



Desert Healthcare District Data Highlights March 20, 2017

Introduction

This document provides an overview of key data points gathered from a comprehensive review of recent reports focused on the Coachella Valley. The paper includes an overview of the population in Coachella Valley, the perceived health needs and trends, key health indicators, the local health care and coverage infrastructure and workforce, funder and research centers focused on Coachella Valley, and recommendations for future data gathering.

Coachella Valley Population

There are a variety of reports and data sources used to describe the population in the Coachella Valley. Analyses differ based on the zip code and census tracts used to define Coachella Valley. For example:

- Premier's Market Analysis recently submitted to the Desert Healthcare District (District) presents data for the population in 25 zip codes.¹
- The 2016 Community Health Survey conducted by Health Assessment and Research for Communities defined the Coachella Valley as nine major cities, several unincorporated areas and tribal areas including the reservations of the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians.²
- The 2016 Riverside County Community Health Needs report touches on population demographics within the Coachella Valley; however, the report covers 95 zip codes.³
- The 2016 Eisenhower Medical Center (EMC) Community Health Needs Assessment is based on Census data within 15 zip codes in the Coachella Valley (i.e., EMC's service area). Ten of the 15 zip codes are within the District's current

¹ Market Analysis, Desert Healthcare District, March 2, 2017. Premier, Inc.

² [Coachella Valley Community Health Survey](#). Source: Health Assessment and Research for

² [Coachella Valley Community Health Survey](#). Source: Health Assessment and Research for Communities. 2016.

³ [Community Health Needs Assessment: Riverside County](#). Source: Kaiser Foundation Hospital. 2016.

service area and the other five zip codes lie east of the District’s service area (i.e., the District’s proposed expansion area).⁴

The Coachella Valley is a dynamic region with nuances among its population’s demographics and health status. For example, the percentage of Hispanic residents ranges from 50 to 71 percent, depending on specific areas of the Valley.⁵⁶ Variation in other demographics across the region is presented in Table 1.⁷

Table 1: Demographic Comparisons Across Regions

	West Coachella Valley	East Coachella Valley	Riverside County Total
Percent People of Color	49%	94%	60%
Percent limited English speakers	16%	45%	16%
Percent Below 200% Poverty Line	37%	65%	36%
Percent Unemployed	6%	14%	8%
Total Population	324,381	88,193	2,189,641

Variations in population size, age, and income among residents in and around Coachella Valley are presented in the District’s Plan of Services application to the Riverside County Local Agency Formation Commission. Compared to the population in the District’s existing service area, the population in the proposed expansion area:

- is expected to grow at a slightly faster rate,
- includes larger household sizes,
- has a median age approximately 24 percent lower, with significantly more residents under the age of 30,
- has a higher average head of household income, but once adjusted for household size, the per capita income is approximately 12 percent lower, and
- has a comparable uninsured rate (approximately 21 percent).

⁴ [Eisenhower Medical Center Community Health Needs Assessment](#). 2016.

⁵ [Town Charts](#).

⁶ [Coachella Valley Community Health Survey](#). Source: Health Assessment and Research for Communities. 2016

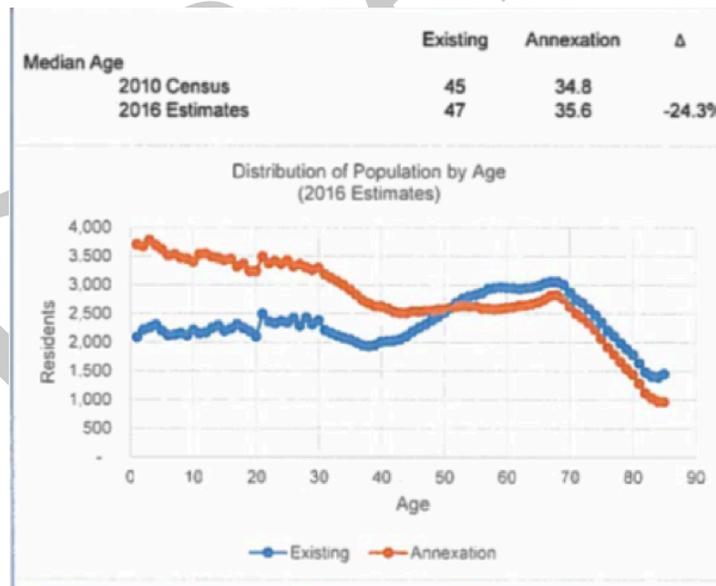
⁷ [Revealing the Invisible Coachella Valley](#). Source: UC Davis Center for Regional Change. June 2013.

