

2020

Community Health Needs Assessment *of the Coachella Valley*



DESERT HEALTHCARE
DISTRICT & FOUNDATION

About This Report

This report was created by HARC, Inc. (Health Assessment and Research for Communities) for the Desert Healthcare District and Foundation.

To learn more about Desert Healthcare District and Foundation, visit www.DHCD.org.

To learn more about HARC, visit www.HARCdata.org.

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Foreword

Historically, the Desert Healthcare District and Foundation boundaries encompassed the western Coachella Valley. In 2018, eastern Coachella Valley voters approved extending the District boundaries to serve the entire Coachella Valley, more than doubling its coverage area. The expansion created a new demographic and geographic landscape, with subsequent changes in health priorities. One major demographic shift that emerged from the expansion is that the majority (50.6%) of Coachella Valley residents are Hispanic/Latino and 40% prefer to speak Spanish at home.

To better understand the needs of the newly expanded District and to effectively allocate resources to meet the most pressing health needs of its residents, the District commissioned a Community Health Needs Assessment (CHNA). This resident-driven report aims at helping us understand the impact of social determinants of health in our catchment area, uplift inequities, and aid in the development of a comprehensive, collective, and cross-sector approach to advancing the health and well-being of residents.

What we have learned may potentially broaden the scope of how the District addresses health inequities. Future District investments will build on current healthcare infrastructure, and seek innovation, with the goal of being responsive to the unique health needs of traditionally underserved and underrepresented communities.

The CHNA shows how the expansion has transformed the District with a more diverse community, where inequities are self-evident and often concurrent with geographic isolation. It also captures the voices of community members and the significant differences that exist, both demographically and geographically.

Residents raised issues around the barriers to healthcare access, and data demonstrate that of the 1,006 hospital beds available in the Coachella Valley, 86% are geographically located in the west (Palm Springs and Rancho Mirage). It also shows a deficit of specialty care providers across the valley, particularly affecting emergency medicine, general surgery, OB/GYN, orthopedic surgery, pathology, pediatrics, radiology, psychiatry, and urology.

This report demonstrates significant disparities between the rich and the poor. Poverty is heavily concentrated in geographically isolated communities of North Shore, Garnet, Indio Hills, Mecca, Sky Valley and Thousand Palms — all communities in the east end of the valley or north of the Interstate 10 freeway. Communities with higher concentrations of poverty also exhibit lower rates of medical coverage. In many instances people employed in permanent, full-time positions, still do not have healthcare insurance. It is also communities with high poverty rates that live in poorly designed built environments and are exposed to numerous contaminants.

It is equally important to highlight that more data collection and analysis is needed to better demonstrate the connection between social determinants and the health status of some populations and to design effective interventions. However, regardless of available data, no one knows their reality better than the residents. For this reason, emphasis was placed on capturing community voices throughout the report. Community residents, after reviewing available data, identified the top five health priorities for Coachella Valley (listed alphabetically):

- Access to Care
- Economic Stability
- Education Access and Quality
- Environment
- Mental Health

The Desert Healthcare District will utilize the findings of the CHNA to inform its strategic planning, advance its initiatives, and target future funding directions. The District and Foundation must take additional steps to uplift health disparities faced across the valley and identify the best means to promote equity.

Acknowledgements

As with all work done for the community, the most meaningful and successful work is done with the participation of many different people and organizations. The Desert Healthcare District is immensely grateful for the support of our funders, steering committee, advisory council, and the residents of our Coachella Valley community.

Funders

We are grateful for the support of the funders of this Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). The support from funders was invaluable in making this project possible, including generous contributions from:

- Borrego Community Health Foundation
- The California Endowment
- Desert Care Network
- First 5 Riverside



Community Residents

We would also like to thank our community residents. Our process was intentionally designed to be community-driven, in that we wanted the voices of our community to inform how we understand local health issues and how we address those issues. We appreciate all the residents of our community who provided input and helped us to understand their needs, the disparities, and the opportunities to create meaningful change.

Steering Committee

We would also like to thank the Steering Committee, for helping to oversee our approach and assist with contributing local community health data that was pertinent to this project:

- Borrego Community Health Foundation
- The California Endowment
- Coachella Valley Economic Partnership (CVEP)
- Desert Care Network
- First 5 Riverside
- Inland Empire Health Plan (IEHP)
- Riverside University Health System – Behavioral Health
- Riverside University Health System – Public Health
- University of California Riverside – School of Medicine

Advisory Council

A big thank you to our community partner organizations who helped us to optimally understand the community we serve and who helped us communicate with our community-at-large:

- Alianza Coachella Valley
- Alzheimer's Coachella Valley
- Angel View
- Braille Institute
- CSUSB – Palm Desert
- City of Coachella Water Authority
- Clinicas de Salud del Pueblo
- Coachella Valley Housing Coalition
- Coachella Valley Unified School District (CVUSD)
- Coachella Valley Volunteers in Medicine (CVVIM)
- Comite Civico del Valle
- County of Riverside - Mecca Farmworker's Service Center
- County of Riverside – Office of Supervisor V. Manuel Perez
- Desert AIDS Project (DAP)
- Desert Arc
- Desert Highland Gateway
- Desert Oasis Healthcare
- Desert Sands Unified School District (DSUSD)
- East Agriculture Advisor for Supervisor V. Manuel Perez
- Eisenhower Health
- El Sol Neighborhood Education Center
- FIND Food Bank
- Galilee Center
- Growing Coachella Valley
- Inland Empire Health Plan
- Jewish Family Service of the Desert
- Joslyn Center
- Kaiser Permanente
- Latino Commission
- LGBTQ Community Center of the Desert
- Lideres Campeninas
- Lift to Rise
- Loma Linda University - SAC Health System
- Martha's Village and Kitchen
- Mizell Senior Center
- Molina Healthcare
- Neuro Vitality Center
- OneFuture Coachella Valley
- Office on Aging
- Operation SafeHouse
- Palm Springs Unified School District (PSUSD)
- Planned Parenthood of the Pacific Southwest
- Pueblo Unido Community Development Corporation
- RAP Foundation
- Riverside County Latino Commission
- Riverside County Office on Aging
- Riverside County Sheriff's Department
- Shelter from the Storm
- South Coast Air Quality Management District
- SMaRT Education

Acronym Page

The following acronyms may appear one or more times in this report, so this page can be used as a reference to “decode” those acronyms.

ACEs: Adverse Childhood Experiences	ICD-10: International Classification of Diseases, Tenth Revision
ACS: American Community Survey	IEHP: Inland Empire Health Plan
AHRQ: Agency for Healthcare Research & Quality	IMU: Index of Medical Underservice
AIDS: Acquired Immunodeficiency Syndrome	JFK Memorial Hospital: John F. Kennedy Memorial Hospital
AQI: Air Quality Index	LGBTQIA: Lesbian, gay, bisexual, transgender, questioning, intersex, asexual
ASL: American Sign Language	MUA: Medically Underserved Areas
BIPOC: Black, Indigenous and people of color	MUP: Medically Underserved Population
CDC: Centers for Disease Control & Prevention	NCHS: National Center for Health Statistics
CDP: Census Designated Place	OSHPD: California’s Office of Statewide Health Planning & Development
CGR: College-Going Rate	PIT: Homelessness Point-In-Time Count
CHIP: Community Health Implementation Plan	PM: Particulate Matter
CHIS: California Health Interview Survey	POC: People of Color
CHKS: California Healthy Kids Survey	PSUSD: Palm Springs Unified School District
CHNA: Community Health Needs Assessment	PTSD: Post-Traumatic Stress Disorder
CMS: Centers for Medicare & Medicaid Services	RCMA: Riverside County Medical Association
COVID-19: Novel Coronavirus	RDA: Registered Dental Assistant
CVEP: Coachella Valley Economic Partnership	RDH: Registered Dental Hygienist
CVUSD: Coachella Valley Unified School District	RUHS: Riverside University Health System
CVVIM: Coachella Valley Volunteers in Medicine	SNAP: Supplemental Nutrition Assistance Program
DAP: Desert AIDS Project	STD: Sexually Transmitted Disease
DRMC: Desert Regional Medical Center	STI: Sexually Transmitted Infections
DSUSD: Desert Sands Unified School District	UCR: Uniform Crime Report
EBT: Electronic Benefits Card	VA: Veterans Affairs
EPA: Environmental Protection Agency	WHO: World Health Organization
FMD: Frequent Mental Distress	
FPL: Federal Poverty Line	
FTE: Full-Time Equivalent	
HARC: Health Assessment & Research for Communities	
HEAL: Healthy Eating, Active Living	
HIV: Human Immunodeficiency Virus	
HRSA: Health Resources & Services Administration	

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Executive Summary

Introduction

In November 2018, local voters approved an expansion of the Desert Healthcare District and Foundation to cover the entire Coachella Valley region. As a result of this District expansion and the need for a new strategic plan, DHCD & F has embarked on the endeavor of conducting a Community Health Needs Assessment (CHNA) of the Coachella Valley.

In January of 2020, DHCD & F hired HARC, Inc. (Health Assessment and Research for Communities), a nonprofit research organization, to conduct a CHNA. This report summarizes the findings of that needs assessment.

Methods

DHCD & F and HARC collaboratively designed the methods for conducting this CHNA. Specifically, DHCD & F and HARC assembled a Steering Committee, assembled an Advisory Council, and refined a list of indicators to assess the health and social determinants of health for our local population. The indicator list was developed using The Healthy People 2030's leading health indicators as well as input from the Advisory Council. Secondary data sources were pulled by HARC from a variety of sources including American Community Survey, and California Department of Education, California Health Interview Survey, just to name a few. Additionally, we asked our local partners to provide local data that was pertinent to our list of health indicators. The results are presented in this report. To provide granular data, the results are provided by city and Census-Designated Places (CDPs) whenever possible. There are 21 cities/CDPs in the Coachella Valley.

Community engagement is a central part of the CHNA process. HARC gathered community feedback via virtual focus groups. Each of our partners serving on the Advisory Council were invited to help recruit their clients/patients/members for an online focus group. Each focus group was presented with data in the CHNA report and was asked to provide feedback—what is the most common issue in our community, what is most important to address, etc. Focus groups were facilitated by HARC staff with additional note-takers; focus groups were offered in English and in Spanish. All participants were provided with \$25 Visa gift cards to compensate them for their time and expertise. There was a total of 40 community focus groups held with 205 members of the community. Data from all the focus groups were compiled, analyzed, and the most common themes were considered the top priorities according to the community.

HARC also gathered feedback from the Advisory Council using a similar process as the community engagement. There were a total of 8 focus groups held with 31 members of the community. Data from



all Advisory Council meetings were compiled, analyzed, and the most common themes were deemed top priorities according to our Advisory Council.

Demographics

There are roughly 430,889 people living in the Coachella Valley—and the population is expected to grow to 476,106 by the year 2024. The city/CDP in the Coachella Valley with the lowest median age is Thermal (30 years old); the city/CDP with the highest median age is Desert Palms (75 years old).

The majority of residents in the Coachella Valley identify their race as White/Caucasian (68%) and more than half identify their ethnicity as Latino (51%). For ethnicity, some cities/CDPs consist of mostly Hispanics/Latinos, such as Mecca, Thermal, and Coachella. Conversely, some cities/CDPs are mostly not Hispanic/Latino, including Desert Palms, Indian Wells, and Rancho Mirage.

Special Populations

There are several special populations in our Coachella Valley that are deserving of special attention, as the overall data may de-emphasize their needs. Thus, this report concludes with some thoughts on some of these populations, including young children (0 to 5), veterans, seniors, LGBTQIA+, farmworkers, people of color, and people with disabilities.

Access to Care

There are three main hospitals in the Coachella Valley; combined, these hospitals have a total of 867 staffed/actual beds available to our residents, a ratio of approximately two beds per 1,000 people. However, these hospital beds are most densely located in the western part of the Coachella Valley, limiting access to people living in the east valley who often experience transportation struggles. This rate for local hospital beds is very comparable to California as a whole (1.8 beds per 1,000 people).

Locally, there are 1,323 physicians/surgeons who are licensed in the Coachella Valley, which creates a physician-to-population ratio of 307 providers per 100,000 people. However, because not all of these physicians are providing patient care, it is more likely there are roughly 246 physicians per 100,000 people. Furthermore, we most direly lack providers with the following specialties: general surgery, OB/GYN, orthopedic surgery, pathology, pediatrics, psychiatry, radiology, and urology. The Coachella Valley is also lacking physicians in a number of other specialty areas, but to a lesser degree.

Approximately 15% of adults in the Coachella Valley are uninsured.



Clinical Preventative Services

One out of four local adults aged 50 and over have never had a colonoscopy; and cities/CDPs with the lowest screening rates are those with a low median income (Coachella, Mecca, and Thermal).

Education

Reading skills for all grade levels are certainly in need of improvement. When averaging all grades, less than half of students meet or exceed the standards for English/Language Arts for their grade level. On the bright side, 11th grade students across all school districts rarely perceive their school as “unsafe” or “very unsafe,” few have been verbally harassed, and few have experienced violence or victimization.

School attendance is an important factor in student achievement. Chronic absenteeism for each of the three school districts ranges between 16% to 18%, which is higher than the rate of Riverside County (13%) and California (12%).

Approximately 41% of Coachella Valley children have had one or more of the four adverse childhood experiences (ACEs) that were surveyed. The cities that had the highest proportion of children experiencing ACEs include Palm Springs (62%), Thermal (59%), and Rancho Mirage (50%).

College-going rates range between 55% to 65% for the three school districts, and 32% of people in the Coachella Valley have earned a college degree or higher.

Environment

Environmental data in the Coachella Valley is incomplete. The absence of a robust network of air monitors prevents us from collecting and analyzing air quality indicators. Some available data offer inconclusive information. Slightly less than 1% of the days in a year had unhealthy air quality in the city of Indio, while 7% of the days in a year were unhealthy air quality in Riverside County. Furthermore, roughly 12% of Coachella Valley residents (including adults and children) have been diagnosed with asthma.

A study commissioned by the Desert Healthcare District and Foundation found higher hospital utilization rates due to air quality-related conditions such as asthma, rhinitis, chronic obstructive pulmonary disease, and heart disease in communities with closer proximity to the Salton Sea.

Economic Stability

According to data from 2019, approximately 6% of adults in the Coachella Valley were unemployed. At that time, the city with the highest unemployment rate was Coachella (10%). More recent data (from May of 2020) suggests that the city with the highest unemployment rate is Desert Hot Springs (24%); this data demonstrates the paramount impact of the COVID-19 pandemic.



Median household income ranges vastly from the wealthiest city to the poorest – the city with the highest median income is Indian Wells (\$107,500) and the city with the lowest median income is Oasis (\$19,457). Approximately 18% of people in the Coachella Valley are living in poverty.

Injury and Violence

The city/CDP with the highest total crime index is Palm Springs (186 per 100,000 people) followed by Thermal (162) and Palm Desert (145). Cities/CDPs with a low crime index include Sky Valley (60), Desert Palms (56), and Desert Edge (51).

Maternal and Infant, and Child Health

Approximately 9% of all births in the Coachella Valley are preterm births (born at less than 37 weeks old); the city with the highest proportion of preterm births is Indian Wells (17%). Thousand Palms is the city with the highest infant mortality rate – with 14.9 infant deaths for every 1,000 births.

Mental Health

In the Coachella Valley, there are roughly 19.4 incidents of suicide for every 100,000 people; in fact, the local suicide rate exceeds that of Riverside County, California, and the United States. The city/CDP with the highest suicide rate is Rancho Mirage, where the suicide rate is quadruple the state average.

Nutrition, Physical Activity, and Obesity

One out of three adults in the Coachella Valley are obese. While obesity is an issue, so is food insecurity: roughly one out of 10 adults had to cut or skip meals in the past 12 months due to a lack of money for food. Only about 38% of local adults walked at least 150 minutes in the past week, indicating a lack of physical activity.

Oral Health

Roughly 2 out of 3 local adults have visited a dentist in the past year, and very few have not been to a dentist in the past five years (9.9%). Approximately 17.0% of local children aged 0 to 17 have never been to a dentist.

Reproductive and Sexual Health

Approximately 63% of local adults are sexually active—and 75% of them do not use a condom to protect from STDs. The prevalence of people living with HIV/AIDS in Palm Springs is more than 18 times larger than the California prevalence rate as a whole; there are nearly 6,000 people living with HIV/AIDS in the Coachella Valley. There are roughly 602 cases of chlamydia for every 100,000 people.



Substance Use

Substance use among adolescents is undoubtedly a concern. Across the three school districts, between 36% to 48% of eleventh graders have ever used drugs or alcohol. Additionally, between 21% to 32% of eleventh graders have ever used marijuana. For adults, roughly 56.0% of local adults have consumed alcohol at least once in the past month. One out of five local adults are active marijuana users.

Prioritizing Health Issues

The next step after gathering all of this information was to prioritize health needs to identify the top five to focus on in the coming years.

HARC used three different sources of data to pick the top five health issues from the list of 12. These three sources include:

- Community engagement via 40 virtual focus groups consisting of 205 community residents.
- Group prioritization with the Advisory Council via eight virtual focus groups consisting of 31 Advisory Council members.
- Six subject matter experts ranked the health needs, using the data from the CHNA report and a prioritization rubric.

HARC and DHCD & F then combined data from all three sources to select the following five health priorities for the Coachella Valley. The priorities listed below are not in order of importance but rather listed **alphabetically**.

- Access to Care
- Economic Stability
- Education Access and Quality
- Environment
- Mental Health



Introduction

The Coachella Valley is a unique geographic area in Eastern Riverside County, California. It is a part of the greater “Inland Empire” (the counties of San Bernardino and Riverside) but has many aspects that make it unique, including the relative geographic isolation created by extensive mountain passes.

Desert Healthcare District was created in 1948 to serve residents within a 457-square-mile area of the Coachella Valley. The District included communities in the western end of the valley, with the boundaries ending west of Cook Street. Once established, the District then built and operated Desert Hospital, now known as Desert Regional Medical Center (DRMC); the Foundation was formed to support the activities of the Medical Center.¹ In 1997, Desert Regional Medical Center was leased to Tenet Health Systems for 30 years and the Foundation no longer was tasked with fundraising for the hospital. The Foundation has since then transitioned to sponsoring community health programs and projects.

Much of the impact for District residents today results from programs and grants approved by the Board of Directors, creating the Desert Healthcare District and Foundation. About \$4 million per year is committed for its grant-making program to support and collaborate with local nonprofits to improve the health of District residents.

In November 2018, Coachella Valley voters approved extending the District boundaries east of Cook Street. The expansion enlarged the District to include La Quinta, Indio, Coachella, the rest of Palm Desert and Indian Wells, Bermuda Dunes, Thermal, Mecca, North Shore, and other unincorporated communities. This expansion more than doubled the coverage area, and thus it became necessary to reassess the entire Coachella Valley and get a clear picture of the health needs in the District.

Desert Healthcare District serves a diverse populace, and the 2018 expansion has created a District that is distinctively different from what it once was. More than half of the population identify their ethnicity as Latino (51%). Not only did the expansion of the District create more ethnic diversity, but increasingly the District is serving those who are low-income and/or geographically remote.

To that end, the present report is an extensive Community Health Needs Assessment of the Coachella Valley. Equipped with an understanding of the greatest health needs, the District and Foundation can target its efforts and make the greatest health impact for our community. It is apparent that great health disparities exist in Coachella Valley and the aim of the District and Foundation is to promote equitable access to health resources and health outcomes through a new strategic plan.

¹ <http://www.DHCD.org>



In January of 2020, HARC Inc. was hired to conduct this community health needs assessment in support of the aforementioned goals. The guiding methodology we used for this project was the nine-step guide provided by the Association for Community Health Improvement’s Community Health Assessment Toolkit.²

The specific steps that were followed are as follows:

- Step 1: Reflect and Strategize
- Step 2: Identify and Engage Stakeholders
- Step 3: Define the Community
- Step 4: Collect and Analyze Data
- Step 5: Prioritize Community Health Issues
- Step 6: Document and Communicate Results
- Step 7: Plan Implementation Strategies
- Step 8: Implement Strategies
- Step 9: Evaluate Progress

The present report is a summation of the work we have conducted in steps 1 to 4, with placeholders for steps 5 and 6 at the end of this report to designate that these are the next stages of this project.

Our process began with an examination of past CHNAs that have been conducted in the region, to better understand the needs of the past and the methods that were used in those reports. The results of some of these CHNAs are summarized in the table below.

Table 1. Summary of Other CHNAs

Source	Notes	Priorities Selected (alphabetical order)
Eisenhower Health 2019 CHNA	Relevant geography is Coachella Valley. CHNA mandated by the IRS as a nonprofit hospital.	Access to health care Asthma Dental care Diabetes Economic instability Environmental pollution Food insecurity Heart disease HIV/AIDS Homelessness Liver disease

² Association for Community Health Improvement’s Community Health Assessment Toolkit. Available online here: <https://www.healthycommunities.org/resources/community-%20health-assessment-toolkit>



Source	Notes	Priorities Selected (alphabetical order)
		<ul style="list-style-type: none"> Mental health Overweight and obesity Preventive practices Substance use and misuse Unintentional injuries Violence and community safety
Kaiser Permanente 2019 CHNA for the Moreno Valley Hospital	<p>Relevant geography is Coachella Valley plus Moreno Valley and the high-desert region of San Bernardino County (e.g., Morongo Valley, Joshua Tree, etc.). But it is possible to pull out just Coachella Valley data from the report (which is reflected here).</p> <p>CHNA mandated by the IRS as a nonprofit hospital.</p>	<ul style="list-style-type: none"> Access to care Asthma Behavioral health (mental health and substance abuse) Cancer Economic opportunity HIV/AIDS Obesity/healthy eating active living (HEAL) Stroke
Loma Linda University Health 2019 CHNA	<p>Relevant geography is Riverside and San Bernardino Counties.</p> <p>CHNA mandated by the IRS as a nonprofit hospital.</p>	<ul style="list-style-type: none"> Access to healthcare Affordable housing Asthma Behavioral Health Diabetes Food Security Green Spaces Jobs Lifestyle-related conditions
Betty Ford Center 2018 CHNA	<p>Relevant geography is Coachella Valley.</p> <p>CHNA mandated by the IRS as a nonprofit hospital.</p>	<ul style="list-style-type: none"> Access to care for low-income and/or uninsured Mental health care Substance abuse treatment
University of Southern California /Lift to Rise 2016 Coachella Valley Needs Assessment	<p>Relevant geography is Coachella Valley.</p> <p>Note that it is a general needs assessment, not a health needs assessment.</p> <p>Focused on policy.</p>	<ul style="list-style-type: none"> Education Employment and income Environment Food insecurity Health Housing Social connectedness Transportation
Desert Highland Gateway Community Health Assessment (2013-2014)	<p>Relevant geography is the Coachella Valley.</p>	<ul style="list-style-type: none"> Healthcare Affordability Healthcare access High cholesterol Hypertension



Source	Notes	Priorities Selected (alphabetical order)
	Examined healthcare access and also resource availability in a specific community/neighborhood in Palm Springs.	Obesity
Coachella Valley Health Access Report by the Coachella Valley Healthcare Initiative (2010)	<p>Relevant geography is Coachella Valley.</p> <p>Note that it is not a formal CHNA but rather an assessment of barriers to access.</p>	<p>Awareness of healthcare resources</p> <p>Community health education</p> <p>Cultural competency</p> <p>Cultural humility</p> <p>Healthcare costs</p> <p>Healthcare infrastructure</p> <p>Patient satisfaction</p>

The next step was to assemble two groups of stakeholders: A Steering Committee and an Advisory Council.

