occurs most often in women over the age of 30 and is likely due to a chronic infection of human papillomavirus (HPV).[2] To screen for cervical cancer, a Pap test, also known as a Pap smear, can be conducted.

Pap smears should generally begin at the age 21 for all women, and if the results are normal, then testing can be repeated every three years until the age of 65.[3] Some women may get Pap smears more frequently, based on abnormal results that indicate precancerous cells, a positive HPV diagnosis, a family history of cervical cancer, or a weakened immune system.[4] In 2019, 1,455 new cases of cervical cancer were reported, and 495 women died of cervical cancer in California.[5]

Results show that 96.9% of local women over the age of 21 (132,213 women) have had a Pap smear while **3.1% of women ages 21 and over have *never* had a Pap smear**. These 4,217 women should get a Pap smear as soon as possible to check for cervical cancer.

[1] Gynecologic Cancers. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/gynecologic/basic_info/index.htm
[2] Cervical Cancer. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/cervical/basic_info/index.htm
[3] What Should I Know About Screening? (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/cervical/basic_info/screening.htm
[4] Ibid.
[5] United States Cancer Statistics: Data Visualizations. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/cancer/cervical/statistics/index.htm

Of the women between the ages of 21 and 65 who *have* had a Pap smear, most (81.9%) have had the procedure within the past three years, as illustrated in the table below. Thus, they are likely well within the recommended screening guidelines.

However, there are **19,182 women between the ages of 21 and 65 who have *not* had a Pap smear within the last three years and are likely overdue** for this important procedure.

Time Since Pap Smear ***Women Ages 21 to 65 Who Have Had a Pap Smear***	**Weighted Percent**	**Population Estimate**
Within the past year	46.5%%	49,098
One year to less than two years	24.7%	26,049
Two years to less than three years	10.7%	11,332
Three years to less than five years	10.4%	11,026
Five or more years ago	7.7%	8,156
Total	**100.0%**	**105,661**

Local Spotlight: Planned Parenthood of the Pacific Southwest

Planned Parenthood of the Pacific Southwest provides reproductive healthcare in San Diego, Riverside, and Imperial counties. The mission is to ensure broad public access to sexual and reproductive healthcare. In the Coachella Valley, the clinics in Rancho Mirage and Coachella care for thousands of patients each year. This includes critically important services such as Pap smears, STI testing, pregnancy tests, and contraception, among other services.

Planned Parenthood of the Pacific Southwest also provides other valuable services, such as sexual education for teens in both English and Spanish, with an emphasis on rights, respect, and responsibility.

To learn more, visit https://www.plannedparenthood.org/planned-parenthood-pacific-southwest/

Health Behaviors

Alcohol Use

Alcohol is a legal intoxicating drug commonly consumed through beer, malt liquor, wine, and distilled spirits. The 2020-2025 Dietary Guidelines for Americans recommends that if adults choose to drink alcohol, then it should be consumed in moderation—up to one drink per day for women and up to two drinks per day for men.[1]

In the Coachella Valley, **55.9% of local adults (175,224 people) consumed alcohol at least once in the prior month** and are categorized hereafter as "active drinkers." The remaining 44.1% (137,986 people) did not consume any alcohol in the prior month and are considered "non-drinkers."

Excessive alcohol consumption is sorted into two main categories: binge drinking and heavy drinking. Binge drinking is defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men, roughly within two hours for both men and women.[2] Heavy drinking is defined as having eight or more drinks per week for women and having 15 or more drinks per week for men.[3]

Excessive alcohol consumption has both short-term and long-term effects on health. Some short-term effects include increased incidence of accidents/injuries, violence, alcohol poisoning, and risky sexual behaviors. Long-term effects include a range of chronic diseases, cancers, issues with cognition and mental health, alcohol use disorders, and harm to a fetus if a woman is pregnant.[4]

Participants were asked, "Considering all types of alcoholic beverages, how many times during the past 30 days did you have [five for men, four for women] or more drinks on a single occasion?" Results showed that most local drinkers (75.7%) have not engaged in binge drinking at all in the past month. However, about **a quarter of active drinkers—24.3%—have engaged in binge drinking at least once in the prior month**. As illustrated in the table below, this includes over 12,400 people who engaged in binge drinking seven or more times per month, and thus may be at risk for negative health consequences.

Number of Binge Drinking Occasions per Month *Active Drinkers*	Weighted Percent	Population Estimate
None	75.7%	132,592
One	6.4%	11,149
Two	3.5%	6,049
Three to six	7.3%	12,810
Seven or more	7.2%	12,457
Total	**100.0%**	**175,055**

[1] U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. https://www.dietaryguidelines.gov/resources/2020-2025-dietary-guidelines-online-materials
[2] Alcohol and Public Health. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/faqs.htm
[3] Ibid.
[4] Ibid.

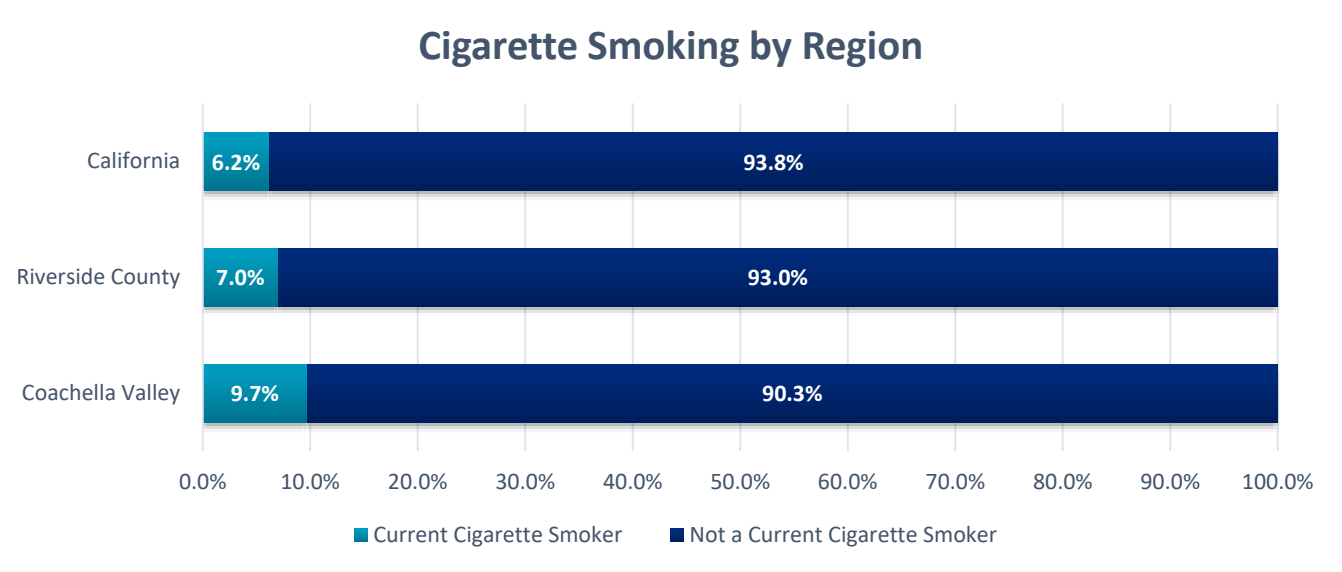
Tobacco Use

Tobacco is consumed in a variety of ways including cigarettes, cigars, pipes, chewing tobacco, and most recently through e-cigarettes and vaping devices or "vapes." Smoking tobacco causes cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD) and causes general harm to almost every single organ in the body.[1] Tobacco contains nicotine, which is an addictive chemical, along with many other potentially harmful chemicals that are generated when tobacco is burnt or smoked.[2] While not all e-cigarette devices contain nicotine, similar chemical compounds exist when using these devices, but research has yet to definitely suggest that e-cigarettes have the same effect as smoking cigarettes.

According to the CDC, about 12.5% or 30.8 million people in 2020 were current cigarette smokers.[3] Each year, more people die from smoking cigarettes than alcohol use, illegal drug use, human immunodeficiency virus (HIV), motor vehicle accidents, and firearm-related accidents.[4]

Results show that **9.7% of local adults (31,889 people) are active cigarette smokers**, that is, they currently smoke cigarettes some days or every day.

As illustrated in the chart below, **cigarette smoking is significantly more common in Coachella Valley than in California as a whole**, indicating that tobacco cessation efforts should be ramped up in our region.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Participants were also asked, "Do you now use other tobacco products, such as e-cigarettes, vapes, cigars, hookah, chew, etc. every day, some days, or not at all?" Results show that **5.7% of local adults (approximately 18,851 people) use other forms of tobacco regularly.**

[1] Smoking and Tobacco Use. (2020). Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm
[2] Cigarettes and Other Tobacco Products DrugFacts. (2021). National Institute on Drug Abuse. https://nida.nih.gov/publications/drugfacts/cigarettes-other-tobacco-products
[3] Data and Statistics. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm
[4] Ibid.

Marijuana Use

California Proposition 215, also known as the Compassionate Use Act of 1996, was a medical marijuana law. Senate Bill (SB) 420 (Chapter 875, Statutes of 2003) was signed into law in 2003 to complement Proposition 215, which required the California Department of Public Health to create the Medical Marijuana Program. The program is voluntary for those in the general public who would like to obtain an identification card to qualify for access to medical marijuana, to serve as a type of "pre-approved access" to purchasing medical marijuana. This program was also intended to help law enforcement identify cardholders as being able to legally possess certain amounts of medical marijuana.[1]

With the passage of Proposition 64, recreational usage of marijuana in California became legal in 2016.[2] Thus, marijuana can now legally be consumed for non-medical purposes.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) estimates that about 17.9% or about 49.6 million Americans ages 12 years or older in 2020 used marijuana in the past year.[3]

Participants were asked, "During the past 30 days, on how many days did you use marijuana, hashish, or another THC product?" As illustrated in the table below, most Coachella Valley adults do not use marijuana on a regular basis. Approximately **18.3% of local adults used marijuana at least once in the past month**, and are categorized as "active marijuana users," as illustrated in the table below.

Days of Marijuana Use in Past Month	Weighted Percent	Population Estimate
None	81.7%	256,527
One to 14 days	8.3%	26,163
15 to 29 days	4.1%	12,758
Every day of the month	5.9%	18,680
Total	**100.0%**	**314,128**

On average, active marijuana users use marijuana 16 days per month, or about every other day. Active marijuana users were next asked whether their use was usually for medical reasons, non-medical reasons, or both. As illustrated in the table below, responses are relatively evenly divided in thirds.

Reason for Using Marijuana *Active Marijuana Users*	Weighted Percent	Population Estimate
For medical reasons (like to treat symptoms of a health condition)	32.8%	18,717
For non-medical reasons (like to have fun or fit in)	30.5%	17,429
For both medical and non-medical reasons	36.7%	20,990
Total	**100.0%**	**57,135**

[1] Medical Marijuana Identification Card Program. (2019). California Department of Public Health. https://www.cdph.ca.gov/Programs/CHSI/Pages/MMICP-FAQs.aspx

[2] The Control, Regulate and Tax Adult Use of Marijuana Act. (2018). California.gov website. https://post.ca.gov/proposition-64-the-control-regulate-and-tax-adult-use-of-marijuana-act

[3] Substance Abuse and Mental Health Services Administration. (2021). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2020-nsduh-annual-national-report

Sexual Health

Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs), are common illnesses acquired through sexual contact including vaginal, oral, and anal sex.[1] Common STIs are chlamydia, gonorrhea, human immunodeficiency virus (HIV), human papilloma virus (HPV), and syphilis, among others. Every year there are millions of STI cases reported throughout the United States.[2] Most recent data by the National Academies of Sciences, Engineering, and Medicine reports that one in five people in the United States had an STI on any given day in 2018.[3]

STIs do not always present with signs and symptoms, making it possible to infect others or be infected without a person knowing.[4] Due to this, STI testing is imperative for all persons who are sexually active.

Fortunately, effective preventative measures can be taken to reduce the risk of acquiring STIs. Such measures include the use of condoms, getting vaccinated against HPV, abstinence, and reducing the number of sexual partners.[5]

Local Spotlight: DAP Health

Founded in 1984, DAP Health is a Palm Springs-based Federally Qualified Health Center (FQHC). To better assist residents of the East Valley, this advocacy-based organization, which is firmly committed to equitable access, recently opened a second Sexual Wellness Clinic, in Indio.

Having successfully worked on behalf of people living with HIV/AIDS for almost 40 years, DAP Health now serves the entire community. In addition to HIV care, the non-profit offers primary, dental, and mental health care, plus social services, food assistance, harm reduction and recovery services, low-income housing, and more.

Many throughout the desert depend on DAP Health's confidential and stigma-free sexual health services, which include free HIV and STI testing, free STI treatment, and free Pre-Exposure and Post-Exposure Prophylaxis (PrEP and PEP) services for HIV prevention. The agency also provides a Rapid StART program that fast-tracks those newly diagnosed with HIV into treatment and care.

To learn more, please visit https://www.daphealth.org/ .

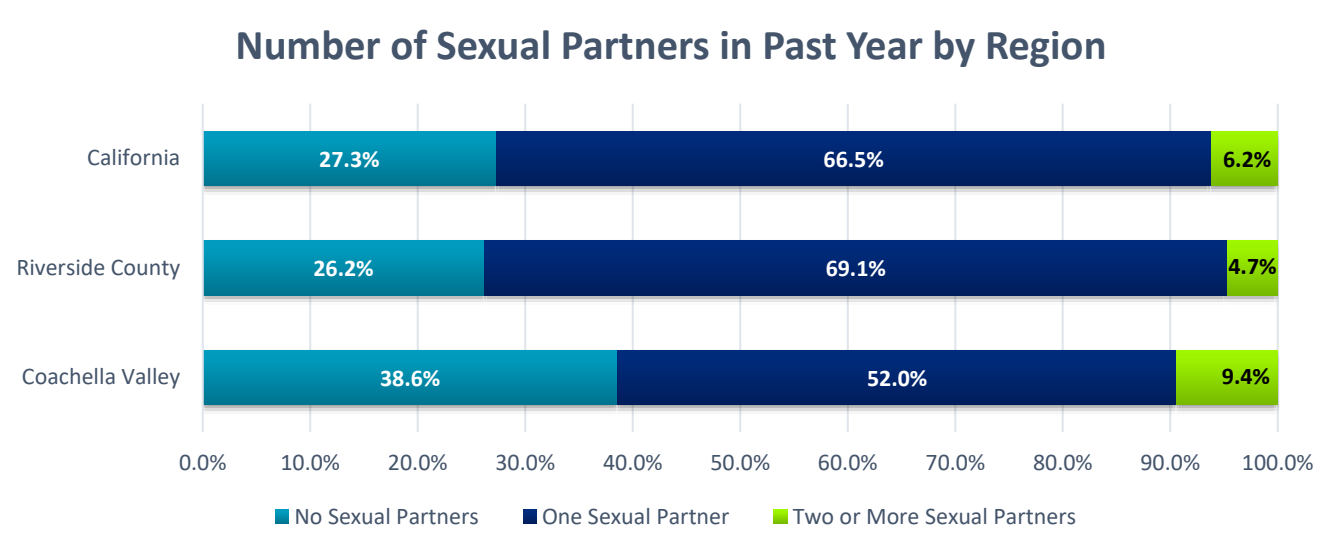
[1] Sexually Transmitted Diseases (STDs). (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/std/general/default.htm
[2] Ibid.
[3] Prevention and Control of Sexually Transmitted Infections in the United States. National Academies Sciences Engineering and Medicine. (2021). https://www.nationalacademies.org/our-work/prevention-and-control-of-sexually-transmitted-infections-in-the-united-states
[4] Sexually Transmitted Diseases (STDs). (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/std/general/default.htm
[5] How You Can Prevent Sexually Transmitted Diseases. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/std/prevention/default.htm

Results show that **61.4% of Coachella Valley adults (195,486 people) have been sexually active in the past year**, while the remaining 38.6% (122,807 people) were not sexually active, as illustrated in the table below.

Number of Sexual Partners in Past Year	Weighted Percent	Population Estimate
None	38.6%	122,807
One partner	52.0%	165,381
Two to four partners	6.1%	19,382
Five to 10 partners	1.9%	6,190
11 or more partners	1.2%	4,533
Total	**100.0%**	**318,293**

The average sexually active adult in the Coachella Valley has had two sexual partners in the past year.

When compared to the county and the state, **Coachella Valley adults are more likely to have been celibate over the past year,** as illustrated in the chart below. **Of those who *are* sexually active, however, Coachella Valley adults are significantly more likely to have had multiple sexual partners** in the past year than their counterparts in Riverside County and California.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Of those who are sexually active, the majority (74.5%) do not use condoms to protect themselves and their partners against STDs/STIs, as illustrated in the table below.

Frequency of Condom Use During Sex *Sexually Active Adults Only*	Weighted Percent	Population Estimate
Always	8.8%	16,883
Most of the time	6.6%	12,653
Sometimes	10.2%	19,687
Never	74.5%	143,448
Total	**100.0%**	**192,672**

HIV/AIDS Testing

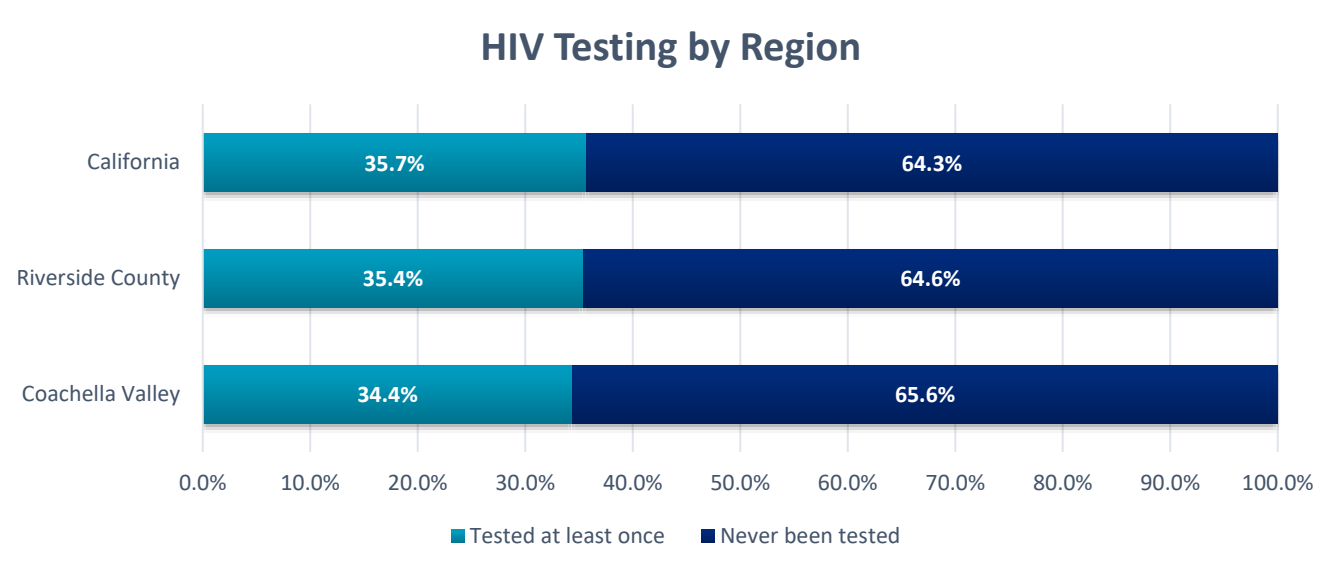
HIV (human immunodeficiency virus) is a virus that attacks the body's immune system, making the body vulnerable to other infections.[1] If HIV goes untreated, then AIDS (acquired immune deficiency syndrome) can develop as the last stage of an HIV infection in which the immune system is compromised to the point that patients experience an increasing number of other opportunistic severe illnesses.[2]

Although a cure is still under research, people living with HIV can slow down the progression of the virus with proper medical care and can live long and healthy lives. With adherence to antiretroviral therapy (ART) as prescribed, people living with HIV can reach a viral load that is undetectable. Being undetectable equates to being untransmissible, which means that individuals with undetectable viral loads have no risk of transmitting HIV to a sex partner.[3]

In 2019, there were 36,801 new cases of HIV in the United States.[4] By the end of 2019, there were about 1,189,700 people who had HIV in the United States. Of these roughly 1.2 million people in the United States, 13% of them did not know they had HIV.[5] Not knowing HIV status can lead to transmission of HIV, and therefore it is important that everyone between the ages of 13 and 64 get tested for HIV at least once.

In the Coachella Valley, **34.4% of local adults (113,090 people) have been tested for HIV at least once.** The other 65.6% (215,336 people) have ***never*** been tested and thus do not know their status.

The local HIV testing rate is very similar to rates in Riverside County and California, as illustrated in the chart below. There are no significant differences in HIV testing between Coachella Valley, Riverside County, and California.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

[1] About HIV. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/whatishiv.html
[2] Ibid.
[3] Living with HIV. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/livingwithhiv/treatment.html
[4] Basic Statistics. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/basics/statistics.html
[5] Ibid.

Of those adults who have been tested for HIV at least once, roughly one in three (30.9%) have been tested within the past year.

Time Since Last HIV Test *Adults Who Have Been Tested for HIV*	Weighted Percent	Population Estimate
Within the past six months	23.1%	25,696
Six months to less than one year	7.8%	8,629
One year to less than two years	12.1%	13,407
Two years to less than five years	14.5%	16,077
Five or more years ago	42.5%	47,232
Total	**100.0%**	**111,041**

Of the local adults who have been tested for HIV, most have been tested at either a private doctor or HMO office (46.7%) or at a clinic (32.7%), as illustrated in the table below.

Location of Last HIV Test *Adults Who Have Been Tested for HIV*	Weighted Percent	Population Estimate
At a private doctor or HMO office	46.7%	51,120
At a counseling and testing site	8.6%	9,435
At a clinic	32.7%	35,825
Other	11.9%	13,109
Total	**100.0%**	**109,490**

To assess the relative risk for contracting HIV, participants were asked whether one or more of several situations applied to them in the past year (they were not asked to specify which one): using intravenous drugs, being treated for a sexually transmitted disease, given/received money or drugs in exchange for sex, and/or had anal sex without a condom in the past year.

Results show that 7.7% of local adults (24,899 people) have engaged in one or more of these risky behaviors and are at risk of contracting HIV.

Of these individuals who are actively engaged in risky behaviors, 19.9% have never been tested for HIV. This finding indicates that approximately **4,956 individuals are at high risk for contracting HIV but do not know their HIV status**. Not knowing their status means that, if infected, they are much more likely to pass the virus on to others, in addition to shortening their life expectancy by failing to get treatment. These 4,956 adults should be tested for HIV immediately and, if they test positive, be connected to care.

Vaccinations

Vaccines are safe and effective at preventing serious illnesses from a number of infectious diseases.[1] Despite this, vaccine hesitancy has become a lingering public health challenge. This has only grown more evident with the COVID-19 pandemic, for which several safe and effective vaccines have been created, tested, and mass-produced in record time, only to be refused by large segments of the population. Vaccines remain essential to preventing outbreaks of both past diseases and COVID-19.

To measure attitudes toward vaccines, participants were asked, "How much do you agree with the following statement? 'Vaccines, in general, are necessary.'" As illustrated below, **most Coachella Valley adults agree that vaccines, in general, are necessary.** However, more than 12,500 disagree with this statement, and thus, are unlikely to get necessary vaccines for themselves and their children.