Table 2 and Figure 1 demonstrate the projected differences between the two regions.⁸

Table 2: Population and Household Estimates and Projections by Existing and Proposed Annexation Areas of Desert Healthcare District

	Existing	Annexation	Change
Population			
2016 Estimates	206,311	240,515	16.60%
2021 Projection	219,239	257,442	
Growth Rate (2016 - 2021)	1.22%	1.37%	
Households			
2010 Census	82,133	73,572	
2016 Estimates	85,396	77,883	
2021 Projection	90,151	82,852	
2016 Avg HH Size	2.4	3.07	27.90%

Figure 1: Median Age by Existing and Proposed Annexation Areas of Desert Healthcare District



⁸ Desert Healthcare District Plan of Service Application. Source: ESRI Business Analyst, November 2016.

Perceived Health Needs and Trends

The majority of community members who participated in recent surveys and/or interviews reported the most important health issues to address in the Coachella Valley are: mental health, alcohol/drugs, access to care, diabetes, obesity, dental health, and cancer (see Table 3).⁹

Table 3: Health Needs Ranked from the Most to Least Important to Address in Coachella Valley, 2016.

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

Several of the significant health needs prioritized above have reportedly gotten worse over time. The majority of representatives surveyed and interviewed from city government, local tribes, school districts, institutions of higher education, nonprofits, and relevant county offices in Riverside reported:

- Issues of mental health and diabetes have gotten worse over time.
- The resources to address mental health issues are insufficient or absent (88 percent of study participants indicated this gap).
- The resources are also insufficient or absent to address access to health care, substance abuse, dental health, diabetes, and obesity.
- Only half of study participants believed obesity is getting worse over time.

⁹ [Eisenhower Medical Center Community Health Needs Assessment](#). 2016.

Health Indicators

The health indicators among residents of the Coachella Valley included in this paper are: poverty, access to care, education, teen pregnancy, obesity, environment, housing and homelessness, safety and violence, public education campaigns, and transportation.¹⁰ This overview complements data presented in Premier's Market Analysis.¹¹

Poverty

The Coachella Valley (primarily the rural Eastern Coachella Valley) is a major hub for agricultural production in Riverside County and California as a whole, representing \$526 million in gross agricultural value. The Coachella Valley also attracts roughly 8.2 million visitors each year, including international and domestic travelers to its many hotels, casinos, and golf course resorts, generating over \$2.5 billion in spending annually. Within the Eastern Coachella Valley itself, tourist spending has been estimated at upwards of \$230 million annually (including at the renowned Coachella Music Festival). While most of the Coachella Valley's tourist attractions are located in the Western Coachella Valley, many of the workers who power this tourism economy commute from the Eastern Coachella Valley.¹²

The Eisenhower Medical Center Community Health Needs Assessment presents an overview of poverty by zip codes:

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

¹⁰ The health indicators presented in this paper are not exhaustive. They were selected based on recent, secondary data available, specifically focused in the Coachella Valley, and would not duplicate data presented in Premier, Inc.'s Market Analysis for the Desert Healthcare District.

¹¹ Market Analysis, Desert Healthcare District, March 2, 2017. Premier, Inc.

¹² [Revealing the Invisible Coachella Valley](#). Source: UC Davis Center for Regional Change. June 2013.

- The median household income in Coachella is \$40,897.
- Coachella has the highest unemployment rate (12.6 percent) in Eisenhower Medical Center’s service area and is higher than the county (8.2 percent) and state (7.5 percent) rates.

Access to Care

Prior to the implementation of the Affordable Care Act, it was estimated that between 36 and 70 percent of adults in the East Coachella Valley lacked health insurance.¹³ While insurance coverage has increased in California as a result of ACA, there are undoubtedly low insurance coverage rates in communities with undocumented workers.