The Steering Committee consisted of nine local organizations who are local leaders in community health and also collect large-scale data for our region. The Steering Committee consisted of the following organizations:

1. Borrego Health
2. The California Endowment
3. Coachella Valley Economic Partnership
4. Desert Regional Medical Center (DRMC)
5. First 5 Riverside
6. Inland Empire Health Plan (IEHP)
7. Riverside University Health System – Behavioral Health
8. Riverside University Health System – Public Health
9. University of California, Riverside – School of Medicine

We also assembled an Advisory Council consisting of local organizations that serve our community. Our partners helped us to make sure that the voices of our community are heard through both our outreach methods and with the data indicators that were selected. As such, this report details the secondary population data collected in an effort to thoroughly understand the community and their needs. The data presented in this report will be used by the Advisory Council, Steering Committee, community, and the DHCD & F to prioritize the top health needs of our region.

The results of the CHNA guided the Community Health Improvement Plan (CHIP), which was created by Desert Healthcare District and Foundation and community partners, with community input. The CHIP will inform Desert Healthcare District and Foundation efforts, as well as the efforts of other local



partners for years to come. The aim of Desert Healthcare District and Foundation is to promote equitable access to health resources and improved health outcomes through a new strategic plan, informed by these results.

Health equity means that all people have a fair and just opportunity to be as healthy as possible. To attain health equity, it is important to remove obstacles to health such as poverty, discrimination, powerlessness, issues of access to good jobs, quality education, livable housing, a safe environment, and health care access.³ Robert J. Wood Foundation identifies a series of steps on the path to health equity, and the first step is to identify the important health disparities that are of concern to key stakeholders – particularly those most affected. Importantly, health inequities can be traced to deeper social inequities that must be addressed first as these social inequities are considered as a root cause.

In an effort to vividly illustrate community issues and highlight issues of equity, many data sections in this report are preceded by a direct quote from a community resident. These quotes were pulled directly from audio recordings of the community focus groups conducted for this CHNA process. Thus, you will see the community voice elevated throughout this report in **bolded, purple text**.

As this CHNA was being conducted, the novel Coronavirus (COVID-19) pandemic had just begun to unfold and greatly affected our community and the entire world. Starting on March 19th of 2020, the governor of California ordered all Californians to stay home on lockdown. The global pandemic of COVID-19 became a world health concern and individuals were asked to practice “social distancing” to slow the spread of the disease.⁴ As a result, some aspects of this project were slowed or modified. Importantly, the information presented in this report provides a snapshot of health in our region prior to the global pandemic, although a few data points demonstrate the impact of the pandemic. It is likely that data collected following this point in time will be influenced by momentous changes in the socio-economic landscape of our communities. It is expected that this recession has also had an impact on education, income, tourism, and mental health, just to name a few. In fact, the full scope of the impact is not yet entirely clear. As such, data reports that serve as a follow-up to this one should interpret any data with these factors in mind.

In fact, one important byproduct of the COVID-19 pandemic is that it has forced us to look closer at the way we live our lives as well as the healthcare infrastructure that supports our population. Both of these segments of health are explored in this report and should be deemed as critical now and in the years to come.

³ Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What Is Health Equity? And What Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

⁴ www.coronavirus.gov



Taken together, the hope is that this CHNA and the CHIP report will serve as a road map to help guide the Desert Healthcare District & Foundation and local partners through the next decade of improving the health and wellness of the Coachella Valley.



Methods

HARC compiled secondary data from a variety of sources, including the American Community Survey, California Healthy Kids Survey, Federal Bureau of Investigation—Crime Data Explorer, National Center for Health Statistics, the Trust for Public Land, Uniform Crime Report, the United States Environmental Protection Agency, and the United States Census Bureau, to name a few.

A few organizations were particularly helpful in providing secondary data that was only available through private databases -- organizations such as Coachella Valley Economic Partnership, Riverside County Medical Association (RCMA), and HARC, Inc. all provided data for this report.

HARC also worked closely with local partners to access and understand their proprietary data pertaining to the Coachella Valley. Specifically, data was provided from partners such as Borrego Health, Eisenhower Health, First 5 Riverside, Inland Empire Health Plan, Riverside University Health System—Public Health, and Riverside University Health System—Behavioral Health.

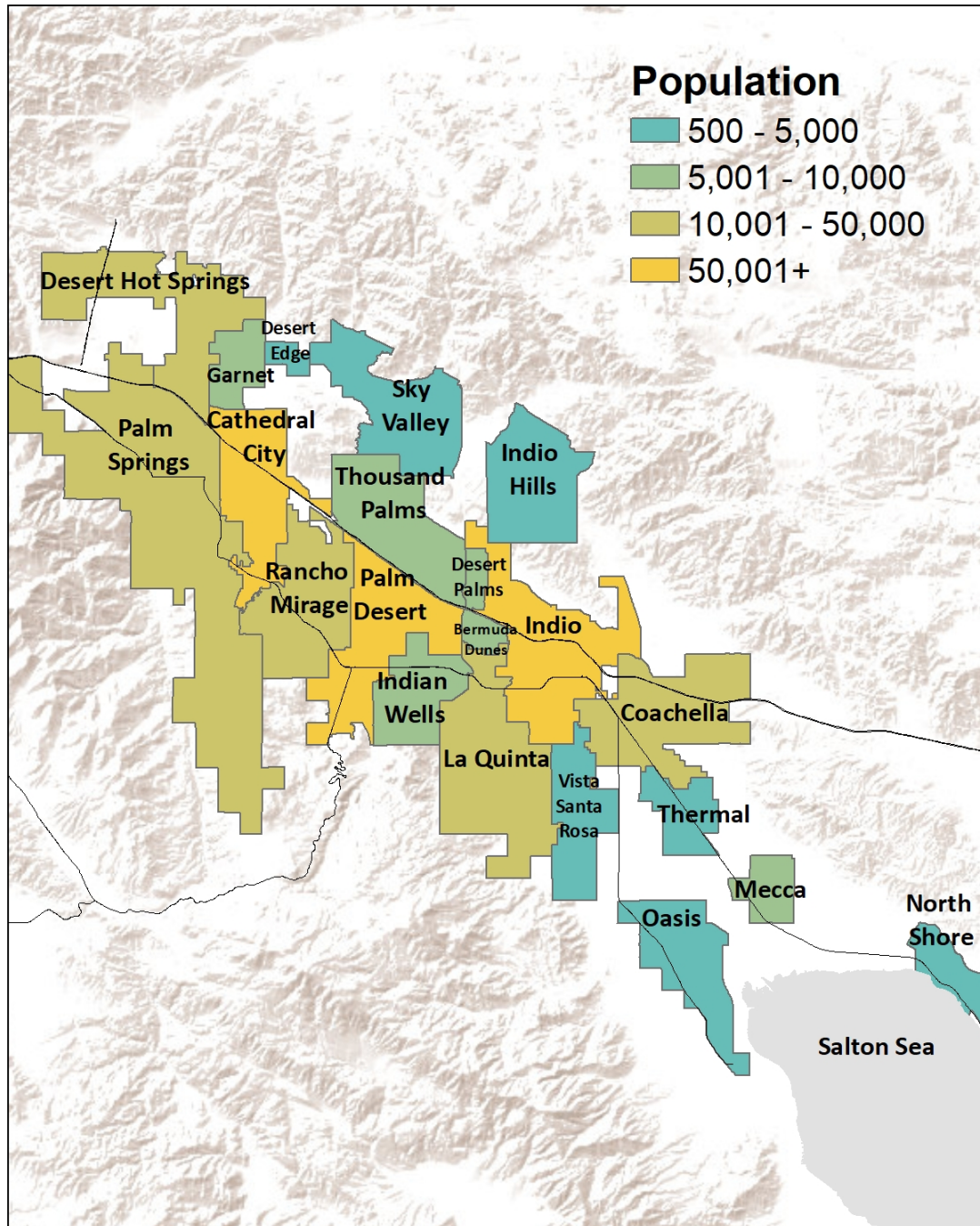
Whenever possible, data were reported at the city level, with unincorporated areas reported at the census-designated place (CDP) level. In these instances, we present data on our nine incorporated cities and 12 CDPs for a total of 21 cities/CDPs.

The hope is that by examining data for each individual city/CDP that we can identify areas in need of attention. That said, Coachella Valley-level data, county-level data, and state-level data are all reported throughout this report when city/CDP-level was not available and/or to serve as a point of comparison when city/CDP-level data is indeed available.



Map of the Coachella Valley

The map below illustrates the geographic region of the Coachella Valley discussed throughout this report. Specifically, the map illustrates the nine cities (Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage) and 12 CDPs (Bermuda Dunes, Desert Edge, Desert Palms, Garnet, Indio Hills, Mecca, North Shore, Oasis, Sky Valley, Thermal, Thousand Palms, and Vista Santa Rosa) by population size.



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.



Demographics

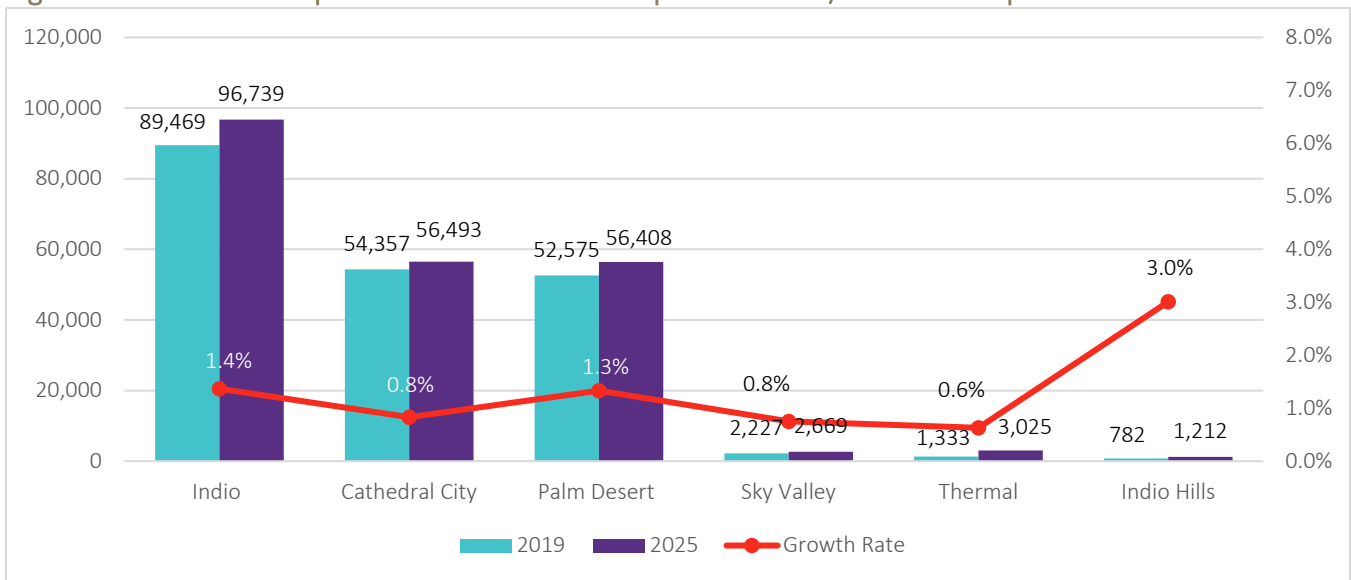
Population Size

The size of the Coachella Valley population is approximately 430,889 people—and is expected to grow to 476,106 people by the year 2025 – representing a 6.8% growth in the population. The figure below illustrates the most populated and least populated cities, along with the expected population growth over the next five years.

The most populated city in the Coachella Valley is Indio with 89,469 people, and the population of this region is expected to grow by 1.5% over the next five years.

See Appendix 1 for population data on all 21 cities/CDPs.

Figure 1. Three Most Populated vs. Three Least-Populated Cities/CDPs with Expected Growth



Source: Data was pulled from Esri Data Analyst, which utilizes data from the United States Census Bureau and the American Community Survey. (2019). 2019 Population data from American Community Survey – Five Year Estimates. (2015-2019).



Age

The age of the Coachella Valley residents is an important consideration, as there are some regions of the valley that are much younger and also regions that are older. As the needs of seniors are markedly different from the needs of children, age by geography is an important facet to understanding the needs of the region.

Median Age

Median age is the exact middle point in a population: half of the people in the region are younger than the median, and half of the people are older. The median age for the United States is 38.1 years old and 36.5 years old for California.⁵

Table 2 below illustrates the median age for the cities and CDPs in the Coachella Valley. There is nearly a 45-year difference between the median age of the oldest city/CDP, Desert Palms (74.6 years old) and youngest city/CDP, Thermal (29.8 years old). Part of the reason why the median age in Desert Palms is so high is that nearly the entire CDP is made up of Sun City Palm Desert, a gated 55+ community where no children are allowed to live.

This large age difference between cities/CDPs belies the stereotype that the Coachella Valley is only a retirement destination—while many retirees live here, some geographic areas are markedly younger than the median age of the U.S. In general, the cities/CDPs with lower median ages (e.g., Thermal, Mecca, Oasis) are those that are geographically isolated as well as relatively impoverished.

Table 2. Median Age by City/CDP

City/CDP	Median Age
Bermuda Dunes	38.7
Cathedral City	39.4
Coachella	34.5
Desert Edge	67.2
Desert Hot Springs	36.8
Desert Palms	74.6
Garnet	38.5
Indian Wells	67.9
Indio	40.0
Indio Hills	31.5
La Quinta	47.9
Mecca	30.2
North Shore	38.3

⁵ American Community Survey – Five Year Estimates. (2015-2019).



City/CDP	Median Age
Oasis	31.6
Palm Desert	54.5
Palm Springs	55.4
Rancho Mirage	65.8
Sky Valley	51.1
Thermal	29.8
Thousand Palms	52.0
Vista Santa Rosa	37.7
California	36.5
United States	38.1

Source: American Community Survey – Five Year Estimates. (2015-2019).



Age Groups

Across the Coachella Valley, approximately 19.4% of our population are minors under the age of 18, while about 24.4% are seniors age 65 and older.⁶ However, the individual breakdown of age varies widely from city to city, with some cities/CDPs consisting of many older individuals than others.

Table 3 below shows the age groups for each city/CDP in the Coachella Valley. The cities/CDPs with the greatest proportion of children include Oasis, Mecca, and Thermal. The cities/CDPs with the greatest proportion of seniors include Desert Palms, Desert Edge, and Indian Wells. Riverside County, California, and U.S. data are provided for comparison purposes (yellow rows).

Table 3. Age Groups by City /CDP

City/CDP	Under 5	5 to 17	18 to 24	25 to 39	40 to 64	65 to 79	80+
Bermuda Dunes	4.6%	18.5%	5.3%	24.6%	28.5%	15.5%	3.1%
Cathedral City	5.8%	17.4%	8.5%	19.1%	32.2%	12.8%	4.3%
Coachella	5.7%	18.3%	8.9%	25.6%	33.2%	6.8%	1.3%
Desert Edge	0.3%	7.3%	2.5%	7.6%	25.4%	38.9%	18.0%
Desert Hot Springs	6.3%	18.7%	8.9%	21.1%	31.4%	10.2%	3.3%
Desert Palms	0.0%	0.0%	0.0%	1.8%	12.0%	55.3%	31.0%
Garnet	5.4%	22.7%	6.5%	17.7%	35.7%	6.5%	5.5%
Indian Wells	0.9%	4.0%	3.2%	5.2%	28.0%	41.9%	16.8%
Indio	5.7%	16.6%	8.2%	19.5%	30.7%	15.7%	3.6%
Indio Hills	15.7%	12.3%	8.6%	18.4%	37.6%	7.3%	0.1%
La Quinta	4.9%	14.7%	7.4%	14.8%	32.4%	20.8%	5.1%
Mecca	11.0%	23.4%	10.6%	18.6%	29.6%	5.7%	1.0%
North Shore	0.8%	19.0%	8.1%	22.7%	43.5%	4.7%	1.2%
Oasis	6.2%	25.9%	8.2%	19.8%	30.9%	6.8%	2.1%
Palm Desert	3.7%	10.8%	6.5%	14.3%	28.7%	26.0%	10.0%
Palm Springs	3.3%	8.8%	5.3%	11.9%	38.9%	23.6%	8.0%
Rancho Mirage	1.7%	5.8%	1.5%	8.2%	31.1%	36.4%	15.4%
Sky Valley	2.0%	14.2%	5.3%	16.1%	33.7%	19.1%	9.5%
Thermal	9.5%	19.5%	12.3%	19.5%	32.5%	6.8%	0.0%
Thousand Palms	2.5%	16.7%	7.1%	17.7%	29.0%	18.1%	9.0%
Vista Santa Rosa	2.3%	23.3%	7.1%	18.5%	34.3%	12.7%	2.0%
Coachella Valley	4.8%	14.6%	7.2%	17.3%	31.8%	18.3%	6.1%
Riverside County	6.5%	18.9%	9.8%	20.3%	30.2%	10.7%	3.5%
California	6.2%	16.7%	9.6%	22.0%	31.4%	10.4%	3.5%
United States	6.1%	16.6%	9.4%	20.4%	32.0%	11.8%	3.8%

Source: American Community Survey – Five Year Estimates. (2015-2019).

⁶ American Community Survey – Five Year Estimates. (2015-2019).



Ethnicity and Race

Ethnicity

In the Coachella Valley, ethnicity is relatively evenly split: 50.6% Hispanic/Latino and 49.4% non-Hispanic/Latino.⁷ However, individual cities/CDPs vary widely, as illustrated in Table 4 below. Specifically, cities that are predominantly Hispanic/Latino enclaves include Mecca, Thermal, and Coachella. Conversely, cities/CDPs such as Desert Palms, Indian Wells, and Rancho Mirage have a very small Hispanic/Latino presence. Riverside County, California, and U.S. data are provided for comparison purposes (yellow rows).

It is worth noting that many of the cities/CDPs with high percentages of Hispanic/Latino residents are low-income cities/CDPs (e.g., Coachella, Mecca, North Shore, Oasis), while many of the cities with low percentages of Hispanic/Latino residents are high-income cities/CDPs (e.g., Rancho Mirage, Indian Wells, etc.). In sum, there is a close relationship between ethnicity and poverty.

Table 4. Ethnicity by City/CDP

City/CDP	Hispanic/Latino (of any race)	Not Hispanic or Latino (of any race)
Bermuda Dunes	33.8%	66.2%
Cathedral City	58.6%	41.4%
Coachella	97.3%	2.7%
Desert Edge	31.2%	68.8%
Desert Hot Springs	54.5%	45.5%
Desert Palms	4.0%	96.0%
Garnet	67.8%	32.2%
Indian Wells	5.4%	94.6%
Indio	64.2%	35.8%
Indio Hills	80.1%	19.9%
La Quinta	34.7%	65.3%
Mecca	99.8%	0.2%
North Shore	97.0%	3.0%
Oasis	95.0%	5.0%
Palm Desert	23.5%	76.5%
Palm Springs	26.8%	73.2%
Rancho Mirage	10.0%	90.0%
Sky Valley	36.1%	63.9%
Thermal	99.3%	0.7%
Thousand Palms	51.3%	48.7%

⁷ American Community Survey – Five Year Estimates. (2015-2019).



Vista Santa Rosa	87.6%	12.4%
Coachella Valley Total	50.6%	49.4%
Riverside County	48.9%	51.1%
California	39.0%	61.0%
United States	18.0%	82.0%

Source: American Community Survey – Five Year Estimates. (2015-2019).



Race

The table below details the race categories for each of the cities/CDPs in the Coachella Valley and compares it to the county, state, and country as a whole.

Overall, approximately 67.9% of Coachella Valley identify their race as White/Caucasian, which is slightly higher than Riverside County and California, but lower than the rate across the United States.⁸

The city/CDP with the highest proportion of Blacks/African Americans is Desert Hot Springs (10.0%), while the city/CDP with the highest proportion of Native Americans/American Indians is Vista Santa Rosa (1.6%). The city/CDP with the highest proportion of Asians/Native Hawaiians/Other Pacific Islanders is Cathedral City (6.5%), and the city/CDP with the highest proportion of people who identify with two or more races is Bermuda Dunes (6.5%).

The cities/CDPs with the highest proportion “other” include North Shore (72.7%), Coachella (69.7%), and Mecca (67.4%) – which are typically those individuals who consider themselves to be Latino rather than “white” but simply don’t have a race category they personally identify with (given the restriction that race and ethnicity are considered separately). Riverside County, California, and U.S. data are provided in the table for comparison purposes (yellow rows).

Like ethnicity, there is a strong correlation between race and income; cities/CDPs where the majority of residents are primarily White/Caucasian tend to be the wealthier cities, while cities/CDPs where the majority of residents are non-White tend to be lower-income cities.

Table 5. Race by City/CDP

City/CDP	White/ Caucasian	Black/ African American	American Indian	Asian/ Native Hawaiian	Other	2+ Races
Bermuda Dunes	76.4%	2.0%	0.0%	3.5%	11.7%	6.5%
Cathedral City	75.6%	2.7%	0.9%	6.5%	11.7%	2.6%
Coachella	27.8%	0.6%	0.9%	0.3%	69.7%	0.7%
Desert Edge	94.3%	0.0%	0.0%	0.6%	5.1%	0.0%
Desert Hot Springs	69.9%	10.0%	0.9%	3.1%	12.6%	3.6%
Desert Palms	93.9%	3.6%	0.0%	0.3%	0.0%	2.2%
Garnet	70.6%	6.2%	0.0%	0.5%	19.5%	3.2%
Indian Wells	91.8%	0.9%	0.0%	4.1%	1.8%	1.4%
Indio	57.0%	3.4%	0.6%	2.2%	34.2%	2.6%
Indio Hills	67.0%	1.5%	0.0%	0.1%	27.5%	3.8%
La Quinta	77.9%	2.0%	0.1%	3.6%	12.9%	3.5%

⁸ American Community Survey – Five Year Estimates. (2015-2019).



City/CDP	White/ Caucasian	Black/ African American	American Indian	Asian/ Native Hawaiian	Other	2+ Races
Mecca	31.4%	0.0%	0.0%	0.0%	67.4%	1.2%
North Shore	24.4%	0.0%	0.0%	0.0%	72.7%	2.9%
Oasis	47.1%	0.1%	0.8%	1.9%	50.1%	0.1%
Palm Desert	82.5%	3.0%	0.3%	5.1%	5.2%	3.9%
Palm Springs	81.8%	4.5%	0.8%	5.1%	4.8%	3.0%
Rancho Mirage	88.8%	2.4%	1.0%	4.9%	1.5%	1.4%
Sky Valley	87.1%	5.3%	0.1%	2.0%	3.9%	1.7%
Thermal	51.7%	0.2%	0.0%	0.0%	47.6%	0.6%
Thousand Palms	77.6%	0.4%	1.5%	1.1%	18.9%	0.5%
Vista Santa Rosa	58.1%	0.0%	1.6%	0.0%	39.0%	1.3%
Coachella Valley Total	67.9%	3.1%	0.6%	3.4%	22.3%	2.6%
Riverside County	59.9%	6.5%	0.8%	6.8%	21.5%	4.4%
California	59.7%	5.8%	0.8%	14.9%	14.0%	4.9%
United States	72.5%	12.7%	0.8%	5.7%	4.9%	3.3%

Source: American Community Survey – Five Year Estimates. (2015-2019).