Level of Agreement re: "Vaccines, in general, are necessary"	Weighted Percent	Population Estimate
Agree	79.5%	261,537
Neither agree nor disagree	16.7%	55,050
Disagree	3.8%	12,522
Total	**100.0%**	**329,109**

Influenza, or the flu, is a viral infection that attacks the respiratory system and causes mild to severe illness.[2] The flu is spread through small droplets that are produced when a person speaks, coughs, or sneezes.[3] About 8% of all persons in the United States get the flu each year, and although the flu can be a mild illness, some people are at higher risk of experiencing severe complications or even death.[4]

To prevent the flu, there is a flu vaccine every year, as it is a seasonal illness. There are many types of flu vaccines, and depending on age or health risk, one type of vaccine might be best for certain individuals. Therefore, it is important to discuss the flu vaccine every year with a healthcare provider such that each person gets the best-suited vaccine. The flu vaccine is proven to reduce the severity of illness, reduce the risk of hospitalization, or prevent infection altogether.[5]

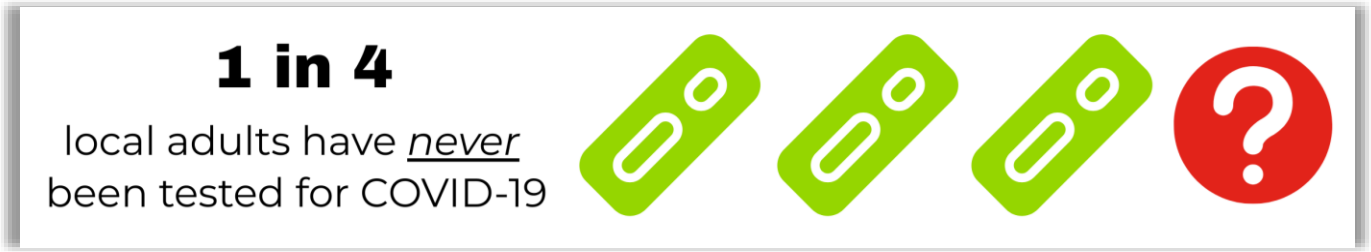
Participants were asked, "During the past 12 months, have you had a flu vaccine in any form, for example, as a spray in your nose or as a shot?" Results show that **61.2% of local adults (203,071 people) have had a flu vaccine this year, while 38.8% (128,658 people) have not.**

[1] Ten Great Public Health Achievements—United States, 1900-1999. (1999). *Morbidity and Mortality Weekly Report, 48*(12): 241-243. https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm
[2] Influenza. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/flu/about/keyfacts.htm
[3] Ibid.
[4] Ibid.
[5] Seasonal Flu Vaccines. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/flu/prevent/flushot.htm

COVID-19

The coronavirus disease 2019 (COVID-19) was first declared a national public health emergency in the United States on January 30, 2020.[1] In the two and a half years since the disease has had profound public health and broader societal impacts. These have ranged from strains on the healthcare system to disruptions in the workplace, suspension of in-person schooling, a shortage of childcare providers, and the mental health consequences of social isolation, as well as the immediate challenges brought by severe acute illness, long COVID, and death.[2] COVID-19 has been especially an issue of local concern given that the Coachella Valley has sizable populations that have been disproportionately affected, including essential workers, Hispanic residents, and older adults.[3]

Survey participants were asked, "Have you ever been tested for COVID-19?" Approximately 73.2% said, "yes"; however, **26.8% have *never* been tested for COVID-19**. This is approximately 88,157 people who've never been tested for COVID-19.



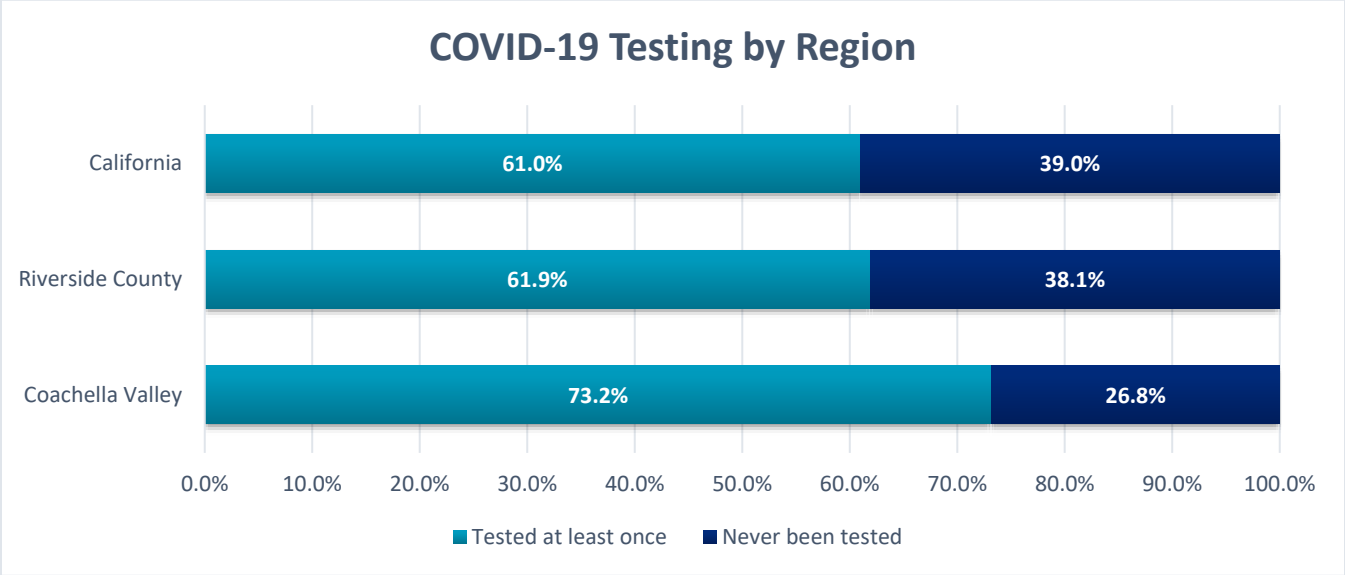
[1] Public Health Emergency Declarations. (2022). U.S. Department of Health and Human Services. https://www.phe.gov/emergency/news/healthactions/phe/Pages/default.aspx

[2] There have been over 1 million deaths due to COVID-19 in the U.S. and 6,555 deaths in Riverside County. COVID Data Tracker. (2022). Centers for Disease Control and Prevention. https://covid.cdc.gov/covid-data-tracker/#cases_totalcases
Tracking COVID-19 in California. (2022). COVID-19.CA.GOV. https://covid19.ca.gov/state-dashboard/#county-statewide

[3] For information on risks by age group, see Risk for COVID-19 Infection, Hospitalization and Death by Age Group. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html
For information on risks by occupation, see COVID-19 – Hazard Recognition. (2022). Occupational Safety and Health Administration. https://www.osha.gov/coronavirus/hazards
For information on risks by racial and ethnic group, see Health Disparities. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm

However, overall Coachella Valley adults are significantly more likely than those in Riverside County as a whole or the state of California to have been tested for COVID-19 at least once, as illustrated in the chart below.

This may or may not be a true reflection of a meaningful difference, however, as the difference may be caused by the year between data collection (e.g., the Riverside County and California data are from 2021, while HARC's Coachella Valley data is from 2022); thus it is conceivable that more people have been tested for COVID-19 in the intervening year. Since the COVID-19 pandemic was fast-moving and relatively recent, this variable is more susceptible to variation based on data collection time period than many other variables.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

The approximately 240,400 local adults who reported having been tested for COVID-19 were then asked, "Have you ever tested positive for COVID-19?" Overall, **47.0%, or 92,892 adults, have tested positive for COVID-19 at least once.**

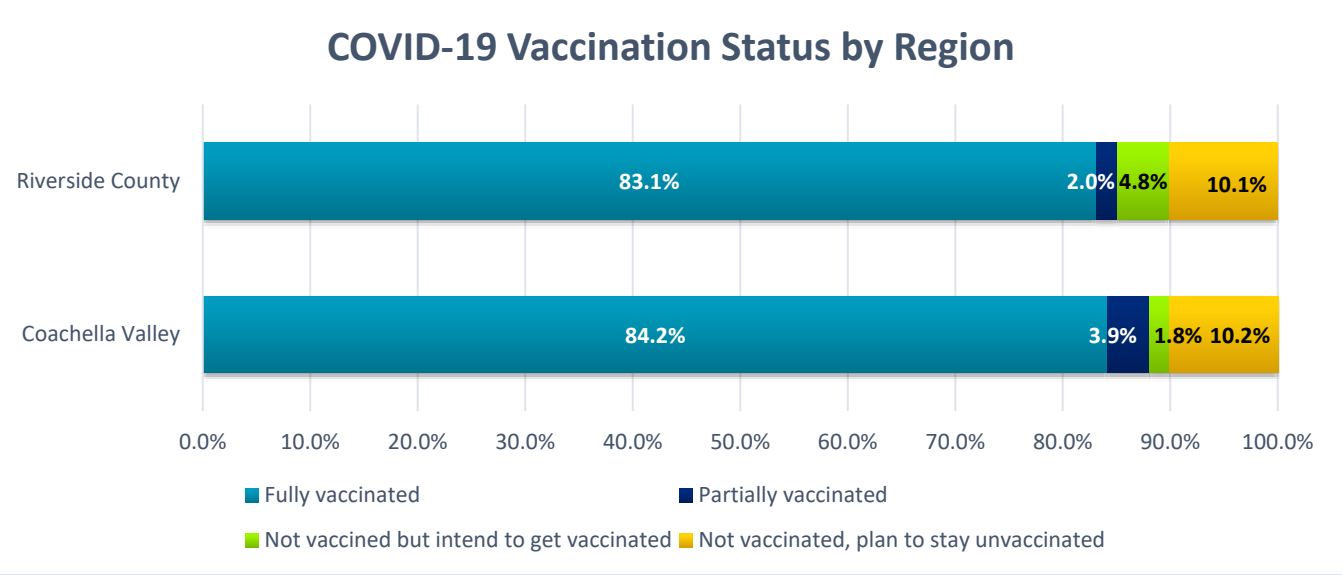
This is substantially higher than the rates for Riverside County (23.3% had tested positive) and California (17.3% have tested positive), but once again, this may be an artifact of the fact that the California Health Interview Survey is from 2021, and the COVID-19 pandemic has been a rapidly changing situation. As such, it is likely more sensitive to timing differences (i.e., 2021 versus 2022) than many other variables.

The COVID-19 vaccines are safe and effective at reducing the risks of hospitalization and death.[1] Unvaccinated adults ages 18 years and older are 4.6 times more likely to have a COVID-19-associated hospitalization than are vaccinated adults.[2] In addition, as of May 2022, unvaccinated people ages five years and older are six times more likely to die from COVID-19 than are those who are vaccinated.[3] Vaccines continue to be a critical tool for mitigating the disease.

Participants were asked, "Have you received the COVID-19 vaccine?" Fortunately, **most local adults are fully vaccinated against COVID-19. However, 10.2% are unvaccinated and plan to stay that way.**

COVID-19 Vaccine Status	Weighted Percent	Population Estimate
I am fully vaccinated	84.2%	263,037
I am partially vaccinated	3.9%	12,067
I am not vaccinated, but I plan to get vaccinated	1.8%	5,504
I am not vaccinated, and I don't plan on getting vaccinated	10.2%	31,840
Total	**100.0%**	**312,447**

This is very similar to patterns in the county as a whole, as illustrated in the figure below.



Note. The Riverside County data in this chart are from the Riverside County Public Health COVID-19 Needs Assessment, created by HARC and Riverside University Health System – Public Health in 2022.

[1] Ensuring COVID-19 Safety in the U.S. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html
COVID-19 Vaccines are Effective. (2022). Centers for Disease Control and Prevent. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html
[2] COVID Data Tracker: Rates of laboratory-confirmed COVID-19 hospitalizations by vaccine status. (2022). Centers for Disease Control and Prevention. https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalizations-vaccination
[3] COVID Data Tracker: Rates of COVID-19 Cases and Deaths by Vaccination Status. (2022). Centers for Disease Control and Prevention. https://covid.cdc.gov/covid-data-tracker/#rates-by-vaccine-status

COVID-19 has had numerous impacts on society beyond its causation of illness. To assess the disease's broader social impacts, participants were presented with a list of nine options and were asked, "Have you experienced any of the following situations because of the COVID-19 pandemic?"

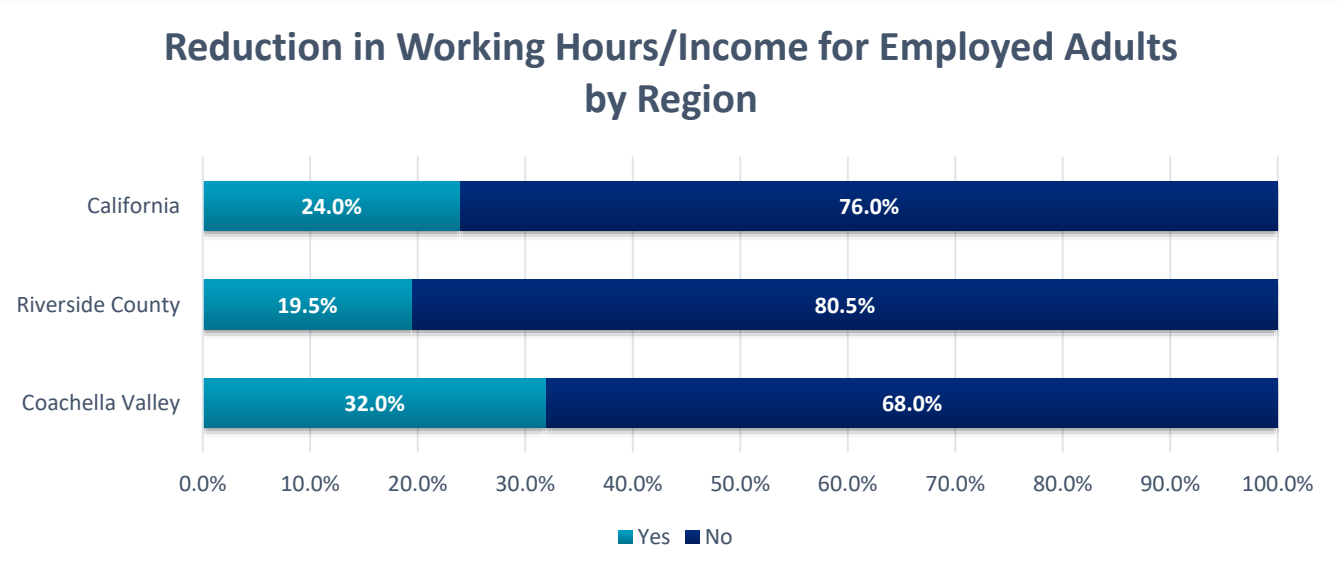
As illustrated below, **nearly a third of working adults (32.0%) experienced a reduction in working hours or a reduction in income because of the COVID-19 pandemic.**

While 23.7% of employed adults switched to working from home due to the pandemic, 63.9% continued to report to work.

COVID-19 Impact on Work *Employed or Self-Employed Adults*	**Yes**		**No**	
	Weighted Percent	**Population Estimate**	**Weighted Percent**	**Population Estimate**
Lost my regular job	13.3%	22,154	86.7%	144,911
Had a reduction in working hours or reduction in income	32.0%	53,818	68.0%	114,204
Switched to working from home	23.7%	39,075	76.3%	125,911
Continued to report to work	63.9%	103,038	36.1%	58,201

The percentage of working adults who have experienced a reduction in hours or income in the Coachella Valley is significantly greater than in Riverside County or California as a whole. As illustrated in the chart below, **while one-third of employed Coachella Valley adults experienced a reduction in working hours/income, only 19.5% of employed Riverside County adults and 24.0% of employed California adults had the same experience.**

This may be because so many jobs in the Coachella Valley are in the hospitality section, which was particularly hard-hit during the pandemic due to quarantine and social distancing requirements. However, as mentioned previously, it may also be due to the sensitivity of COVID-19-related questions to the timing difference.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Several of the other response options to the question "Have you experienced any of the following situations because of the COVID-19 pandemic?" were relevant to all adults, not just working adults. As illustrated in the table below, **about one in five local adults had financial difficulties paying for basic necessities due to the pandemic.** Difficulty paying rent/mortgage was also common.

COVID-19 Impact in General	Yes		No	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Had financial difficulties paying basic necessities such as bills, tuition, groceries, etc.	20.0%	63,909	80.0%	255,389
Had financial difficulties paying rent/ mortgage	17.2%	54,739	82.8%	264,136
Had difficulty obtaining childcare or had an increase in childcare expenses	6.9%	21.520	93.1%	290,381
Been treated unfairly because of my race/ethnicity	5.3%	16,651	94.7%	299,103
Other challenges	7.5%	22,125	92.5%	271,423

Once again, these impacts are significantly more likely to have occurred in the Coachella Valley than in Riverside County or California.[1] It may be that the pandemic had disproportionately negative impacts in our region, or the timing difference, as described previously. Specifically,

- **Having financial difficulties paying for basic necessities:** *20*.0% in Coachella Valley versus 12.8% in Riverside County and 12.3% in California
- **Having financial difficulties paying rent or mortgage:** 17.2% in Coachella Valley versus 9.4% in Riverside County and 10.3% in California
- **Difficulty obtaining childcare:** 6.9% in Coachella Valley versus 1.6% in Riverside County and 3.0% in California
- **Treated unfairly due to race/ethnicity:** 5.3% in Coachella Valley versus 2.5% in Riverside County and 2.8% in California

The "other" challenges listed by local participants included themes such as:

- **Money problems:** "used up my savings," "living paycheck to paycheck," "finances much lower; stressing with career; cannot contribute to my Roth IRA"
- **Physical symptoms/long COVID-19:** "lasting body aches due to Covid," "long Covid," "vertigo for 2 months"
- **Work problems:** "underappreciated overworked – healthcare professional," "not having many jobs," "exeso de trabajo por falta de empleados" (overwork due to lack of employees), "getting staff to work"
- **Lonely/isolated:** "missing family & friends," "decreased socialization," "I'm afraid to go out or interact with people"
- **Mental health issues, stress;** "mental health depression," "stress," "depression, mother died of Covid"
- **Discrimination:** "Age, people don't want help over 60," "discrimination sexual orientation," "I'm Caucasian male – targeted," "poor treatment because I'm female"
- **Access to healthcare:** "unable to get quick healthcare," "no hay atención medica" (there is no medical attention), "hospitals full, surgery postponed"

[1] The Riverside County and California data cited here are from the California Health Interview Survey, 2021.

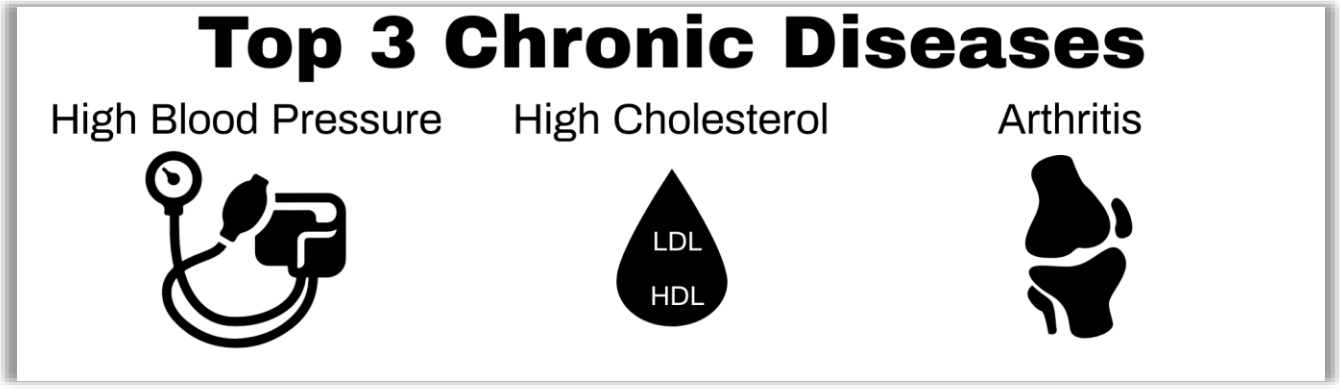
Chronic Disease

Chronic diseases are characterized as conditions lasting one or more years which require regular medical attention or limit daily living activities.[1] Heart disease, cancer, and diabetes are the leading causes of death in the United States while also the costliest at about $4.1 trillion in annual healthcare costs.[2] Reducing the likelihood of getting a chronic disease starts with a healthier lifestyle such as eating healthy, staying active, avoiding too much alcohol, and not smoking.[3]

Participants were asked, "Have you ever been told by a doctor, nurse, or other healthcare professional that you have any of the following medical conditions?"

The most commonly diagnosed chronic diseases for Coachella Valley adults are high blood pressure, high cholesterol, and arthritis. These have been the top three major diseases in the Coachella Valley for several survey cycles.

Chronic Disease	Weighted Percent	Population Estimate
High blood pressure/hypertension	44.1%	137,552
High cholesterol	40.1%	122,118
Arthritis	29.2%	87,492
Diabetes	18.6%	58,698
Cancer	18.2%	49,547
Asthma	11.1%	32,401
Heart disease	8.0%	23,504
Other respiratory disease (e.g., COPD, emphysema, etc.)	5.6%	16,175
Heart attack/myocardial infarction	4.8%	14,012
Stroke	3.4%	10,088



[1] About Chronic Diseases. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/about/index.htm
[2] Ibid.
[3] How You Can Prevent Chronic Diseases. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/chronicdisease/about/prevent/index.htm

Local Spotlight: Eisenhower Health

The American College of Cardiology (ACC) recently recognized Eisenhower Health for its demonstrated expertise and commitment in treating patients receiving transcatheter valve repair and replacement procedures. Late in February 2022, Eisenhower was awarded Transcatheter Valve Certification based on evaluation of the staff's ability to meet standards for multidisciplinary teams, formalized training, shared decision-making and registry performance. Eisenhower has performed more than 600 TAVR procedures. Eisenhower is still the only hospital in the Coachella Valley to perform transcatheter aortic valve replacement (TAVR), a minimally invasive heart valve replacement procedure which gained FDA approval in 2011.

The ACC has recognized Eisenhower Health for its demonstrated expertise and commitment in treating patients with heart failure. Eisenhower is the first hospital in California to earn ACC Heart Failure Accreditation with Outpatient Services. The ACC also recently awarded Eisenhower Cardiac Cath Lab Accreditation based on a rigorous onsite review of the staff's ability to evaluate, diagnose and treat patients who come to the cardiac cath lab, through pre-hospital care, early stabilization, acute care, transitional care, clinical quality measures and more.

To learn more, visit https://eisenhowerhealth.org/

EISENHOWER HEALTH
CARDIOVASCULAR INSTITUTE

Cancer

Cancer is characterized by cells in the body that grow uncontrollably without stopping and spread into nearby tissues.[1] Cancer can begin almost anywhere in the body, and there are more than a hundred different types.[2] In 2019, there were 1,752,735 reported new cases of cancer, and 599,589 people died of cancer in the United States.[3] Cancer remains the second leading cause of death in the United States, after heart disease.[4]

Results demonstrate that **18.2% of living Coachella Valley adults (49,547 people) have been diagnosed with cancer**. Of these adults who've had cancer, the most common type of cancer reported was skin cancer, followed by prostate and breast, as illustrated in the table below.

Type of Cancer *Adults Diagnosed with Cancer*	Weighted Percent	Population Estimate
Skin cancer	45.0%	22,317
Prostate cancer	17.3%	8,566
Breast cancer	14.0%	6,954
Lung cancer	5.5%	2,748
Other cancer	29.2%	14,457

Of the 14,457 who indicated another type of cancer, the most common included colon cancer, bladder cancer, and cancer related to women's reproductive organs (including uterine, ovarian, cervical, etc.). Other less common responses included lymphoma, thyroid cancer, anal cancer, and cancer related to the throat/neck/oral/tonsils.

Local Spotlight: Desert Care Network

Desert Care Network (DCN) includes three hospitals serving the Coachella Valley and Morongo Basin: Desert Regional Medical Center in Palm Springs, JFK Memorial Hospital in Indio, and Hi-Desert Medical Center in Joshua Tree. Anchored by the Coachella Valley's only Level 2 Trauma Center and Comprehensive Stroke Center at Desert Regional, DCN's community hospitals each have been accredited for stroke care and designated as Level 4 Trauma Centers. DCN services include advanced care for women and infants, minimally invasive and robotic procedures in orthopedics, and cardiovascular and neuroscience specialties. Outpatient centers include: El Mirador Surgery Center, Comprehensive Cancer Center, Center for Weight Management, Advanced Wound Healing Centers, and multiple primary and specialty provider offices.

DESERT CARE NETWORK
A COMMUNITY BUILT ON CARE

For more information, visit www.DesertCareNetwork.com.

[1] What is Cancer? (2015). National Cancer Institute. https://www.cancer.gov/about-cancer/understanding/what-is-cancer
[2] Ibid.
[3] United States Cancer Statistics: Data Visualizations. (2019). Centers for Disease Control and Prevention. https://gis.cdc.gov/Cancer/USCS/DataViz.html
[4] Ibid.