The prevalence of low incomes across the Inland Empire contributed to an approximately 50 percent increase in Medi-Cal enrollees in this region since the state expanded the program in 2014. However, a relatively high proportion of Inland Empire residents still lacked coverage by the end of 2014, although Medi-Cal enrollment continued to climb throughout 2015.¹⁴

The majority of Coachella Valley residents recently surveyed (68 percent) indicated resources to support access to health care are either absent or insufficient.¹⁵

In 2009, the California Health Interview Survey found access to care was generally worse for residents in the Eastern Coachella Valley when compared to access for residents in Riverside County and California (see Table 4).¹⁶

¹³ [Policy Brief: East Coachella Valley Health Care Access Disparities](#). Source: California Institute for Rural Studies.

¹⁴ California Health Care Almanac, [Regional Markets Issue Brief](#), California Health Care Foundation, March 2016.

¹⁵ [Eisenhower Medical Center Community Health Needs Assessment](#). 2016.

¹⁶ [Building Healthy Communities Health Profile, East Coachella Valley](#). Source: UCLA Center for Health Policy Research, 2010

Table 4: Access to Care by Region, 2009.

Access Indicator	Eastern Coachella Valley	Riverside County	California
No doctor visit in the last year	15%	10%	10%
Visited emergency department in the last year	26%	14%	18%
Delayed getting prescription drugs or medical care in the last year	12%	10%	9%

Education

The high school graduation rate for Coachella Valley Unified School District (78.3 percent) is lower than rates in the county (85.2 percent) and state (81 percent). This district does not meet the Healthy People 2020 objective of 82.4 percent high school graduation rate.¹⁷

Teen Pregnancy

In 2013, teen births occurred in the Eisenhower Medical Center’s service area at a rate of 9.4 percent of total births. This rate is higher than the teen birth rate found in the state (6.2 percent) and county (7.1 percent). Indio 92201 (12.6 percent), Desert Hot Springs 92240 (11.5 percent), Coachella (11.4 percent), and Palm Springs 92262 (10.9 percent) had the highest rates of teen births. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in high rates.¹⁸

Results of community member interviews identified specific regions of the Coachella Valley where risk of teen pregnancy is especially high, including the “east end of the desert”: Coachella, Mecca, Thermal, Oasis, Desert Hot Springs.¹⁹

¹⁷ [Eisenhower Medical Center Community Health Needs Assessment](#). 2016.

¹⁸ Ibid.

¹⁹ Ibid.

Obesity

In the Coachella Valley Unified School District, over half (50.5 percent) of 5th grade students tested as needing improvement or at health risk from body composition; the rate at Palm Springs Unified was lower, but still almost half (45.5 percent). Among 9th graders, the rates were just slightly improved. Rates for Coachella and Palm Springs Unified School Districts were above state averages. Meanwhile, Desert Sands Unified School District was below county and state averages for 5th graders, but slightly higher for 9th graders.²⁰

Environment

Residents in the Eastern Coachella Valley face significant environmental hazards that far exceed those in the Western Coachella Valley and the county as a whole. In particular, agricultural pesticide applications, drinking water quality, and housing quality are key challenges to community well-being. For example:

- Limited air and water quality monitors, over-stretched agency enforcement capacities, and large swaths of open land with unregulated land uses keep many of these environmental hazards “off the map.”
- Public water districts provide very limited service to rural residents. Many residents rely on private, contaminated well water.
- Residents of some mobile home parks with failing septic systems face health risks from contact with raw sewage.
- Multiple hazardous waste treatment storage and disposal facilities dot the region, many next to schools and residences.²¹

Housing and Homelessness

There is a lack of affordable and quality housing for the low-wage workforce residing in Eastern Coachella Valley. Many residents live in substandard trailers in mobile home parks with limited infrastructure for safe drinking water, wastewater systems, paved roads, sidewalks, and storm water drainage. After Riverside County closed most private

²⁰ Ibid.