Language Spoken at Home

“There are many indigenous people who cannot even speak Spanish. All of those people are left without help. We are forgotten.” – Community Resident

In the United States, roughly 78.4% of the population speaks only English at home, while 21.6% speak a language other than English. In California, roughly 55.8% speak only English at home, while 44.2% speak a language other than English.⁹ Coachella Valley as a whole closely mirrors California; 55.0% speak only English at home, while 45.0% speak a language other than English. With nearly half of the population speaking a language other than English in the home, it is evident that making resources in languages other than English is necessary.

Like ethnicity, the data varies widely by city/CDP.¹⁰ Table 6 below illustrates the language spoken at home by city/CDP. The vast majority of homes in Desert Palms, Indian Wells, and Rancho Mirage speak only English at home. Conversely, the vast majority of people living in Mecca, Thermal, North Shore, and Oasis speak a language other than English.

Table 6. Language Spoken at Home by City/CDP

City/CDP	Only Speak English		Speak a Language Other than English	
	Pop.	%	Pop.	%
Bermuda Dunes	4,944	77.3%	1,454	22.7%
Cathedral City	23,253	45.4%	27,949	54.6%
Coachella	4,784	11.2%	37,843	88.8%
Desert Edge	2,263	68.4%	1,045	31.6%
Desert Hot Springs	15,140	56.5%	11,641	43.5%
Desert Palms	6,322	93.6%	433	6.4%
Garnet	1,773	35.4%	3,229	64.6%
Indian Wells	4,924	92.5%	400	7.5%
Indio	40,025	47.4%	44,355	52.6%
Indio Hills	284	43.1%	375	56.9%
La Quinta	28,556	73.1%	10,513	26.9%
Mecca	100	1.7%	5,808	98.3%
North Shore	205	7.5%	2,529	92.5%
Oasis	219	8.2%	2,460	91.8%
Palm Desert	38,229	75.5%	12,423	24.5%
Palm Springs	33,423	72.2%	12,881	27.8%
Rancho Mirage	15,488	86.6%	2,394	13.4%
Sky Valley	1,523	69.8%	659	30.2%

⁹ American Community Survey – Five Year Estimates. (2015-2019).

¹⁰ Ibid.



City/CDP	Only Speak English		Speak a Language Other than English	
	Pop.	%	Pop.	%
Thermal	97	8.0%	1,109	92.0%
Thousand Palms	3,533	53.3%	3,093	46.7%
Vista Santa Rosa	776	29.0%	1,900	71.0%
Coachella Valley Total	225,861	55.0%	184,493	45.0%
Riverside County	1,328,492	58.9%	925,348	41.1%
California	20,539,952	55.8%	16,292,017	44.2%
United States	238,982,352	78.4%	65,947,773	21.6%

Source: American Community Survey – Five Year Estimates Data Profiles (2015-2019).

Of those who spoke a language other than English at home, the most common language includes Spanish (40.4%). About 2.0% spoke another Indo-European language (such as French, German, Italian, etc.), while about 2.2% spoke languages categorized as Asian and Pacific Island Languages (such as Chinese, Japanese, Korean, Tagalog, etc.). Only 0.4% spoke languages categorized as “other” (such as native languages of North America, Arabic, Hebrew, etc.).¹¹ Thus, in order to be accessible to residents in the Coachella Valley, all resources should be provided in English and Spanish at a minimum.

In the unincorporated areas in the far East Valley, there are some communities of Indigenous Latin Americans who speak neither English nor Spanish—many speak their native language, such as Purépecha. This is a very unique, niche community. Some organizations have done outreach to this community (such as Borrego Health, who created a healthy recipe book in Purépecha), but overall it is a serious language barrier to services.

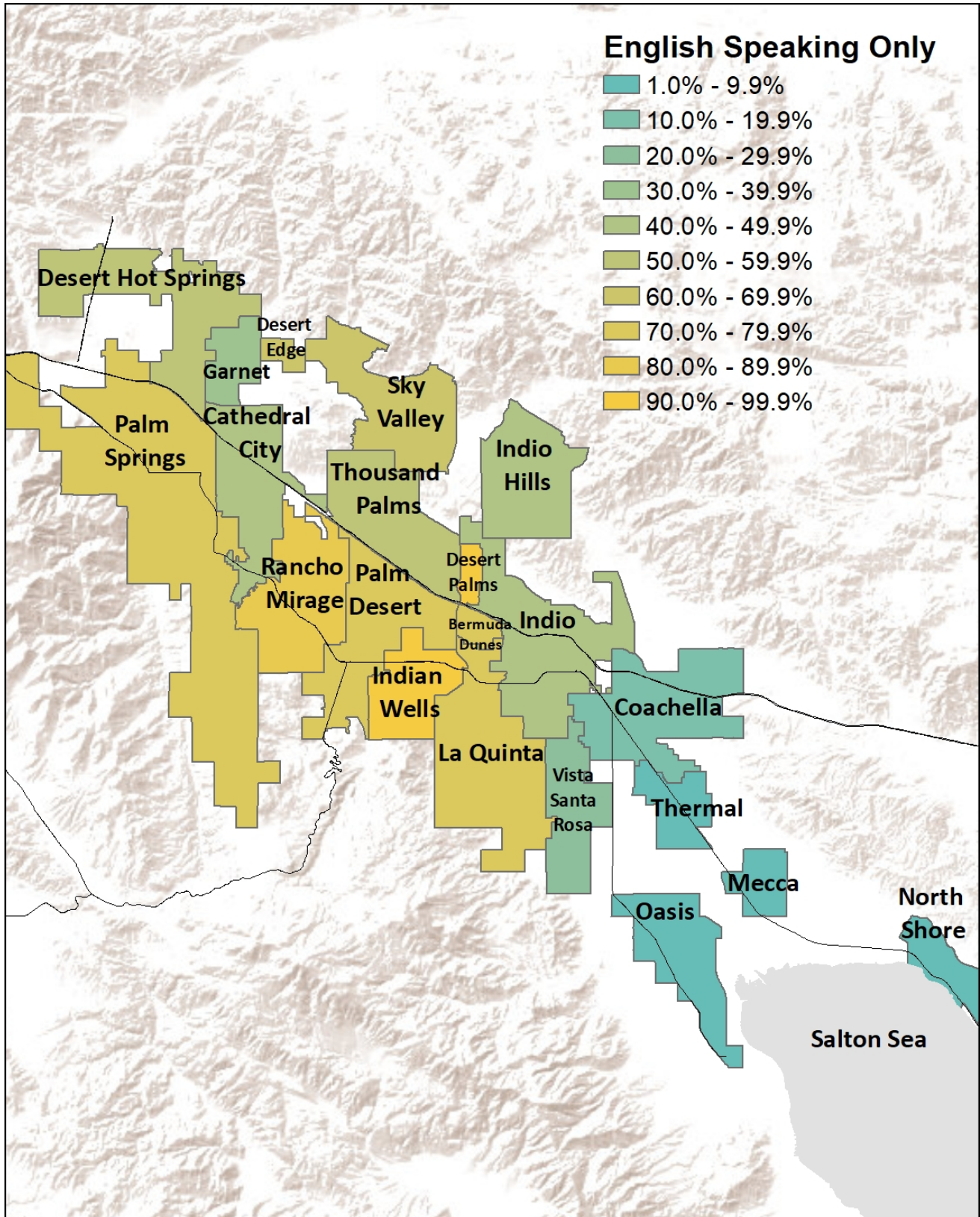
See Appendix 2 for details on the types of languages spoken in the home for all 21 cities/CDPs.

See Appendix 3 for details on United States Citizenship for all 21 cities/CDPs.

¹¹ American Community Survey – Five Year Estimates. (2015-2019).



Map: Percent of Population that is English-Speaking Only



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC



Special Populations

The data presented in this report are for the Coachella Valley as a whole. However, it is well-known that aggregate data can sometimes cover up the urgent needs of sub-groups of the population. Thus, the aim here is to acknowledge several important sub-groups of the Coachella Valley community. Any one of these special populations could merit its own CHNA report, but for the sake of brevity, this section will simply give some facts about the prevalence and the unique issues they face.

It is important for health and human services organizations—and really any entities striving to improve lives in our region—to gather data on the specific audiences they serve and what their individual needs are. Data disaggregation of this way can help promote health equity in our community.

This next section provides brief insights into the following seven populations:

1. Young Children (0 to 5)
2. Veterans
3. Seniors
4. LGBTQIA+
5. Farmworkers
6. People of Color
7. People with Disabilities



Young Children (aged 0 to 5)

“Our focus should be on children. We should be teaching healthy behaviors when people are very young so those habits can be maintained over their lives.” – Community Resident

There are approximately 20,534 children aged 0 to 5 who live in the Coachella Valley, which is about 4.8% of the general population.¹² The first five years of life for children are a critically important time. The experiences that these children have during the first five years will affect how they develop emotionally, socially, and intellectually.¹³ For example, there are many factors that influence brain development such as genes, nutrition, toxins, and infections.¹⁴ However, a critical factor that influences brain development includes the child’s experiences with other people and the world.¹⁵

Children develop best when they are in safe environments with opportunities for playing and exploring.¹⁶ Specifically, when parents take turns talking and playing, building on the child’s skills and interests, responding to the child’s needs, and exposing them to books, stories, and songs increases their learning and chances of succeeding in school.¹⁷ Conversely, when children are exposed to stress and trauma, there is a potential for negative impacts on the child’s brain development.¹⁸ Positive development in these formative years ultimately reduces the social and financial costs of services the children might need in later years or adulthood.¹⁹

Thus, children are expected to meet a range of milestones ranging from smiling during the first two months to speaking clearly at age 5.²⁰ It is important for parents/guardians to visit the child’s healthcare provider as soon as possible when developmental milestones are not reached during the first five years.²¹ Specifically, if milestones are not being met, scheduling early interventions soon rather than later will be beneficial to the child’s overall development. These early interventions are important as

¹² American Community Survey – Five Year Estimates. (2015-2019).

¹³ First 5 Riverside. “Why First 5?” Available online here: <https://rccfc.org/About-Us/Why-First-5>

¹⁴ Centers for Disease Control and Prevention. Early Brain Development and Health. (2020). Available online here: <https://www.cdc.gov/ncbddd/childdevelopment/early-brain-development.html>

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ First 5 Riverside. “Why First 5?” Available online here: <https://rccfc.org/About-Us/Why-First-5>

²⁰ Centers for Disease Control and Prevention. Important Milestones: Your Baby By Two Months. (2019). <https://www.cdc.gov/ncbddd/actearly/milestones/milestones-2mo.html>

²¹ Ibid.



they are more likely to be effective early on, the foundation for learning is easier, and there are improved outcomes.²²

Altogether, considering the fundamental impact of the first five years of a child's life, it is important for parents to be aware of a child's expected milestones and to have access to resources such as pediatricians for general check-ups and possible early interventions.

Parents/guardians have a huge role in protecting and promoting the health and well-being of young children. For example, getting children fully vaccinated per vaccine schedules is critically important to reducing their chances of contracting life-threatening diseases; most vaccinations should be complete by the time the child enter kindergarten around age 5.²³

It is also important for parents/guardians to set their child up for a lifetime of good oral health by taking them to see a dentist within six months of their first tooth erupting, but no later than their first birthday.²⁴

Water safety is also an important factor for protecting and promoting the health of young children; drowning is the leading cause of injury death for children ages 1 to 14.²⁵ Children as young as six months old can learn water safety in "self-rescue swim lessons", where they are taught to float on their back and breathe until rescued. Older children should be actively taught how to swim.²⁶ Due to the hot climate in the Coachella Valley, pools are common even in low-income areas, and thus the issue of water safety is especially important.

The early childhood years are also an important time for children to be socialized with other youth, and to learn to play together and to interact with others in positive ways. It is important that parents/guardians and other caregivers help teach children how to cope with anger in productive ways at this young age. This will set them up for success in school and later in life.

²² Centers for Disease Control and Prevention. (2020). Why Act Early if You're Concerned about Development? Available online here: <https://www.cdc.gov/ncbddd/actearly/whyActEarly.html>

²³ Centers for Disease Control and Prevention: Vaccines. Available online here: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html#birth-15>

²⁴ University of Rochester Medical Center. A Child's First Dental Visit Fact Sheet. Available online here: <https://www.urmc.rochester.edu/encyclopedia/content.aspx?contenttypeid=1&contentid=1509>

²⁵ Centers for Disease Control and Prevention. (2019). Drowning Prevention. <https://www.cdc.gov/safekid/drowning/index/html>

²⁶ First 5 Riverside. (2019). Water safety lessons save lives. Available online here: <https://www.rccfc.org/wp-content/uploads/2019/04/Drowning-Prevention.pdf>



Veterans

“Care for veterans is an important issue. They typically have to travel to Loma Linda for care and distance and transportation can be an issue.” – Community Resident

Individuals who serve in the United States military—including the Army, Navy, Marine Corps, Coast Guard, and Air Force—have had a unique set of experiences that create similarly unique health issues. There are approximately 30,710 veterans living in the Coachella Valley.²⁷

More than half of local veterans (56.5%)²⁸ were deployed at some point during their service and are therefore more likely to experience health issues associated with combat. For example, troops who were deployed to Vietnam may have been exposed to Agent Orange, an herbicide used to clear foliage during the Vietnam War. Since then, research has shown that Agent Orange exposure causes several health issues, including cancer (leukemia, Hodgkin’s disease, prostate cancer, etc.), diabetes, heart disease, Parkinson’s disease, and much more.²⁹ These health problems are not limited to older veterans—many veterans from the Gulf War experience what the VA calls “chronic multisymptom illness” and what others call “Gulf War Syndrome”, characterized by headaches, joint pain, respiratory disorders, dizziness, and memory problems, among others.³⁰ Even younger veterans who served in Afghanistan in the past 10 years have serious health risks due to potential exposure to burn pits that are used to get rid of waste—including chemicals, paints, and munitions—at military sites in Afghanistan.³¹

Furthermore, veterans who witness combat during their service are at risk for posttraumatic stress disorder (PTSD) and other mental health problems.³² In 2017, roughly 124.4 Americans committed suicide each day and 16.4 of these individuals were veterans. Moreover, the rate of suicide for veterans is 1.5 times the rate of suicide for non-veterans.³³

²⁷ HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

²⁸ Ibid.

²⁹ U.S. Department of Veteran’s Affairs. Agent Orange. Available online at <https://www.va.gov/disability/eligibility/hazardous-materials-exposure/agent-orange/related-diseases/>

³⁰ U.S. Department of Veteran’s Affairs. Medically Unexplained Illness. Available online at <https://www.publichealth.va.gov/exposures/gulfwar/medically-unexplained-illness.asp>

³¹ U.S. Department of Veteran’s Affairs. Operation Enduring Freedom Veterans health issues. <https://www.va.gov/health-care/health-needs-conditions/health-issues-related-to-service-era/operation-enduring-freedom/>

³² U.S. Department of Veteran’s Affairs. PTSD: National Center for PTSD. Available online here: https://www.ptsd.va.gov/understand/common/common_veterans.asp

³³ U.S. Department of Veterans Affairs. 2019 National Veteran Suicide Prevention Annual Report. Available online here: https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019_National_Veteran_Suicide_Prevention_Annual_Report_508.pdf



Adverse health impacts are not limited to only those who were deployed, however. There are a wide range of health issues that can impact soldiers even on U.S. soil. For example, many soldiers suffer from hearing loss or tinnitus as a result of regular exposure to gunfire, helicopter flight, or high frequency radio transmissions. Unfortunately, military sexual trauma (MST) is all too common. The military defines MST as sexual assault or repeated threatening sexual harassment that occurs during an individual's military service.³⁴

Fortunately, many veterans qualify for healthcare benefits from the U.S. Veterans Affairs (VA). The VA services vary based on the service member's years of service and disability status, but for the most part they can be quite comprehensive. Unfortunately, there is only one Veterans Affairs clinic in the Coachella Valley (located centrally in Palm Desert). The clinic hours are somewhat limited (weekdays only, from 8:00 am to 5:00 pm, and closing by 2:30 pm on Fridays). The services that are offered include primary care, behavioral health, and blood draws; all specialty services require a referral to the Loma Linda VA Medical Center, over an hour away.³⁵

It is also important to note that Riverside County has a sufficient supply of Veterans Affairs Supportive Housing (VASH) vouchers to assist chronically homeless Veterans by providing housing vouchers and rental assistance to those who need it.³⁶ In 2017, Riverside County was recently recognized as achieving zero-functional homelessness, which was a significant accomplishment for the region. Zero functional homelessness means that the number of Veterans or chronically homeless individuals experiencing homelessness (sheltered and unsheltered) in a community is not greater than the average monthly housing placement rate for veterans or chronically homeless.³⁷ Since that time, there have been an abundant number of VASH vouchers for homeless Veterans. Further, Riverside University Health System's behavioral health housing crisis response team oversees a team that helps to connect local homeless to housing, healthcare, and substance abuse services. Certainly, there are resources and efforts devoted to supporting our local Veterans.

³⁴ U.S. Department of Veteran's Affairs. Military Sexual Trauma (MST). <https://www.va.gov/health-care/health-needs-conditions/military-sexual-trauma/>

³⁵ U.S. Department of Veteran's Affairs. Loma Linda VA Office is detailed here: https://www.lomalinda.va.gov/locations/Ambulatory_Care_Center.asp; Palm Desert VA Office is detailed here: https://www.lomalinda.va.gov/locations/palm_desert.asp

³⁶ U.S. Department of Housing and Urban Development. HUD-VASH Vouchers. Available online here: https://www.hud.gov/program_offices/public_indian_housing/programs/hcv/vash

³⁷ Community Solutions. Riverside becomes first large community to end Veteran homelessness. (January, 2017). Available online here: <https://community.solutions/riverside-becomes-first-large-community-to-end-veteran-homelessness/>



Seniors

“Seniors are a more vulnerable part of the population. There is a lack of many things for them, including case management, gerontologists, exercise opportunities, employment opportunities, and affordable housing.” – Community Resident

There are roughly 104,811 seniors living in the Coachella Valley – representing roughly 24.3% of our local population.³⁸ Seniors are particularly pertinent to the Coachella Valley as many cities within the valley are considered to be a preferred retirement destination. Locally, tens of thousands of seniors live in 55+ gated communities, such as Sun City Palm Desert, Sun City Shadow Hills, Del Webb Rancho Mirage, Trilogy at the Polo Club, Trilogy at La Quinta, and many others.

The senior population also deserves special attention as this population is more likely to experience chronic diseases. For example, hypertension, diabetes, arthritis, and dementia prevalence increases with aging.³⁹ In fact, most older adults (60%) are managing two or more chronic conditions.⁴⁰ This requires an advanced level of healthcare, as well as a certain level of health literacy among seniors if they are to cope with their diseases properly.

Falls are the leading cause of injury among older adults, and the consequences can be severe— nationwide, someone dies of a fall every 20 minutes.⁴¹ Each year, approximately one in three seniors experience a fall, but less than half tell their healthcare provider.⁴² Fortunately, there are fall prevention programs offered to seniors across the Valley that can reduce their chances of having a life-altering fall, but even the fear of falling can be detrimental to quality of life. Locally, 30.3% of adults age 55 and older have a fear of falling.⁴³ Fear of falling, while legitimate, can sometimes lead seniors to self-isolate, which can, in turn, lead to loneliness. Many are already at risk for loneliness as a result of the death of spouses, family, and friends. Other senior issues that can lead to social isolation include retiring, losing mobility, or not having transportation.⁴⁴ Thus, social programs to promote connectivity are critically important for a healthy aging population.

³⁸ American Community Survey – Five Year Estimates. (2015-2019).

³⁹ Healthy Aging: Promoting Well-being in Older Adults. (2018). Centers for Disease Control and Prevention. <https://www.cdc.gov/grand-rounds/pp/2017/20170919-senior-aging.html>

⁴⁰ Healthy People 2020. Older Adults. <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

⁴¹ Healthy People 2020. Older Adults. <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults>

⁴² Prevent Falls and Fractures. (2017) National Institute on Aging. <https://www.nia.nih.gov/health/prevent-falls-and-fractures>

⁴³ HARC (2020). 2019 Coachella Valley Community Health Survey. www.HARCdata.org

⁴⁴ 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>



Alzheimer's disease is a major issue for seniors across the nation. Alzheimer's disease is the 5th leading cause of death for people age 65 and older in America.⁴⁵ An estimated 5.8 million Americans age 65 and older are currently living with Alzheimer's dementia; this is projected to more than double in the next 30 years.⁴⁶ In California, Alzheimer's cases are expected to increase by more than 20% in the next five years.⁴⁷

Elder abuse is also an issue for seniors and is defined as maltreatment, harm, and/or exploitation of a senior in the form of physical, sexual, emotional, and/or psychological abuse.⁴⁸ Locally, 4.5% of seniors age 55 and older have been mistreated or neglected physically or mentally in the past year.⁴⁹ The CDC estimates that for every case of elder abuse that is reported, another 23 cases go unreported.⁵⁰

Thus, it is clear that the older population has unique health issues that can include chronic illness, mobility problems, loneliness, cognitive decline, Alzheimer's, and much more. Providing seniors with access to geriatric doctors and affordable resources is important for the Coachella Valley. Local senior centers are providing a wealth of much-needed services to help this segment of the population, but there remains more to be done. Seniors are a critical topic to consider for the future as the senior population is expected to double within the next three decades across the United States.⁵¹

⁴⁵ Centers for Disease Control and Prevention. Alzheimer's Disease. <https://www.cdc.gov/aging/about/index.htm>

⁴⁶ Alzheimer's Association (2020). 2020 Alzheimer's Disease Facts and Figures.

https://www.alz.org/media/Documents/alzheimers-facts-and-figures_1.pdf

⁴⁷ Ibid.