Diabetes

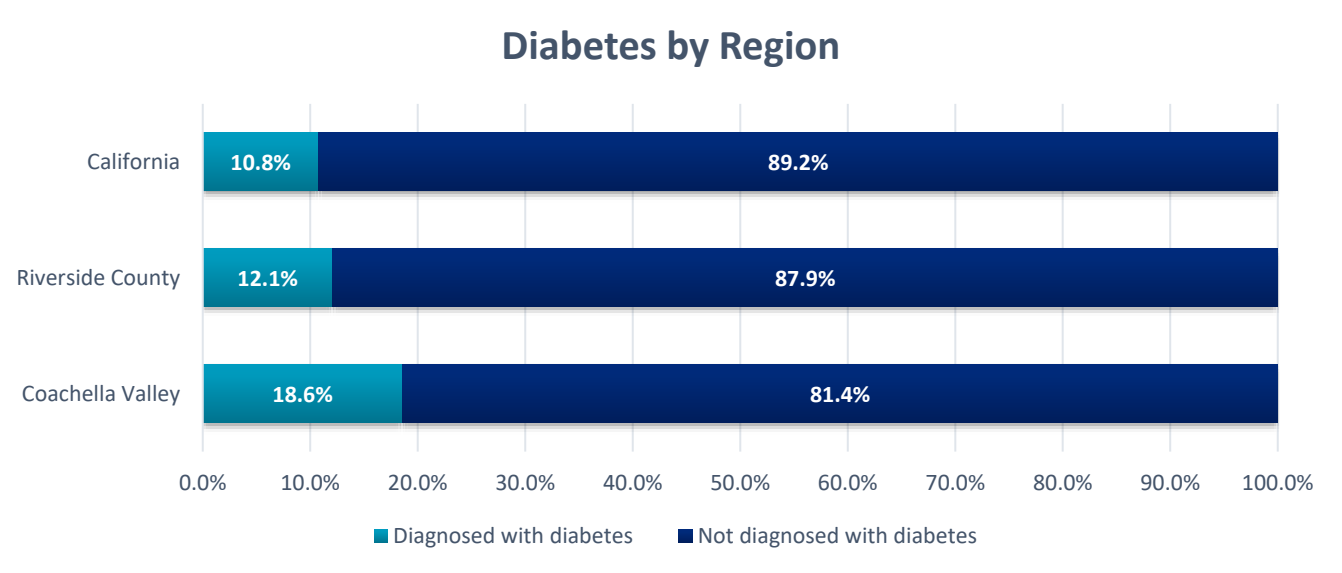
Diabetes is a chronic condition in which the body does not effectively make or utilize insulin to ensure there is not too much sugar in the bloodstream.[1] If diabetes goes unmanaged and too much blood sugar stays in the bloodstream, damage to the heart, eyes, and kidneys can develop into complications or severe disease.[2] For example, diabetes is the leading cause of kidney failure, lower-limb amputations, and adult blindness.[3]

There are three types of diabetes: type 1, type 2, and gestational (which only occurs in pregnant women). Type 1 diabetes is less common and typically diagnosed in children, teens, and young adults due to symptoms developing quickly and early in life. Conversely, type 2 diabetes is far more common, develops over many years, and is typically diagnosed in adulthood. There is still no cure for diabetes; however, it can be properly managed with medicine, education and support, and healthy lifestyle choices such as losing weight, eating healthier, and being active.[4]

There are about 37.3 million adults with diabetes in the United States, and, according to the ÇDC about one in five of them do not know they have diabetes.[5]

As illustrated in the table below, about **18.6% of local adults have been diagnosed with diabetes** (approximately 59,698 people).

Coachella Valley adults are significantly more likely to have been diagnosed with diabetes than their counterparts in Riverside County and California, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

[1] About Diabetes. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/basics/diabetes.html
[2] Ibid.
[3] Ibid.
[4] Ibid.
[5] Ibid.

Participants were asked, "What type of diabetes were you diagnosed with?" As illustrated in the table below, **most local adults with diabetes (61.5%) have Type II diabetes**, which is not unusual.

Type of Diabetes *Adults Diagnosed with Diabetes*	**Weighted Percent**	**Population Estimate**
Type I	3.1%	1,638
Type II	61.5%	32,821
Borderline diabetes	32.7%	17,436
Gestational diabetes	2.8%	1,489
Total	**100.0%**	**53,383**

The A1C test is a common blood test used to measure average blood sugar levels over the past three months. In the human body, sugar naturally attaches to a red blood cell protein called hemoglobin, but when more sugar attaches to hemoglobin than usual, it can indicate the presence of disease. The test measures the percent of red blood cells that have attached sugar, and a high percentage can be used to diagnose diabetes or prediabetes. Among those with diabetes, the A1C test is also used to regularly monitor average blood sugar levels and thus assess treatment effectiveness. It is a key tool for managing the disease.[1]

Among participants diagnosed with diabetes, participants were asked, "About how many times in the past 12 months has a doctor, nurse, or other health care professional checked your hemoglobin A1C?" As illustrated below, **most local adults with diabetes (64.8%) have had a healthcare professional check their A1C one to three times in the past year.**

Number of A1C Checks by a Healthcare Provider in Past Year *Adults Diagnosed with Diabetes*	**Weighted Percent**	**Population Estimate**
None	8.8%	3,332
One to three times	64.8%	24,494
Four to six times	20.0%	7,565
Seven times or more	6.3%	2,399
Total	**100.0%**	**37,789**

[1] All About Your A1C. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html

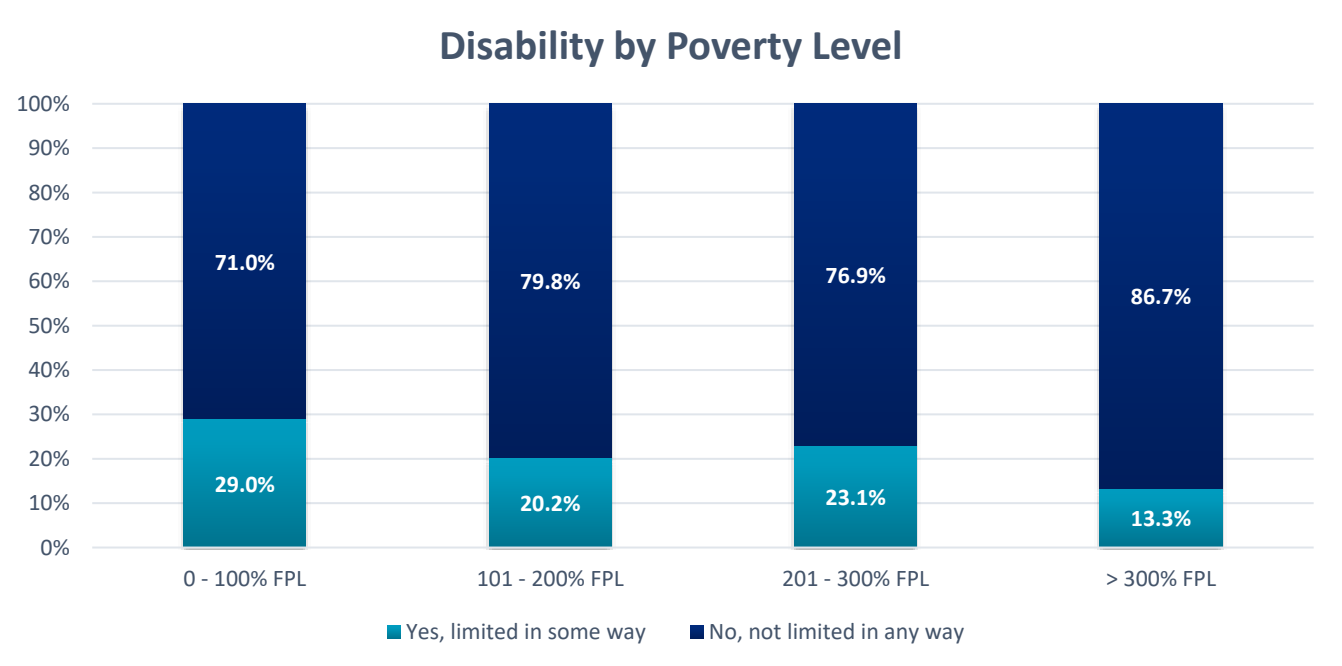
Disability

Disability is an impairment of the body or mind that limits or prevents a person's ability to function in one or more areas.[1] There are many different types of disabilities that can occur in the areas of cognition, mobility, vision, hearing, behavior, learning, and other areas.[2] A disability in any of these areas can hinder a person's ability to perform tasks or actions or participate in certain activities. In the United States there are about 61 million adults who have a disability.[3]

Overall Disability Status

Results show that **18.6% of local adults (59,450 people) are limited in some way in their daily activities because of a physical, mental, or emotional problem**. The remaining 81.4% (260,428 people) have no such limitation.

Disability varies based on poverty level. As illustrated in the chart below, nearly one in three local adults living in poverty are limited in some way because of a physical, mental, or emotional problem. Disability status decreases as individuals move farther away from poverty and towards more financial stability. This is reflective of the complex relationship between disability and income—many people with disabilities are living in poverty because they are unable to participate in the workforce. This reflects a greater need for employers to become not only accessible for people with disabilities, but also to become welcoming for people with disabilities, who often bring unique talents and lived experiences that can be very valuable for the employers.



[1] Disability and Health Overview. (2020). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
[2] Ibid.
[3] Ibid.

Sensory Limitations

Two common types of disability include vision and hearing deficits. In 2020, as estimated 13.8% of adults nationwide had difficulty hearing, and 16.6% of adults had difficulty seeing.[1]

Results indicate that 7.7% of local adults are deaf/hard of hearing, and 3.9% are blind or low vision, as illustrated in the table below. It is worth noting that the method of data collection (paper survey) likely means that many potential participants who are blind or low vision were unable to participate, and thus, this is highly likely to be an underestimate.

Condition	Weighted Percent	Population Estimate
Deaf or hard of hearing	7.7%	25,286
Blind or low vision	3.9%	12,709

Assistance with Activities of Daily Living

To assess the need for assistance with activities of daily living (ADLs), participants were asked, "Because of a disability, health problem, or frailty due to age, do you need help from another person for any of the following activities of daily living: eating, bathing, toileting, transfers (getting in and out of bed, bath tub, toilet, car, etc.), walking, dressing, or grooming?"

As illustrated in the table below, **4.0% of local adults need help with these activities of daily living**. This equates to more than 12,900 adults in need of assistance.

To assess the need for assistance with instrumental activities of daily living (IADLs), participants were asked, "Because of a disability, health problem, or frailty due to age, are you prevented from living independently because you need help from another person for any of the following activities: meal preparation, shopping, medication management, money management, using the telephone, housework, transportation, climbing stairs, indoor or outdoor mobility, or doing laundry?"

Results indicate that **5.0% of local adults need assistance with instrumental activities of daily living**. This equates to more than 16,200 adults in need of assistance.

Need for Assistance	Weighted Percent	Population Estimate
Assistance with activities of daily living (ADLs)	4.0%	12,904
Assistance with instrumental activities of daily living (IADLs)	5.0%	16,260

As with overall disability, **the need for assistance with ADLs and IADLs is greater for people living in poverty**. Specifically, 9.3% of people living in poverty require assistance with ADLs, compared to only 1.3% of people living at or above 300% of the federal poverty line. Similarly, 11.7% of people living in poverty need assistance with IADLs, compared to only 2.1% of people living at or above 300% of the federal poverty line. Ironically, this means that the people who need the most assistance are those least likely to be able to afford to pay for such assistance, which highlights the need for low-to-no cost governmental and nonprofit programs to provide these services.

[1] Disability and Functioning. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/fastats/disability.htm

Mental Health

Mental health is comprised of emotional, psychological, and social well-being in which an individual can enjoy life and can cope with everyday situations and stressors.[1] It is not simply the lack of a mental disorder but also the presence of positive mental health. The American Psychiatric Association further distinguishes between mental health, which is the condition needed to function in daily life and the ability to cope with stressors, and mental illness, which includes diagnosable mental disorders that involve significant changes in thinking, emotions, behaviors, and distress in work, school, and relationships.[2]

Emotional, Mental, or Behavioral Concerns

Overall, **33.7% of local Coachella Valley adults have had an emotional, mental, or behavioral problem in the past year that concerned them**, such as stress, anxiety, or depression. Of those 109,800 people with such a concern, about 50.7% of them (55,003 people) felt that this problem was severe enough to require professional help.

Fortunately, most people with such a problem—76.5%, or 81,018 people—knew who to contact for help with these problems. However, 23.5% of people with an emotional, mental, or behavioral problem (24,845 people) did not know where to go to get help if they wanted it. About 65.0% of people with an emotional, mental, or behavioral problem (68,007 people) are now over the issue. However, 35.0% (36,673 people) are still bothered by the issue.

Mental Health Diagnoses

Results show that **20.1% of local adults (64,090 people) have been diagnosed with one or more mental health disorders**. As illustrated in the table below, the most commonly diagnosed mental health disorders are depression and anxiety.

Mental Health Disorder	Weighted Percent	Population Estimate
Depressive disorder	14.2%	44,245
Anxiety disorder	12.3%	38,559
PTSD	6.5%	20,105
Other mental health disorder	3.2%	9,634

Among the "other" mental health disorders, the most commonly cited included bipolar disorder and obsessive-compulsive disorder.

[1] About Mental Health. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm
[2] What is Mental Illness? (2018). American Psychiatric Association. https://psychiatry.org/patients-families/what-is-mental-illness

Treatment for Mental Health Issues

Overall, 38.5% of local adults (126,078 people) have either been diagnosed with a mental health disorder *and/or* had a mental health issue that concerned them in the past year. This section includes follow-up questions specific to these individuals.

Results show that 47.9% of these adults with a mental health disorder and/or concern (55,343 people) received treatment in the form of visiting a mental health professional, a primary care provider, and/or taking medication. The most common type of treatment, as illustrated in the table below, is medication.

Type of Treatment *Adults Who Have an Emotional, Mental, or Behavior Concern and/or a Diagnosed Mental Health Disorder*	**Weighted Percent**	**Population Estimate**
Medication	36.5%	41,844
Visited a mental health professional	27.6%	31,823
Visited a primary care provider	27.2%	31,243

This same group of people with mental health diagnoses and/or mental health concerns were asked if there was ever a time in the past year when they needed mental healthcare or medication and could not receive it. As illustrated in the table below, **nearly 20,000 locals needed mental healthcare in the past year and could not obtain it.** Nearly 11,000 needed mental health medication and were unable to obtain it.

Unmet Need *Adults Who Have an Emotional, Mental, or Behavior Concern and/or a Diagnosed Mental Health Disorder*	**Weighted Percent**	**Population Estimate**
Needed mental health care and couldn't get it	16.6%	19,028
Needed mental health medication and couldn't get it	9.5%	10,979

Local Spotlight: Riverside County Board of Supervisors

The Riverside County Board of Supervisors are strongly invested in mental health for our communities. The Coachella Valley falls within the 4th District of Riverside County; our 4th District Supervisor, V. Manuel Perez, has been a champion on mental health for many years, creating the Green Ribbon Committee to address the critical mental health needs throughout the district and funding several programs to support veterans' mental health.

The County provides a wealth of mental health services to residents, primarily through Riverside University Health System – Behavioral Health. One prime example is the "It's Up to Us" campaign, which is designed to empower residents to talk about mental illness, recognize symptoms, and seek help. By raising awareness and providing access to local resources, the County strives to inspire wellness, reduce stigma, and prevent suicide. To learn more, visit https://up2riverside.org/

Suicide

Participants were asked, "During the past 12 months, did you ever seriously consider attempting suicide?" Results indicate that **3.3% of local adults (10,580 people) seriously considered ending their life in the past year**.

If you or someone you love have had thoughts of suicide, please call the suicide crisis lifeline at 988 or visit https://988lifeline.org.

Loneliness

Being alone does not always equate to feeling lonely. However, when we become disengaged from our social lives, loneliness and isolation can occur.[1] While there is no definitive cause for mental illness, the CDC reports that feelings of loneliness or isolation is a risk factor for mental illness.[2] The National Institute on Aging has reported that social isolation and loneliness has been linked to certain physical and mental conditions such as high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.[3] A 2018 study by the Kaiser Family Foundation found that 22%, or more than one-fifth of adults in the United States report feeling lonely often or always and that this loneliness has a negative impact on their lives.[4]

As illustrated in the table below, **8.0% of local adults feel lonely or isolated "often" or "always,"** which equates to more than 26,300 people.

Frequency of Feelings of Loneliness/Isolation	Weighted Percent	Population Estimate
Never	48.6%	159,752
Rarely	21.5%	70,892
Sometimes	21.9%	72,066
Often	6.6%	21,589
Always	1.4%	4,728
Total	**100.0%**	**329,027**

[1] Are You Engaged? (2017). Centers for Disease Control and Prevention. https://www.cdc.gov/features/social-engagement-aging/index.html
[2] About Mental Health. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/mentalhealth/learn/index.htm
[3] Social Isolation, Loneliness in Older People Pose Health Risks. (2019). National Institute on Aging. https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks
[4] Loneliness and Social Isolation in the United States, the United Kingdom, and Japan: An International Survey. (2018). Kaiser Family Foundation. https://www.kff.org/other/report/loneliness-and-social-isolation-in-the-united-states-the-united-kingdom-and-japan-an-international-survey/

Weight and Fitness

Obesity and BMI

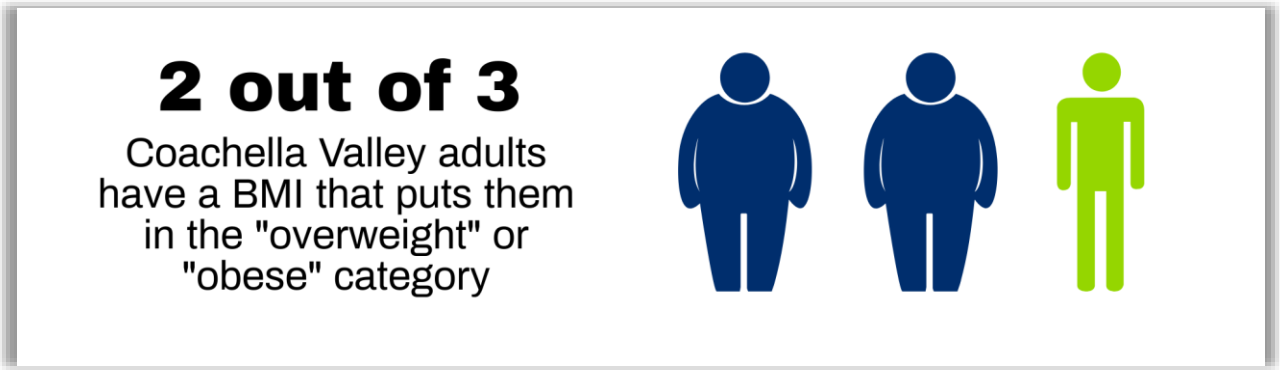
Obesity does not have a single root cause and is usually the result of compound factors. Genetics, diet, physical activity, sleep routines, and medication use can all contribute to excess weight gain. Other factors include those related to the social determinants of health such as where people live, work, go to school, or play outside and even environmental factors such as the marketing of unhealthy foods.[1]

Obesity merits attention as it is associated with poorer mental health outcomes and quality of life and increases the risk of a myriad of diseases and health conditions.[2] From 2017 to March 2020 (pre COVID-19 pandemic), the prevalence of obesity in adults 20 years or older was 41.9% in the United States.[3]

Body mass index (BMI) is a calculated value based on the height and weight of a person. Although BMI does not directly measure body fat, it is an indicator of body fat, and is highly correlated with direct measures of body fat.[4] BMI scores are interpreted in four main categories: underweight (below 18.5), normal or healthy weight (18.5 to 24.9), overweight (25.0 to 29.9), and obese (30 or higher).[5]

Results show that **67.0% of local adults have a BMI that places them in the "overweight" or "obese" category**. As illustrated in the table to the right, less than a third of local adults have a BMI in the "normal" category.

BMI Category	Weighted Percent	Population Estimate
Underweight	2.6%	8,382
Normal weight	30.4%	98,374
Overweight	36.6%	118,613
Obese	30.4%	98,522
Total	**100.0%**	**323,892**



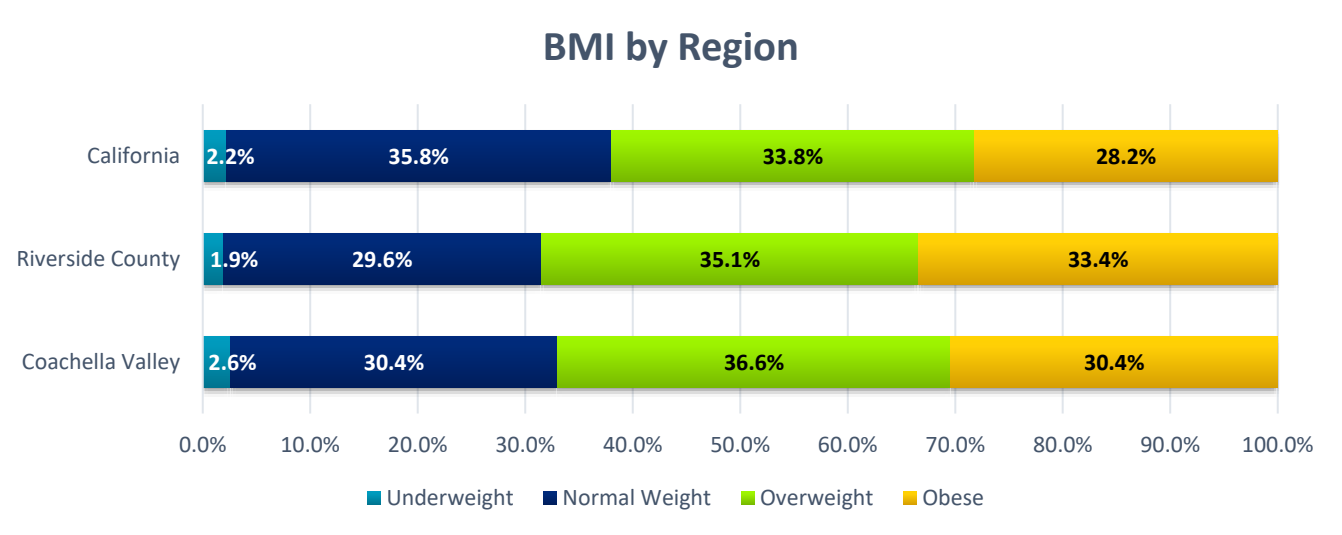
[1] Causes of Obesity. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/adult/causes.html
[2] About Adult BMI. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
[3] Adult Obesity Facts. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/data/adult.html
[4] About Adult BMI. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html
[5] Ibid.

Participants were also asked to rate their perception of their weight. As illustrated in the table below, over half of local adults believe they are "about the right weight." However, the BMI numbers tell a different story—less than a third of adults have a healthy BMI.

Perception of Weight	Weighted Percent	Population Estimate
Underweight	3.8%	12,551
About the right weight	51.3%	171,111
Overweight	44.9%	149,697
Total	**100.0%**	**333,359**

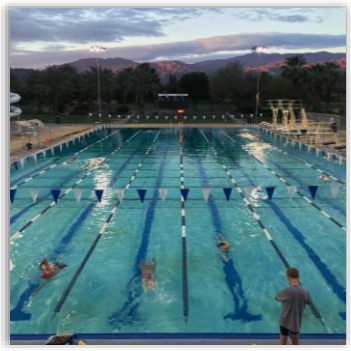
In fact, **36.2% of local adults who have a BMI in the "overweight" or "obese" category think that they are "about the right weight,"** which equates to 78,272 people. This misperception is concerning, as these 78,272 individuals who do not believe they are overweight or obese are unlikely to change their behavior, and as such, are likely to remain overweight.