²¹ [Revealing the Invisible Coachella Valley](#). Source: UC Davis Center for Regional Change. June 2013.

mobile home parks, a number of the remaining mobile home parks are now on Native American lands with limited resources to meet the community's needs.²²

The largest numbers of unsheltered homeless individuals in 2015 in Eisenhower Medical Center's service areas were in Palm Springs (118) and in Indio (92). This was the reverse of the 2013 count, where Indio had the highest number of unsheltered individuals of all area cities. A drop was seen in Cathedral City and Thousand Palms from 2013 to 2015. All other area cities saw an increase in the number of unsheltered homeless from 2013 to 2015. Area cities held 21.8 percent of the county's unsheltered homeless population (346 individuals).²³

Safety and Violence

There are higher rates of violent crime than the county or state levels, and, with the exception of Cathedral City, higher rates of property crime. Desert Hot Springs had the highest rate of violent crime (1,231.7 per 100,000 persons) and Palm Springs had the highest rate of property crime (4,852.6 per 100,000 persons) for the service area.

Stakeholders who participated in interviews for the Eisenhower Medical Center's Community Health Needs Assessment reported domestic violence and gangs are issues in the Medical Center's service area. Some noted the link between violence and poverty, and suggested the region needs "more constructive choices for young people, better employment opportunities, and education." One participant spoke of fear as a major barrier: "Shame of being a victim of violence or being in an unsafe location, blame of victim, fear and mistrust of law enforcement and medical personnel, fear of losing children if reported."

Public Education Campaigns

Several stakeholders who participated in interviews for the Eisenhower Medical Center's Community Health Needs Assessment reported progress made in recent years by Desert AIDS Project's public health campaign, Get Tested Coachella Valley, which strives to routinize HIV testing.

²² Ibid.

²³ [Eisenhower Medical Center Community Health Needs Assessment](#). 2016.

Transportation

Limited bus routes, sidewalks, and bike lanes limit residents' safe and affordable access to education, health services, employment, and other important resources. County and regional transportation planning has tended to focus resources in the wealthier Western Coachella Valley. A mismatch between the location of affordable housing and the location of low-wage jobs means that lower-income people must commute far distances for work.²⁴

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²⁴ [Revealing the Invisible Coachella Valley](#). Source: UC Davis Center for Regional Change. June 2013.

Health Care and Coverage Infrastructure

The infrastructure to support access to care in Coachella Valley beyond the services and community benefits the District provides includes Eisenhower Medical Center, three health insurers, and the health care workforce.

Eisenhower Medical Center

Eisenhower Medical Center (EMC) is a not-for-profit hospital in Coachella Valley with health centers in Palm Springs, Cathedral City, Rancho Mirage, Palm Desert, and La Quinta, two off-campus occupational health centers in Cathedral City and La Quinta, an adult day care center in Palm Desert, and the Eisenhower Wellness Institute in La Quinta. EMC is an accredited teaching hospital, with a School of Graduate Medical Education training new physicians in the specialties of family medicine and internal medicine.²⁵

Health Insurers

In San Bernardino and Riverside County, Medi-Cal managed care is offered under a two-plan model, with Inland Empire Health Plan (IEHP) and Molina Healthcare.

Inland Empire Health Plan covers the majority of residents eligible for Medi-Cal who live in Indio, Coachella, La Quinta, Mecca, and Thermal. Its network includes Federally Qualified Health Centers, an Indian health clinic, primary care practitioners affiliated with JFK Memorial Hospital, Desert Regional Medical Center, and Eisenhower Medical Center.²⁶

Molina Healthcare is multi-state health care organization, which arranges for the delivery of health care services and offers health information management solutions. It provides these services to nearly five million individuals and families who receive their care through Medicaid, Medicare and other government-funded programs in 15 states.²⁷

Kaiser Permanente serves over 350,000 members in Riverside County, including a limited number of the county's residents through its HMO Medi-Cal coverage, available

²⁵ Improving Community Health Through Systems Change: A Call to Action for the Eastern Coachella Valley. The California Endowment. March 2013.

²⁶ Ibid.