⁴⁸ Centers for Disease Control and Prevention (2019). Elder Abuse Definitions.

www.cdc.gov/violenceprevention/elderabuse/definitions.html

⁴⁹ HARC (2020). 2019 Coachella Valley Community Health Survey. <http://www.HARCdata.org>

⁵⁰ Centers for Disease Control and Prevention. (2019). Elder Abuse Consequences.

www.cdc.gov/violenceprevention/elderabuse/consequences.html

⁵¹ World's Older Population Grows Dramatically. (2016). National Institutes of Health. <https://www.nih.gov/news-events/news-releases/worlds-older-population-grows-dramatically>



LGBTQIA+

The Coachella Valley is a popular destination for the lesbian, gay, bisexual, transgender, questioning, intersex, and asexual (LGBTQIA+) community. One study by the Williams Institute utilized data from the Census Bureau to identify the cities in the nation with the greatest ratios of same-sex households. Results showed that three Coachella Valley cities (Palm Springs, Cathedral City, and Rancho Mirage) are among the top 10 small cities in the nation with the highest proportion of same-sex households.⁵²

Mental health is a major issue for the LGBTQIA+ community. For example, in a Coachella Valley LGBT study, more than half (64.8%) of participants reported having an emotional, mental, or behavioral problem within the past year.⁵³ That is more than double the rate for Coachella Valley adults in general (25.9%).⁵⁴ The data shows lasting mental health issues due to a history of oppression and discrimination towards the LGBT community. This discrimination has been linked to high rates of psychiatric disorders, substance abuse, and suicide.⁵⁵ In fact, LGBT youth are 2 to 3 times more likely to attempt suicide than heterosexual/cis-gender youth.⁵⁶

Further, the LGBTQIA+ community is at higher risk for certain health issues such as HIV/AIDS. Since 2008, the majority (71.0%) of newly diagnosed HIV cases in Riverside County have been gay, bisexual, or other men who have unprotected sex with men.⁵⁷ Many long-term survivors of the HIV/AIDS epidemic struggle with survivor guilt.⁵⁸ Gay men of color are at an exceptionally high risk of contracting HIV.⁵⁹ On a positive note, the Coachella Valley offers world-renowned care and resources for people living with HIV/AIDS, such as DAP Health, formerly known as Desert AIDS Project, a federally qualified health center that has been serving the HIV+ community for more than 30 years.⁶⁰

⁵² Williams Institute. (2010). "United States Census Snapshot." Available online at <https://williamsinstitute.law.ucla.edu/publications/us-census-snapshot-2010/>

⁵³ HARC (2019). Coachella Valley LGBT Mental Health Needs Assessment 2019. Available online at: https://harcddata.org/wp-content/uploads/2019/07/LGBT-Center-Report_2019.pdf

⁵⁴ Ibid.

⁵⁵ Healthy People 2020. LGBT Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

⁵⁶ Ibid.

⁵⁷ Riverside University Health System – Public Health (2017). "Epidemiology of HIV/AIDS in Riverside County, 2017". Available online at: https://www.rivcohealthdata.org/Portals/14/Documents/Riverside_County_HIV_AIDS_2017.pdf

⁵⁸ The Well Project. "Long-Term Survivors of HIV". Available online at: <https://www.thewellproject.org/hiv-information/long-term-survivors-hiv>

⁵⁹ Healthy People 2020. LGBT Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

⁶⁰ Desert AIDS Project. www.desertaidproject.org



There are numerous other examples of health disparities in the LGBTQIA+ community; for example, lesbians and bisexual females are more likely to be overweight or obese when compared to their heterosexual counterparts. Lesbians are also less likely to receive preventive services for cancer. LGBT populations have higher rates of tobacco, alcohol, and other drug use when compared to the heterosexual and/or cisgender community.⁶¹

There is a welcoming environment in our community towards the LGBTQIA+ community; however, we still need to be responsive to health needs, especially for those of trans individuals. A community health needs assessment conducted by HARC for the LGBT Community Center of the Desert revealed that 2.9% of transgender participants felt that their healthcare provider knew next to nothing about trans-specific care. Additionally, the transgender community faces more discrimination and a lack of understanding. There is progress being made for our transgender community, but at a slower rate compared to our LGB community.

⁶¹ Healthy People 2020. LGBT Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>



Farmworkers

“You work in the fields and there are times that you work good hours, there are times that you don't.”
–Community Resident, translated from the original Spanish

As of 2019, the gross farmed acreage in Coachella Valley, both primary and secondary, covered 64,340 acres which equated to a gross production value of \$596,307,212.⁶² Known for its dates, citrus, and grapes, the Coachella Valley attracts migrant farmworkers during the seasonal fluctuations in agriculture.

Due to the large amount of mobility within the migrant farmworkers and their families, this population is hard to count accurately. In the Coachella Valley, 3.1% of the employed population that is 16 years and older is estimated to be in an occupation related to farming, fishing, or forestry. Noticeable percentages of the employed population in the same farming, fishing, or forestry occupations are seen in eastern Coachella Valley regions such as North Shore (28.8%), Mecca (40.7%), and Oasis (65.9%). This is not surprising considering most of the agricultural land is in the Eastern Coachella Valley.

Farmworkers are one of the most vulnerable populations in the Coachella Valley, as they are often low-paid and exposed to harsh work conditions, such as heatstroke and chemical exposure as well as physically demanding tasks and repetitive motion injuries. Farmworkers often experience other disadvantages; for example, 73.7% are foreign-born⁶³ and more than a third of farmworkers in the U.S. (36.1%) only have completed up to the 6th grade of elementary school.⁶⁴

Not only do these demographics describe the vulnerability of this population, but farmworkers are also exposed to many pesticides and chemicals which hinder their health and safety. A report from 2013 revealed that the Eastern Coachella Valley has a much higher pesticide application than the Western Coachella Valley and the Riverside County. In addition, the Eastern Coachella Valley contained a higher concentration of impaired water bodies, which means that drinking wells contained chemical concentrations above the state and federal Maximum Contaminant Levels.⁶⁵ Thus, farmworkers are a vulnerable population by the work they produce as well as the areas in which their families reside.

⁶² Coachella Valley Water District. 2019 Crop Report. Available online at:

<http://www.cvwd.org/ArchiveCenter/ViewFile/Item/864>

⁶³ National Agricultural Workers Survey (NAWS 2014-2015) Hired Crop Worker Demographic Tables. Table D.4. Available online at: <https://www.cdc.gov/niosh/topics/aginjury/naws/demotables.html>

⁶⁴ Ibid.

⁶⁵ London, J., Greenfield, T., & Zagofsky, T. (2013) Revealing the Invisible Coachella Valley. Available online at:

https://humanecology.ucdavis.edu/sites/g/files/dgvnsk161/files/inline-files/limited_dist_14_revealing_invisible_coachella_valley.pdf



Recently, researchers from UC Riverside conducted community-based participatory research among farmworkers living in the far East Valley; that is, the unincorporated areas of Mecca, Thermal, North Shore, and Oasis. One local leader they interviewed estimated anywhere from 3,000 to 10,000 foreign-born Latinos work as farm laborers in Eastern Coachella Valley, depending on what is in season.⁶⁶

As illustrated by this excerpt, the population is especially vulnerable: “Locals characterize the unincorporated communities as populated by first-generation foreign-born Mexicans, most of whom are undocumented, and some of whom are indigenous Mexicans from impoverished areas of southern Mexico. These include the Purépecha, an indigenous group from the state of Michoacán. Most live in poverty-stricken conditions. It is common for multiple families to live together in old, run-down, crowded trailers in parks with poor sanitation and infrastructure.”⁶⁷

Common themes that arose included fear of deportation, unfair and discriminatory housing practices as a result, and unsafe living and working conditions. Many work long hours for minimum wage with no overtime, and they do not receive sick leave or health insurance. Many male farmworkers use alcohol to cope with the stresses of this hard life, which creates additional problems.⁶⁸ As such, this is a uniquely vulnerable population that requires deployment of culturally competent resources.

One local nonprofit, Galilee Center, serves many local farmworkers and their data provides us with some insight on this special population. The Galilee Center is an organization that serves disadvantaged children, families, and farmworkers in the East Coachella Valley. Galilee Center helps to fulfill some of the basic needs of our underprivileged community by providing food, clothing, and other important necessities. In 2019, Galilee Center served a total of 8,802 unduplicated people—approximately 42% of these individuals were children, 49% were adults, and 9% were seniors. The income of those served by Galilee Center illustrates the struggle experienced by those they serve. Specifically, the vast majority (76%) earn an annual household income of \$23,999 or less, 20% earn \$24,999 to \$34,999, and only 4% earn more than \$35,000 per year. Galilee Center also operates the Farm Work Center and Our Lady of Guadalupe Shelter. The center offers access to bathrooms, showers, hot meals, laundry, a temporary overnight shelter, a community room, and a cooling center for farmworkers. In 2019, those who sought shelter at Our Lady of Guadalupe consisted of 249 farmworkers—only 3% were local residents and the remaining 97% came from the south border (Mexicali), Arizona, and Imperial Valley.⁶⁹ Clearly, there are many needs that exist among for our local farmworkers.

⁶⁶ Cheney, A.M., Newkirk, C., Rodriguez, K., & Montez, A. (2018). Inequality and health among foreign-born Latinos in rural borderland communities. *Social Science & Medicine*, 215, 115-122.

⁶⁷ Ibid.

⁶⁸ Ibid.

⁶⁹ Data provided by Galilee Center: <https://galileecenter.org/about-us/>



People of Color

Black, Indigenous and people of color (BIPOC) face continued systemic discrimination that can have a serious detrimental impact on health, wellness, and quality of life.

The Coachella Valley is home to several tribes of Native Americans, including the Agua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, Twenty-Nine Palms Band of Mission Indians of California, Cabazon Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians. As illustrated in the demographics section of this report, about half of local residents are ethnically Hispanic/Latino, many of whom live in the Eastern Coachella Valley. There are sub-communities of color within the Coachella Valley, such as the Black/African American community in Desert Highland Gateway, an area of North Palm Springs. Overall, the Coachella Valley is extremely diverse, and home to many BIPOC individuals whose needs should be a priority.

There are many health outcomes that illustrate racial and ethnic health disparities. For example, Black/African American women are 40% more likely to die of breast cancer than White/Caucasian women (even though they are diagnosed with cancer at the same rate).⁷⁰ Black/African American people have higher rates of diabetes, hypertension, and heart disease than other racial/ethnic groups.⁷¹ Specifically, Black/African American people are 80% more likely than White/Caucasian people to be diagnosed with diabetes. Black/African American men are 30% more likely than White/Caucasian men to have high blood pressure, and Black/African American women are 60% more likely to have high blood pressure than their White/Caucasian female counterparts.⁷²

Hispanic/Latino people have a 50% higher death rate due to diabetes than non-Hispanic/Latinos; they are also more likely to have poorly controlled high blood pressure and obesity.⁷³ A Hispanic/Latino child born in the U.S. today has a 50% chance of developing diabetes in his/her lifetime.⁷⁴ Hispanic/Latinos in the U.S. are also the most likely to be uninsured when compared to all other racial/ethnic groups.⁷⁵

⁷⁰ CDC (2020). "Breast Cancer Rates Among Black Women and White Women". Available online at:

https://www.cdc.gov/cancer/dpcp/research/articles/breast_cancer_rates_women.htm

⁷¹ Harvard School of Public Health (2016). Health disparities between blacks and whites run deep.

<https://www.hsph.harvard.edu/news/hsph-in-the-news/health-disparities-between-blacks-and-whites-run-deep/>

⁷² Cigna. (2016). Health Disparities: African-American or Black Population. <https://www.cigna.com/static/www-cigna-com/docs/health-care-providers/african-american-health-disparities.pdf>

⁷³ Centers for Disease Control and Prevention. Hispanic Health. <https://www.cdc.gov/vitalsigns/hispanic-health/index.html>

⁷⁴ League of United Latin American Citizens. Health Disparities. https://lulac.org/programs/health/health_disparities/

⁷⁵ U.S. Department of Health and Human Services Office of Minority Health. (2019) Profile: Hispanic/Latino Americans. <https://www.minorityhealth.hhs.gov/omh/browse.aspx?vl=3&vlid=64>



American Indians/Alaska Natives experience a lower life expectancy and disproportionate disease burden when compared to other racial/ethnic groups.⁷⁶ Specifically, American Indians/Alaska Native have a life expectancy approximately 5.5 years shorter than all races in the U.S.; this is due in part to higher death rates due to chronic liver disease/cirrhosis, diabetes, assault/homicide, and intentional self-harm/suicide.⁷⁷

Additionally, BIPOC are faced with barriers to finding culturally competent healthcare providers. In HARC's 2019 executive report, the data found 9.3% of Coachella Valley residents had difficulty finding a doctor of the sex, age, ethnic, or sexual orientation that they were comfortable with and 5.0% of community residents had language barriers.⁷⁸ Everyone deserves a doctor who understands their context, their traditions, and their situation. There are not enough providers who are BIPOC, although many programs, including UC Riverside's School of Medicine, are trying to recruit local students of color to their programs and residencies.

⁷⁶ Indian Health Service (2019). Indian Health Disparities. <https://www.ihs.gov/newsroom/factsheets/disparities/>

⁷⁷ Ibid.

⁷⁸ HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org



People Living with Disabilities

“There aren’t enough resources for people living with disabilities, including children. I have a friend whose child is autistic, and she had to quit her job to care for him full-time.” – Community Resident

A disability is defined as a condition of the body or mind that limits a person’s ability to participate in certain activities and interact with the world around them.⁷⁹ People with disabilities often have physical co-morbidities, and some are socially isolated due to factors relating to their disability.

In the Coachella Valley, approximately 21.8% of local adults report a physical, mental, or emotional problem that limit their daily activities.⁸⁰

Sensory disabilities (e.g., being deaf, being blind) are common locally. Accommodations for the Deaf community are made infrequently—many assume that simply providing written documents will make things accessible, but many people in the Deaf community do not read English well, and need American Sign Language (ASL) for true accessibility. Similarly, many documents are not formatted for ease of reading by screen-readers, and limit accessibility for people who have impaired vision.

Mobility-related disabilities are another area where accessibility could be improved. As illustrated later in this report, walk scores in cities of the Coachella Valley are noticeably low, requiring a car for most if not all to do things like run errands, as grocery stores, schools, parks, restaurants, and retail stores require a car. This makes it more difficult for people with disabilities who need mobility and transportation assistance. Transportation is especially difficult in the hot summer months; the inhospitable weather makes even a distance of a block or two potentially harmful to health. Locally, there are some services that provide these transportation services, such as Desert Blind & Handicapped Association or SunLine Transportation’s Sun Bus, but their geography is often limited, as is their capacity.

Developmental disabilities are conditions that impair physical, learning, language, or behavior areas. Nationally, about one in six children have a developmental disability or a developmental delay.⁸¹ There are some resources available for these children, such as Easy Speech, as well as those offered by the school districts, but overall inclusivity can definitely improve.

⁷⁹ Disability & Health Overview. (2019). Centers for Disease Control and Prevention. Available online at: <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>

⁸⁰ HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

⁸¹ Centers for Disease Control and Prevention. Developmental Disabilities. <https://www.cdc.gov/ncbddd/developmentaldisabilities/index.html>



There are more than 7 million people living with an intellectual disability in the U.S. today.⁸² Common types of intellectual disability include Down syndrome and fetal alcohol spectrum disorder (FASD), as well as related conditions such as autism spectrum disorder and cerebral palsy (a congenital disorder of movement, muscle tone, or posture). The Coachella Valley is home to several strong programs for adults with intellectual and/or developmental disabilities, including Angel View, Desert Arc, Neuro Vitality Center, and United Cerebral Palsy of the Inland Empire.

Desert Arc serves more than 700 adults with disabilities such as intellectual disabilities (71%), autism (11%), cerebral palsy (7%), down syndrome (4%), severe seizure disorder (4%), or are visually or hearing impaired.⁸³ The vast majority of those served by Desert Arc are low-income – approximately 99.5%.

Angel View is a nonprofit that serves children and adults with disabilities to reach their maximum potential through residential care, day program, and outreach.⁸⁴ According to Angel View, they have approximately 114 clients that live in their 19 care facilities – 96.5% of those clients have a significant developmental disability. As of July 2020, Angel View provided services to approximately 625 children who live throughout the Coachella Valley.

Lastly, Neuro Vitality Center serves approximately 300 patients per year who have neurological disorders, suffered a stroke, traumatic brain injury, or Parkinson’s Disease, to name a few. On an average day at Neuro Vitality Center, they offer services to approximately 75 to 85 people. These services include recovery therapies to minimize the impacts of chronic illness and enhance function to maintain well-being.⁸⁵

Indeed, there are individuals in the Coachella Valley who are living with one or more disabilities and therefore need support – including the care provided by local nonprofits described above.

⁸² National Disability Navigator Resource Collaborative. <https://nationaldisabilitynavigator.org/ndnrc-materials/fact-sheets/population-specific-fact-sheet-intellectual-disability/>

⁸³ Data provided by Desert Arc. <http://www.desertarc.org>

⁸⁴ Data provided by Angel View. <http://www.angelview.org>

⁸⁵ Data provided by Neuro Vitality Center. <http://www.neurovitalitycenter.org/>



Access to Care

Local Hospitals and Clinics

Hospitals

“We need to ensure healthcare is provided throughout the Valley rather than just around the hospitals themselves. We know that East of Indio, where JFK becomes the closest hospital, it is quite a drive for people to get there. Healthcare needs to be accessible throughout the Valley.” – Community Resident

There are three general acute care hospitals in the Coachella Valley: Eisenhower Health, Desert Regional Medical Center and JFK Memorial Hospital (both operated by Tenet Healthcare).

Collectively, these three hospitals have a total of 1,006 licensed/available beds available and 867 staffed/actual hospital beds available. Licensed beds may include how many beds a hospital can hold, while staffed beds are the number of beds in which staff is physically available.⁸⁶ This equates to 2.0 beds per 1,000 population in the Coachella Valley, which is very similar to the rate in California as a whole (1.8 beds per 1,000), although lower than the national rate of 2.4 beds per 1,000 people.⁸⁷

It should also be noted that the two hospitals with the most beds are located in the West Valley – Desert Regional Medical Center (located in Palm Springs) and Eisenhower Medical Center (located in Rancho Mirage). John F. Kennedy Hospital is located in Indio; however, there are only 145 actual hospital beds and 130 staff beds. Additionally, while Indio is certainly closer than Desert Regional Medical Center or Eisenhower Medical Center, it still is a long trek for people living in the unincorporated areas around the Salton Sea, such as North Shore, Mecca, Thermal, and Oasis. These communities are also some of the most impoverished, and thus, may not have access to a car. Without a car, what would be a 30-minute drive to the nearest hospital is now a multi-hour bus ride—*if* the bus is running. Thus, residents who live in the East Valley could have a considerable commute to a hospital if they are taking public transportation.

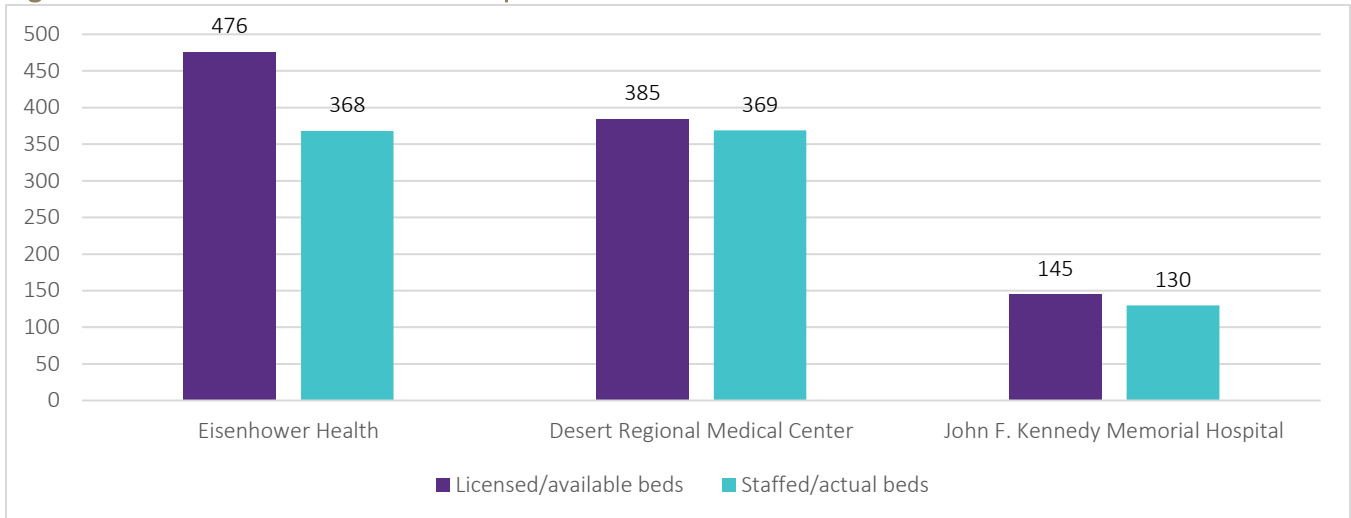
There are two additional hospitals in the valley; however, they are for more specialized forms of care. Specifically, Betty Ford Center is considered a chemical dependency recovery hospital and has a bed capacity of 100 and Vibra Healthcare offers medical rehabilitation with a capacity of 50 beds.

⁸⁶ AHRQ Releases Standardized Hospital Bed Definitions. (2005). Agency for Healthcare Research and Quality. <https://archive.ahrq.gov/research/havbed/definitions.htm>

⁸⁷ Kaiser Family Foundation (2018). Hospital beds per 1,000 population. <https://www.kff.org/other/state-indicator/beds-by-ownership/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>



Figure 2. Number of Beds for Each Hospital



Source: American Hospital Directory (2020).



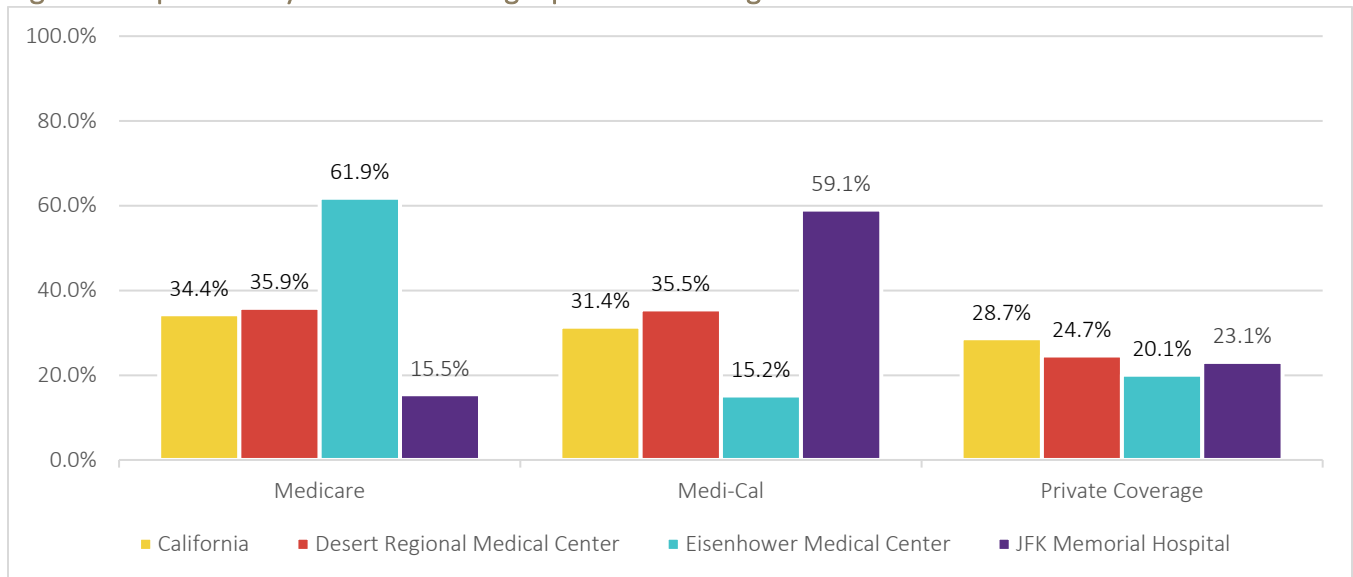
Expected Payer Source

The demographics of residents around the Coachella Valley vary significantly, and thus, so does the payer source or means of paying for hospital services among inpatients. The figure below illustrates the three most common payer sources of inpatient services across the three hospitals of the Coachella Valley and for the state of California. Other payer sources (e.g., workers compensation, other government, etc.) constitute just a few percentage points among inpatients at each hospital.