While obesity rates in the Coachella Valley are high, they are not disproportionately so—in fact, they are very similar to Riverside County and California, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

Local Spotlight: City of Palm Desert

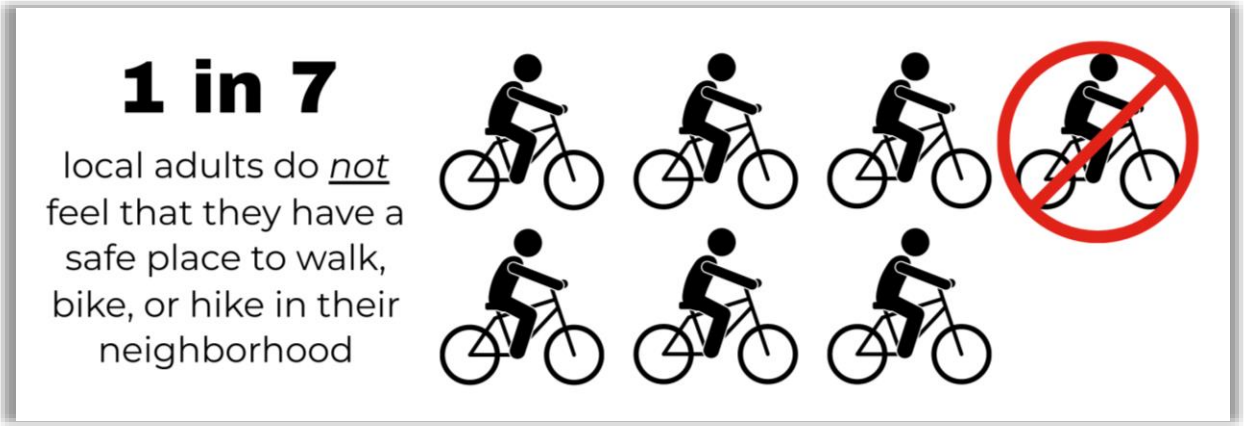


The City of Palm Desert offers a wealth of options to residents wishing to engage in exercise, including 12 parks, two community centers, a state-of-the-art Aquatic Center, and over 25 miles of trails. The Palm Desert Aquatic Center has three pools and hosts a wide variety of classes and programs for every age and fitness level. Residents can play pickleball at many of Palm Desert's parks, or hike on any number of the trails throughout the city. Overall, the City of Palm Desert is highly committed to providing high quality opportunities for exercise and recreation to all residents.
To learn more, visit https://www.palmdesert.gov/departments/parks-recreation

Safe Place to Walk, Bike, and/or Hike

Access to a safe place to participate in outdoor activities such as walking, biking, or hiking can affect physical health. For example, if a person does not have access to a safe neighborhood park, then the chances that person will engage in outdoor physical activity is diminished. With obstacles such as these, people can face added difficulties in managing a healthy weight.

The vast majority of local adults—85.3%, or 286,750 people—feel safe outdoors in their neighborhood, and are able to walk, bike, and/or hike near their home. However, **14.7% of local adults do *not* feel that they have a safe place to walk, bike, and/or hike in their neighborhood**. This equates to 49,464 people who likely struggle to find a safe place for physical activity.



Food Insecurity

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

The USDA Economic Research Service has estimated that 10.5% or about 13.8 million households in the United States were food insecure at some time during 2020.[2] This statistic indicates that at least one member of those 13.8 million households did not have a regular eating pattern or food intake during that year.

Individuals or households that are low income may not have the financial means to consistently feed themselves or their families. The federal Healthy People 2030 goals recognize that economic stability (one of the social determinants of health) is a key component for people being able to afford food, and since economic stability is related to education and occupation, the ability to afford food is a compounded issue.[3]

Individuals who are low income may struggle to make ends meet and feed themselves each month, and thus, may experience a great deal of stress. To measure stress as it related to food insecurity, participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more." As illustrated in the table below, **9,678 adults were "often" worried about their ability to buy food, while another 64,450 adults were "sometimes" worried about their ability to buy food**.

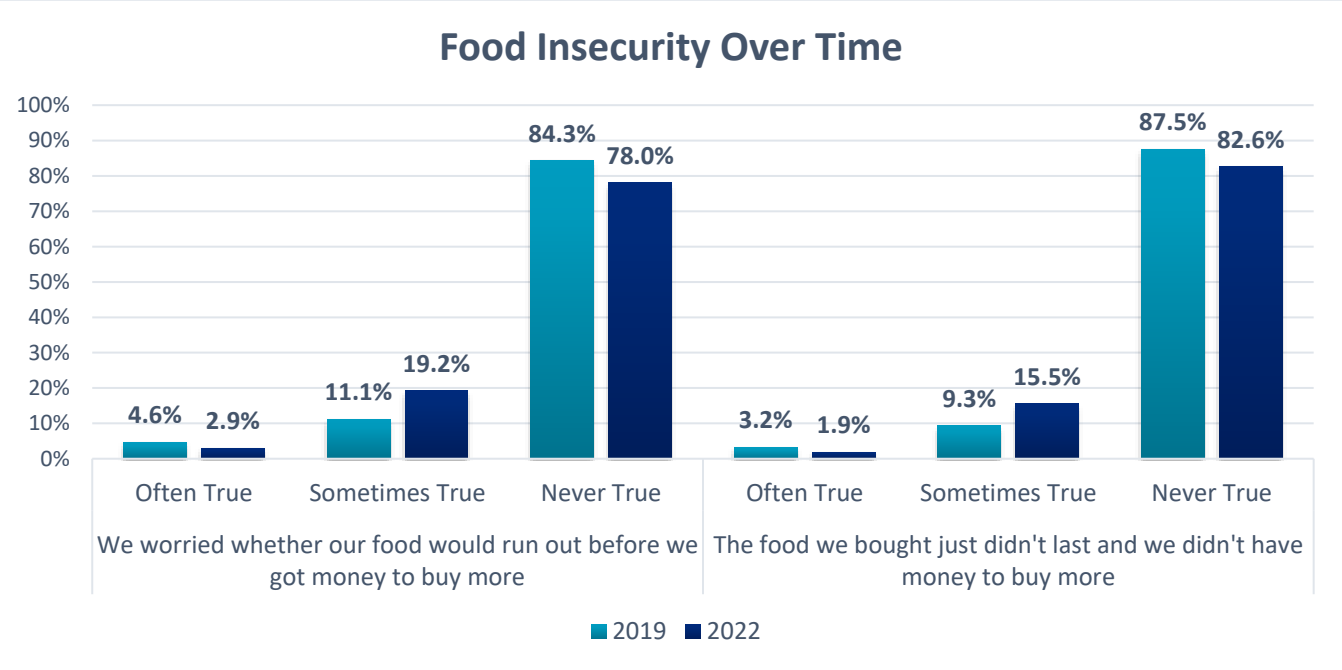
"We worried whether our food would run out before we got money to buy more"	Weighted Percent	Population Estimate
Often true	2.9%	9,678
Sometimes true	19.2%	64,450
Never true	78.0%	262,290
Total	**100.0%**	**336,418**

Another indicator of food insecurity is the level of agreement with the statement, "The food we bought just didn't last, and we didn't have money to buy more." As illustrated in the table below, **6,250 local adults "often" did not have money to buy more food, and another 52,214 "sometimes" did not have money to buy more food**.

"The food that we bought just didn't last and we didn't have money to buy more"	Weighted Percent	Population Estimate
Often true	1.9%	6,250
Sometimes true	15.5%	52,214
Never true	82.6%	277,984
Total	**100.0%**	**336,448**

[1] Measurement. (2022). United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx
[2] Key Statistics and Graphics. (2022). United States Department of Agriculture Economic Research Service. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#foodsecure
[3] Economic Stability. (n.d.). Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability

Both of these measures of food insecurity ("we worried whether our food would run out before we got money to buy more" and "the food we bought just didn't last and we didn't have money to buy more") changed significantly since 2019, as illustrated in the figure below. Specifically, the percent of adults who felt these statements were "sometimes true" increased while the percent of adults who felt these statements were "never true" decreased.



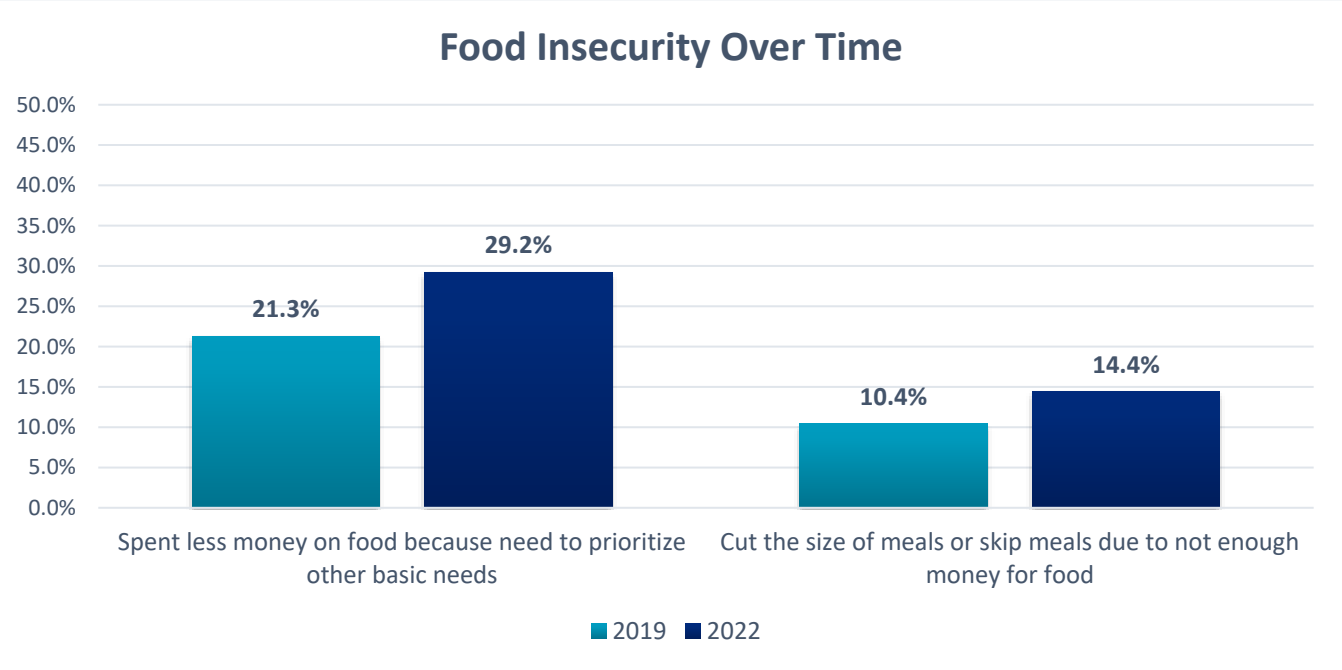
Results indicate that in the past year, **14.4% of local adults had to cut the size of their meals or skip meals because there was not enough money for food**. This equates to 48,670 food-insecure adults.

An even greater level of food insecurity occurs if individuals had to go for an entire day without eating because there was not enough money for food. Unfortunately, results show that **3.5% of Coachella Valley adults had to go for a whole day without eating**. This accounts for 11,785 extremely food-insecure adults.

Some individuals/families cut their spending on other basic needs in order to be able to eat. To measure this, participants were asked, “In the past 12 months, have you spent less money on food because you needed to prioritize other basic needs, such as healthcare, housing, transportation, or utilities?”

Results indicate that in the past year, **29.2% of local adults (98,522 people) have spent less money on food because they needed to prioritize other basic needs**.

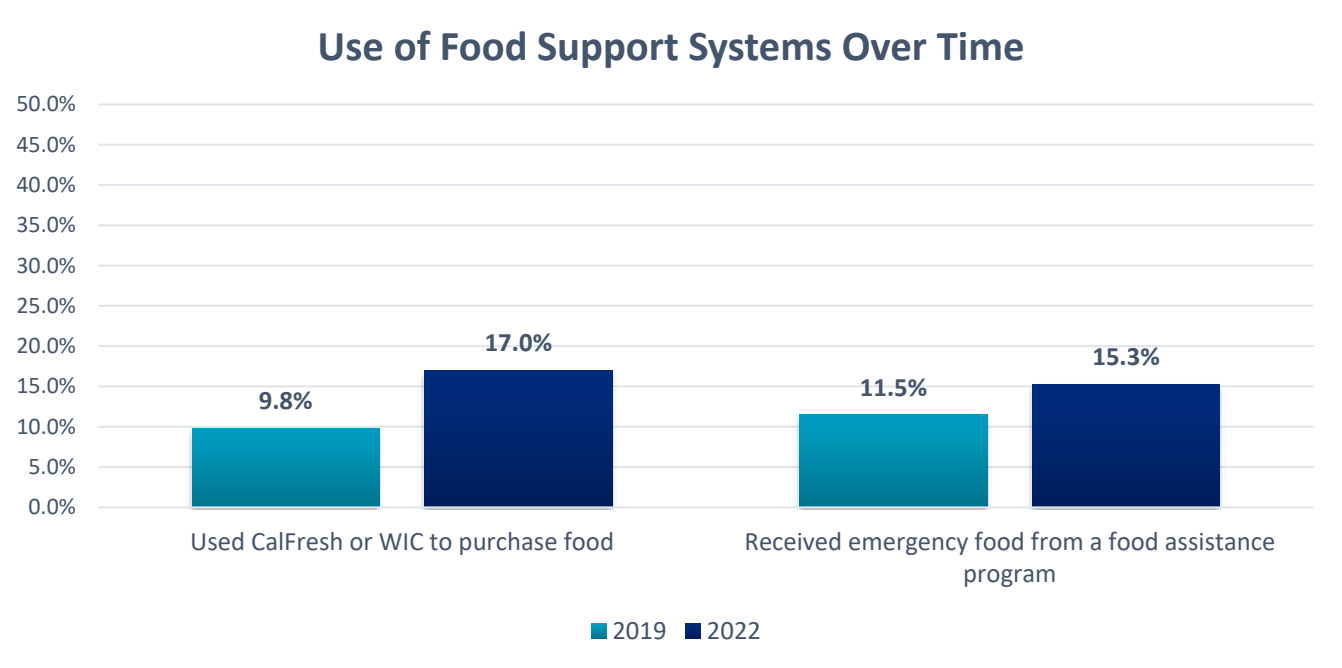
Once again, the data shows that **food insecurity among local adults has increased significantly since 2019**, likely due to the linger effects of the pandemic. The chart below illustrates the extent of this significant shift; in 2022, nearly one in three local adults had to spend less money on food because they needed to prioritize other basic needs.



Fortunately, there are some resources available to help those who are food insecure. As illustrated in the table below, 15.3% of local adults used federal programs to purchase food, including CalFresh (also known as food stamps, or the Supplemental Nutrition Assistant Program, SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). Additionally, 17.0% of local adults have received food from a food assistance program such as a church, a food pantry, a food bank, or soup kitchen.

Use of Emergency Food Sources in Past Year	Weighted Percent	Population Estimate
Used CalFresh or WIC benefits to purchase food	15.3%	51,141
Received emergency food from a food assistance program	17.0%	57,031

Once again, **the data bears out a significant uptick in the percent of local adults who rely on these important food safety nets**. This serves to underscore the importance of such programs, and the ways in which governmental benefits can reduce hunger in our communities.



Socioeconomic Needs

Day-to-day stressors are inevitable, and impact nearly everyone at some point in their lives. Some of these stressors include difficulties with accessing food, paying for the rent/mortgage, or keeping utilities in service, among others.

When we are faced with too many demands and pressures in the environment, allostatic load can occur, which is the physiological "wear and tear" of the body as a result of experiencing chronic stress.[1] A systematic review found that low socioeconomic status was associated with high allostatic loads in the general population.[2] In short, when people have too many unmet needs and stress is overwhelmingly chronic, it can become difficult to have a healthy life.

Participants were asked, "Have you ever needed help with any of the following in the last 12 months?" As illustrated in the table below, **the most common need is for food assistance**, echoing the previous section on food insecurity and the fact that thousands of local adults are food insecure. **More than one in 10 local adults need utility assistance and financial assistance**.

Need	Weighted Percent	Population Estimate
Food assistance	16.2%	53,181
Utility assistance	11.6%	37,566
Financial assistance	11.5%	36,615
Rental assistance	8.5%	27,385
Transportation	8.0%	25,864
Housing assistance	7.2%	22,930
Home healthcare	4.6%	14,698

Local Spotlight: City of Coachella

Housing is an important social determinant of health and well-being. Affordable housing alleviates crowding, allows individuals to spend more of their resources on things like healthcare and healthy foods, and eliminates the mental stress of frequent moves and/or the threat of homelessness. For all of these reasons, the City of Coachella is dedicated to creating affordable housing within their borders. Pueblo Viejo Villas is a 105-unit affordable housing complex at the intersection of Sixth and Cesar Chavez streets. Opened in May 2022, Pueblo Viejo Villas offers one, two, and three-bedroom units, making it the perfect location for growing families. This development is a part of Coachella's larger planning initiative for the revitalization of downtown Coachella.

You can learn more about this initiative here:
https://www.coachella.org/departments/pueblo-viejo-revitalization-plan

[1] Guidi, J., Lucente, M., Sonino, N., & Fava, G. A. (2021). Allostatic Load and Its Impact on Health: A Systematic Review. Psychotherapy and psychosomatics, 90(1), 11–27.
[2] Ibid.

Racism

Racism has devastating impacts on individuals and society. Recently, two recent events have made this clear. The killing of George Floyd by police in 2020 led to an upswell of public recognition and debate about the pervasiveness of anti-Black racism, including state violence. In addition, the disproportionate impact of the COVID-19 pandemic on people of color has resulted in sustained attention on health disparities by medical and public health authorities.[1] Organizations such as the American Medical Association and the American Public Health Association have declared racism to be a public health crisis.[2] Locally, Riverside County Board of Supervisors declared racism as a public health crisis in August of 2020.[3]

Systemic racism influences a myriad of factors, such as one's economic stability and exposure to environmental pollution as well as access to education, housing, and healthcare. These factors—known as social determinants of health—also include interpersonal and institutional racism, that is, unfair treatment based on perceived racial differences. Such instances of unfair treatment, compounded over years, lifetimes, and generations, can have profound cumulative impacts on the mental and general health of individuals and communities.

To explore this topic, participants were asked, "Have you ever been treated unfairly due to your race/ethnicity?" Approximately **13.4% of Coachella Valley adults have been treated unfairly due to their race/ethnicity**, equating to more than 39,559 people.

[1] For example, Hispanic/Latino and Black/African American people are more than twice as likely to be hospitalized from COVID-19 as are non-Hispanic White people. American Indian/Alaska Native people are nearly three times as likely to be hospitalized from COVID-19 as are non-Hispanic White people. See Risk for COVID-19 Infection, Hospitalization, and Death by Race/Ethnicity. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

[2] Racism is a Public Health Crisis. (2020). American Public Health Association. https://www.apha.org/topics-and-issues/health-equity/racism-and-health/racism-declarations
AMA Board of Trustees pledges action against racism, police brutality. (2020). American Medical Association. https://www.ama-assn.org/press-center/press-releases/ama-board-trustees-pledges-action-against-racism-police-brutality

[3] Riverside County (August 4, 2020). Board of Supervisors vote 5-0 to declare racism as a public health crisis. https://rivco.org/news/board-supervisors-vote-5-0-declare-racism-public-health-crisis

Intimate Partner Violence

Intimate partner violence, defined as abuse or aggression that originates in a romantic relationship, is a major, widespread problem. Nationally, about one in four women and one in 10 men have reported contact sexual violence, physical violence, or stalking by in intimate partner. It can be a single incident or can occur multiple times. Intimate partner violence can result in mental health challenges such as post-traumatic stress disorder (PTSD) as well as lingering physical injury or even death. About one in five homicide victims in the United States are killed by an intimate partner, and about half of female homicide victims are killed by a male intimate partner.[1]

Participants were presented with the following question: "An intimate partner is a husband, wife, boyfriend, girlfriend, or someone that you lived with or dated. In the past 12 months, did any intimate partner push, grab, or slap you, kick, bite, hit, choke, or beat you up in any way?"

Fortunately, 98.1% of adults said "no" to this question. However, **1.9%, more than 6,390 people, had experienced intimate partner violence in the past year.** It is also worth noting that even with a confidential paper survey, some individuals may be reluctant to disclose such a sensitive topic, and as such, this is likely an underestimate.

If you or someone you love have experienced domestic violence and need help, reach out to the National Domestic Violence Hotline:

Call 1-800-799-SAFE (7233)

Text "Start" to 88788

Visit https://thehotline.org

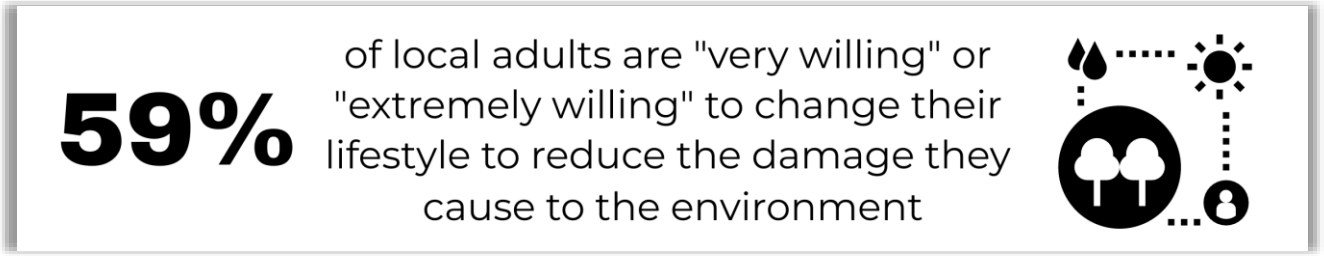
[1] Fast Facts: Preventing Intimate Partner Violence. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html

Environment

Environmental challenges, whether local or global, often call for changes to individual lifestyle. For example, the mitigation of local air pollution and greenhouse gas emissions both call for the widespread adoption of electric vehicles, among other measures. Other behavioral changes that have been often proposed in the name of environmental protection include composting, using fewer plastics, or conserving water. To assess how receptive residents are to such approaches, survey participants were asked, "How willing are you to change your lifestyle to reduce the damage you cause to the environment?"

As illustrated below, **most local adults (58.8%) are "very willing" or "extremely willing" to change their lifestyle to reduce the damage they cause to the environment**. On the opposite end of the spectrum, 8.6% are "not so willing" or "not at all willing" to make such changes.

Willingness to Change Lifestyle for Environment	Weighted Percent	Population Estimate
Not at all willing	3.8%	12,535
Not so willing	4.8%	16,065
Somewhat willing	32.6%	107,881
Very willing	43.2%	143,317
Extremely willing	15.6%	51,594
Total	**100.0%**	**331,393**



Air Quality

Air quality has long been a matter of concern in the Coachella Valley, given historically high levels of pollution such as ozone.[1] Air pollution is blown into the valley from the Los Angeles basin, combining with pollution from local sources such as trucks, power generation, agricultural burning, and fugitive dust from roads and construction.[2] Air quality is expected to worsen, especially in the Eastern Coachella Valley, as the Salton Sea shrinks, exposing emissive dust from growing expanses of dried lakebed.[3]

To assess perceptions of air quality, survey participants were asked, "How would you rate the air quality in your neighborhood?" As illustrated below, **21.5% of local adults rate the air quality in their neighborhood as "fair" or "poor."**

Rating of Air Quality in Own Neighborhood	Weighted Percent	Population Estimate
Poor	5.1%	17,290
Fair	16.4%	55,245
Good	43.2%	145,414
Very good	26.7%	90,039
Excellent	8.6%	28,984
Total	**100.0%**	**329,027**

Poor air quality can limit outdoor activities, especially for those who have asthma or other respiratory ailments. To assess this effect among residents, survey participants were asked, "Does poor air quality ever stop you from doing outdoor activities in your neighborhood?" As illustrated bellow, **14.4% of local adults are prevented from doing outdoor activities in their neighborhood at least several times a month or more often**.