²⁷ [Molina HealthCare website.](#)

through IEHP and its charitable health coverage program, Kaiser Permanente Child Health Plan. Its nonprofit Kaiser Foundation Health Plan offers Medicare, commercial and Medi-Cal managed care coverage to its members in the Coachella Valley who are served in three Permanente Medical Group Medical Office locations. Kaiser Permanente members access urgent care in three Palm Desert locations, emergency services at nearby JFK Memorial Hospital and, if they require hospitalization, are admitted to Kaiser Permanente's Riverside Medical Center or Moreno Valley Community Hospital facilities, as well as contracted hospitals, JFK Memorial Hospital and Desert Regional Medical Center.²⁸

Recent analysis of the health care infrastructure in the Inland Empire, post-Medicaid expansion, concluded:

- Kaiser Permanente's presence in the market continues to expand, leaving other hospitals and physician organizations struggling to compete for the remaining commercial patients.
- A relatively high proportion of Inland Empire residents continue to lack health insurance, despite Medi-Cal expansion in 2014.
- The erosion of commercial coverage, plus Medi-Cal health plan incentives to boost participation, have led some primarily commercial and Medicare providers to be more willing to serve Medi-Cal enrollees, leading to improved access for some people. In addition, community clinics have received more federal dollars, allowing them to expand modestly.
- Despite some improvement, Inland Empire lacks a robust, extensive safety net to adequately serve low-income people's primary care, specialty care, and behavioral health needs throughout the whole region.²⁹

Health Care Workforce

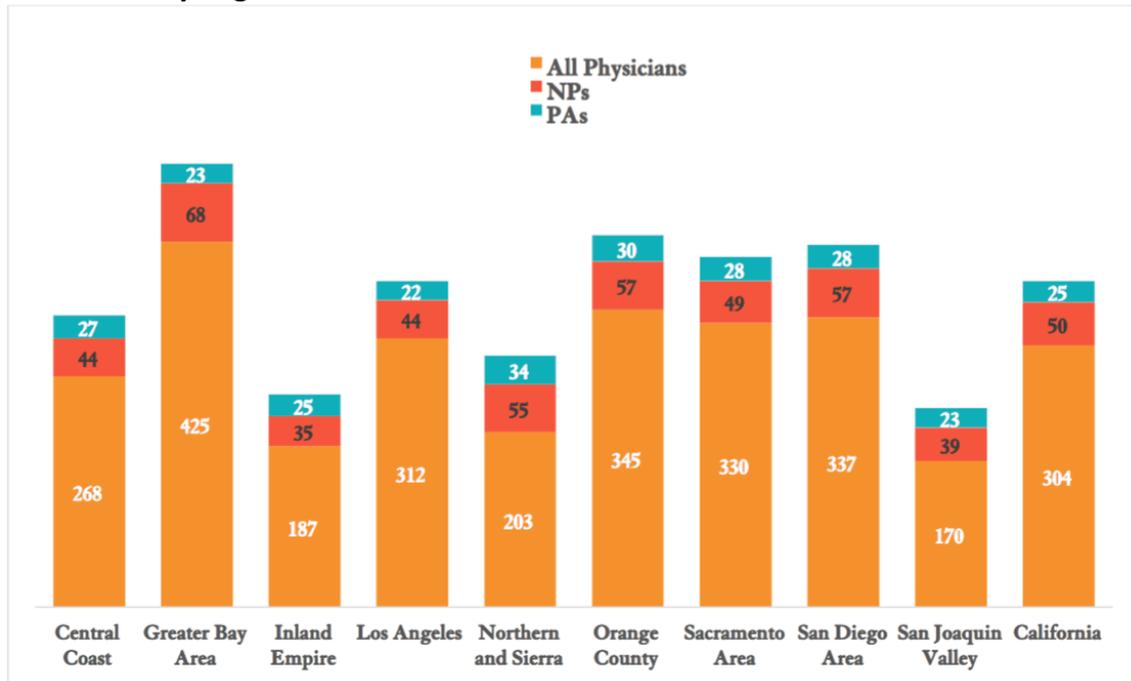
Inland Empire has one of California's greatest shortages in primary care physicians, nurse practitioners, and physician assistants compared to other regions in the state. In addition, Inland Empire and San Joaquin Valley have the lowest ratios of allopathic physicians (MDs), osteopathic physicians (DOs), and nurse practitioners (NPs) to

²⁸ Improving Community Health Through Systems Change: A Call to Action for the Eastern Coachella Valley. The California Endowment. March 2013.