The majority (61.9%) of payer sources at Eisenhower Medical Center includes Medicare, which makes sense as the majority of their patients are older adults. Conversely, Medi-Cal comprises the majority (59.1%) of payer sources at JFK Memorial Hospital, indicating that this is the hospital that low-income people utilize. Desert Regional Medical Center seems to have approximately similar levels of Medi-Cal, Medicare, and to a lesser degree, private coverage.

See Appendix 4 for a complete table of the number/percentage of payer sources among the three hospitals of the Coachella Valley.

Figure 3. Expected Payer Source Among Inpatient Discharges

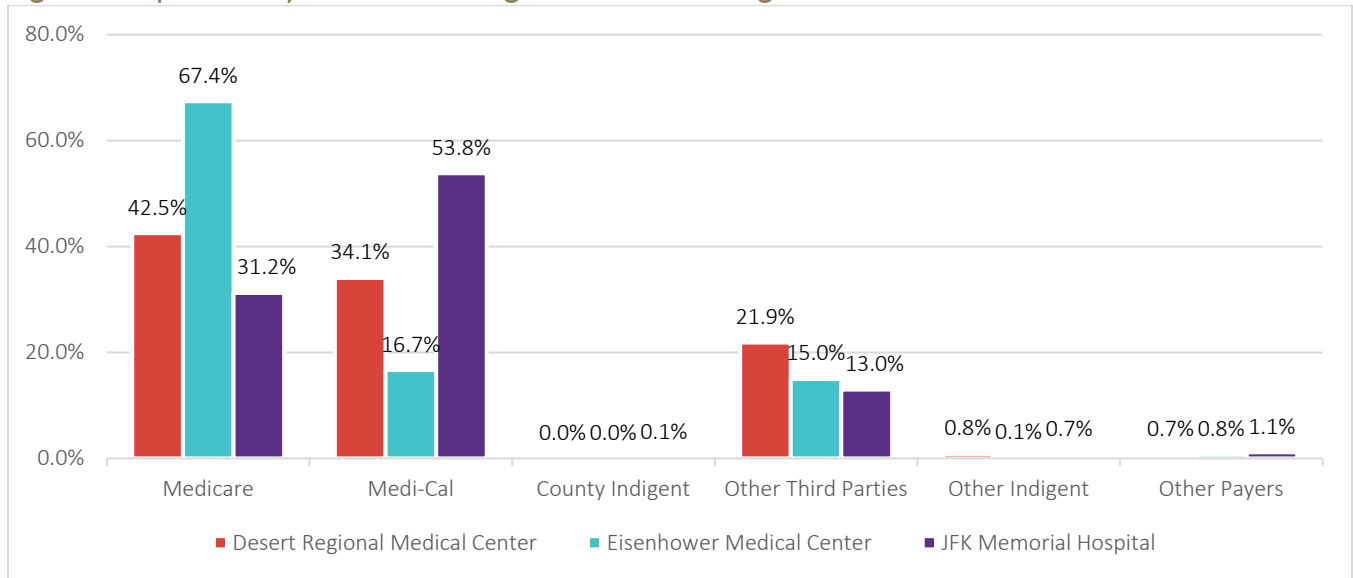


Source: California Office of State Health Planning and Development (OSHPD). Data from 2018.



As illustrated in the figure below, among all patient discharges, most payer sources at Eisenhower Medical Center remain Medicare (67.4%). Conversely, the majority of payer sources at JFK Memorial Hospital are Medi-Cal (53.8%), illustrating that JFK hospital in the East Valley serves a large portion of our Medi-Cal population.

Figure 4. Expected Payer Source Among all Patient Discharges



Source: California Office of State Health Planning and Development (OSHPD). Data from 2018. Desert Regional Medical Center includes data from 1/1/2019 through 12/31/2019 and had 19,986 hospital discharges. Eisenhower Medical Center includes data from 7/1/2018 through 6/30/2019 and had 19,628 discharges. John F. Kennedy Memorial includes data from 1/1/2019 through 12/31/2019 and had 6,970 discharges.



Health Clinics

“A lot of people don’t have access to a clinic. They have to pay out-of-pocket and the price is not very accessible to everyone. Both physical care and mental health.”

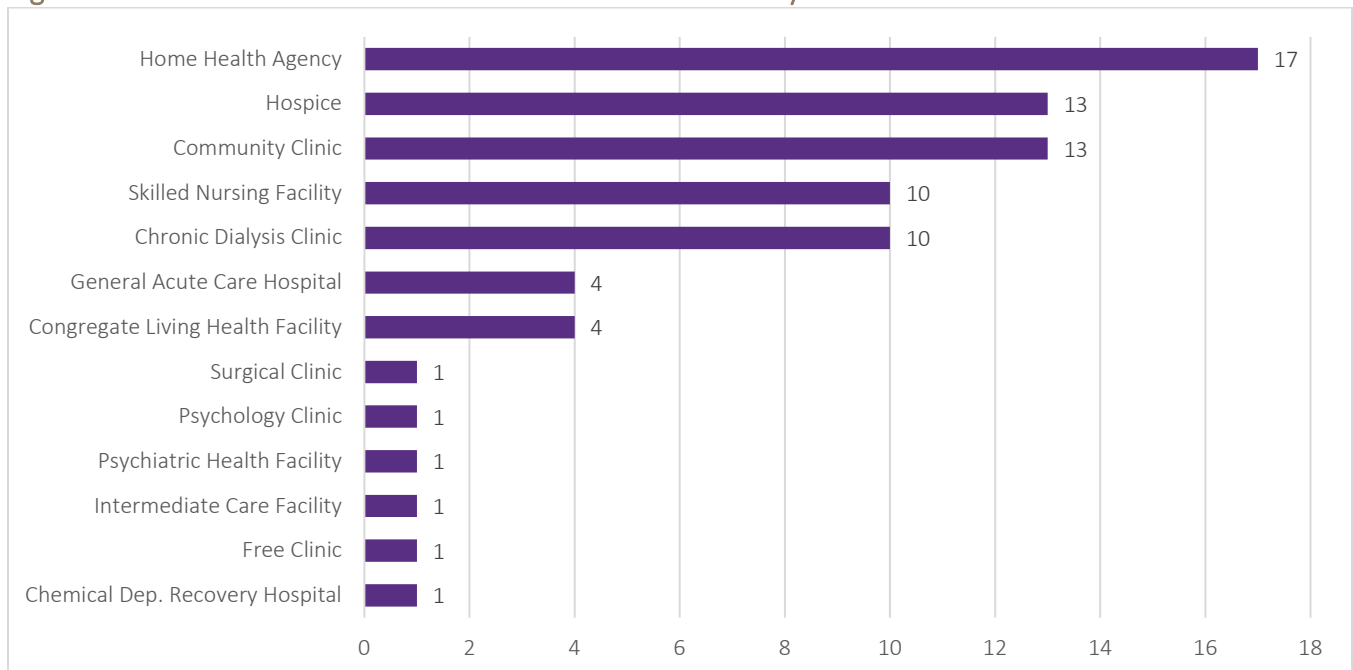
–Community Resident, translated from the original Spanish

The figure below includes healthcare facilities with a current license issued by the California Department of Public Health and/or a current U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services.

The most common type of healthcare facilities includes home health agency/hospice (30). For example, there are 17 home health agencies and 13 hospice agencies. The second most common includes clinics (26), in which there are 13 community clinics, 10 chronic dialysis clinics, and one free clinic, psychology clinic, and surgical clinic. The top three cities that have the highest number of overall facilities include Palm Springs (19), Palm Desert (17), and Rancho Mirage (11). It is worth reiterating here that the list below only includes facilities with an active license with the California Department of Public Health and/or a current U.S. Department of Health and Human Services’ Centers for Medicare and Medicaid Services. Thus, there will be other facilities not included in the figure below.

See Appendix 5 for a full list of licensed healthcare facilities in the Coachella Valley.

Figure 5. Licensed Healthcare Facilities in the Coachella Valley



Source: California Department of Public Health (2020). Licensed and Certified Healthcare Facility Listing.

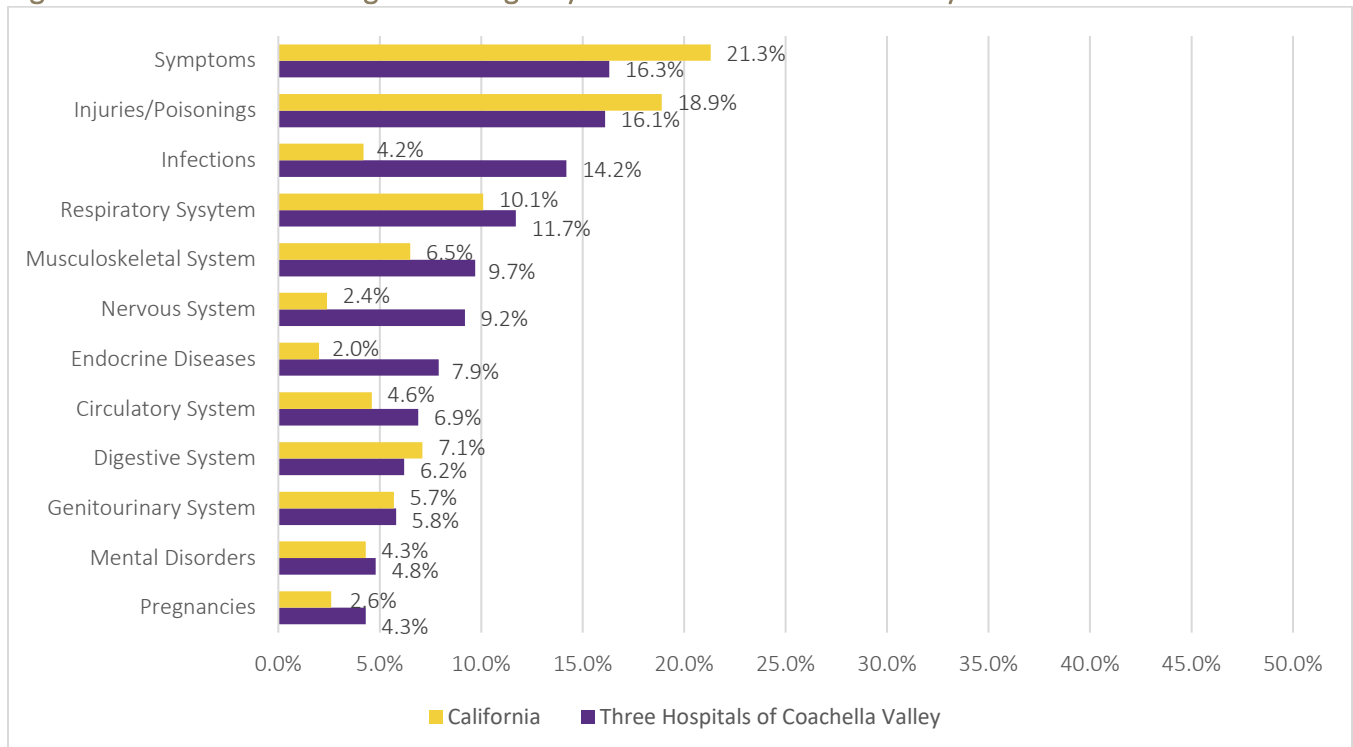


Reasons for Visiting the Emergency Room

As previously described, there are three general acute care hospitals with emergency rooms in the Coachella Valley. In 2018, across these three hospitals, there were a total of 201,719 emergency department encounters. A total of 82.3% of these were emergency department visits, while the remaining 17.7% were admitted for more extensive care. In comparison, 13.4% of emergency department visits in the state of California resulted in being admitted to the hospital.⁸⁸

When aggregating emergency room encounters for these hospitals, the principle diagnosis upon arrival was commonly for “symptoms” (21.3%), followed by injuries/poisonings (18.9%). “Symptoms” is a broad classification for a range of conditions such as symptoms and signs involving the circulatory and respiratory system, digestive system, skin and subcutaneous tissue, nervous system, and much more.⁸⁹ These findings suggest a need for injury/poisoning prevention as well as infection prevention. The top reasons for visiting the emergency room locally are also compared to California, and appear to be approximately similar.

Figure 6. Reasons for Visiting the Emergency Room in the Coachella Valley



Source: California Office of State Health Planning and Development (OSHPD). California data is from 2018; local data is from 2019.

⁸⁸ California Office of State Health Planning and Development (OSHPD). Data from 2018.

⁸⁹ Centers for Medicare & Medicaid Services. (2017). 2018 ICD-10 CM and GEMs.

<https://www.cms.gov/Medicare/Coding/ICD10/2018-ICD-10-CM-and-GEMs>



A report published by Tracking California⁹⁰ closely examined hospitalizations and emergency department (ED) visits for a number of conditions by poverty level and ZIP code. Specifically, cities with approximately 20% of the population living in poverty were considered “a higher poverty ZIP code.” The ZIP codes with of a higher-poverty rate include the cities/CDPs: Coachella, Desert Hot Springs, Mecca, and Thermal.

Results suggest some disparity in that ED visits and hospitalizations were higher in ZIP codes with higher levels of poverty, compared to ZIP codes with lower levels of poverty. The most striking disparity is for COPD-related ED visits, in which ED visits are 70% higher in higher-poverty ZIP codes and hospitalizations are 85% higher in higher-poverty ZIP codes. Those living in higher poverty ZIP codes also experience higher rates of ED visits and hospitalizations for the illnesses of asthma, heart disease, and heart attack. Overall, it appears that people living in poverty are less able to manage these chronic conditions, and thus, end up in the ED when their chronic conditions reach emergency status.

Youth data (for those under the age of 18) suggests that pneumonia hospitalizations are higher in higher poverty ZIP codes and ED visits for asthma are also higher in higher poverty ZIP codes.

It should also be noted that these disparities in ED visits and hospitalizations does not necessarily mean one population experiences the illness more or less often, but rather that certain ZIP codes experience a higher proportion of serious or poorly controlled illness. Overall, it appears that it is more difficult to manage chronic conditions when living in poverty. Regardless, disparities of ED visits and hospitalizations based on poverty level highlights an area in need of further examination and possibly intervention.

⁹⁰ English, P. Carpenter, C., Horiuchi, S., & Valle, J. (2021). *Tracking California*. Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley: Analysis of Emergency Department and Hospitalization Data, 2016 to 2018.

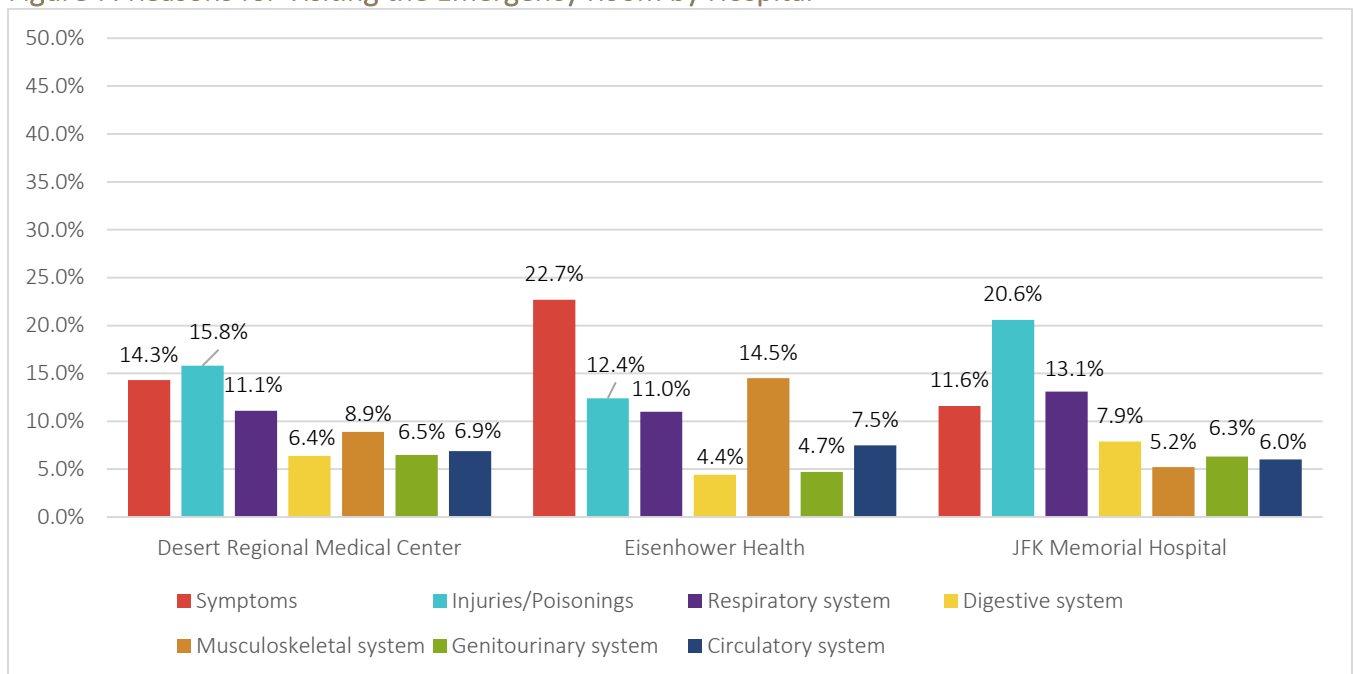


Each of the three hospitals varied slightly in the reasons for visiting the emergency room. Figure 12 illustrates the top five reasons for each hospital, resulting in a total of seven categories.

For example, the most common reason for visiting the emergency room was injuries/poisonings for Desert Regional and JFK Memorial Hospital, while the most common reason at Eisenhower Health was simply general “symptoms.” Additional areas of variation include a high proportion of musculoskeletal issues presented at Eisenhower Health (14.5%) and a high proportion of respiratory issues presented at JFK Memorial (13.1%). One explanation for the high proportion of respiratory issues at JFK Memorial might be that it is the hospital closest to the Salton Sea, where the air quality is poorer and may contribute to severe respiratory issues.

See Appendix 6 for full details on reasons for visiting the emergency room by hospital.

Figure 7. Reasons for Visiting the Emergency Room by Hospital



Source: California Office of State Health Planning and Development (OSHPD; 2019).



Healthcare Workforce

Number of Physicians and Physician Ratios

“We don’t have the number of physicians that we need.” – Community Member

The California Department of Consumer Affairs (DCA) provides the number of physician licenses in the Coachella Valley, as illustrated in the following table.⁹¹ Unfortunately, the California DCA does not specify the number of hours each physician dedicates to patients, administration, research, etc. Furthermore, the medical/surgical specialties of physicians are not provided, but rather only the total number of medical doctors (MDs) and doctors of osteopathy (DOs) and license types. These license types were filtered to only include physicians, surgeons, and special faculty permits. Special faculty permits are for internationally trained physicians who have are recognized as eminent in their field and have also been sponsored by the Dean of a California medical school in an effort to fill positions with a high need.⁹²

As illustrated in the table below, DCA’s monthly reporting data demonstrates that there are a total of 1,555 physicians in the Coachella Valley. Taking the population of the Coachella Valley into account, the rate of physicians per 100,000 is 360.9. This rate is substantially higher than Riverside County’s rate per 100,000 (200.4). However, Coachella Valley’s rate per 100,000 is lower than that of California (365.8).

Table 7. Physician Rate per 100,000

City/CDP	Number of Physician Licenses	Population	Number of Physicians per 100,000
Coachella Valley Total	1,555	430,889	360.9
Riverside County	4,833	2,411,439	200.4
California	143,687	39,283,497	365.8

Note: Physician data are from Department of Consumer Affairs (DCA). (2020). DCA data are updated once a month. Population data are from American Community Survey – Five Year Estimates. (2015-2019). Rates calculated by HARC.

⁹¹ Public Information – Licensee Lists Overview. (2020). California Department of Consumer Affairs.

https://www.dca.ca.gov/consumers/public_info/index.shtml

⁹² Physician and Surgeon Licensing Types and Descriptions. (n.d.). California Medical Board of California.

https://www.mbc.ca.gov/Licensees/Physicians_and_Surgeons/License_Types.aspx



The number of physicians accepting Medi-Cal is also important to consider, thus ensuring that everyone has adequate access to a provider. According to Molina Healthcare, they serve approximately 6,600 Medi-Cal only patients in the Coachella Valley. Furthermore, they contract with 200 primary care physicians and 568 specialists who accept Medi-Cal in the Coachella Valley. According to IEHP, they contract with 129 unique primary care physicians and 606 specialists (including specialty care, specialty care behavioral health, and vision) who accept Medi-Cal to serve their 135,768 Medi-Cal patients.

The table below specifies the number of physician licenses by time spent with patients, though OSHPD does not ask providers to indicate whether that time is spent directly face-to-face with patients or whether it includes time spent charting as well. Of the 1,323 licensed physicians with data available, 80.2% of them treat patients at least a few hours per week (1,061 physicians). More than half of local providers (61.4% or 812 physicians) spend 30 or more hours per week taking care of patients.

Table 8. Physician Specialties by Patient Care Hours in Coachella Valley

Primary Area of Practice	Patient Care Hours per Week						
	No Response	No hours	1-9 hours	10-19 hours	20-29 hours	30-39 hours	40+ hours
All Other Specialties	0	16	10	10	12	30	69
Anesthesiology	0	9	3	1	0	7	32
Cardiology	0	4	1	0	3	6	25
Dermatology	0	0	1	1	1	4	9
Emergency Medicine	1	4	4	5	7	10	25
Endocrinology	0	0	0	0	1	1	2
Family Medicine	0	11	8	11	15	30	71
Gastroenterology	0	3	1	0	0	1	13
General Practice	0	3	5	2	1	6	7
General Surgery	0	9	3	0	1	0	20
Infectious Disease	0	1	0	1	3	1	7
Internal Medicine	0	12	9	4	13	24	91
Nephrology	0	0	0	0	0	1	8
Neurology	0	0	0	0	3	1	15
Obstetrics & Gynecology	0	11	6	0	2	7	14
Oncology	0	2	0	1	0	2	10
Ophthalmology	0	4	1	2	4	10	13
Orthopedic Surgery	2	5	3	1	3	3	14
Otolaryngology	0	2	1	1	1	2	7
Pathology	0	5	2	0	1	0	6
Pediatrics	0	3	0	0	0	10	17
Physical Medicine & Rehab	1	0	2	0	1	1	4
Plastic Surgery	0	0	0	1	1	2	11
Psychiatry	0	12	6	6	9	13	17
Pulmonary	0	1	0	1	1	3	5
Radiology	0	10	5	7	1	3	20



Primary Area of Practice	Patient Care Hours per Week						
	No Response	No hours	1-9 hours	10-19 hours	20-29 hours	30-39 hours	40+ hours
Urology	0	2	0	1	1	1	6
No Response	103	26	15	6	16	34	61
Coachella Valley Total (#)	107	155	86	62	101	213	599
Coachella Valley Total (%)	8.1%	11.7%	6.5%	4.7%	7.6%	16.1%	45.3%

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020.