Does poor air quality ever stop you from doing outdoor activities in your neighborhood?	Weighted Percent	Population Estimate
Yes, several times a week	6.9%	22,538
Yes, several times a month	7.5%	24,317
Yes, several times a year	29.0%	94,049
No, never	48.1%	156,309
Not applicable—I don't do outdoor activities in my neighborhood	8.5%	27,618
Total	**100.0%**	**324,832**

[1] Wilson, J. (12 April 2019). "Palm Springs: One of the smoggiest spots in the US?" *The Desert Sun*. https://www.desertsun.com/story/news/environment/2019/04/12/smog-palm-springs-coachella-valley-worst-air-quality-rating/3431771002/

[2] Eastern Coachella Valley (ECV) Community – AB 617. (2022). South Coast Air Quality Management District. https://scaqmd-online.maps.arcgis.com/apps/MapJournal/index.html?appid=78391247396f4a91b16285f0297d6e83

[3] University of California, Riverside Salton Sea Task Force. (2021). Crisis at the Salton Sea: The Vital Role of Science. Environmental Dynamics and GeoEcology (EDGE) Institute, University of California, Riverside. https://www.saltonseataskforce.ucr.edu/_files/ugd/0d73bf_f8133ee80a30473ca565ecab181e31a1.pdf

SENIOR HEALTH

Ages 55+














Senior Demographics

There are many possible ways to define "seniors." For example, Medicare, the federal health insurance program for seniors, begins at age 65. In contrast, many local senior centers define their constituents as adults ages 50 and older, while eligibility for many programs through the California Department of Aging is set at age 60. For the purposes of this section, "seniors" are defined operationally as those 55 and older, as it has been in prior HARC Executive Reports.

The data from these individuals were part of the previous section on adults—that is, the previous section on adults included all adults ages 18 and older. However, as some agencies focus solely on serving the needs of seniors, some senior-specific data are presented here.

There are approximately **177,700 Coachella Valley adults who are ages 55 and older**.

Race

The majority of local seniors (82.6%) identify their race as White/Caucasian, as illustrated in the table below.

Race *Seniors 55+*	**Weighted Percent**	**Population Estimate**
White/Caucasian	82.6%	136,015
Black/African American	2.3%	3,806
Asian	2.9%	4,851
American Indian/Alaska Native	1.8%	3,030
Another race	10.4%	17,061
Total	**100.0%**	**164,762**

Ethnicity

The majority of local seniors are not Hispanic/Latino, as illustrated in the table below. Of the 31.1% of local seniors who are Hispanic/Latino, most are Mexican or Mexican American.

Ethnicity *Seniors 55+*	**Weighted Percent**	**Population Estimate**
Not of Hispanic, Latino, or Spanish Origin	68.9%	115,753
Hispanic, Latino, or Spanish origin: Mexican, Mexican American, Chicano	23.2%	38,951
Hispanic, Latino, or Spanish origin: Other	7.9%	13,208
Total	**100.0%**	**167,912**

Senior Socioeconomic Status (SES)

Income

Results show that 13.6% of local seniors are living in households with an annual income of less than $20,000, as illustrated in the table below. At the other end of the spectrum, 35,350 seniors have relatively high income levels, residing in households with six-figure annual incomes.

Income Group *Seniors 55+*	Weighted Percent	Population Estimate
$0 to $19,999	13.6%	17,880
$20,000 to $49,999	29.8%	39,201
$50,000 to $99,999	29.8%	39,264
$100,000 or more	26.8%	35,350
Total	**100.0%**	**131,695**

Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels per the Department of Health and Human Services' guidelines for poverty in 2022.

Results indicate that 12.4% of Coachella Valley seniors are living at or below the federal poverty line (FPL), as illustrated in the table below. This equates to 16,020 seniors living in poverty.

Poverty Level *Seniors 55+*	Weighted Percent	Population Estimate
0 to 100% FPL	12.4%	16,020
101% to 200% FPL	18.0%	23,210
201% to 250% FPL	7.8%	10,066
251% to 300% FPL	6.8%	8,798
300% FPL or more	55.0%	71,033
Total	**100.0%**	**129,127**

Employment Status

About half of local Coachella Valley seniors (54.5%) are retired, as illustrated in the table below. About one in five seniors are employed (21.0%); another 13.1% are self-employed.

Employment Category *Seniors 55+*	Weighted Percent	Population Estimate
Employed	21.0%	36,029
Self-employed	13.1%	22,464
Out of work	4.6%	7,760
Homemaker	1.5%	2,540
Retired	54.5%	93,624
Unable to work	5.5%	9,444
Total	**100.0%**	**171,890**

Military Service

In the Coachella Valley, 16.1% of local seniors have served on active duty in the Armed Forces of the United States—that equates to more than 27,726 senior veterans.

More than half of local veterans (54.7%, or 12,574 senior veterans) were deployed during their time in the service. These veterans likely have more negative health impacts than the ones who were not deployed, especially as it relates to PTSD and exposure to war zones. Given their dates of service, this likely meant deployment to Vietnam or Korea.

Sexual Orientation

Locally, nearly 22.0% of seniors identify their sexual orientation as lesbian, gay, bisexual, questioning, or other (LGBQ), as illustrated in the table below. This is even higher than the overall adult population, indicating that our Valley is home to many LGBQ seniors.

Sexual Orientation *Seniors 55+*	**Weighted Percent**	**Population Estimate**
Heterosexual	78.0%	117,483
Homosexual	20.2%	31,228
Bisexual	2.1%	3,284
Questioning or another sexual orientation	1.7%	2,642
Total	**100.0%**	**154,637**

Local Spotlight: HARP-PS

HIV+ Aging Research Project – Palm Springs (HARP-PS) is a community-based, community-supported nonprofit based in Palm Springs that focuses on serving people aging with HIV.

HARP-PS brings together physicians, researchers, activists, and people living with HIV to study long-term HIV survivors and explore ways to help them live longer, healthier lives. Activities include monthly "Positive Life" lectures for people living with HIV, as well as "Provider Dinners" to help both providers and people living with HIV navigate the uncharted waters of aging with HIV. People aging with HIV can participate in community-based research and educational programs with the help of HARP-PS. To learn more about HARP-PS, visit https://www.harp-ps.org/

Senior Healthcare

Most seniors ages 65 and over are eligible for health insurance through Medicare, and thus, have health insurance. In addition, seniors who are undocumented and low-income are eligible for Medi-Cal, following a recent expansion of the state program.[1] However, results show that **5.8% of local seniors (9,423 seniors) are uninsured**. These are likely the younger seniors, who have not yet reached Medicare age.

The most common barrier to care is the length of time it took to get an appointment, as illustrated in the table below. This is likely related to the healthcare provider shortage in the Coachella Valley. COVID-19 also presented a substantial barrier, along with the hours the provider is open.

Barriers to Care *Seniors 55+*	**Weighted Percent**	**Population Estimate**
Length of time it took to get an appointment	30.2%	47,313
COVID-19	17.8%	26,521
Hours that the provider is open	16.7%	25,858
Understanding what is covered by your plan	14.5%	22,249
Not having authorization from the HMO	11.7%	17,207
Finding a doctor of the sex, age, ethnicity, or sexual orientation that is comfortable for you	9.5%	14,535
Taking time off work	8.1%	12,268
Transportation	5.5%	8,578
Language barrier	3.8%	5,791

[1] California Expands Medi-Cal to All Eligible Adults 50 Years of Age and Older. (29 April 2022). Office of Governor Gavin Newsom. https://www.gov.ca.gov/2022/04/29/california-expands-medi-cal-to-all-eligible-adults-50-years-of-age-and-older/

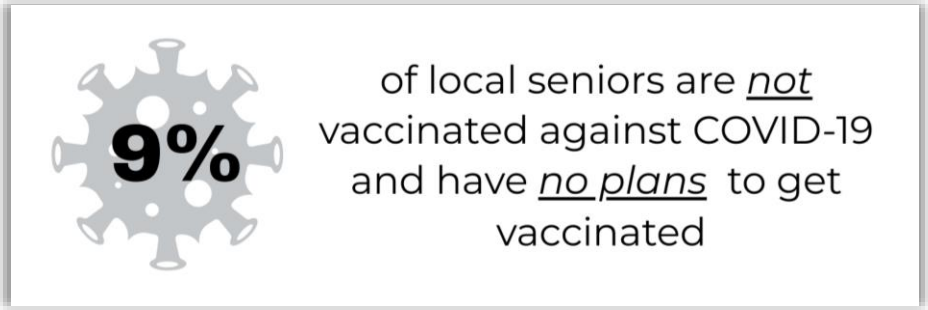
Senior COVID-19

The coronavirus disease 2019 (COVID-19) is especially problematic for older adults.[1] Survey participants were asked, "Have you ever been tested for COVID-19?" Approximately 68.5% said, "yes"; however, 21.5% (approximately 53,906 seniors) have *never* been tested for COVID-19.

The approximately 117,183 local seniors who reported having been tested for COVID-19 were then asked, "Have you ever tested positive for COVID-19?" Overall, **44.5%, or 43,252 seniors, have tested positive for COVID-19 at least once.**

Participants were asked, "Have you received the COVID-19 vaccine?" Fortunately, **most local seniors (87.0%) are fully vaccinated against COVID-19. However, 8.6% are unvaccinated and plan to stay that way.**

COVID-19 Vaccine Status *Seniors 55+*	Weighted Percent	Population Estimate
I am fully vaccinated	87.0%	142,923
I am partially vaccinated	3.8%	6,319
I am not vaccinated, but I plan to get vaccinated	0.6%	909
I am not vaccinated, and I don't plan on getting vaccinated	8.6%	14,121
Total	**100.0%**	**164,271**



[1] For information on risks by age group, see Risk for COVID-19 Infection, Hospitalization and Death by Age Group. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-age.html
For information on risks by occupation, see COVID-19 – Hazard Recognition. (2022). Occupational Safety and Health Administration. https://www.osha.gov/coronavirus/hazards
For information on risks by racial and ethnic group, see Health Disparities. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/nvss/vsrr/covid19/health_disparities.htm

Senior Socioeconomic Needs

The most common need for local seniors is for food assistance, followed by utility assistance and financial assistance, as illustrated in the table below.

Socioeconomic Needs *Seniors 55+*	Weighted Percent	Population Estimate
Food Assistance	10.2%	17,696
Utility Assistance	8.4%	14,143
Financial Assistance	7.7%	13,016
Transportation	6.8%	11,499
Home healthcare	5.4%	9,121
Rental Assistance	4.4%	7,371
Housing Assistance	3.5%	5,902

Senior Food Insecurity

Participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more." As illustrated in the table below, **29,739 seniors were "often" or "sometimes" worried they would run out of food before they got money to buy more**.

Additionally, as illustrated in the table below, **21,011 local seniors "often" or "sometimes" ran out of food and did not have money to buy more food.**

Frequency *Seniors 55+*	"We worried whether our food would run out before we got money to buy more"		"The food we bought just didn't last, and we didn't have money to buy more"	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Often true	2.1%	3,670	1.6%	2,871
Sometimes true	14.8%	26,069	10.3%	18,140
Never true	83.1%	145,943	88.0%	154,746
Total	**100.0%**	**175,683**	**100.0%**	**175,757**

Results indicate that **9.8% of local seniors have had to cut the size of their meals or skip meals because they did not have enough money for food,** which equates to 17,234 food-insecure seniors. In fact, 1.5% of local seniors (2,625 seniors) had to go for a whole day without eating because there was not enough money for food. Unfortunately, 21.0% of local seniors (36,995 seniors) have spent less money on food because they needed to prioritize other basic needs.

Elder Abuse

Elder abuse can include maltreatment, harm, and exploitation, and can take many forms, including physical, sexual, psychological, and/or financial abuse.[1] The consequences of elder abuse can manifest physically and psychologically. For example, physical effects may include visible wounds and injuries, pain and soreness, health and sleep issues, susceptibility to new illnesses, and exacerbation of preexisting conditions.[2] Psychological effects can include higher levels of distress and depression and potentially learned helplessness and posttraumatic stress disorder.[3]

The CDC estimates that one out of every ten elders, ages 60 and older and living at home, experience elder abuse. Moreover, for every case of elder abuse reported, it is estimated there are an additional 23 cases that go unreported.[4]

Some steps that can be taken for protection include having many strong relationships, having higher levels of community cohesion, effective monitoring systems, and regular visits from family, volunteers, and social workers, among others.[5]

About **3.1% of local seniors have been mistreated or neglected,** which equates to 5,180 seniors.

[1] Elder Abuse Definitions. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/definitions.html
[2] Elder Abuse Consequences. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/consequences.html
[3] Ibid.
[4] Ibid.
[5] Risk and Protective Factors. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/elderabuse/riskprotectivefactors.html

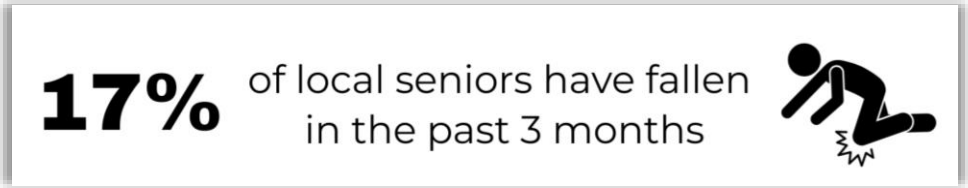
Senior Mobility

Falling is a common occurrence, but for seniors, a simple fall could be the cause of significant health issues or even disability.[1] For example, although many falls will not result in an injury, some cause broken bones, fractures, or head trauma.[2] Whether an injury is sustained or not, a person who falls can also develop a fear of falling and will often reduce their level of activity to avoid such a fall.[3] This activity reduction can have negative consequences, such as increased isolation and decreased physical exercise.

Nationally, one in four seniors, ages 65 and older, reports falling each year.[4] There are about 30 million falls each year among the senior population ages 65 and older[5], and these falls result in billions of dollars in healthcare costs.[6] Falling was the leading cause of injury death among those 65 and older in 2017.[7]

Results show that the majority of local seniors—82.9%—have not suffered a fall in the past three months. However, as illustrated in the table below, **17.1% of local seniors (more than 26,000 seniors) have fallen at least once in recent months**.

Number of Falls in Past 3 Months *Seniors 55+*	Weighted Percent	Population Estimate
None	82.9%	133,494
One	9.8%	15,711
Two or more	7.4%	11,864
Total	**100.0%**	**161,069**



Overall, 47.9% of these falls caused injury—that is, about 12,539 local seniors experienced a fall injury in the past three months.
About **29.0% of local seniors (49,398 seniors) have a concern or fear that they may fall**. This may prevent them from going out and being as active as they could possibly be, which is detrimental to their overall physical and mental health.

[1] Prevent Falls and Fractures. (2017). National Institute on Aging.
https://www.nia.nih.gov/health/prevent-falls-and-fractures
[2] Important Facts about Falls. (2017). Centers for Disease Control and Prevention.
https://www.cdc.gov/homeandrecreationalsafety/falls/adultfalls.html
[3] Ibid.
[4] Falls Reported by State. (2019). Centers for Disease Control and Prevention.
https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost/falls-by-state.html
[5] Ibid.
[6] Falls Data. (2019). Centers for Disease Control and Prevention.
https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html
[7] 10 Leading Causes of Injury Deaths by Age Group Highlighting Unintentional Injury Deaths, United States – 2017. (2017). Centers for Disease Control and Prevention.
https://www.cdc.gov/injury/wisqars/pdf/leading_causes_of_injury_deaths_highlighting_unintentional_2017-508.pdf

CHILD HEALTH

0 to 17

Child Demographics

There are approximately 89,806 children ages zero to 17 living in the Coachella Valley. No children were surveyed to gather the information in this section; rather, an adult in the household who was knowledgeable about the child was used as a proxy. Most of these respondents were birth parents, as illustrated in the table below. Because of this, throughout the child section, these individuals are referred to as "parent/guardian respondents" or "parents/guardians."

Respondent's Relationship to Child	Weighted Percent
Birth mother	64.0%
Grandparent	17.8%
Birth father	11.2%
Other (stepparent, partner of parent, adoptive parent, unrelated legal guardian/foster parent)	7.0%
Total	**100.0%**

Age

The age of children in the Coachella Valley is fairly evenly distributed. That is, there is a similar proportion of children in each of the three age groups, as illustrated in the table below.

Child Age Group	Weighted Percent	Population Estimate
0 to 5	32.5%	28,782
6 to 11	30.2%	26,755
12 to 17	37.3%	32,970
Total	**100.0%**	**88,507**

Gender

As illustrated in the table below, children in the Coachella Valley are evenly split between male and female.

Child Gender	Weighted Percent	Population Estimate
Male	52.2%	45,888
Female	47.8%	42,018
Total	**100.0%**	**87,906**

Race

To assess the race of the child, the parent/guardian respondent was asked, "Which one of these groups best represents your child's race? For the purposes of this question, Hispanic/Latino is not a race."

As illustrated in the table below, most children in the Coachella Valley are considered "White/Caucasian," but there is also a substantial proportion who fall under the category "Other."

Child Race	Weighted Percent	Population Estimate
White/Caucasian	54.8%	42,965
Black/African American	4.1%	3,230
Asian/Asian American	2.3%	1,768
American Indian/Alaska Native	4.5%	3,552
Another race	34.4%	26,956
Total	**100.0%**	**78,471**

Ethnicity

To assess ethnicity, parents were asked, "Is your child of Hispanic, Latino, or Spanish origin?" As illustrated in the table below, most local children are Hispanic/Latino (79.2%).

Child Ethnicity	Weighted Percent	Population Estimate
Hispanic or Latino	79.2%	66,690
Not Hispanic or Latino	20.8%	17,554
Total	**100.0%**	**84,244**

Local Spotlight: Anderson Children's Foundation

The Irene W. & Guy L. Anderson Children's Foundation (ACF) was established in 1970 by Irene Anderson. Childless herself, Anderson sought to care for the unmet needs of children of every race and creed to honor her late husband, Guy Anderson.

Today, ACF carries on the Andersons' legacy by giving grants to Coachella Valley nonprofit organizations who serve children in a myriad of ways. From 1993 to 2022, ACF has awarded over $18.5 million to fund 1,263 projects in the Coachella Valley. Most recently, in 2022-2023, ACF funded a total of 100 different projects designed to benefit local children.

To learn more about ACF and their worthy grantees, visit https://www.andersonchildrensfoundation.org/

Irene W. & Guy L. Anderson Children's Foundation

Child Socioeconomic Status (SES)

While children do not typically have earning potential, the socioeconomic status of their household can substantially impact their health and wellness in essentially the same way that it influences adult health and wellness.

Income

There is much variation in the annual household income of families with children in the Coachella Valley. **The majority of Coachella Valley children (59.9%) live in households with an annual income of less than $50,000 a year.**

Child Income Group	Weighted Percent	Population Estimate
$0 to $19,999	11.1%	6,965
$20,000 to $49,999	48.8%	30,565
$50,000 to $99,999	24.8%	15,559
$100,000 or more	15.3%	9,605
Total	**100.0%**	**62,695**

Poverty

As illustrated in the table below, **nearly a third of local children (31.1%, or 19,515 children) live below the federal poverty line (FPL).**

Child Poverty Level	Weighted Percent	Population Estimate
0 to 100% FPL	31.1%	19,515
101% to 200% FPL	38.3%	24,015
201% to 250% FPL	6.4%	4,010
251% to 300% FPL	4.7%	2,941
301% FPL or higher	19.5%	12,198
Total	**100.0%**	**62,678**

Local Spotlight: Kaiser Permanente

Kaiser Permanente recognizes that the conditions in our communities—social, economic, environmental, equity, inclusion, justice—have a profound and pervasive impact on the health of the people who live, work, and play in them. That's why Kaiser is leveraging their assets and collaborating with community partners to help communities thrive beyond health care, address climate change, and improve housing, food security, economic opportunity, and education.

Addressing the upstream influencers of health and equity in our communities will yield long-term improvement in downstream health status and affordability of care. Kaiser is grateful to their community partners, and to the people of Kaiser Permanente who join in common purpose to make lives better and improve the health of the communities Kaiser serves. To learn more about Kaiser Permanente's Community Health Investments visit: http://community.kp.org

KAISER PERMANENTE®

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are potentially traumatic events occurring during childhood, including abuse (emotional, physical, or sexual), neglect (emotional or physical), violence (witnessing an act or being a victim of violence), and instability (substance abuse in the household, mental illness in the household, parental separation or divorce, or incarcerated household member).[1]

Research shows a dose-response association between ACEs and adverse health effects, meaning that the more ACEs a person experiences, the more adverse health effects are likely to occur as well.[2] These adverse health effects can range from poor physical health to poor job opportunities in later life. Additionally, ACEs and their associated social determinants of health such as neighborhood/physical environment and economic stability can create prolonged negative health outcomes. For example, research has shown that ACEs are linked to risky health behaviors, chronic health conditions, low life potential, and early death.[3]

There are typically 10 ACEs; however, for this survey, HARC measured three ACEs, all within the "household instability" category: mental illness in the household, incarceration of a household member, and substance abuse in the household. Due to the methods of this survey (i.e., surveying parent/guardian proxies for the child), asking questions about child abuse or neglect is unlikely to yield exact information—that is, the parents may be unaware of the abuse/neglect or inclined not to disclose it. Thus, only three of the 10 ACEs were assessed, all of which the parent/guardian respondent can accurately report on.

Fortunately, the majority of local children (71.0%) have not experienced any of these three ACEs. However, **29.0% of Coachella Valley children (25,972 children) have experienced one or more of the three ACEs measured in this survey**.

Of the three ACEs measured on this survey, **the most common adverse childhood experience that local children experience is mental illness in the home**, as illustrated in the table below. Substance abuse in the home and incarceration of a household member are relatively less common for children in the Coachella Valley.

Type of ACEs	Weighted Percent	Population Estimate
Anyone in the household been depressed, mentally ill, or attempted suicide during the child's lifetime	18.7%	16,767
Anyone in the household been a problem drinker, alcoholic, or used street drugs during the child's lifetime	13.5%	12,001
Anyone in the household been to jail or prison during the child's lifetime	7.2%	6,425

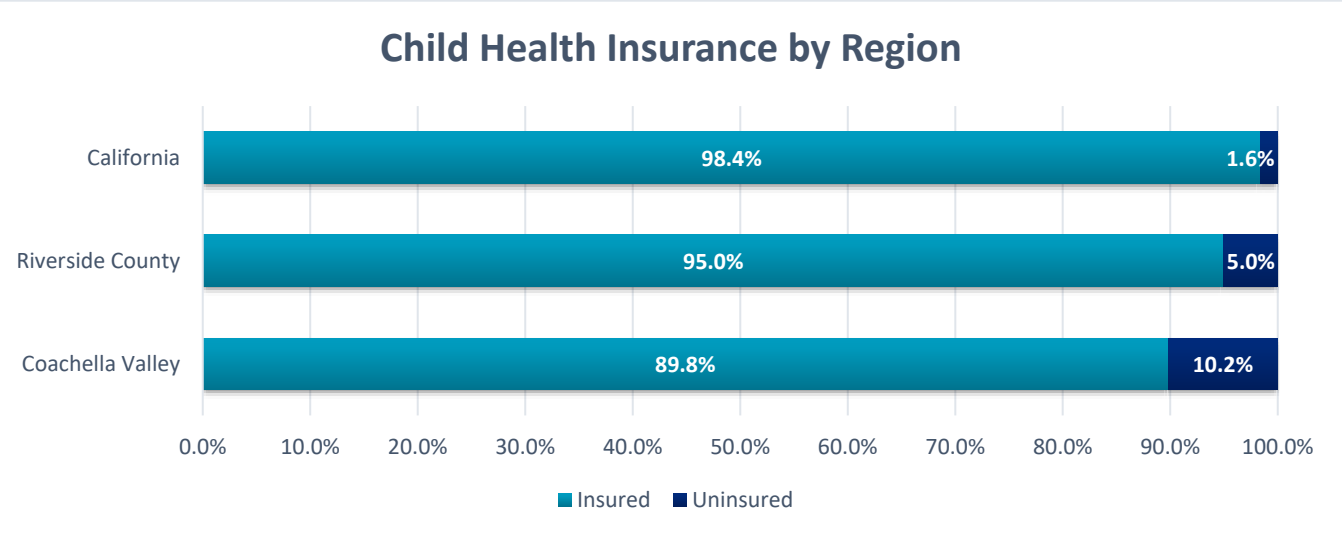
[1] Fast Facts: Preventing Adverse Childhood Experiences. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html
[2] About the CDC-Kaiser ACE Study. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/about.html
[3] Fast Facts: Preventing Adverse Childhood Experiences. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/aces/fastfact.html

Child Healthcare Access

Healthcare Coverage

Healthcare access is critical for children not only to address health issues as they arise but also to address developmental needs that manifest physically, socially, and psychologically. The most recent data shows that 5.1% of children under the age of 18 did not have health insurance in 2020 in the United States.[1] Under Senate Bill (SB) 75, all low-income children under the age of 19 are eligible for Medi-Cal and its full range of benefits, including children who are unable to establish a satisfactory immigration status.[2] Thus, even those who are undocumented are eligible for health insurance.