²⁹ California Health Care Almanac, [Regional Markets Issue Brief](#), California Health Care Foundation, March 2016.

population in California (see Table 5).³⁰

Table 5: Ratio of Licensed Professionals per 100,000 People in Primary Care Professions by Region of California in 2016



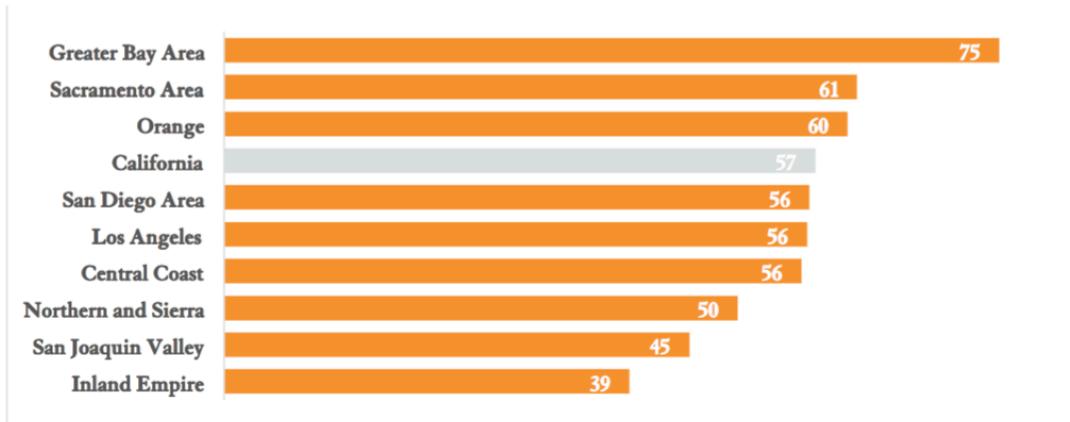
Source: California Department of Consumer Affairs, 2016; special request, private tabulation. U.S. Census Bureau, Population Division, and Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015. Note: Counts include all licensees with current and active license, regardless of whether they provide primary care.

The ratios of primary care MDs per 100,000 people in California range from a low of 39 primary care MDs per 100,000 people in the Inland Empire to a high of 75 per 100,000 in the Greater Bay Area. Regions with low ratios of primary care MDs to population are generally poorer and more rural than areas with high ratios of primary care MDs to population (see Table 6).³¹

³⁰ [California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees](#), by Janet Coffman, Igor Geyn and Kristine Himmerick. Feb. 16, 2017.

³¹ [California's Primary Care Workforce: Current Supply, Characteristics, and Pipeline of Trainees](#), by Janet Coffman, Igor Geyn and Kristine Himmerick. Feb. 16, 2017.

Table 6: Active Patient Care Primary Care MDs per 100,000 people by Region of California in 2015.



Source: Medical Board of California, Core License File, May 2015; private tabulation. U.S. Census Bureau, Population Division, Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015. Includes Family Physicians, General Internists, General Pediatricians, General Practitioners, Geriatricians, and Obstetrician/Gynecologists. Note: Includes active MDs, excludes residents and fellows as well as MDs who do not provide at least 20 hours of patient care per week.

There is an increased use of *promotores de salud* (promotores or community health workers) by a wide number of health providers to improve outreach and health promotion for at-risk populations in Coachella Valley. Promotores provide community-based prevention, education and linkage services on postpartum depression and mental health, nutrition, asthma and other conditions in a culturally and linguistically appropriate manner. In 2013, El Sol Neighborhood Education Center deployed 200 promotores in the Inland Empire and 20 through its Coachella offices, who were embedded in the Coachella, Mecca, and Thermal communities.³²

A recent report released by California Health Care Foundation concluded, “The Inland Empire market continues to grapple with a short supply of hospital beds and physicians, particularly primary care physicians (PCPs) and psychiatrists. Many hospitals lack the financial resources to build new capacity and address state seismic requirements. Faced with ongoing challenges competing with more desirable coastal communities, many

³² Improving Community Health Through Systems Change: A Call to Action for the Eastern Coachella Valley, March 2013.