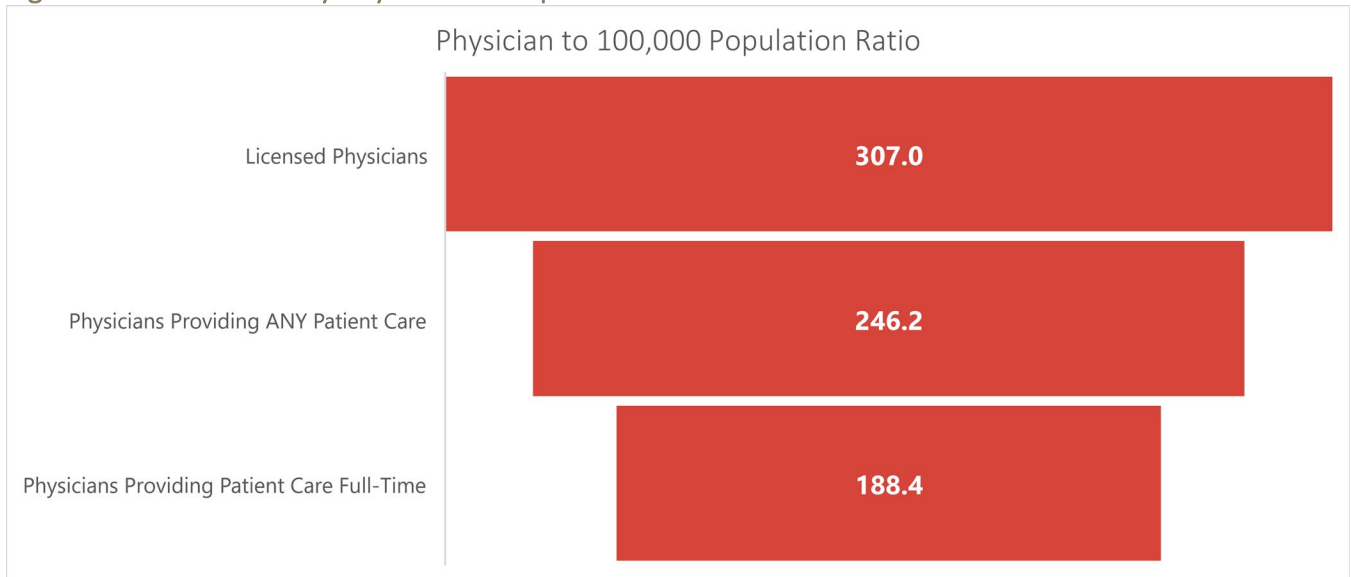
Note that the data for number of hours worked was reported categorically, so we do not have a precise measure of the number of hours each physician provided patient care. As such, the following pages assess the physicians who provide 30 hours or more per week in patient care (full-time or close to full-time). Those physicians who did not respond to the question (107 physicians) are not included in calculations, although they may be providing care to patients. Thus, this may be a slight under-report of the number of physicians available but is more accurate than the number of licenses alone.

According to the customized dataset provided by OSHPD, there are 812 physicians who provide patient care 30 hours or more per week. This is substantially lower than the total number of licensed physicians, 1,323, demonstrating that number of physician licenses is an imperfect measure of actual access to care for patients. Based on our population of approximately 430,880⁹³, this equates to a physician-to-100,000 population of 188.4. The chart below illustrates how the physician-to-100,000 population ratio decreases when accounting for hours spent treating patients. Additionally, among physicians providing patient care 30 or more hours per week, Riverside County has a rate of 117.8 per 100,000 and California has a rate of 209.0 per 100,000.

⁹³ Source: American Community Survey – Five Year Estimates. (2015-2019).



Figure 8. Coachella Valley Physician-to-Population Ratio – Based on Patient Care Hours



Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Calculations done by HARC. “Full-time” in this case is defined as any physician providing patient care 30 or more hours per week.



COMPARING RATIOS TO SUGGESTED GUIDELINES

The number of physicians required to meet a population's need depends on surrounding population characteristics as well as the specialty and number of hours worked by physicians. The table on the subsequent page utilizes suggested physician ratios by specialty from a review⁹⁴ done by Merritt Hawkins, an AMN Healthcare company. It presents several guidelines for the number of physicians in specialties that are required to meet the needs of a population of 100,000 people, including:

- GMENAC (Graduate Medical Education National Advisory Committee): GMENAC was a one-time, ad hoc committee of health care experts convened by Congress to assess U.S. healthcare workforce needs in 1980. No such estimates have been issued from the government or from government-sponsored agencies since. The GMENAC numbers are considered dated by many.
- GOODMAN: These ratios are from an article in the December 11, 1996 issue of Journal of American Medical Association by Dr. David Goodman and colleagues. These ratio project physician-per-population needs based on three different types of service populations: the patient panel of a large HMO, the population of a community with a high level of managed care, and the population of a mostly fee-for-service community.
- HICKS & GLENN: These ratios are from an article in the 1989 edition of the Journal of Health Care Management by Drs. Hicks and Glenn, two PhD's affiliated at that time with the University of Missouri School of Medicine. These ratios project physician-per-population needs based on the current rate of patient visits generated to particular specialists as determined by the Department of Health and Human Services' National Ambulatory Healthcare Administration report divided by the number of patient visits physicians typically handle as determined by the Medical Group Management Association.
- SOLUCIENT: Solucient (now Thomson Healthcare) is a health care consulting firm. Its numbers are based on a 2003 study and are, therefore, the most recent of the guidelines. Solucient employed a methodology similar to Hicks & Glenn, which analyzed National Ambulatory Health Care Administration patient/physician visits data, Medical Group Management Association physician productivity data, and private and public claims data showing patient/physician visit rates by age.⁹⁵

Each of these ratios assumes that the physicians are providing patient care full-time. Thus, the following table only includes those physicians who provide patient care 30 hours or more per week ("full-time").

⁹⁴ A review of Physician-To-Population Ratios. Merritt Hawkins. <https://www.maprainc.org/wp-content/uploads/2015/06/Physician-to-Population-Ratios-2013.pdf>

⁹⁵ Ibid.



As illustrated in the table below, the Valley lacks physicians practicing emergency medicine, general surgery, OB/GYN, orthopedic surgery, pathology, pediatrics, radiology, and urology—that is, for these specialties, they fall below the majority of suggested guidelines. Psychiatry also has a shortage of professionals, according to two of the proposed guidelines, which is well-known by our community.

Note that some areas of practice are excluded from the table, as there are no guidelines for the ratios for those areas of practice. See Appendix 8 for details on all licensed healthcare professionals locally and for the state, and Appendix 9 for full-time calculations.

Table 9. Full-Time Physician-to-Population Ratios per 100,000 – Coachella Valley vs. Suggested Guidelines

Primary Area of Practice	CV Physician-to-Population Ratio*	Guidelines for Physician-to-Population Ratio			
		GMENAC	Goodman	Hicks & Glenn	Solucient
Anesthesiology	9.1	8.3	7.0	-	-
Cardiology	7.2	3.2	3.6	2.6	4.2
Dermatology	3.0	2.9	1.4	2.1	3.1
Emergency Medicine	8.1	8.5	2.7	-	12.4
Endocrinology	0.7	0.8	-	-	-
Family Medicine	23.4	25.2	-	16.2	22.5
Gastroenterology	3.2	2.7	1.3	-	3.5
General Surgery	4.6	9.7	9.7	4.1	6.0
Infectious Disease	1.9	0.9	-	-	-
Internal Medicine	26.7	28.8	-	11.3	19.0
Nephrology	2.1	1.1	-	-	0.7
Neurology	3.7	2.3	2.1	1.4	1.8
Obstetrics & Gynecology	4.9	9.9	8.4	8.0	10.2
Oncology	2.8	3.7	1.2	-	1.1
Ophthalmology	5.3	4.8	3.5	3.2	4.7
Orthopedic Surgery	3.9	6.2	5.9	4.2	6.1
Pathology	1.4	5.6	4.1	-	-
Pediatrics	6.3	12.8	-	7.6	13.9
Plastic Surgery	3.0	1.1	1.1	2.3	2.2
Psychiatry	7.0	15.9	7.2	3.9	5.7
Pulmonary	1.9	1.5	1.4	-	1.3
Radiology	5.3	8.9	8.0	-	-
Urology	1.6	3.2	2.6	1.9	2.9

* Only includes physicians providing 30+ hours of patient care per week. Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Population data are from ACS 5-year estimates, 2015-2019. Rates calculated by HARC. Suggested estimates are from A review of Physician-To-Population Ratios. Merritt Hawkins. <https://www.maprainc.org/wp-content/uploads/2015/06/Physician-to-Population-Ratios-2013.pdf>



PRIMARY CARE PROVIDER RATIOS

Primary care physicians are also an important area to consider. For purposes of this section, primary care physicians were defined as general family medicine, general practice, general internal, and general pediatrics.⁹⁶ The Coachella Valley has a total of 353 licensed primary care physicians. However, when looking at the number who provide care full-time or close to it, there are only 256 primary care physicians in the Coachella Valley, as illustrated in the table below.

Table 10. Primary Care Physicians by Patient Care Hours

Geography	Primary Care Physicians by Patient Care Hours					
	No Hours	1 - 9 Hours	10 - 19 Hours	20 - 29 Hours	30 - 39 Hours	40+ Hours
Coachella Valley	29	22	17	29	70	186
Riverside County	70	60	64	135	277	644
California	2,656	2,379	2,433	4,849	8,931	14,493

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020.

In the Coachella Valley, there are about 60 full-time or near-full-time primary care physicians per 100,000 people. The ratio of full-time (working 30 hours or more per week on patient care) primary care physicians to population in the Coachella Valley is about the same as that for the state of California as a whole, as illustrated in the table below.

Table 11. Full-Time Primary Care Physicians to Population Ratio

Geography	# of Primary Care Physicians Caring for Patients 30+ hours/Week	Population	Primary Care Physician to Population Ratio
Coachella Valley	256	430,889	59.41
Riverside County	921	2,411,439	38.19
California	23,424	39,283,497	59.63

Source: California Office of State Health Planning and Development (OSHPD). Data from 2018. Coachella Valley population data are from ACS 5-year estimates, 2015-2019. Riverside County and California population data are the July 1, 2019 estimates from the Census Bureau. Rates calculated by HARC.

In the Coachella Valley, there are 30 physicians with pediatrics as their primary area of practice; 27 of them work 30+ hours a week in patient care. Given the fact that there are about 83,571 children under the age of 18 in the Coachella Valley,⁹⁷ this means there is a physician-to-child population ratio of 35.90 pediatricians to 100,000 children (considering all licensed pediatricians) or 32.31 pediatricians per 100,000 children (considering only those pediatricians who work with patients 30+ hours per week).

⁹⁶ User Documentation for the County Area Health Resources File (AHRF) 2018-2019 Release. U.S. Department of Health and Human Services Health Resources and Services Administration Bureau of Health Workforce National Center for Health Workforce Analysis July 2019.

⁹⁷ Source: American Community Survey – Five Year Estimates. (2015-2019).



LOCAL RESIDENCY PROGRAMS

“What is needed is medical school programs. Since middle school, my son was in a medical program that helps them so that students are motivated to become doctors. There should be more of these programs so that there will be more doctors.” – Community Resident, translated from the original Spanish

It is worth noting that there several residency programs in the Coachella Valley. Residency programs are an invaluable approach for bringing more physicians to a region as a way of “growing our own.” Overall, physicians tend to practice either where they grew up or where they completed their residency, so it is in our best interests to not only have residency programs in the Coachella Valley, but also to have slots in those programs for doctors who’ve grown up in the area.

Research demonstrates that roughly 39% of family medicine residents stay within 25 miles of where they completed their residency to practice.⁹⁸ As such, these local residency programs are worth highlighting:

Eisenhower Health has residency programs in emergency medicine, internal medicine, family medicine, and pharmacy.⁹⁹ Desert Care Network has residency programs in family medicine, emergency medicine, internal medicine, neurology, and neurological surgery.¹⁰⁰ Desert Oasis Healthcare has a residency program for pharmacy.¹⁰¹ There is also an addiction medicine residency through UCR, located at Betty Ford Center and other Coachella Valley locations.¹⁰²

⁹⁸ Fagan, E.B., et al. (2013). Migration after family medicine residency: 56% of graduates practice within 100 miles of training. *American Family Physician*, 88, 704.

⁹⁹ Eisenhower Health. Graduate Medical Education. <https://gme.eisenhowerhealth.org/>

¹⁰⁰ Desert Care Network. Graduate Medical Education. <https://desertregionalgme.com/>

¹⁰¹ Desert Oasis Healthcare. Pharmacy Residency Program. <https://www.mydohc.com/careers/residency/>

¹⁰² University of California Riverside. Addiction Medicine Fellowship. <https://sompysch.ucr.edu/am-fellowship>

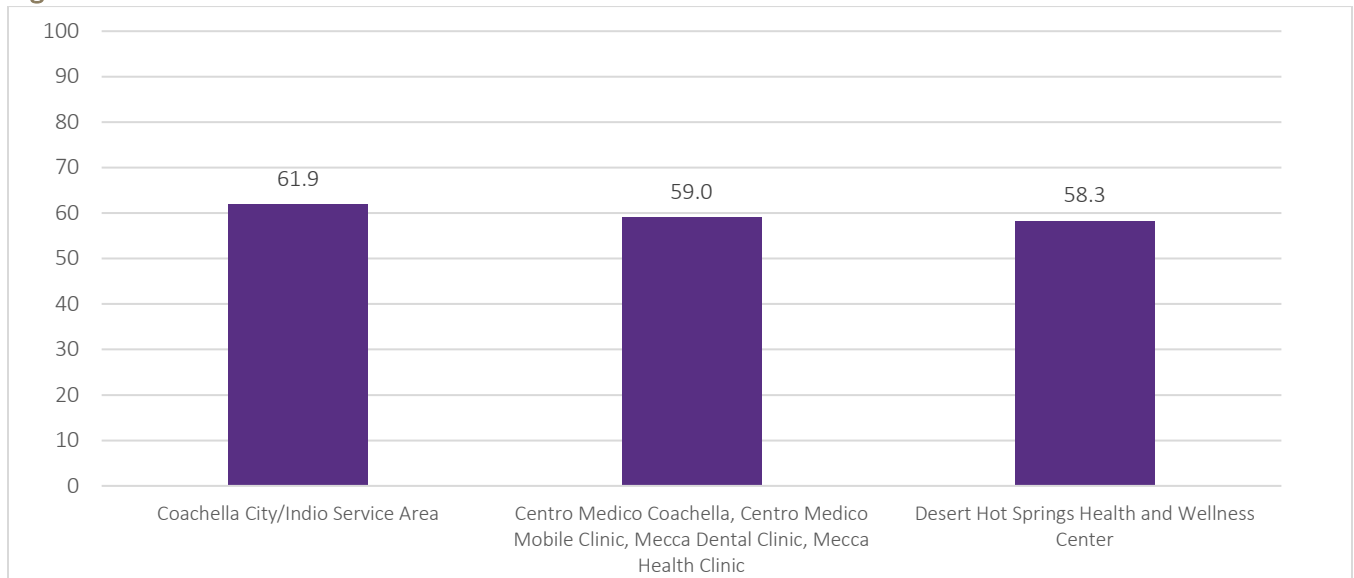


Medically Underserved Areas

Medically Underserved Areas and Populations (MUA/P) are areas and population groups designed by Health Resources and Services Administration (HRSA) with shortages of primary health services. Shortage areas are determined based on a medical underservice score (IMU), which ranges from 0 to 100; lower IMU scores indicate the area/population is more greatly underserved. An area or population group with an IMU of 62.0 or lower qualifies to be designated as an MUA/P. To calculate this index of medical underservice score, measures taken into consideration are provider per 1,000 population ratio, percent of the population at 100% of the Federal Poverty Level, percent of the population age 65 and over, and infant mortality rate.

The figure below shows that of the three regions with data available, the most underserved area in the Coachella Valley is the Desert Hot Springs Health and Wellness Center with an IMU of 58.25.

Figure 9. Index of Medical Underservice Score



Source: Health Resources and Services Administration (HRSA). Coachella City/Indio data is from 2020; all other data was last updated 2019.



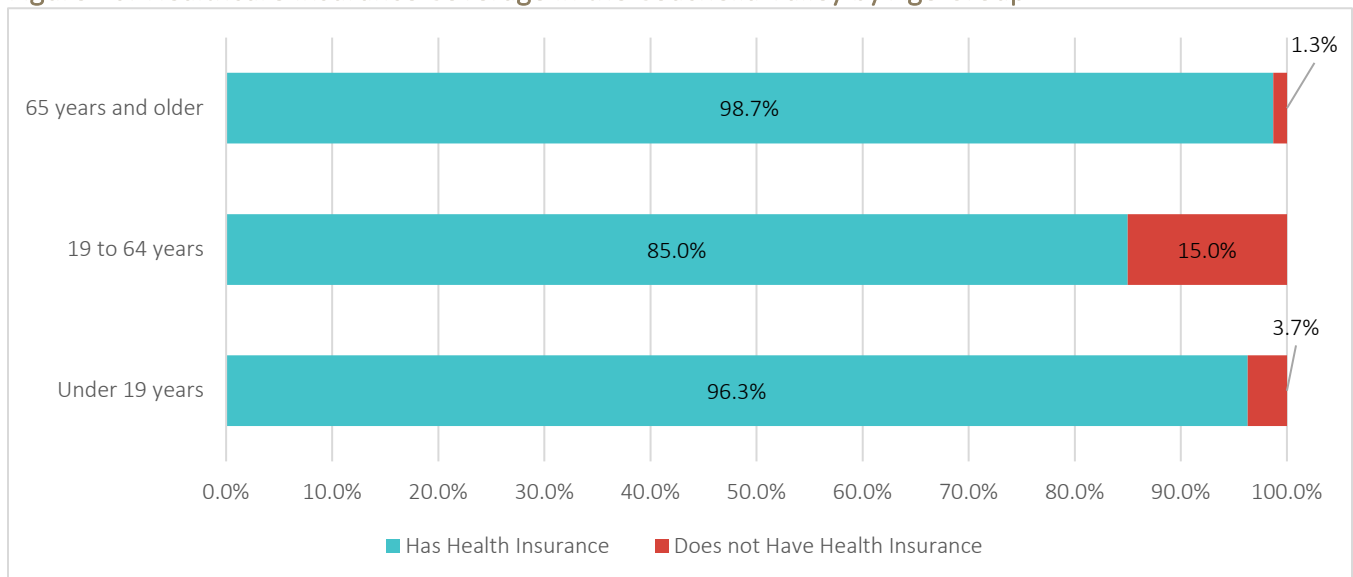
Healthcare Coverage

Age and Health Insurance

Healthcare insurance is a critical aspect of access to healthcare. Without health insurance, maintaining continuity of care, preventing illnesses before they occur, and simply treating disorders all become far more difficult. Additionally, access to care allows for longevity and a higher quality of life.¹⁰³

When aggregating the number of people (children, adults, seniors) uninsured across all of the cities/CDPs of the Coachella Valley, 9.4% (40,256 people) of the population are uninsured.¹⁰⁴ In looking more closely at uninsured rates across age groups, there are clear variations. As illustrated in the figure below, very few seniors ages 65 and older are without health insurance (1.3%), and to a lesser degree, those under 19 years old (3.7%). Approximately one in six working-age adults (15.0%) are without health insurance. This uninsured rate is higher than the rate for California (10.7%) and the U.S. (12.4%).¹⁰⁵ Thus, working-age adults have a greater need than seniors or children for free clinics or federally-qualified health centers so that those without insurance can afford to obtain healthcare.

Figure 10. Healthcare Insurance Coverage in the Coachella Valley by Age Group



Source: American Community Survey – Five Year Estimates. (2015-2019).

¹⁰³ Healthy People 2020. (2019). Access to Health Services. Available online here: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

¹⁰⁴ Source: American Community Survey – Five Year Estimates. (2015-2019).

¹⁰⁵ American Community Survey – Five Year Estimates. (2015-2019).



Adults without Health Insurance

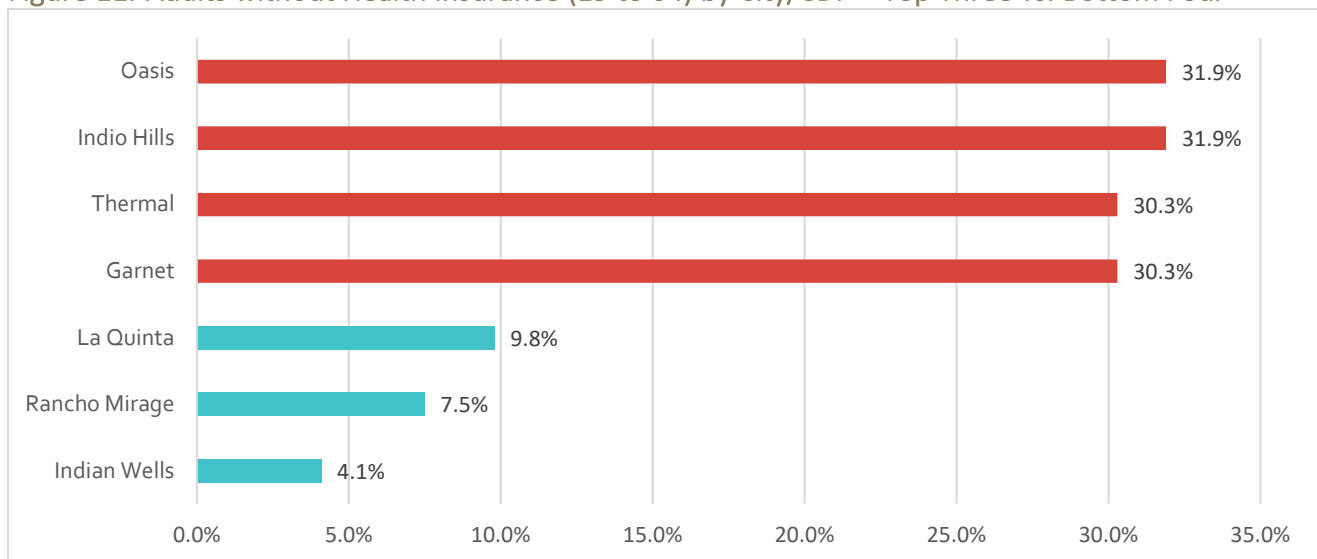
The uninsured rate for working-age adults ages 19 to 64 for the United States is 12.4%. California comes in slightly lower at 10.7%.¹⁰⁶ As noted in the prior section, about 15.0% of Coachella Valley adults 19 to 64 are uninsured in the Coachella Valley, a rate which is considerably higher than the state and nation.¹⁰⁷

As illustrated in the figure below, the uninsured rate of working-age adults (age 19 to 64) varies widely between cities/CDPs. Cities/CDPs with the highest rate of uninsured working-age adults (represented in red) include Oasis (31.9%), Indio Hills (31.9%), Thermal (30.3%), and Garnet (30.3%). These uninsured rates are nearly *triple* the state average. Oasis and Thermal are home to many immigrants, who may not be eligible for governmental health insurance or may be unaware of the need for health insurance in the American system. Others may be uninsured due to income levels; for example, many residents in Indio Hills and Garnet are “working poor” who make just a bit too much to qualify for Medi-Cal but not enough to afford health insurance.