The vast majority of children in the Coachella Valley have healthcare coverage (89.8%, or 78,079 children). However, **10.2% of local children (8,879 children) do not have health insurance coverage**. Additionally, **Coachella Valley children are significantly more likely to be uninsured than children in California as a whole**, as illustrated in the chart below.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

The only places that these uninsured children likely receive care—if at all—is at local federally qualified health centers (FQHCs), which have sliding scale fees to help make healthcare coverage accessible to low-income patients[3], or the Los Médicos Voladores (The Flying Doctors) weekend events, which provides free healthcare and dental care to hundreds of underserved residents of the Coachella Valley.[4] These events occur annually in Thermal, as well as on select other weekends in several other underserved Coachella Valley locations.

[1] Child Health. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur202108-508.pdf

[2] Department of Health Care Services. SB 75 – Full Scope Medi-Cal for All Children. https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/SB-75.aspx

[3] Local FQHCs currently operating in the Coachella Valley include Borrego Health, Central City Community Health Center, Central Neighborhood Health Foundation, DAP Health (formerly known as Desert AIDS Project), Innercare (formerly known as Clinicas de Salud del Pueblo), Riverside County, and SAC Health System, according to the Health Resources and Services Administration's website at https://findahealthcenter.hrsa.gov/

[4] Learn more here: https://www.flyingdocs.org/

Child Healthcare Utilization

Going to a healthcare provider on a regular basis is important for health. Having regular health exams can help identify problems early when treatment is likely to have better outcomes.[1] Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development—and early detection means early treatment. According to the CDC, about 14.6% of those under 18 years of age have not had contact with a healthcare professional in the past year, and 1.1% have never had any contact at all with a healthcare professional.[2]

Despite uninsured rates for California children being lower than the national average, the California State Auditor Report indicates that 45.2% of children with Medi-Cal did not utilize their well-child checkup benefits while having Medi-Cal insurance. This ranks California as 40th in the United States for the utilization of benefits for children.[3]

The vast majority of children in the Coachella Valley (61.6%, or 53,491 children) have visited a doctor or healthcare provider within the past six months. However, **4.5% of local children (3,869 children) have not visited a doctor in two or more years.**

Time Since Child's Last Visit to a Healthcare Provider	Weighted Percent	Population Estimate
Less than six months	61.6%	53,491
Six months to less than one year	23.0%	19,987
One year to less than two years	10.9%	9,501
Two years to less than five years	4.1%	3,520
Five or more years ago	0.4%	349
Total	**100.0%**	**86,862**

Regular Check-Ups

Regular check-ups for growing children are extremely important. Parents/guardians were asked, "In the past 12 months, has the child visited a doctor or other health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition."

Results show that **78.6% of all local children have had a routine check-up within the past year**. This equates to 66,936 local children. The remaining 18,198 children have not had a routine check-up in the past year and should be examined as soon as possible.

If the child had not had a routine check-up in the past year, parents/guardians were asked, "what is the *main* reason the child has not visited a doctor or other health care provider in the last year for a routine check-up?" The vast majority of responses indicated that **the child had not had a check-up in the past year because there was no need—the child was healthy**: e.g., "she hasn't been sick," "not sick, no changes," "no reason, child is healthy," "no ailments," etc. This indicates a lack of understanding of the value of preventative care; there may be a need for parental education locally.

[1] Child Development Basics. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/ncbddd/childdevelopment/facts.html
[2] Summary Health Statistics: National Health Interview Survey, 2018. (2018). Centers for Disease Control and Prevention. https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-18.pdf
[3] Department of Health Care Services. (2019). Auditor of the State of California. http://www.auditor.ca.gov/pdfs/reports/2018-111.pdf

Usual Source of Care for Child

The parent/guardian respondents were asked, "When your child is sick or in need of healthcare, where do you usually go?" As illustrated in the table below, local children typically get their care at a doctor's office, clinic, or urgent care. Unfortunately, **4.9% of local children (3,987 youth) get their usual care at the emergency room or hospital**, which indicates they are lacking continuity of care.

Usual Source of Care	Weighted Percent	Population Estimate
Doctor's office	42.8%	34,716
Clinic	24.6%	19,960
Urgent care	24.0%	19,429
Emergency room/hospital	4.9%	3,987
Other	3.3%	2,948
Total	**100.0%**	**81,039**

Barriers to Healthcare for Child

Parents/guardians of Coachella Valley children were asked whether a list of several potential barriers consistently made it very difficult or prevented them from getting their child the healthcare they needed in the past year. As illustrated in the table below, **the most common barrier to receiving healthcare for the child is the amount of time it takes to get an appointment.** This is also the most common barrier to receiving healthcare for adults.

Barriers	Weighted Percent	Population Estimate
Amount of time it takes to get an appointment	28.5%	15,374
Taking time off work to take the child in	25.0%	13,281
Hours the provider is open	22.3%	11,203
COVID-19	21.8%	10,732
Understanding what is covered by insurance	12.2%	6,206
Unable to find childcare or homecare for other children/family members	9.1%	4,800

Results show that **11.3% of local children (9,485 children) had to delay or not get a test or treatment that a healthcare provider ordered in the past year**. This is very similar to rates in Riverside County and California as a whole (13.7% in Riverside County, and 6.0% in California).[1]

Common reasons for the delay or denial of treatment included high cost (including co-payments) or inability to take time off of work for the test or treatment.

[1] The Riverside County and California data cited here are from the California Health Interview Survey, 2021.

Child Disability

The Convention on the Rights of Persons with Disabilities defines a disability as a long-term physical, mental, intellectual or sensory impairment that—in interaction with the environment—hinders an individual's equal participation in society.[1] UNICEF estimates that nearly 240 million children worldwide are living with a disability; a figure that is nearly one in 10 children.[2]

In the United States, children may be considered disabled and eligible for Supplemental Security Income (SSI) program if they have a medically determinable physical or mental impairment that results in marked and severe functional limitations and has lasted (or is expected to last) for at least one year or to result in death.[3]

There are many types of disabilities, including those related to sensory (e.g., being blind/low-vision or deaf/hard-of-hearing), mobility (e.g., being a wheelchair user), and intellectual/developmental disabilities, which are a group of conditions due to an impairment in physical, learning, language, or behavior.[4]

In HARC's survey, parents/guardians were asked, "Does the child currently have any physical, behavioral, or mental conditions that limits or prevents them from doing childhood activities usual for their age?" Results indicate that **7.8% of children have this type of disabling condition (approximately 6,746 children).**

Participants were asked to describe the condition that causes this limitation. The two most common responses were autism and anxiety. Other conditions included a variety of disabilities that primarily fell into the category of intellectual/developmental disabilities (e.g., learning difficulties, epilepsy, traumatic brain injury, cerebral palsy, etc.).

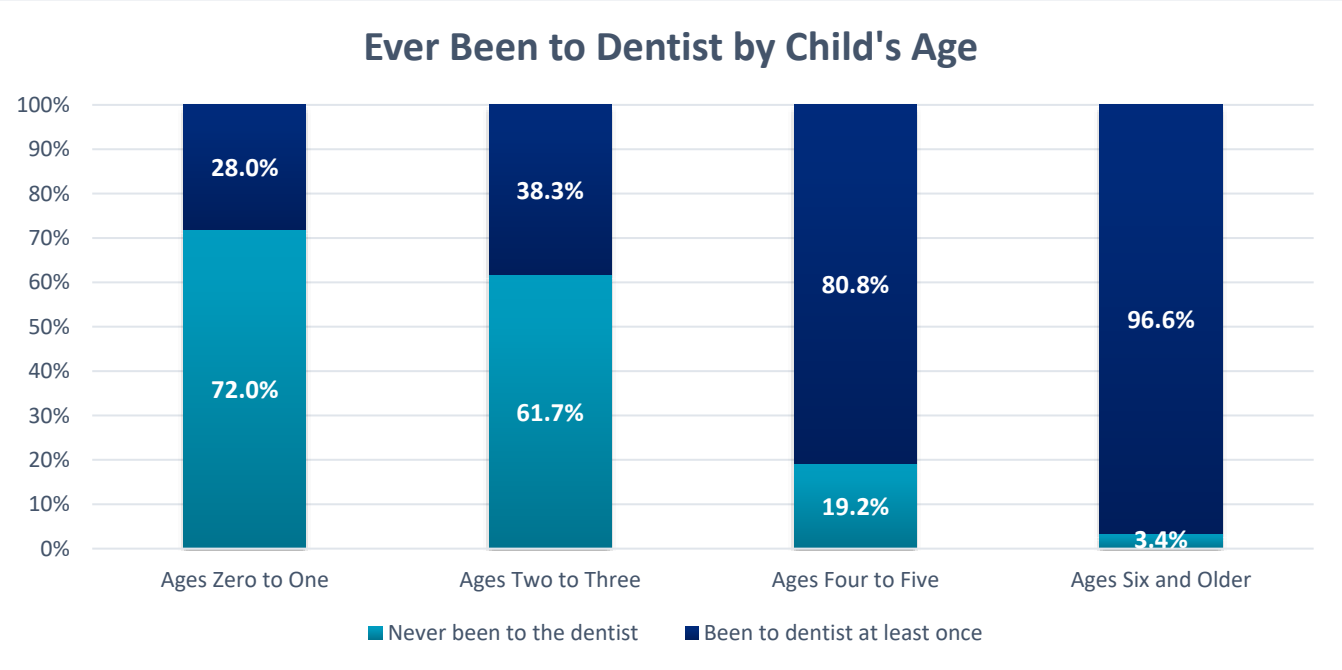
[1] UNICEF: Children with disabilities. https://www.unicef.org/disabilities
[2] UNICEF. (2021) Nearly 240 million children with disabilities around the world, UNICEF's most comprehensive statistical analysis finds. https://www.unicef.org/press-releases/nearly-240-million-children-disabilities-around-world-unicefs-most-comprehensive
[3] Social Security. Childhood disability: Supplemental Security Income Program – A guide for physicians and other health care professionals. https://www.ssa.gov/disability/professionals/childhoodssi-pub048.htm
[4] Centers for Disease Control and Prevention. (2022). CDC's Work on Developmental Disabilities. https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html

Child Dental Health

Tooth decay remains among the most common chronic diseases among children in the United States.[1] Children can experience challenges with eating, speaking, playing, and learning if oral health conditions are not treated promptly.[2] The American Academy of Pediatric Dentists recommends that the first dental exam occurs within 6 to 12 months of age and subsequent follow-up care every six months in order to prevent cavities and other dental problems.[3] In the United States, 33.2% of children under 18 years old have not had a visit with a dentist in the past year.[4]

Results demonstrate that the majority of children in the Coachella Valley (83.7% or 72,816 children) have been to a dentist at least once in their lifetime. However, **16.3% of local children (14,226 children) have *never* been to a dentist.**

As illustrated in the chart below, the majority of children ages three and younger have never been to a dentist. This decreases sharply by age; nearly every child ages six and older has been to the dentist at least once.



[1] Children's Oral Health. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html
[2] Ibid.
[3] American Academy of Pediatric Dentistry. Periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents. The Reference Manual of Pediatric Dentistry. Chicago, Ill.: American Academy of Pediatric Dentistry; 2021:241-51. https://www.aapd.org/globalassets/media/policies_guidelines/bp_periodicity.pdf
[4] Summary Health Statistics: National Health Interview Survey, 2018. (2018). https://ftp.cdc.gov/pub/Health_Statistics/NCHS/NHIS/SHS/2018_SHS_Table_A-19.pdf

Ideally, per the American Academy of Pediatric Dentists' recommendations, 100.0% of children ages one and over would have been to a dentist at least once. However, as illustrated in the table below, only **14.4% of local children who have been to the dentist made their first visit before age one**. The majority of children who have been to the dentist made their first visit at an older age. Notably, **about a third of children who have been to the dentist (31.0%) did not have their first visit until they were ages four or older**.

Age at First Dental Visit *Children Who Have Been to a Dentist*	**Weighted Percent**	**Population Estimate**
Zero to one year old	14.4%	9,929
Two to three years old	54.6%	37,640
Four to five years old	25.6%	17,647
Six years old or older	5.4%	3,703
Total	**100.0%**	**68,919**

About half of children who have been to the dentist at least once have gone within the past six months (54.6%), as is recommended. **However, 9.2% of local children (6,608 children) have not been to the dentist in the past two years**, as illustrated in the table below, and are overdue for a visit.

Time Since Last Dental Visit *Children Who Have Been to a Dentist*	**Weighted Percent**	**Population Estimate**
Less than six months	54.6%	39,220
Six months to less than one year	23.6%	16,981
One year to less than two years	12.5%	8,999
Two or more years ago	9.2%	6,608
Total	**100.0%**	**71,809**

Parents/guardians of children who had not been to visit the dentist in the past year were subsequently asked to describe the main reason why they had not gotten an annual check-up.

The most common reason for children not visiting the dentist in the past year is because there are no problems (49.7% of those who have not been in the past year, or 6,760 children). This indicates a lack of understanding of the importance of preventive dental care, meaning widespread education among both parents and children is needed in order to improve these statistics.

Childhood Vaccinations

Vaccines help to provide immunity to children before they come into contact with various diseases.[1] All vaccines are tested to ensure they are safe and effective when given at recommended ages.[2] Vaccines can protect children against many serious diseases, including diphtheria, measles, pertussis, polio, tetanus, hepatitis A and B, chickenpox, the flu, mumps, and more.[3] A full vaccine schedule can be found on the CDC website.[4] Due to disruptions in routine care prompted by the COVID-19 pandemic, the CDC recognizes that many children in the United States did not receive vaccinations as recommended.[5]

COVID-19 Vaccination

The COVID-19 vaccines are safe and effective at reducing the risks of hospitalization and death among both adults and children.[6] The COVID-19 vaccines are recommended by the CDC for children who are six months of age and older.[7] Like other vaccines, the COVID-19 vaccines are a powerful tool for protecting the health of children.

For children ages one year or older, participants were asked, "Has the child had the COVID-19 vaccine?" As illustrated in the table below, **over half of local children ages one and older are fully vaccinated against COVID-19.**

However, **nearly one in four local children are *not* vaccinated and their parents/guardians have *no plans* to get them vaccinated against COVID-19**, putting them at risk for contracting and spreading COVID-19.

COVID-19 Vaccination Status *Children Ages One and Older*	**Weighted Percent**	**Population Estimate**
Yes, child is fully vaccinated	55.0%	46,018
Yes, child is partially vaccinated	7.2%	6,018
No, but I plan to get the child vaccinated	14.8%	12,359
No, and I don't plan to get the child vaccinated	23.0%	19,285
Total	**100.0%**	**83,680**

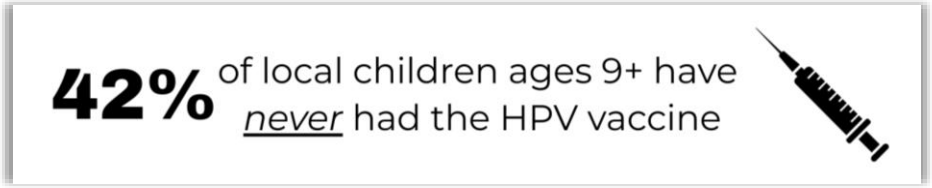
[1] Why Vaccinate. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/why-vaccinate/index.html
[2] Ibid.
[3] Vaccine Schedule. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/schedules/index.html
[4] Ibid.
[5] Catch Up on Well-Child Visits and Recommended Vaccinations. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/vaccines/parents/visit/vaccination-during-COVID-19.html
[6] Ensuring COVID-19 Safety in the U.S. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/safety.html
COVID-19 Vaccines are Effective. (2022). Centers for Disease Control and Prevent. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/index.html
Frequently Asked Questions About COVID-19 Vaccination for Children and Teens. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/faq-children.html
[7] COVID019 Vaccines for Children and Teens. (2022). The Centers for Disease Control and Prevention. https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/children-teens.html

HPV Vaccination

Human papillomavirus (HPV) is an extremely common virus that may resolve without treatment or can lead to six types of cancers if left untreated.[1] HPV is so common that nearly all men and women will get HPV in their lifetime and cause about 36,000 cancer cases in both men and women.[2] However, there is a vaccine known as Gardasil, which prevents nine types of HPV associated with cancer of the cervix, anus, vulva/vagina, penis, and throat.[3] Since Gardasil was approved in 2006, there has been a significant 88% reduction in HPV infections, including those that cause cancer and genital warts.[4]

The goal is for children to be vaccinated against HPV before they are exposed through sexual activity. Thus, the CDC recommends the HPV vaccine for children as young as age nine and no later than age twelve.[5] However, not all children may receive the vaccine as recommended and may require additional doses if vaccinated after the age of 15.[6] The statistics presented here are for children between the ages of nine and 17.

More than half of children ages nine to 17 (58.2% or 26,292 children) have had the HPV vaccine. However, **41.8% of children ages nine to 17 have *not* had the HPV vaccine,** which equates to approximately 18,870 children. **These 18,870 children should get the HPV vaccine as soon as possible** in order to prevent cancer in the future.



[1] HPV Infection. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/hpv/parents/about-hpv.html
[2] Ibid.
[3] Reasons to Get HPV Vaccine. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/hpv/parents/vaccine/six-reasons.html
[4] Ibid.
[5] HPV Vaccine. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/hpv/parents/vaccine-for-hpv.html
[6] Ibid.

Child Safety

Unintentional injury remains the leading cause of death among children under the age of 18.[1] Unintentional injuries include falls, drowning, poisoning, suffocations, motor vehicle accidents, and fires or burns. Leading causes of unintentional child injury include vehicle crashes, suffocation, drowning, poisoning, fires, and falls, among others.[2] Therefore, taking precautions in the home and during certain activities are critical for children's health and safety.

Safe Place to Play Outside

Parent/guardian respondents were asked whether they believe their child has a safe place to play outdoors. Results indicate that the vast majority of Coachella Valley children (91.3% or 80,223 children) do have a safe place to play outside. However, **8.7% of local children (7,612 children) do *not* have a safe place to play outside.** These children likely are not able to get enough physical exercise and are likely at risk for injuries due to the lack of safety in their neighborhoods.

Water Safety

Drownings are the leading cause of injury death for those ages one to four.[3] Given the Coachella Valley's warm weather and the many homes, housing complexes, and apartment buildings that have pools, the possibilities for drowning are high.

The majority of Coachella Valley children ages two and older do indeed know how to swim (61.4% or 49,528 children). However, **38.6% of Coachella Valley children ages two and older do *not* know how to swim.** This equates to 31,098 children who are at high risk for drowning who should be taught to swim as soon as possible.

[1] Ten Leading Causes of Death by Age Group. (2020). Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/childinjury/infographic.html OR https://www.cdc.gov/nchs/fastats/child-health.htm
[2] Ibid.
[3] Drowning Prevention. (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/safechild/drowning/index.html

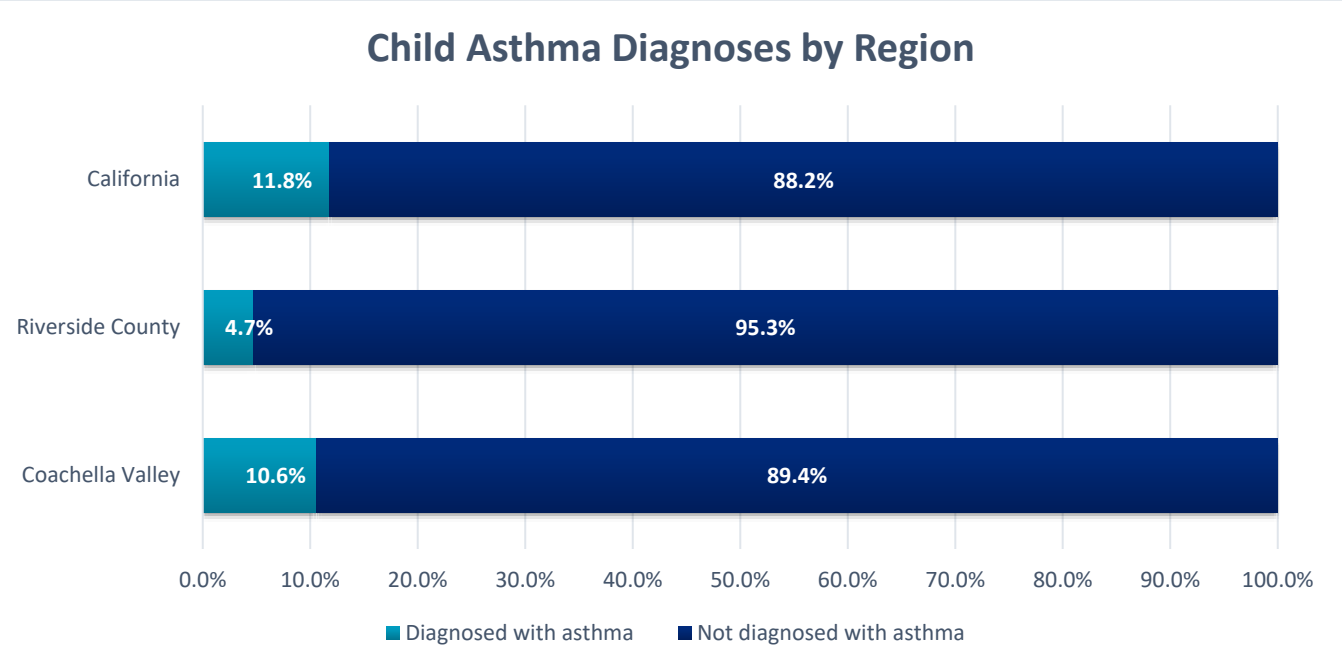
Child Asthma

Asthma is a chronic condition in which the airways of the body's lungs inflame and narrow, thereby making it difficult to breathe.[1] Asthma typically begins during childhood but will sometimes develop in adults. While the exact cause is unknown, asthma is usually a result of the immune system's strong response to allergens in the environment.[2] Symptoms of asthma depend on the severity of the condition but can include chest tightness, coughing, shortness of breath, and wheezing. Fortunately, asthma can be properly managed by taking medication and identifying and avoiding triggers in the environment that can cause an asthma attack.[3]

About 5.8% of children 18 years old or younger had asthma in 2020 in the United States.[4]

In the Coachella Valley, **10.6% of children have been diagnosed with asthma**, which equates to 9,133 children.

The rate of asthma among Coachella Valley children is significantly higher than the rate for Riverside County, as illustrated in the chart below. This may be due to dust particulates exposed by the shrinking Salton Sea or vehicle emissions along Interstate 10, which is a major commerce throughway that cuts through the Coachella Valley.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

[1] Asthma. (n.d.). National Heart, Lung, and Blood Institute. https://www.nhlbi.nih.gov/health-topics/asthma
[2] Ibid.
[3] Asthma. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/asthma/default.htm
[4] National Center for Health Statistics. Percentage of current asthma for children under age 18 years, United States, 2020. National Health Interview Survey. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_child/index.html

Most children with asthma did not miss any days of school/preschool in the past year due to their illness. However, **11.8% of children with asthma missed one or more days of school or preschool in the past year due to their illness.** These children are at risk of falling behind in their education as a result of their illness.

Local Spotlight: Center for Health Disparities Research at UC Riverside

The Center for Health Disparities Research at University of California, Riverside (HDR@UCR) strives to build capacity in community-based research across communities in Inland Southern California.

UC RIVERSIDE
Center for Health Disparities Research

The Center brings together broad interdisciplinary approaches including environmental, biomedical, and social sciences methods to study health disparities. A major emphasis of the center is prioritizing community engagement, so that community members and organizations are full partners in research on health disparity topics of importance to our region.