providers are focusing on training new physicians, particularly through the new medical school at the University of California, Riverside.”³³

Inventory of Healthcare Funders and Data Centers focused on Coachella Valley

- Riverside Community Foundation
- Inland Empire Health Plan
- Kaiser Permanente Southern California Community Benefit
- The California Endowment
- The California Wellness Foundation
- The Community Foundation – The Coachella Valley Fund
- United Way of the Desert
- First 5 - Riverside
- California Institute for Rural Studies
- California Employment Development Department, Labor Market Information
- The United Farm Workers
- National Agricultural Workers Survey
- University of California – Davis, Center for Regional Change
- University of California – Riverside, School of Medicine
- University of California – Los Angeles, Center for Health Policy Research

³³ California Health Care Almanac, [Regional Markets Issue Brief](#), California Health Care Foundation, March 2016.

Recommendations for Future Considerations

While there is a significant body of research related to the populations living in the Inland Empire, the findings may no longer be relevant given the dramatic shifts in health policy and in the economy over the past few years. The recommendations below are aimed at supporting future data-driven decision-making that will impact the residents in Coachella Valley, especially those living in the eastern part of the region.

- Expand upon Premier’s Market Analysis with an analysis of population demographics, health needs, and resources among residents in the 25 zip codes that represent the District’s current and potential area. Compare and contrast data by the eastern and western regions of Coachella Valley (see the Appendix for an example of how the data could be disaggregated and analyzed across health outcomes and indicators by region).
- Assess the health issues of specific, vulnerable populations in Eastern Coachella Valley (e.g., homeless, native, youth, farmworkers, and undocumented populations).
- Explore the extent to which strategies like engaging promotores, investing in physician training, and expanding telemedicine may improve access to care.
- Assess how the District’s community benefit investments could be leveraged by other resources to improve specific populations’ health outcomes, expand the local health care workforce, and/or effectively address social determinants of health.
- Engage with other community leaders to study and address the severe environmental factors that impact the health of Eastern Coachella Valley’s residents.
- Partner with Medi-Cal providers and managed care entities to assess health status and service utilization among low-income populations living in Coachella Valley.

Acknowledgement

This report was written by Wendy Todd, Wendy Todd Consulting, under the supervision and in collaboration with Bobbie Wunsch, Pacific Health Consulting Group.

Appendix - Eisenhower Medical Center 2016 Community Health Needs Assessment Data by Desert Healthcare District, Zip Code, Town, Population Estimates, and Age, 2016.

CURRENT DESERT HEALTHCARE DISTRICT SERVICE AREA	ZIP CODE	TOWN	POPULATION 5 YEAR ESTIMATES 2010-2014	YOUTH AGES 0-17	SENIORS AGES 65+
	92234	Cathedral City	52,534	28.0%	13.6%
	92235	Cathedral City			
	92240	Desert Hot Springs	35,878	31.5%	11.1%
	92241	Desert Hot Springs	9,156	17.3%	30.5%
	92561	Mountain Center			
	92258	North Palm Springs	520	0.4%	19.4%
	92211	Palm Desert	24,564	13.0%	47.2%
	92260	Palm Desert	32,855	16.7%	31.9%
	92261	Palm Desert			
	92262	Palm Springs	26,693	14.7%	21.3%
	92263	Palm Springs			
	92264	Palm Springs	19,754	9.0%	35.0%
	92270	Rancho Mirage	17,634	9.6%	45.4%
	92276	Thousand Palms	7,921	21.1%	21.7%
	92282	Whitewater			
EAST OF DESERT HEALTHCARE DISTRICT	92236	Coachella	43,037	37.4%	4.5%
	92210	Indian Wells	4,839	3.6%	60.9%
	92201	Indio	63,915	30.6%	11.6%
	92202	Indio			
	92203	Indio			
	92247	La Quinta			
	92248	La Quinta			
	92253	La Quinta	38,462	22.1%	23.6%
	92254	Mecca, Northshore			
	92203	North Indio	27,466	25.4%	18.0%
	92274	Thermal, Oasis			
		EMC SERVICE AREA	405,228	23.8%	20.9%
		RIVERSIDE	2,266,899	27.2%	12.5%