Conversely, the three cities/CDPs with the lowest uninsured rates (represented in teal) are Indian Wells (4.1%), Rancho Mirage (7.5%), and La Quinta (9.8%). These three cities/CDPs are on par or better than state and national uninsured rates, and not coincidentally, are relatively wealthier cities.

See Appendix 9 for uninsured adult data on all 21 cities/CDPs.

Figure 11. Adults without Health Insurance (19 to 64) by City/CDP – Top Three vs. Bottom Four



Source: American Community Survey – Five Year Estimates. (2015-2019).

¹⁰⁶ American Community Survey – Five Year Estimates. (2015-2019).

¹⁰⁷ Ibid.



Children without Health Insurance

“We need to find ways to help children who don't have health insurance, who are children of immigrants. I have met children who do not have health insurance and cannot be seen by a specialist or can only go to the emergency room when it's severe.”

– Community Resident, translated from the original Spanish

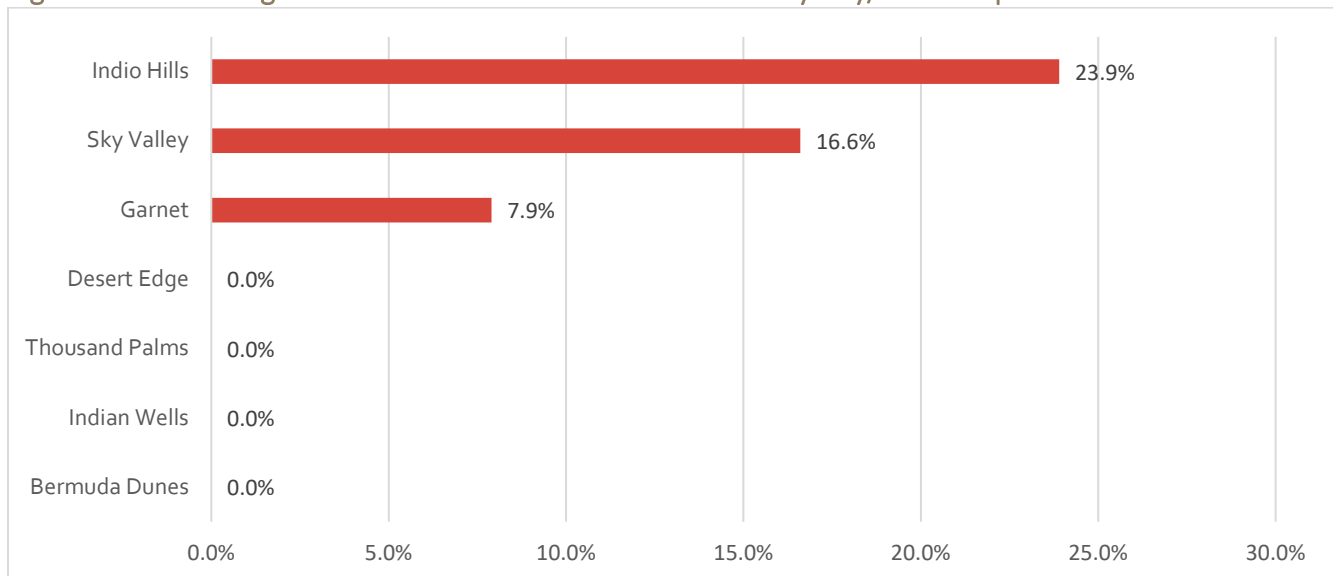
Nationally, about 5.1% of children under the age of 19 are uninsured; California does slightly better with only 3.3% of children lacking insurance. Locally, 3.7% of Coachella Valley children under the age of 19 are uninsured (about 3,261 children).¹⁰⁸

Much the same as adult uninsured rates, the child uninsured rate is not consistent across the Valley. The three cities/CDPs with the highest childhood uninsured rates include Indio Hills, where about one-fifth (23.9%) of children are uninsured, Sky Valley (16.6%), and Garnet (7.9%).

That said, four cities/CDPs have no (0.0%) uninsured children, including Bermuda Dunes, Indian Wells, Thousand Palms, and Desert Edge.

See Appendix 10 for uninsured child data on 21 cities/CDPs.

Figure 12. Percentage of Children without Health Insurance by City/CDP – Top Four vs. Bottom Three



Source: American Community Survey – Five Year Estimates. (2015-2019).

¹⁰⁸ Source: American Community Survey – Five Year Estimates. (2015-2019).



Living in Poverty and Uninsured

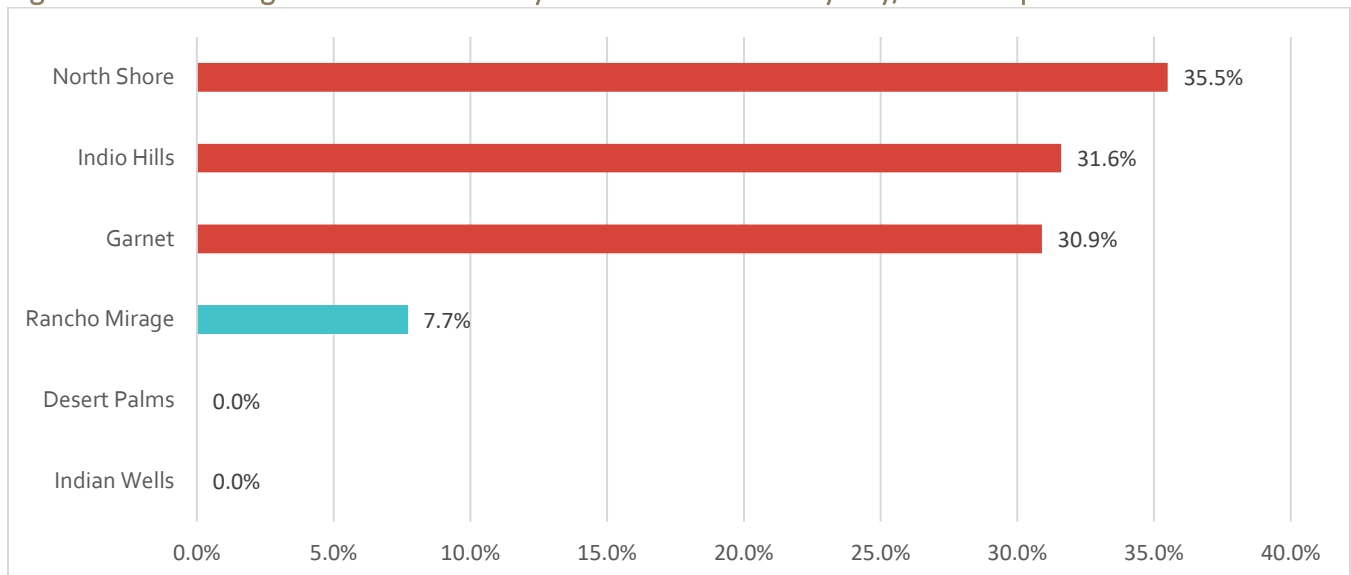
The ability to access healthcare is influenced by a range of factors, and one of those key factors is income. The figure below illustrates the percentage of people who have incomes under 100% of the federal poverty line (FPL) and who are also uninsured. That is, those who are living in poverty and are uninsured. Nationally, approximately 16.2% of people living in poverty are uninsured, as are 12.2% of Californians.

Among those living in poverty, substantially high proportions in North Shore (35.5%), Indio Hills (31.6%), and Garnet (30.9%) are also uninsured—all of which are higher than the rates of those living in poverty and uninsured in California (12.2%) and United States (16.2%) rates.¹⁰⁹ This means that many people who should potentially qualify for Medi-Cal are not currently insured. However, it may also be influenced by legal status—immigrants may not be eligible for insurance or may not know they need insurance. If they are eligible for insurance, many immigrants may still not seek health insurance options due to fear of public charge, which could impede their path to citizenship.

Conversely, cities/CDPs of Rancho Mirage (7.7%), Indian Wells (0.0%), and Desert Palms (0.0%) have the lowest uninsured levels among those living in poverty.

See Appendix 11 for the percent of those in poverty who are uninsured on all 21 cities/CDPs.

Figure 13. Percentage of Those in Poverty who are Uninsured by City/CDP – Top Three vs. Bottom Three

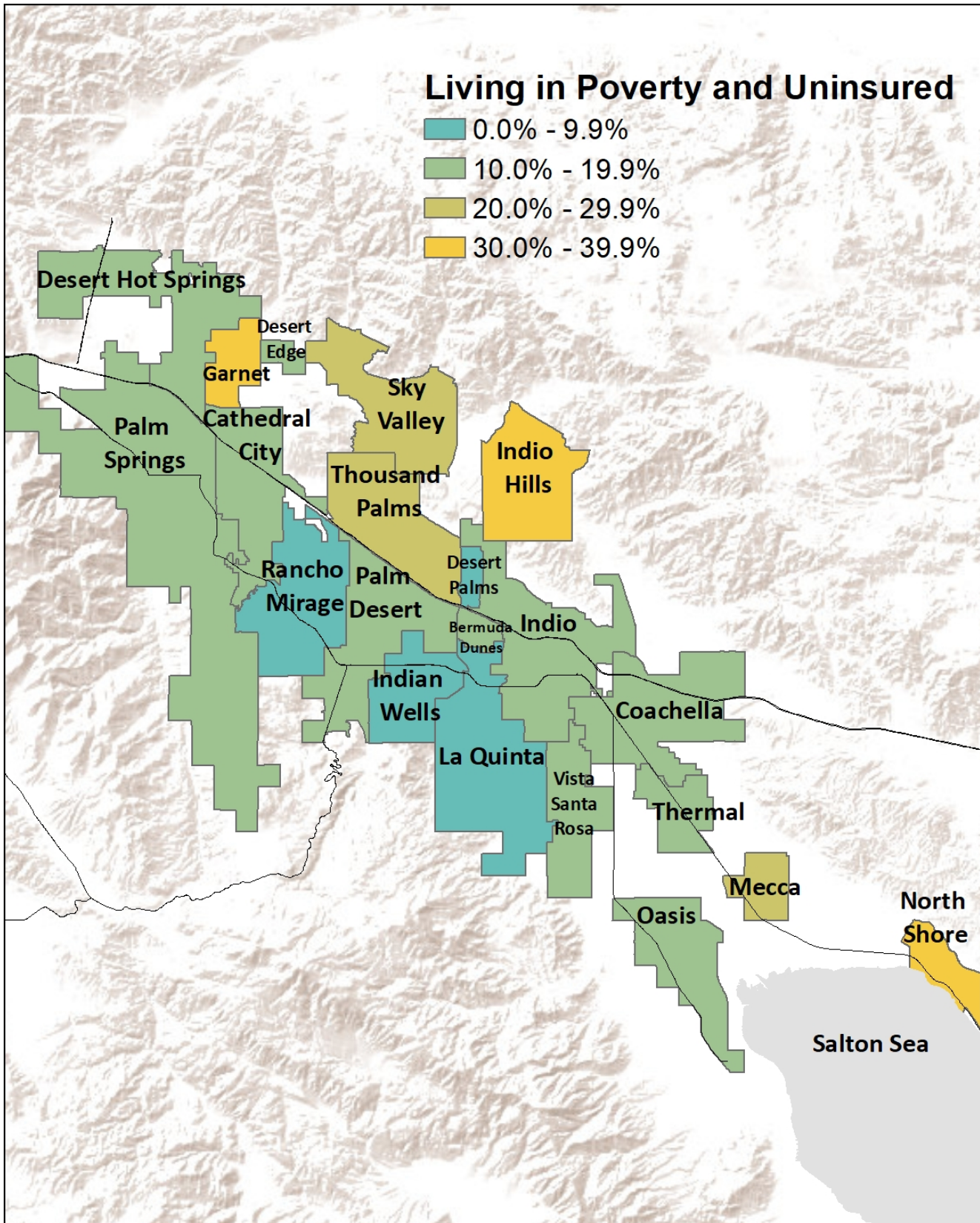


Source: American Community Survey – Five Year Estimates. (2015-2019).

¹⁰⁹ American Community Survey – Five Year Estimates. (2015-2019).



Map: Living in Poverty and Uninsured



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.



Employed but Uninsured Workers

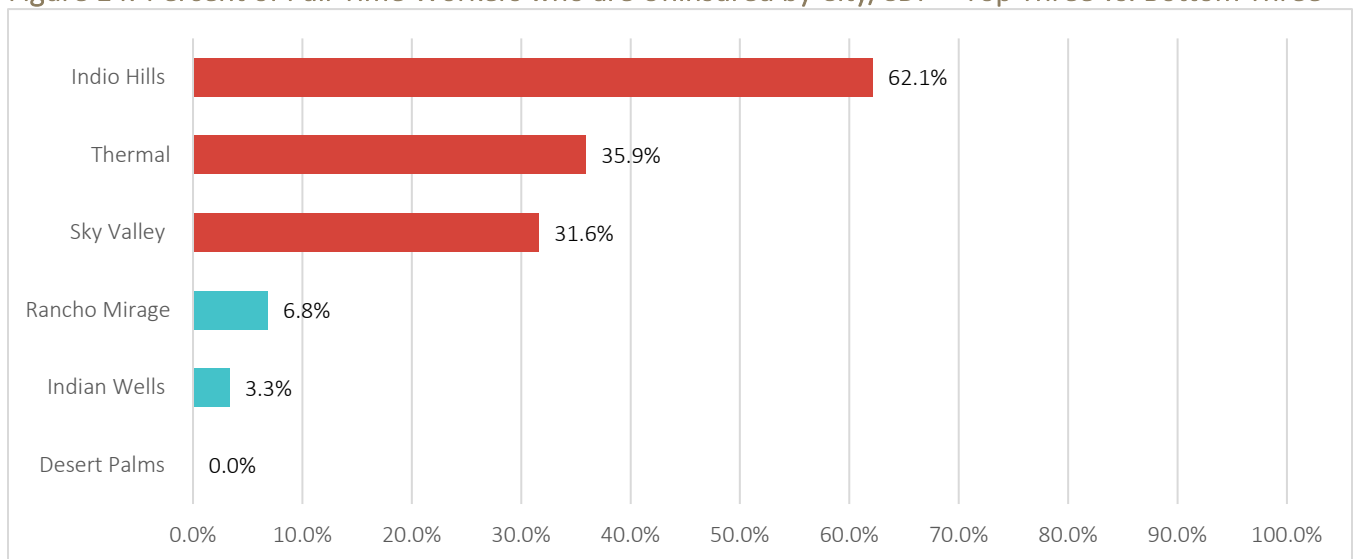
“There is a need for jobs that offer health insurance to their employees.” – Community Resident

Another factor that enables people to obtain health insurance is employment; some employers cover health insurance as a benefit or employment affords an individual the means to purchase their own health insurance. Those who work full-time, year-round, should ideally have health insurance, but this is not always the case. Nationally, 9.8% of full-time year-round workers (ages 19 to 64) are uninsured; the rate is 8.8% in California.¹¹⁰

In the Coachella Valley, the cities/CDPs with the highest percentage of working adults who are uninsured includes Indio Hills (62.1%), Thermal (35.9%) and Sky Valley (31.6%). In other words, over one third of the working-age population in these cities/CDPs were employed in full-time positions, year-round, and still do not have healthcare insurance. This is even greater in Indio Hills where over one half of working age population in this cities/CDP were employed in full-time positions, year-round, and still did not have healthcare insurance. Conversely, Rancho Mirage (6.8%), Indian Wells (3.3%), and Desert Palms (0.0%) have much lower percentages of adults who were employed and uninsured; likely because these cities/CDPs have low rates of poverty and ultimately have well-paying jobs.

See Appendix 12 for the percent of employed adults who are uninsured on all 21 cities/CDPs.

Figure 14. Percent of Full-Time Workers who are Uninsured by City/CDP – Top Three vs. Bottom Three

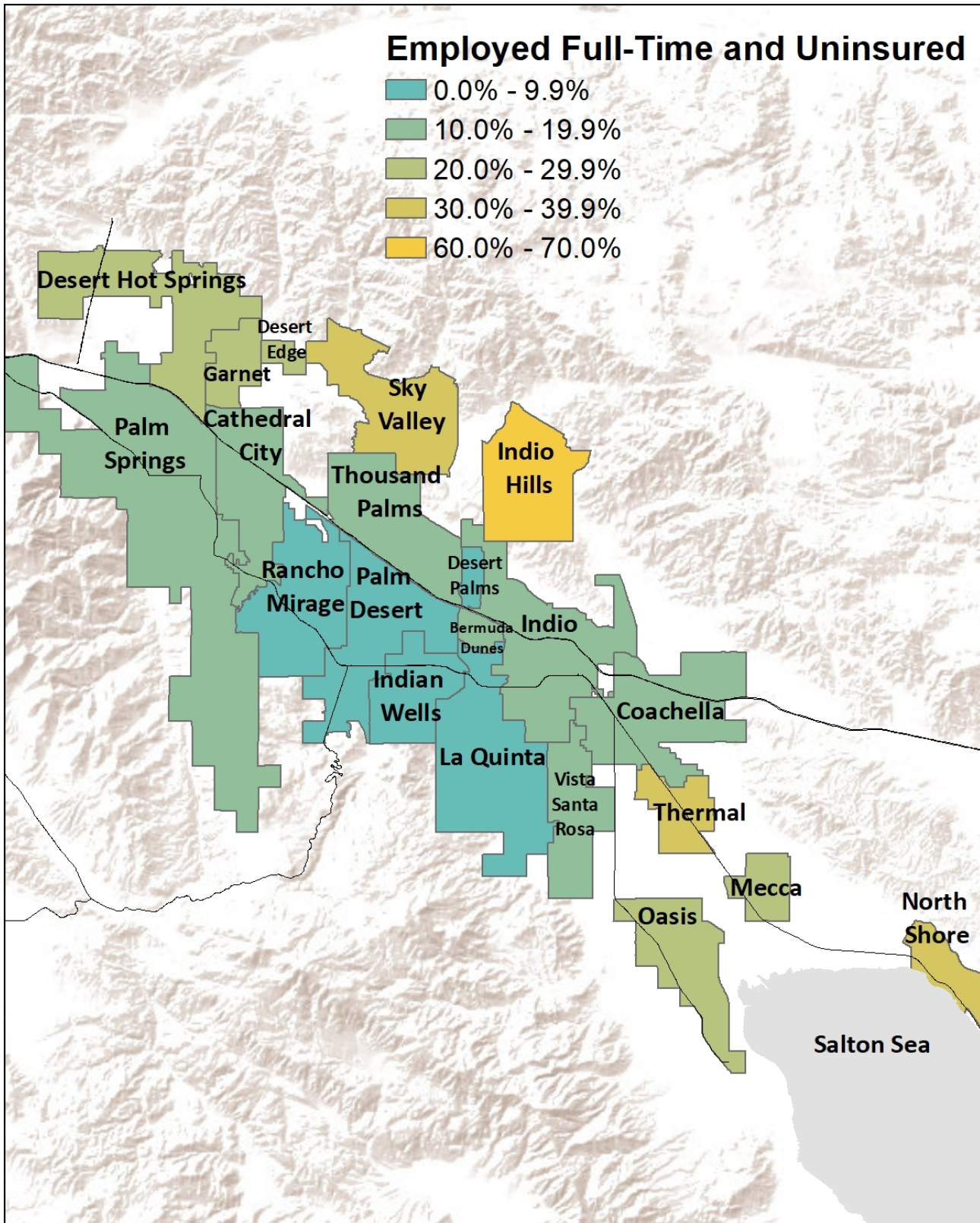


Source: American Community Survey – Five Year Estimates. (2015-2019).

¹¹⁰ American Community Survey – Five Year Estimates. (2015-2019).



Map: Full-Time Employment and Uninsured



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.



Public Health Insurance Coverage

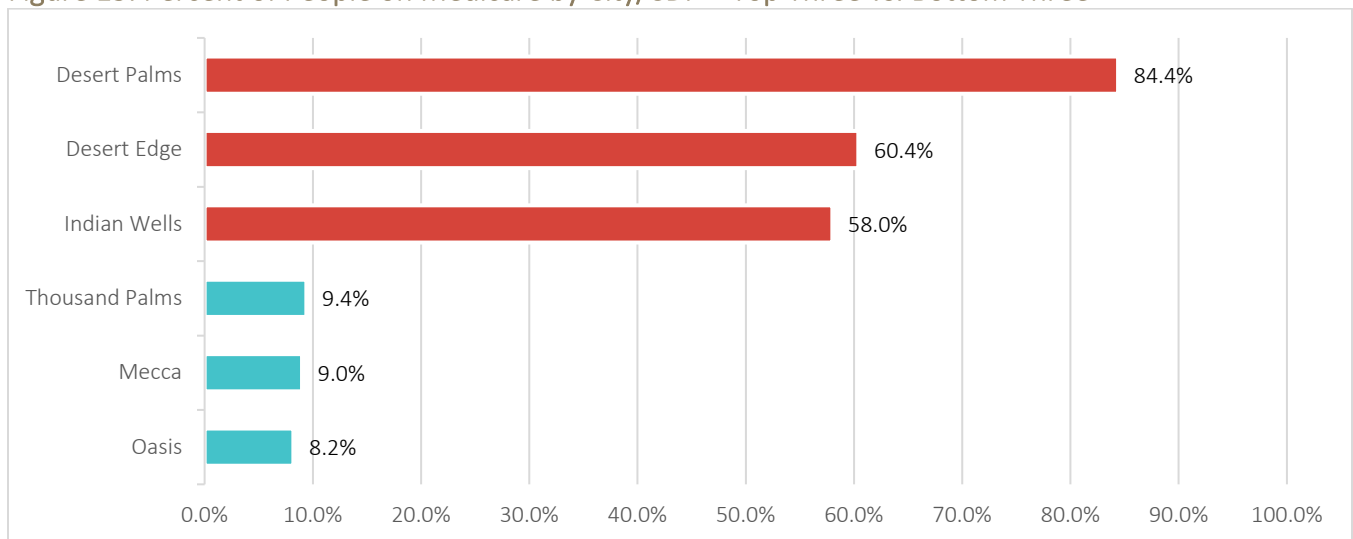
Public health insurance options exist and typically include Medicare and Medicaid (in California known as Medi-Cal).