One of the center's projects, funded by the National Institutes of Health, focuses on childhood asthma and the Salton Sea. Led by Dr. David Lo, the five-year project is a collaboration between scientists, public health researchers, and community members striving to understand the connection between the local Salton Sea environment and the health impacts within the community. Visit their website to browse story maps on the topic to explore environmental justice issues in the region, check out Spanish-language comics about asthma and the Salton Sea, or watch video interviews:
https://healthdisparities.ucr.edu/childhood-asthma-and-salton-sea

Child Mental Health

Mental health among children involves meeting developmental and emotional milestones, learning social skills and having proper coping behaviors.[1] Mental health is not just a lack of a disorder, but it is also the presence of positive mental health indicators such as affection, resilience, curiosity, and positivity.[2]

The most recent national data shows the most common types of mental disorders among children were attention-deficit/hyperactivity disorder (ADHD) (9.8%), anxiety (9.4%), behavior problems (8.9%), and depression (4.4%).[3] In 2020, 5.8% of children five to 17 years old reported feelings of worry, nervousness, or anxiety.[4]

The mental health questions in this survey are restricted to children that are between the ages of three and 17, as children under the age of three are generally deemed too young to diagnose.

Results show that **24.5% of children ages three and older have difficulties with emotions, concentration, behavior, and/or getting along with other people,** which equates to 17,610 children.

[1] What Are Childhood Mental Disorders? (2019). Centers for Disease Control and Prevention. https://www.cdc.gov/childrensmentalhealth/basics.html
[2] Data and Statistics on Children's Mental Health. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/childrensmentalhealth/data.html
[3] Ibid.
[4] National Center for Health Statistics. Percentage of daily feelings of worry, nervousness, or anxiety for children aged 5-17 years, United States, 2020. National Health Interview Survey. https://wwwn.cdc.gov/NHISDataQueryTool/SHS_child/index.html

Parents/guardians were asked, “Has a doctor of health professional ever told you that your child has any of the following?” with a list of common mental health disorders.

Results show that **24.8% of children in the Coachella Valley ages three and older (19,654 children) have been diagnosed with one or more mental health disorders**. The most common diagnosis is attention-deficit disorder/attention-deficit/hyperactivity disorder (ADD/ADHD), as illustrated in the table below.

Mental Health Diagnosis *Children Ages Three and Older*	**Weighted Percent**	**Population Estimate**
ADD/ADHD	14.7%	10,123
Autism	8.0%	5,402
Developmental delay	7.6%	5,238
Anxiety disorder	6.7%	4,699
Mood disorder (depressive or bipolar disorders)	4.4%	3,040
Other mental health disorder	11.0%	5,683

For children who either have had behavioral health difficulties and/or have been diagnosed with a mental health disorder, participants were asked, “In the past 12 months, did the child receive any treatment for their mental health difficulties or mental health condition?” The question further clarified that “this might include visiting a pediatrician or family doctor for the issue, visiting a mental health provider, or taking medication to treat the issue.”

Results show that 38.4% of children with behavioral health difficulties and/or a diagnosed mental health disorder received treatment for their mental health difficulties/condition in the past year, while 61.6% had not received any treatment in the past year. This means that more than 14,181 children ages three and over had mental health difficulties and/or a mental health condition in the past year that did not receive ***any*** treatment for that difficulty/condition.

Child Obesity

Child obesity is a major issue of concern, especially given its dramatic rise in the past forty years. From 1976 to 2010, child obesity in the United States increased from 5.0% to 16.9%.[1] Child obesity is linked to a higher likelihood of adult obesity and the consequent occurrence of diseases, disability, and premature death. Diseases that are more likely to appear in adulthood include diabetes, cardiovascular disease, musculoskeletal disease (such as osteoarthritis), and some types of cancer.[2] Child obesity can also increase the likelihood of pediatric conditions, including diabetes, hypertension, and asthma.[3] This also includes psychosocial challenges, such as low self-esteem, anxiety, and depression.[4] Such evidence has led some to declare child obesity a public health crisis.[5]

The presence of obesity can be determined by calculating body mass index (BMI), which is a value based on height and weight. While BMI does not directly measure body fat, it is an indicator of body fat and is highly correlated with direct measures of body fat.[6] For children, BMI levels are age- and sex-specific since children and adolescents' body composition varies with age and gender.[7] The CDC uses BMI percentiles to distinguish four weight status categories: underweight, normal weight, overweight, and obese.[8]

As illustrated in the table below, **55.1% of children in the Coachella Valley ages two and older (37,561 children) have a BMI that puts them in the "overweight" or "obese" category**.

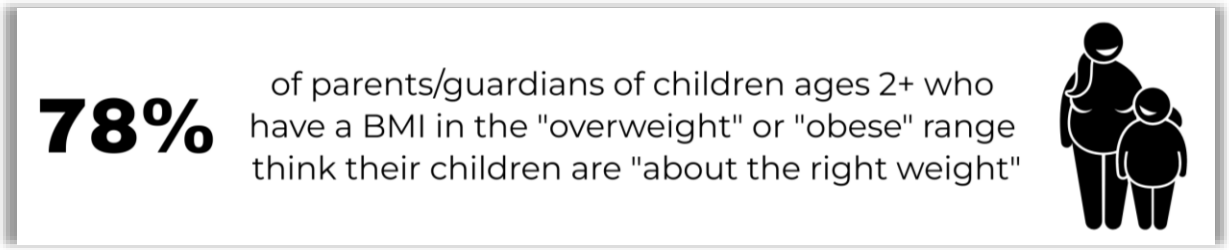
BMI-for-Age-Percentile Category *Children Ages Two and Older*	**Weighted Percent**	**Population Estimate**
Underweight (less than 5th percentile)	6.6%	4,511
Normal weight (between 5th and 84th percentile)	38.2%	26,011
Overweight (between 85th to 94th percentile)	22.5%	15,348
Obese (95th percentile or above)	32.6%	22,213
Total	**100.0%**	**68,084**

[1] Child Obesity. (2022). Harvard T. H. Chan School of Public Health. https://www.hsph.harvard.edu/obesity-prevention-source/obesity-trends/global-obesity-trends-in-children/#References
Ogden, C. and Carroll, M. (June 2010). Prevalence of Obesity Among Children and Adolescents: United States, Trends 1963-1965 Through 2007-2008. CDC National Center for Health Statistics. https://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm
Ogden, C., Carroll, M., Kit, B., and Flegal, K. (1 Feb 2012). Prevalence of obesity and trends in body mass index among US children and adolescents, 1999-2010. *JAMA*, *307*(5):483-490. https://pubmed.ncbi.nlm.nih.gov/22253364/
[2] Noncommunicable diseases: Childhood overweight and obesity. (2022). World Health Organization. https://www.who.int/news-room/questions-and-answers/item/noncommunicable-diseases-childhood-overweight-and-obesity
[3] Balasundaram, P. and Krishna, S. (14 April 2022). Obesity Effects On Child Health. NIH National Library of Medicine. https://www.ncbi.nlm.nih.gov/books/NBK570613/
[4] Ibid.
[5] Ebbeling, C. B., Pawlak, D. B., & Ludwig, D. S. (2002). Childhood obesity: public-health crisis, common sense cure. Lancet, *360*(9331), 473–482. https://doi.org/10.1016/S0140-6736(02)09678-2
[6] About Child & Teen BMI. (2018). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html
[7] Ibid.
[8] Defining Childhood Weight Status. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/obesity/basics/childhood-defining.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fobesity%2Fchildhood%2Fdefining.html

While 55.1% of children ages two and older fall in the category of "overweight" or "obese," only 11.4% of parents/guardians consider their child to be "overweight," as illustrated in the table below.

Parent/Guardian Weight Perception ***Children Ages Two and Older***	**Weighted Percent**	**Population Estimate**
Underweight	4.0%	2,917
About the right weight	84.6%	62,423
Overweight	11.4%	8,433
Total	**100.0%**	**73,773**

In fact, **of the 37,561 children who are overweight or obese, 78.4% of their parents/guardians believe that their child is "about the right weight" instead of overweight**. This equates to 26,399 children whose parents/guardians are unaware of the problem and, thus, are unlikely to make changes to their child's lifestyle. As a result, these children are likely to remain overweight or obese.



Child Food Insecurity

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

The U.S. Department of Agriculture estimates that 14.8% of households with children were food-insecure, or 6.1 million children lived in food-insecure households in 2020.[2] According to the American Academy of Pediatrics, food insecurity affects children in significant ways and is associated with poorer general health, an increase in emergency room visits, acute and chronic health conditions, and higher rates of asthma.[3]

Individuals who are low income may struggle to make ends meet and feed themselves and their children each month, and thus, may experience a great deal of stress. To measure this, participants were asked to rate how much they agreed with the statement, "We worried whether our food would run out before we got money to buy more." As illustrated in the table below, **40,914 children live in households where their parents/guardians were "often" or "sometimes" concerned about their ability to buy food**.

"We worried whether our food would run out before we got money to buy more"	Weighted Percent	Population Estimate
Often true	4.9%	4,324
Sometimes true	41.2%	36,590
Never true	54.0%	47,955
Total	**100.0%**	**88,869**

Another indicator of food insecurity is the amount of agreement with the statement, "The food that we bought just didn't last, and we didn't have money to buy more." As illustrated in the table below, **30,191 children live in households where their parents/guardians "often" or "sometimes" did not have money to buy more food.**

"The food that we bought just didn't last and we didn't have money to buy more"	Weighted Percent	Population Estimate
Often true	2.9%	2,565
Sometimes true	31.1%	27,626
Never true	66.0%	58,617
Total	**100.0%**	**88,808**

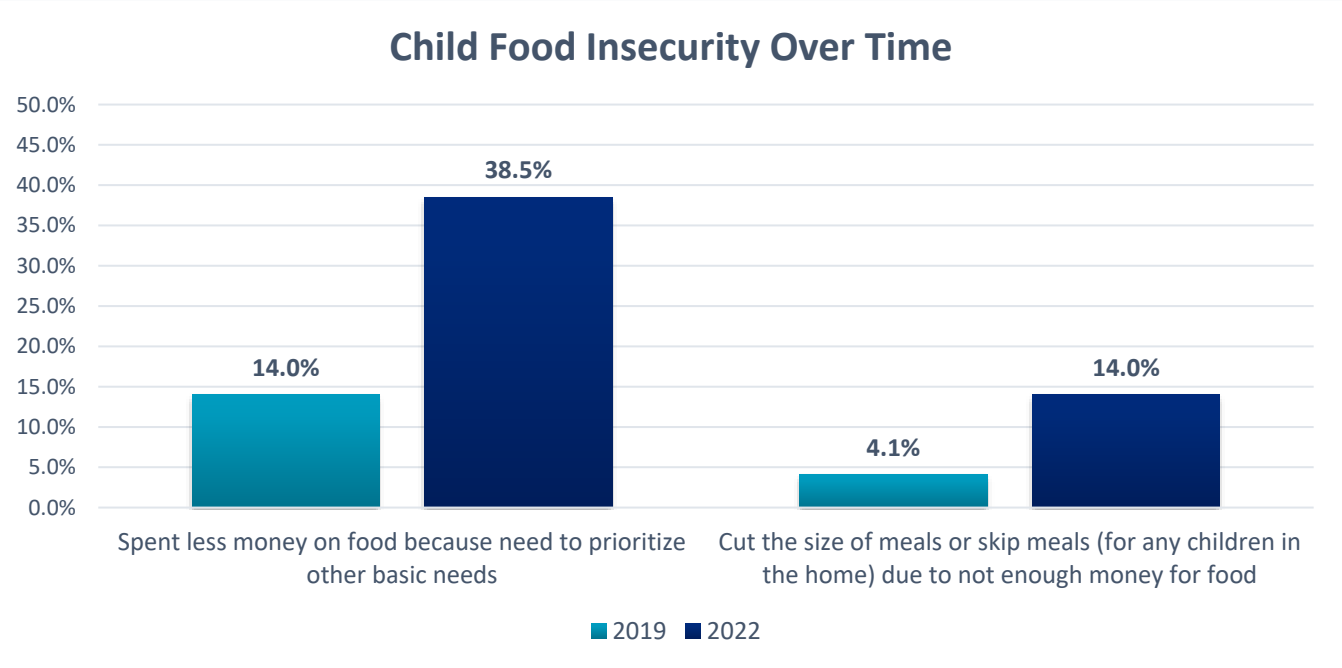
[1] Measurement. (2019). United States Department of Agriculture and Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx
[2] Key Statistics & Graphics. (2019). United States Department of Agriculture Economic Research Service. http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx#children
[3] Food Insecurity and Child Health. (2019). American Academy of Pediatrics. https://publications.aap.org/pediatrics/article/144/4/e20190397/38475/Food-Insecurity-and-Child-Health

The next step of severity is having to make cuts in actual food consumption. Results indicate that in the past year, **14.0% of children had to cut the size of their meals or skip meals because there was not enough money for food**. This equates to 12,588 food-insecure children.

Some families cut their spending on food to meet other basic needs. To measure this, parent/guardian respondents were asked, "In the past 12 months, have you spent less money on food because you needed to prioritize other basic needs, such as healthcare, housing, transportation, or utilities?"

Results indicate that, in the past year, **38.5% of children lived in households that had to spend less money on food because parent/guardians needed to prioritize other basic needs**. This equates to 34,589 children living in homes where food spending had to be limited.

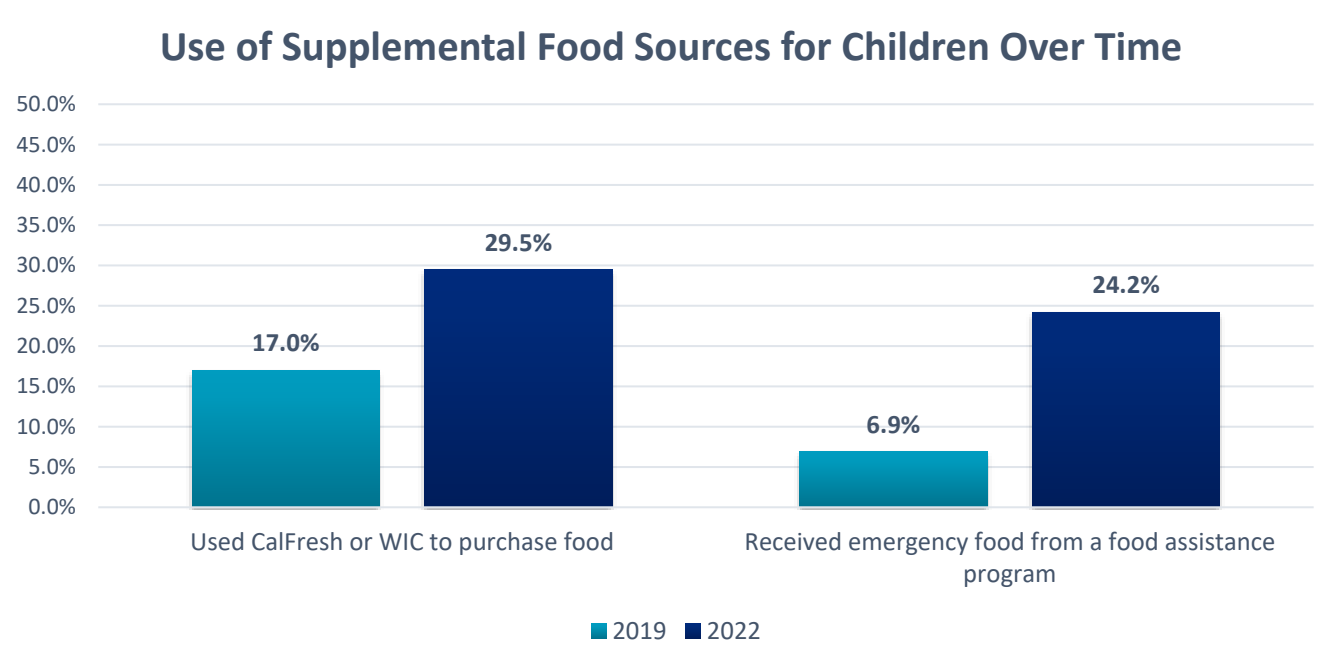
Results from these two indicators show that **child food insecurity has significantly increased from 2019 to 2022**. As illustrated in the figure below, the percent of local children living in homes where food spending had to be limited in order to afford basic necessities has more than doubled since 2019. Similarly, the percent of households where children had to cut the size of their meals or skip meals due to lack of money for food more than tripled from 2019 to 2022. This data showcases the long-lasting impact the pandemic has had on the Coachella Valley.



Fortunately, there are resources available to help those who are food insecure. As illustrated in the table below, nearly one in three local children live in households that utilize CalFresh (also known as food stamps or SNAP benefits) and/or the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program. Similarly, approximately one in four children live in homes that utilize food assistance programs such as a food pantry or soup kitchen to feed their families. Without these resources, no doubt the number of children who had to cut the size of meals or skip meals would be much higher.

Use of Supplemental Food Sources in Past Year	Weighted Percent	Population Estimate
Used CalFresh benefits (food stamps) or WIC benefits to purchase food	29.5%	26,463
Received emergency food from a food assistance program	24.2%	21,725

The utilization of supplemental food support sources for local children has significantly increased since 2019. As illustrated in the chart below, the percent of local children who live in households that use CalFresh/WIC benefits to feed their families has gone from 17.0% in 2019 to 29.5% in 2022. Similarly, the percent of children living in households that utilize emergency food services, such as food pantries, to feed their families has more than tripled from 2019 to 2022. This underscores the importance of such programs, and how critical they are for reducing child hunger in our region.



Child Learning and Socialization

School Participation

The COVID-19 pandemic upended school participation throughout the country, as many schools implemented remote or hybrid learning. These measures, although they prevented community spread and protected the health of students, faculty, and staff, nonetheless hindered learning. Remote learning requires ready access to both a computer and the Internet, resources that are less common in low-income households.[1] In addition, students from low-income households tended to have less access to live online contact with teachers.[2] Students have also experienced consequent mental health challenges due to social isolation and extended remote learning.[3] As a result of such disruptions, by the end of the 2020-2021 school year, K-12 students nationwide were on average five months behind in math and four months behind in reading skills.[4] The lack of in-person instruction has had profound impacts.

As of this writing, all school districts in the Coachella Valley have reinstituted in-person learning.[5] However, over the past year learning methods have shifted as schools adjusted to the changing conditions of the pandemic. Survey participants were asked, "In the past 12 months, how has the child participated in school?"

As illustrated in the table below, **most local children (59.2%) have gone back to pre-pandemic conditions, attending school in person.**

How has the child participated in school over the past 12 months?	Weighted Percent	Population Estimate
Not at all, the child is too young to go to school	22.2%	19,323
Only in-person school	59.2%	51,543
Only online/remote school	2.5%	2,153
Both in-person school and online/remote school	14.3%	12,421
My child is homeschooled	1.8%	1,578
Total	**100.0%**	**87,017**

[1] Carnevale, A. and Fasules, M. (11 Feb 2021). Virtual Learning Is Not Child's Play for K-12 Students. Georgetown University Center on Education and the Workforce. https://medium.com/georgetown-cew/virtual-learning-is-not-childs-play-for-k-12-students-c8daee32db55

[2] Ibid.

[3] Dor, M., Hancock, B., Sarakatsannis, J., and Viruleg, E. (2021). COVID-19 and education: The lingering effects of unfinished learning. McKinsey & Company. https://www.mckinsey.com/industries/education/our-insights/covid-19-and-education-the-lingering-effects-of-unfinished-learning

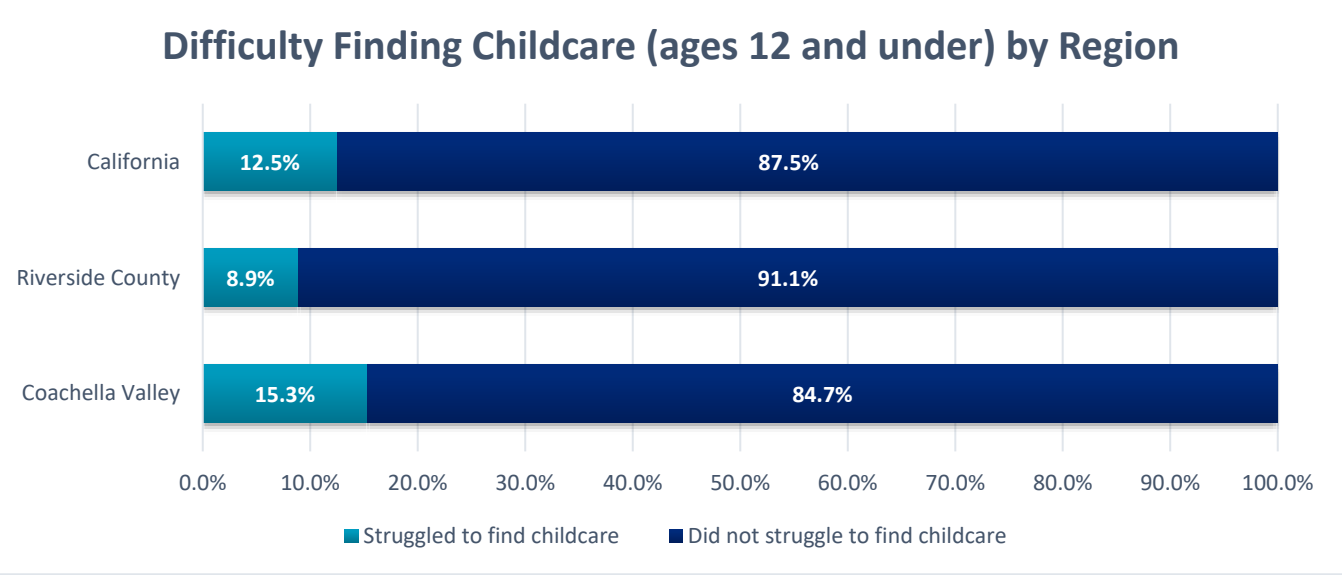
[4] Ibid.

[5] COVID Data. (2022). U.S. Department of Education. https://www.ed.gov/coronavirus/data

Childcare

Childcare or daycare involves the supervision and care of one or more children and can occur in a range of settings such as daycare, babysitting, preschool, and in-home care. Finding convenient, affordable, and quality childcare can be challenging for any parent, but such challenges have only increased during the pandemic. Many childcare centers, in the early stages of the pandemic, were forced to close (along with in-person schooling), placing enormous strains on families.[1] In addition, the childcare industry has experienced a major shortage of childcare workers, greater than the economy's overall labor shortage, as the childcare industry struggles to attract workers.[2] The challenges that have plagued childcare—such as high costs, low pay, and few workers—have only been exacerbated by the pandemic.[3]

Parents/guardians were asked, "If the child is 12 years old or younger, in the past 12 months, was there a time when you could not find childcare when you needed it for a week or longer?" Results show that the majority of local parents/guardians of children ages 12 and under (84.7% or 50,741 children) did not struggle to find childcare for a week a more during this past year. Conversely, **15.3% of parents/guardians of children ages 12 and under (9,145 children) struggled to find childcare for a week or more**, as illustrated in the chart below. There is no significant difference between these rates in Coachella Valley, Riverside County, or California—all are roughly the same.



Note. The Riverside County and California data in this chart are from the California Health Interview Survey, 2021.

[1] Griffin, K. (17 Jan 2022). Wake-Up Call for Child Care as Pandemic Exposes Troubled System. National Conference of State Legislators. https://www.ncsl.org/research/education/wake-up-call-for-child-care-as-pandemic-exposes-troubled-system-magazine2022.aspx

[2] Gascon, C. and Werner, D. (13 Jan 2022). Pandemic, Rising Costs Challenge Child Care Industry. Federal Reserve Bank of St. Louis. https://www.stlouisfed.org/publications/regional-economist/2022/jan/pandemic-rising-costs-challenge-child-care-industry

[3] Griffin, K. (17 Jan 2022). Wake-Up Call for Child Care as Pandemic Exposes Troubled System. National Conference of State Legislators. https://www.ncsl.org/research/education/wake-up-call-for-child-care-as-pandemic-exposes-troubled-system-magazine2022.aspx

Parents/guardians who responded "yes" that they struggled to find childcare for a week or more during the past year were subsequently asked, "what is the main reason you were unable to find childcare for the child at that time?"

Results show that the two most common reasons for the difficulty included "couldn't afford any childcare," followed by "couldn't afford the quality of childcare I wanted." Thus, **locally, the biggest barriers to accessible childcare were related to cost.**

Local Spotlight: City of Desert Hot Springs

The Desert Hot Springs Recreation Center is an invaluable resource to the children of Desert Hot Springs. The center is a licensed childcare facility staffed with fully credentialed teachers. Located steps from Desert Hot Springs High School, the center offers extensive after school programming for children ages 7 to 18, as well as a transportation service that picks up students from local schools and transports them directly to the center. The center includes an art room, computer lab, learning center, game room, and indoor gym. Community, caring, and collaboration is at the heart of the center, and Desert Hot Springs itself.

To learn more about the Desert Hot Springs Recreation Center, visit https://www.cityofdhs.org/departments/recreation-and-community-services/

Reading to Child

Reading to children is an important step in teaching children to read and has many additional benefits. For example, parent-child reading has been found to help with oral language development and understanding of letters, words, and punctuation.[1] The Early Childhood Learning and Knowledge Center promotes reading to children to expand their vocabulary and thinking skills and shows that reading to children improves overall cognitive development.[2]

Parents/guardians of local children ages five and under were asked to report how often an adult read to their child in the home within the past three months. **Approximately one in three children ages five and younger (35.2%) were read to five or more times per week in their home**. These children no doubt benefit from the parent-child interaction as well as have a leg up in terms of language acquisition and reading comprehension. In contrast, about **9.2% of children ages five and younger were read to less than once a week in their home** and are at risk of falling behind in language acquisition and reading comprehension.

Number of Times/Week an Adult Read to the Child in the Home *Children Ages Zero to Five*	**Weighted Percent**	**Population Estimate**
Less than once a week	9.2%	2,354
Once a week	24.8%	6,357
2 to 4 times a week	30.7%	7,861
5 or more times per week	35.2%	9,022
Total	**100.0%**	**25,595**

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

[2] Read It Again! Benefits of Reading to Young Children. (2021). Early Childhood Learning and Knowledge Center. U.S. Department of Health and Human Services. https://eclkc.ohs.acf.hhs.gov/publication/read-it-again-benefits-reading-young-children

Conversations with Child

Children and teens need guidance from adults to learn how to cope with the complex situations they will face as they get older. For example, children and teens need guidance on how to respond to alcohol and drugs, gangs and violence, sexual issues, and pregnancy. Additionally, conversations should be had that can help them develop coping tools for mental health issues, such as dealing with anger, depression, eating disorders, self-harm, and suicidal thoughts. Starting early in good communication helps to develop a strong relationship, thereby making it easier to talk about difficult topics.[1] Evidence shows that communication on these topics positively influences behavior, such as with teens and sexual behavior,[2] and can also result in better health outcomes, such as with LGBQ teens.[3] Conversations about difficult topics are an important part of parenting.

In the Coachella Valley, most children ages six to 17 have had conversations with their parents/guardians about racism, dealing with anger, alcohol, drugs, bullying, and social media/sharing of private pictures.

Topics such as self-harm and domestic violence are less likely to be discussed between parents and children.

Conversation Topic *Children Ages Six to 17*	**Yes**		**No**	
	Weighted Percent	**Population Estimate**	**Weighted Percent**	**Population Estimate**
Racism	80.3%	46,042	19.7%	11,265
Dealing with anger	77.5%	43,237	22.5%	12,556
Alcohol	77.1%	43,858	22.9%	13,029
Drugs	76.9%	43,955	23.1%	13,188
Bullying	76.4%	44,004	23.6%	13,630
Social media and sharing of private pictures	75.5%	42,956	24.5%	13,916
Smoking, e-cigarettes, vaping, chewing, or other tobacco use	71.3%	39,705	28.7%	15,950
Depression or isolation	65.6%	36,937	34.4%	19,407
Gangs or violence	64.8%	36,499	35.2%	19,799
Gender identity/sexual orientation	63.2%	35,731	36.8%	20,826
Sexual issues/pregnancy	61.1%	34,943	38.9%	22,227
Suicide	59.2%	32,488	40.8%	22,407
Eating disorders	52.4%	28,870	47.6%	26,250
Self-injury like cutting	49.5%	27,653	50.5%	28,181
Interpersonal (domestic) violence	46.7%	25,959	53.3%	29,674

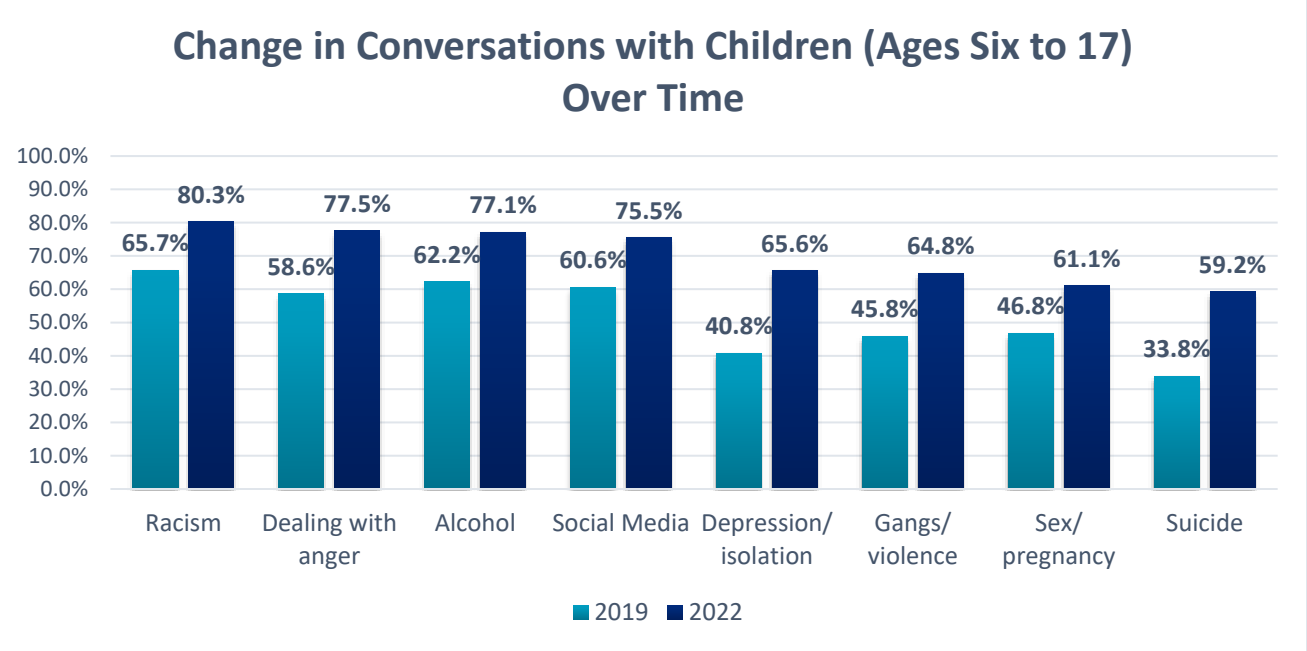
[1] Communicating with Your Child. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/parents/essentials/communication/index.html#targetText=As%20your%20child%20gets%20older,are%20praise%20and%20active%20listening.

[2] Talking with Your Teens about Sex: Going Beyond "the Talk." (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/protective/factsheets/talking_teens.htm

[3] Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know. (2022). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyyouth/protective/factsheets/parents_influence_lgb.htm

When compared to the data from 2019, **significantly more children are having these critically important conversations with their parents/guardians in 2022**. It may be that the pandemic brought up examples of some of these issues that required explanation, or that the months of doing school at home required parents/guardians to be the ones to explain these concepts to their children (instead of learning about the topic from teachers, coaches, after school program leaders, etc.).

The discussion topics that significantly improved from 2019 to 2022 are illustrated in the chart below. The two topics with particularly large significant changes are the percent of children who had conversations with their parents/guardians about depression/isolation as well as suicide. The number of children who have now had a discussion with their parent/guardian about suicide nearly doubled from 2019 to 2022.



Local Spotlight: We Are One United

Founded in 2020, We Are One United, Inc. (WAOU) believes that communities who work together can overcome obstacles and achieve outstanding results that make them safer and better places to work and raise families. Serving the communities of the Inland Empire, WAOU is headquartered in Palm Springs.

WE ARE ONE UNITED

WAOU has several key programs, including programs designed to provide a positive, safe, and nurturing environment for growth, services, and expression for all youth ages 10 to 18, especially those in underserved communities and communities of color. WAOU empowers youth to develop into social-emotional leaders, relying on the principles of developmental assets. To learn more, visit https://weareoneunited.org/

CONCLUSION














CONCLUSION

Our Coachella Valley is a diverse and complex community, home to more than 430,000 residents. COVID-19 hit our community hard, and this 2022 data illustrates how drastically some factors have changed in the wake of the pandemic. We hope that HARC's 2022 Coachella Valley Community Health Survey—the sixth in the last 15 years—will guide and inspire positive change in our community, by organizations, collaboratives, local governments, and grassroots leaders. Some of the major findings are highlighted below, alongside implications for practice and recommendations for future action.

Adults

The uninsured rate has long been a problem for Coachella Valley adults, as illustrated through HARC's six survey cycles. This 2022 data shows the most progress we've ever seen—less than 13% of working-age adults are uninsured. However, much of that progress is likely due to the expansion of Medicaid/Medi-Cal during the COVID-19 Public Health Emergency (PHE), which will end in early 2023. Thus, some of the progress made is likely to be reversed in a few short months, leaving thousands once more without insurance. One potential solution would be for all employers to provide health insurance for their employees—but nearly 30% of employed adults are not provided with health insurance by their employer. Of the more than 25,000 working-age adults who are currently uninsured, the most common reason why is the inability to pay premiums. This underscores the importance of not only affordable health insurance but also a safety net for those who do not have health insurance, such as free clinics and Federally Qualified Health Centers (FQHCs), which provide services on a sliding-scale fee to make healthcare accessible to the uninsured.

The number one barrier preventing local adults from getting the healthcare they need (even if they are insured) is the amount of time it takes to get an appointment, which is likely linked to the healthcare provider shortage. The California Healthcare Foundation has shown that while all of California has a lower physician-to-population ratio than would be ideal, the Inland Empire (including the Coachella Valley) has one of the most severe physician shortages in the state. Evidence has shown that doctors prefer to practice where they grew up or where they complete their residency; as such, it is critically important to a) promote healthcare pipeline programs that will produce locals who grow up to be doctors, and b) expand the existing residency programs serving the Coachella Valley. This two-pronged approach will slowly but surely develop an adequate number of providers for our patient population, thereby reducing wait times for healthcare appointments.

Overall, the 2022 data does not show an increased use of alcohol, tobacco, or marijuana since 2019. This finding is encouraging, as it is unlikely that many local adults turned to substance use to cope with the stresses of the pandemic (or, if they did, it was short-lived and had already ended by 2022). The Coachella Valley does have a higher-than-average rate of cigarette smoking when compared to the county and state, indicating a strong need for affordable tobacco cessation programs.

Results regarding sexual health show an interesting dichotomy—Coachella Valley adults are significantly more likely to have been celibate in the past year than Riverside County or California adults. That said, adults in the Coachella Valley who ***are*** sexually active are significantly more likely than their counterparts in Riverside County and California to have had multiple partners, compared to Riverside County and California. Given that less than 9% of sexually active adults use a condom "always" when having sex, this opens the door for the spread of sexually transmitted diseases (STDs). This has been borne out time and time again by Riverside University Health System – Public Health's

data on STDs: For many years, the Coachella Valley has been shown to be a "hot spot" for STDs. The high rate of STDs in the region suggests a real need for intervention among those with multiple sexual partners or those who engage in high-risk sexual activities.

Similarly, nearly 5,000 local adults who are at high risk for contracting HIV (e.g., they use intravenous drugs, have been treated for an STD, have given/received money or drugs in exchange for sex, and/or had anal sex without a condom in the past year) have never been tested for HIV. Getting these high-risk individuals tested for HIV and, if they test positive, connected to care is imperative. Ending the HIV epidemic can happen, but only if everyone is tested for HIV and connected to care if they test positive. As such, continued promotion of HIV testing, especially for the Coachella Valley, which has a high population of HIV+ people, is critically important.

The COVID-19 pandemic brought issues regarding community vaccination to the forefront. Most Coachella Valley adults (nearly 80%) agree that vaccines, in general, are necessary. However, some 12,500 disagree with this statement, indicating that they are unlikely to obtain vaccines and therefore are a danger to themselves and others. Only about 61% of local adults obtained a flu vaccine in 2022, despite a large push to educate people on the serious nature of the combination of COVID-19 and the flu.

Nearly 93,000 local adults have tested positive for COVID-19 at least once, underscoring the wide-reaching impact of the pandemic. Most local adults have been fully vaccinated against COVID-19—more than 84%. However, more than 10% of local adults are not vaccinated and have no plans to get vaccinated, which equates to more than 31,800 people who are at high risk of contracting and transmitting COVID-19. Given the massive attempts over the past two years to convince the population to get the COVID-19 vaccine, these 31,800 people likely have very entrenched opinions about the vaccine and are going to be very difficult to sway.

COVID-19 had a major impact on work in the Coachella Valley, likely because our local economy is so heavily focused on hospitality. Nearly one in three employed adults experienced a reduction in working hours or income due to COVID, and more than 13% lost their jobs. Similarly, about one in five local adults agreed that the COVID-19 pandemic caused them financial difficulties such that they struggled to pay for basic necessities such as bills, tuition, and groceries. Similarly, more than 17% of local adults struggled to pay rent/mortgage as a result of the pandemic. The fact that this is still a major issue in 2022, more than two years after the initial shutdown of the economy, is a testament to the seriousness of the pandemic. As such, relief efforts such as rental assistance are still important in our region, despite the length of time that has passed since the initial shutdown.

Mental health remains a major issue in our region. More than a third of local adults had an emotional, mental, or behavioral problem in the past year that concerned them, such as stress, anxiety, or depression. Similarly, about 20% of local adults have been diagnosed with one or more mental health disorders, with depression and anxiety disorder being the most common. Of these adults, nearly 17% needed mental healthcare and could not get it within the past year, which equates to more than 19,000 people. Similarly, nearly 10% needed mental health medication and couldn't get it. This emphasizes the need for more mental healthcare professionals—again, pipeline programs to "grow our own" as well as more residency programs in psychology and psychiatry. We also have a great need for existing mental healthcare providers that accept Medi-Cal or provide low-to-no-cost mental health treatment.

Obesity remains a problem for Coachella Valley adults—two-thirds have a body mass index (BMI) that indicates they are overweight or obese. Since obesity is strongly correlated with many of the leading causes of death, such as heart attacks and cancer, this is a major cause for concern and a potential intervention point. However, a third of people with a BMI in the overweight/obese categories believe they are "about the right weight," indicating a lack of education about obesity that needs to be addressed. Thus, successful obesity programming needs to start with education before moving on to intervention. One factor that may be influencing obesity rates is the built environment—nearly 15% of local adults do not feel that they have a safe place to walk, bike, or hike in their neighborhoods, which makes exercise difficult to access. Neighborhood safety improvements—such as installing sidewalks, lowering speed limits, adding lighting, etc.—may help with this.

Food insecurity has significantly increased from 2019 to 2022, likely due to the pandemic. More than 14% of local adults had to cut the size of their meals or skip meals because there was not enough money for food, up significantly from 2019. Overall, local adults are more concerned about their food insecurity in 2022, have accessed emergency food sources more often, and are still more likely to be going without sufficient food. This trend is likely an artifact of the pandemic and emphasizes the continued need for emergency food support systems throughout our communities.

The Coachella Valley is fortunate that much of the smog surrounding San Bernardino County and the rest of Riverside County does not make it through the San Gorgonio pass, granting us clearer skies and better air. However, we also have our own unique struggles with air quality, including the aerosolized dust blowing off the drying Salton Sea lakebed, as well as the vehicle emissions from the well-traveled I-10 freeway. As such, about one in five local adults consider the air quality in their neighborhood to be "fair" or "poor." Similarly, roughly 14% of local adults are prevented from doing outdoor activities in their neighborhood because of poor air quality at least several times a month or more often. As such, efforts to address air quality in our region are warranted and should be expanded.

Children

Much research has shown that adverse childhood experiences (ACEs) are associated with many negative health outcomes, such as risky health behaviors, chronic health conditions, and early death. Locally, nearly one in five children live in a household where another resident has been depressed, mentally ill, or attempted suicide during the child's lifetime. This emphasizes the importance of mental health education and early prevention/intervention activities to keep this from becoming generational, as well as to give children the tools to cope with mental illness.

Distressingly, one in 10 children in the Coachella Valley remains uninsured, despite that every child from a low-income family (regardless of immigration status) is eligible for Medi-Cal. Efforts to enroll children in Medi-Cal should be ramped up, as health insurance is critically important to ensuring these children receive timely care and do not fall behind on their developmental milestones.

Nearly 79% of local children have had a health check-up in the past year (as is recommended). However, of those who *haven't* had a check-up in the past year, their parents/guardians indicated that it was not necessary because nothing was wrong or the child was healthy. This indicates a lack of understanding of the value of preventive care for children, which allows for catching potential problems early on and intervening in a timely manner. While this is important for everyone, it is especially important for children, given their rapid development during these formative years. Thus,

widespread parental education needs to be implemented to ensure that everyone understands the importance of an annual visit to a primary care provider for children.

Mirroring the adult findings, the most common barrier to obtaining necessary healthcare for local children is the amount of time it takes to get an appointment. While the primary care provider shortage has hit everyone in the Coachella Valley hard, the lack of pediatricians makes this especially difficult for children. More than 11% of our children had to delay or not get a test or treatment that a healthcare provider ordered in the past year, primarily due to the high cost/cost of co-payments. This underscores the need for low-to-no-cost options in our region.

Per the American Academy of Pediatric Dentists, all children should visit a dentist by the age of one. The Coachella Valley lags far behind that recommendation—only 14% of children who've ever been to the dentist went before their first birthday, and 16% of local children have ***never*** been to the dentist. We need increased education for parents about the importance of pediatric dental care at a young age.

While a little more than half of local children ages one and older are fully vaccinated against COVID-19, 23% are ***not*** vaccinated and their parents/guardians have ***no intention*** of getting their child vaccinated. This equates to more than 19,200 children who are unlikely to get the COVID-19 vaccine and are at higher risk for contracting or transmitting the virus.

The leading cause of injury death for children ages one to four is drowning. In the Coachella Valley, thanks to our temperate weather, nearly every housing or apartment complex has a pool, not to mention the wealth of privately owned pools. However, nearly 39% of Coachella Valley children ages two and older do not know how to swim. Swimming courses need to be widely implemented in order to prevent tragic drownings—and, of course, they should be provided at low-to-no cost, given the high rates of poverty among most of our local children.

A quarter of local children ages three and older have been diagnosed with a mental health disorder, most commonly ADD/ADHD, followed by autism and developmental delay. More than 14,100 children ages three and older had mental health difficulties and/or a diagnosed mental health condition and did not receive any treatment. As for adults, affordable and accessible mental health services for children are a priority.

Coachella Valley children are doing somewhat better than adults when it comes to obesity; however, more than half of local children ages two and older have a BMI percentile that places them in the "overweight" or "obese" categories. A large problem is parental perceptions of obesity. For most children, the parents/guardians are the ones purchasing, preparing, and serving food, and any weight loss effort needs to be driven with parental guidance. Unfortunately, 78% of the parents/guardians of these overweight/obese children think their child is "about the right weight," illustrating a high level of either denial of the seriousness of the problem or a lack of understanding of what obesity looks like in youth. Many parents may believe that "chubby" children are acceptable and even desirable at a young age, not realizing that the majority of obese children will grow into obese adolescents, which in turn typically become obese adults. Thus, many parents may underestimate the seriousness of childhood obesity. If we are to make a difference in childhood obesity rates in the Coachella Valley, parental education is a critical first step. Thus, we need to educate parents on how to identify obesity in children early on.

Mirroring the adult findings, food insecurity among children has increased dramatically from 2019 to 2022. This underscores the need to support food banks and other emergency food support systems, as well as promote enrollment in CalFresh and WIC. Funding for food support systems needs to be sustained and expanded.

More than 15% of parents/guardians of children ages 12 and under struggled to find childcare for a week or more during the past year. Most of the problems come from the inability to afford ***any*** childcare or the inability to afford high-quality childcare. Thus, programs that provide low-to-no-cost childcare are particularly needed in our region.

Something positive that has resulted since the pandemic is that more parents/guardians are having important discussions with their children about serious issues. The percent of children who've had parental conversations about depression/isolation and suicide has risen strongly. While these can be difficult discussions, it is better that children are properly educated and equipped to cope with these major issues. As the data shows, they will likely cope with either their own mental health problems or those of a close friend or family member, so learning about it in a safe environment with parents is a good first step to creating healthy coping mechanisms.

What's Next

HARC staff has worked tirelessly to gather, clean, and analyze this data and to present it clearly to the public. Going forward, we shall continue our efforts to make local leaders, organizations, collaboratives, and government agencies aware of the resource that this data represents and assist them in turning this data into action to improve the quality of life for all in our communities. Historically, organizations and individuals have used HARC's data to prioritize health needs, design programs and services to address those needs, and obtain funding to make needed programs and services a reality. The data has been used to attract healthcare providers, highlight disparities, pass legislation, and obtain grants. Those who put this data to work transform it from a series of numbers to improvements in health, wellness, and quality of life in our Coachella Valley.

This report is not exhaustive—it merely shares the highlights of HARC's extensive dataset. HARC will be producing a series of special reports that delve more deeply into the health disparities of different populations—a special report on environmental justice in the Coachella Valley has already been funded, and staff will be seeking funding for additional special reports that focus on underserved populations. If you have a report that you would be interested in, please contact HARC at staff@HARCdata.org.

If you need a specific statistic for a specific population—say, diagnoses of high blood pressure for Hispanic men, COVID-19 vaccination rates among low-income residents, mental health diagnoses for just women, etc.—please contact HARC staff for a customized data run. You can reach us at staff@HARCdata.org.

Finally, HARC would like to extend our sincere thanks to the funders who made this survey happen and the residents who took the time to answer the survey and provide the responses that collectively make up this data. Without you, this report could not exist. Additionally, we would like to thank all those who have used HARC's previous surveys to effect positive change in the Coachella Valley, and a proactive thank you to all of you who will use this sixth survey to make a difference. We are honored and proud to be a part of the diverse community that is the Coachella Valley.

HARC's Consulting Services

This report represents just one facet of HARC's services, the Coachella Valley Community Health Survey. However, HARC provides many other services, all related to using data to improve health, wellness, and quality of life in communities. Below are some examples of current and recent clients and projects.

- ***Betty Ford Center:*** Community Health Needs Assessment (CHNA) and Implementation Strategy (IS) plan related to substance use and mental health in Southern California
- ***California Department of Rehabilitation:*** Needs assessment related to Traumatic Brain Injury (TBI), including patients, providers, and caregivers across California
- ***California Institute of Regenerative Medicine:*** Community listening sessions regarding making clinical trials more accessible
- ***Center for Health Disparities at University of California, Riverside:*** Study of asthma symptoms in residents living around the Salton Sea
- ***DAP Health:*** A community health needs assessment for women across the Coachella Valley, as well as a study of female patients at this federally qualified health center
- ***Innercare:*** Client satisfaction surveys for a federally qualified health center system with medical and dental clinics across Riverside and Imperial counties
- ***Kaiser Permanente Riverside and Kaiser Permanente Moreno Valley:*** Community Health Needs Assessments (CHNAs) and Implementation Strategy (IS) plans
- ***Queer Works/DAP Health:*** Evaluation of a universal basic income pilot project
- ***Riverside County Workforce Development:*** Study of Hemet residents and perceptions/barriers to well-paying jobs and development opportunities
- ***Riverside University Health System – Public Health:*** Riverside County COVID-19 Needs Assessment
- ***San Diego County:*** County-wide gun violence reduction community needs assessment
- ***Starting Over:*** Evaluation of a Housing First program for formerly incarcerated adults

If you are interested in hiring HARC's experienced research team, please contact us for a free consultation at staff@HARCdata.org or at 760-404-1945.

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