MEDICARE

Citizens of the United States and legal residents of at least five years are eligible for Medicare at the age of 65, so this generally insures our senior population. People under the age of 65 with disabilities or end-stage renal disease are also eligible.¹¹¹ Nationally, 16.9% of the population is covered by Medicare, as are 14.7% of California residents.¹¹²

As illustrated in the figure below, some cities/CDPs have a high proportion of residents covered by Medicare (represented in red), such as Desert Palms (84.4%), Desert Edge (60.4%), and Indian Wells (58.0%). Conversely, cities/CDPs with a lower percentage of residents on Medicare (represented in teal) include Thousand Palms (9.4%), Mecca (9.0%), and Oasis (8.2%). These findings strongly correlate with the age of residents in these respective cities/CDPs. See Appendix 13 for Medicare data on all 21 cities/CDPs.

Figure 15. Percent of People on Medicare by City/CDP – Top Three vs. Bottom Three



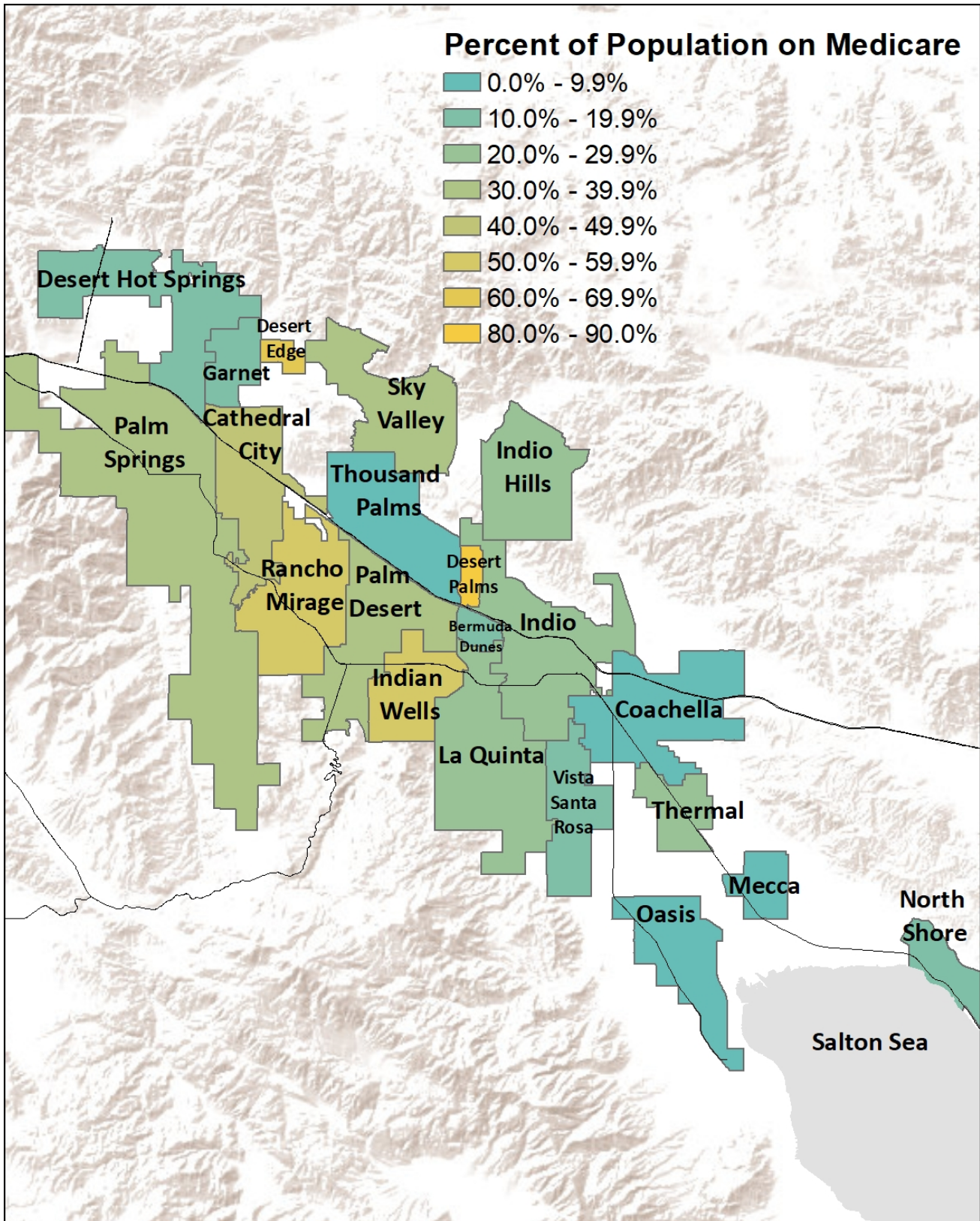
Source: American Community Survey – Five Year Estimates. (2015-2019).

¹¹¹ California Health Advocates. Who is Eligible for Medicare? Available online here: <https://cahealthadvocates.org/the-basics/medicare-eligibility/>

¹¹² American Community Survey – Five Year Estimates. (2015 - 2019).



Map: Percent of Population on Medicare



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.



MEDICAID/MEDI-CAL

“It takes a lot longer to get an appointment if you have Medi-Cal. If something is urgent, they probably do not have time or space for you at your doctor’s office. That is a barrier that keeps people from going to the doctor altogether.” – Community Resident

Medicaid is a public health insurance that provides coverage for residents that have lower levels of income. In California, it is called Medi-Cal. Nationally, Medicaid covers 20.2% of people, and in California it covers 26.1% of people. There about 138,559 residents on Medicaid/Medi-Cal in the Coachella Valley.¹¹³ While Medicaid is invaluable for ensuring health insurance for many who are in need, many residents lament the difficulty in getting immediate care with Medicaid insurance – as illustrated in the community resident quote above. Additionally, many private practice providers can choose not to accept Medi-Cal, thereby limiting the number of facilities/beds that are actually open to individuals insured by Medi-Cal. Community members say this is especially challenging in the field of behavioral/mental health; many private therapists do not accept Medi-Cal.

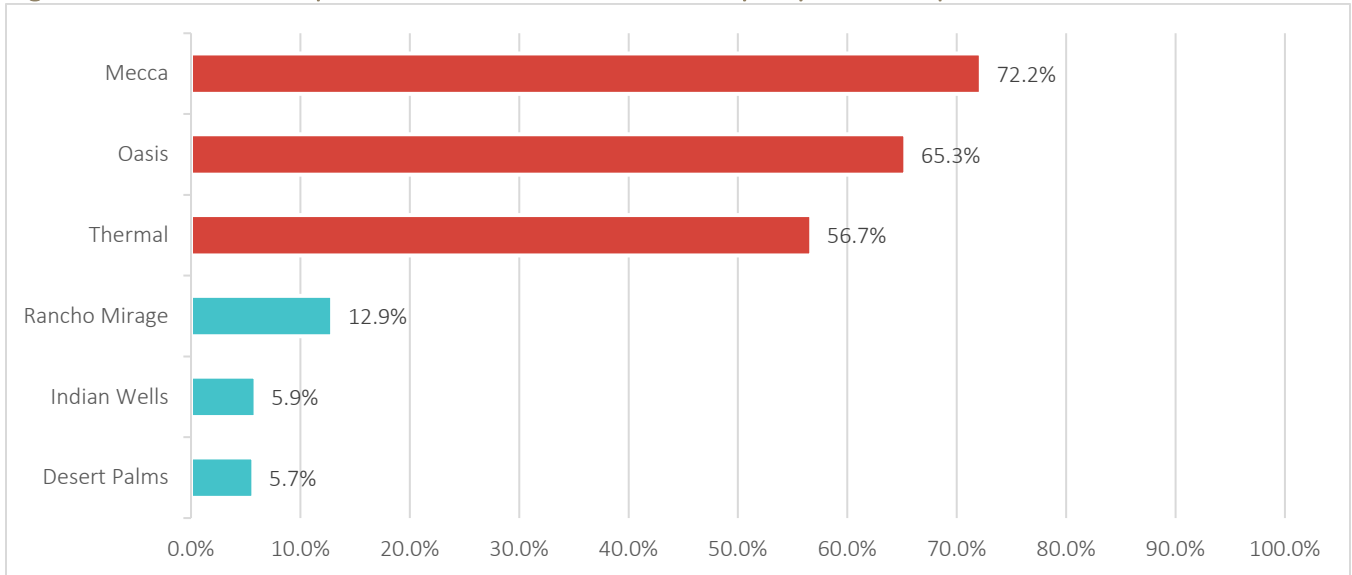
The figure on the subsequent page illustrates that the cities/CDPs with the highest percentage of residents on Medicaid/Medi-Cal (represented in red) are Mecca (72.2%), Oasis (65.3%), and North Shore (56.7%). These rates are all more than double the state and national rates. Cities/CDPs with the lowest proportion of residents on Medicaid/Medi-Cal (represented in teal) include Rancho Mirage (12.9%), Indian Wells (5.9%), and Desert Palms (5.7%). This correlates very strongly with income, not surprisingly.

See Appendix 14 for Medicaid/Medi-Cal data on all 21 cities/CDPs.

¹¹³ American Community Survey – Five Year Estimates. (2015-2019).



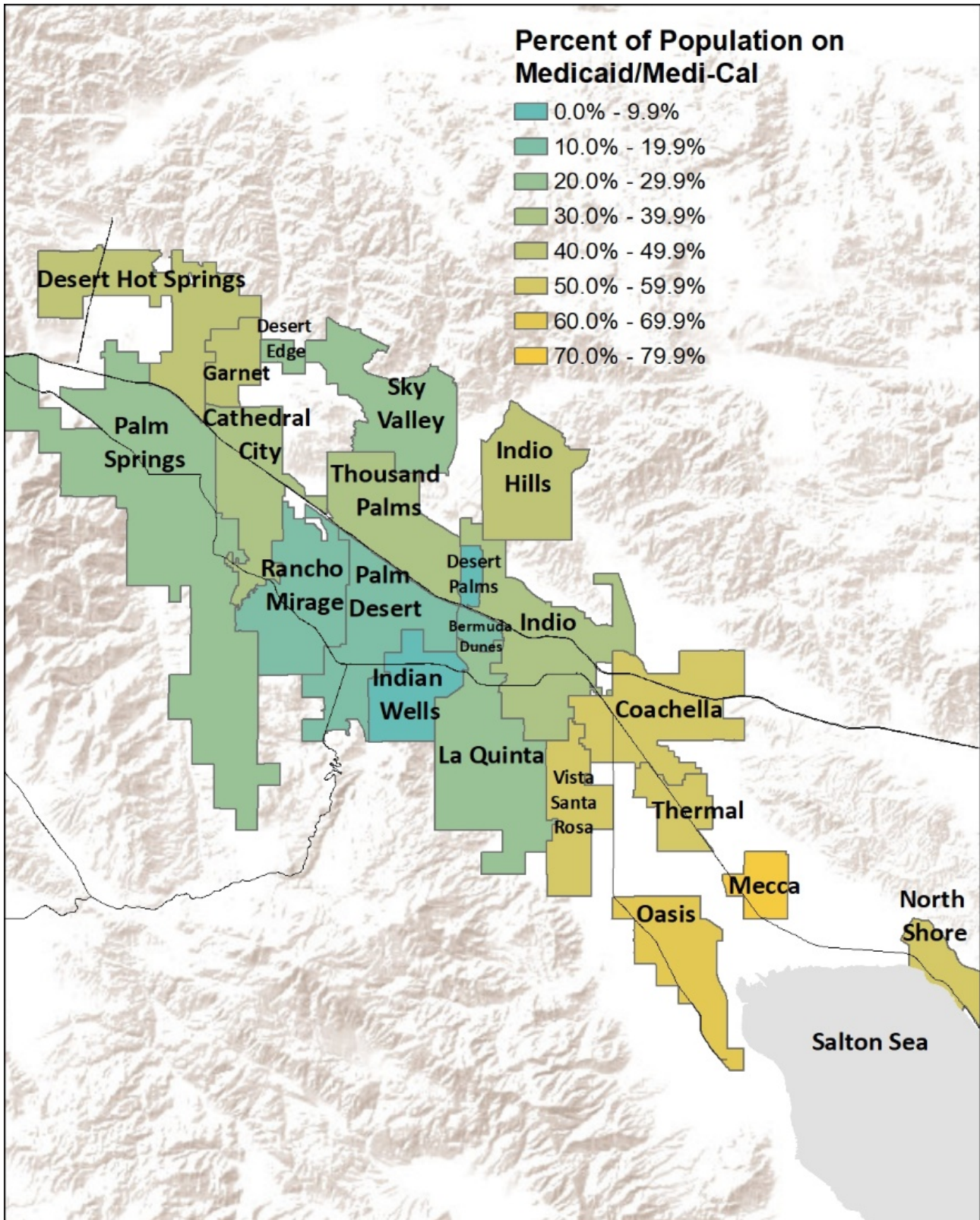
Figure 16. Percent of Population on Medicaid/Medi-Cal by City/CDP – Top Three vs. Bottom Three



Source: American Community Survey – Five Year Estimates. (2015-2019).



Map: Percent of Population on Medicaid/Medi-Cal



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.



Persons with a Usual Source of Care

“There is a need to access physicians in a timely manner. That’s why people go to the urgent care -- it takes way too long to see a doctor.” – Community Resident

In Riverside County, 85.4% of all individuals, regardless of age, have a usual place to go when they are sick or need health advice.¹¹⁴ The remaining 14.6% of Riverside County residents do not have a usual source of care.¹¹⁵

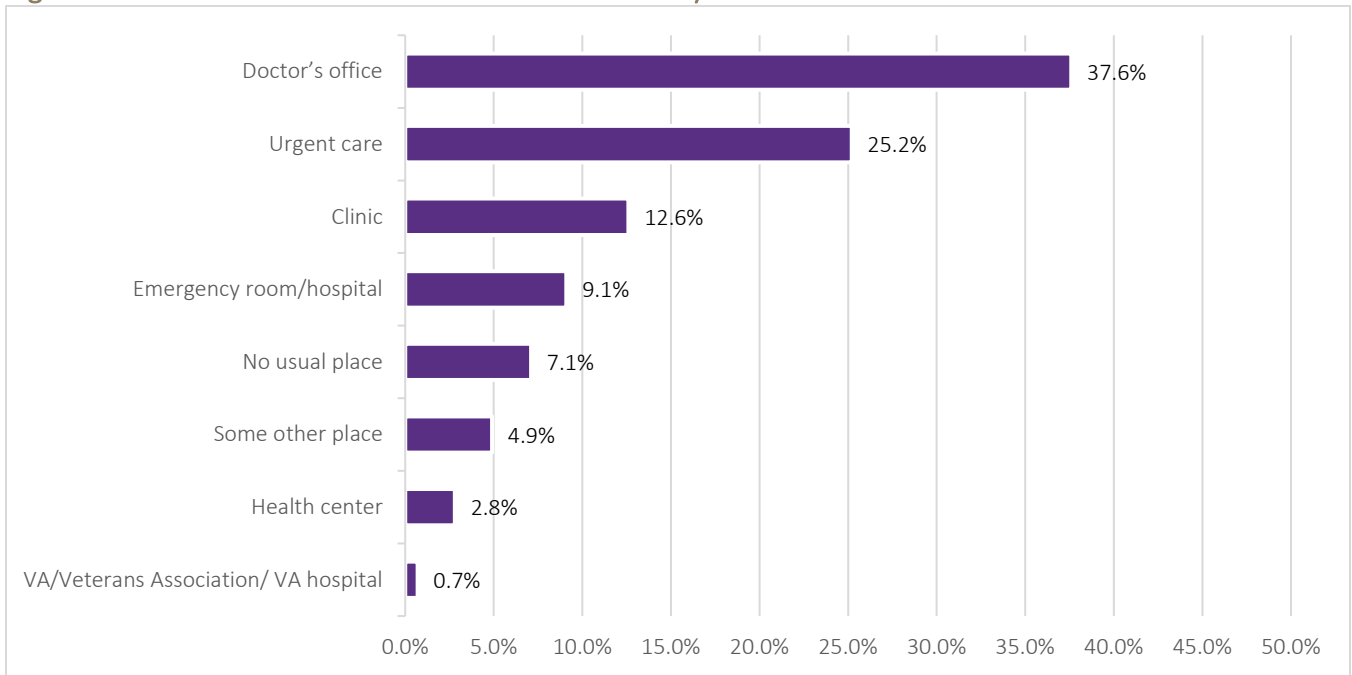
When looking at the Coachella Valley, most adults report that their usual source of care is a doctor’s office (37.6%) or an urgent care (25.2%), as illustrated in the figure on the subsequent page. About 9.1% of adults utilize the emergency room/hospital as a usual source of healthcare. The finding that so many of our residents seek usual care at an urgent care or emergency room/hospital is alarming. With continuity of care being important for patient health, it is important for residents to have a doctor that is accessible and familiar with their health history. No one should be using Urgent Care or the Emergency Room as their usual source of care, as this indicates they are not getting preventive care but merely addressing acute needs as they occur. Thus, it should be a top priority to find these individuals’ medical homes at clinics, health centers, or doctor’s offices.

¹¹⁴ California Health Interview Survey (2019).

¹¹⁵ Ibid.



Figure 17. Usual Source of Care in the Coachella Valley



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.



Clinical Preventative Services

“Normally we go to the doctor when something hurts us. We don’t go to the doctor for maintenance. There is information out there on television, radio, and press, but what happens when we don’t learn? Learning is a process. We don’t learn to read overnight.”

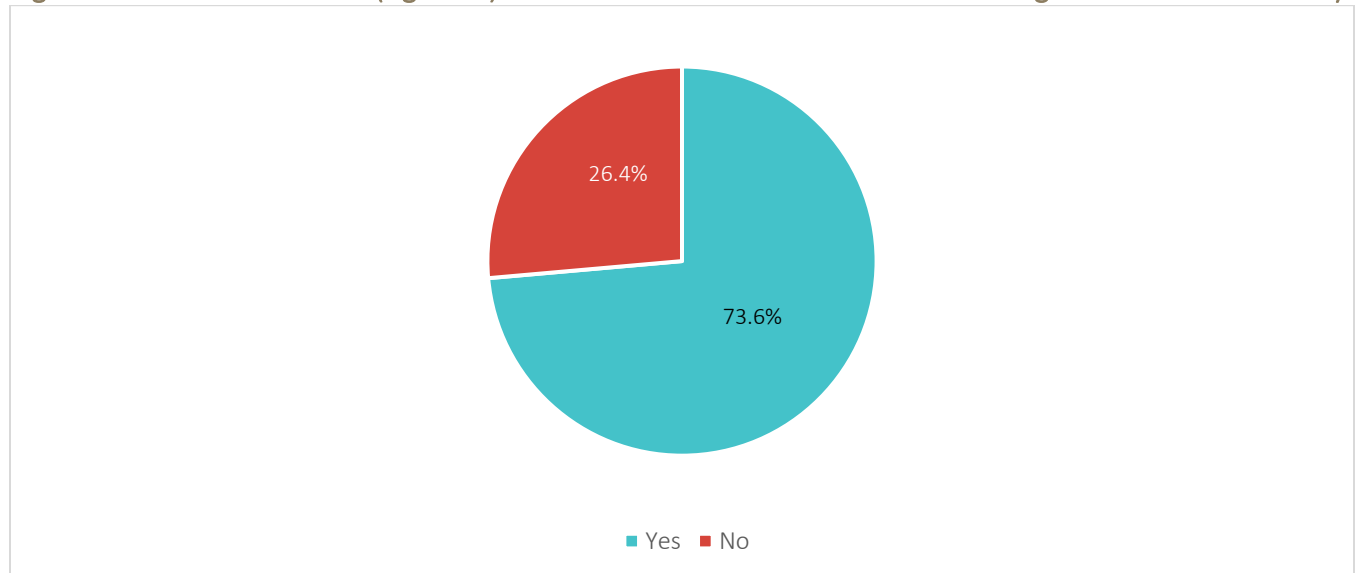
–Community Resident, translated from the Original Spanish

Colon Cancer Screenings

The U.S. Preventative Services Task Force recommends that adults age 50 to 75 should be regularly screened for colorectal cancer.¹¹⁶ Regular screening is essential to prevention.

Roughly 73.6% of Coachella Valley adults age 50 and older have received colorectal cancer screening at least once in their lives, as illustrated in the figure below. While the local rate of cancer screening is good, there is an additional 26.4% of the population who have yet to receive this vital health screening in their lifetime.

Figure 18. Percent of Adults (Age 50+) that Received Colorectal Cancer Screening in the Coachella Valley



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

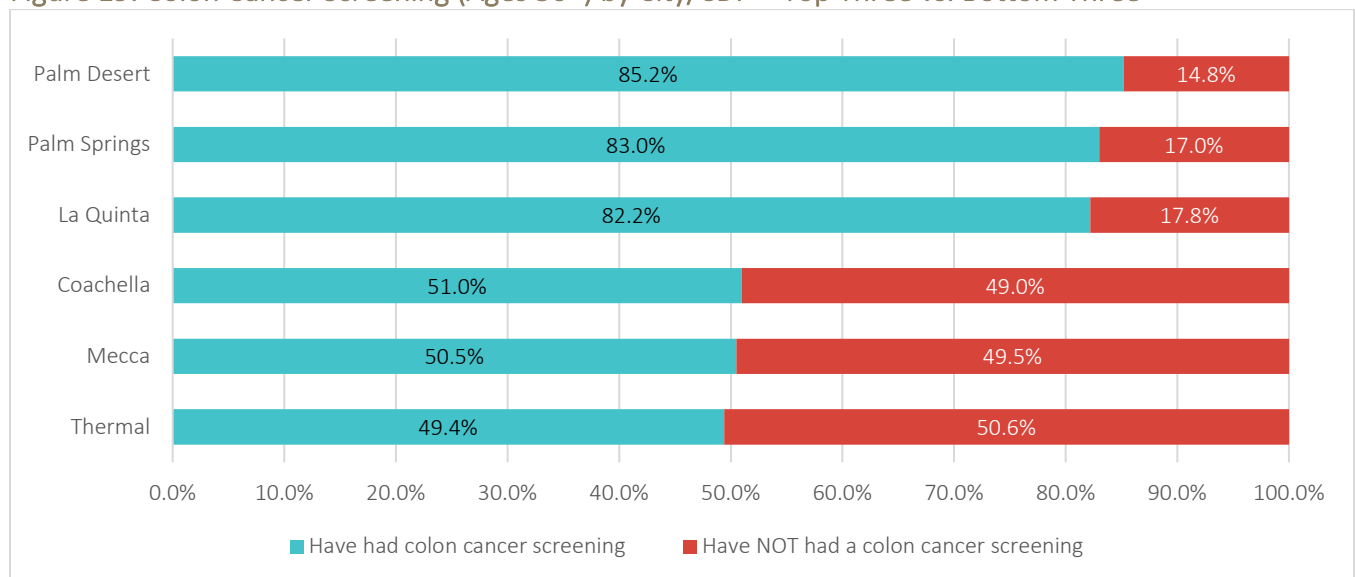
¹¹⁶ Colorectal Cancer: Screening (2016). U.S. Preventive Services Task Force. Available online here: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/colorectal-cancer-screening>



The figure below shows the cities/CDPs with the highest and lowest rates of people age 50 and older receiving a colonoscopy or sigmoidoscopy to check for colon cancer at least once in their lives. The cities/CDPs with the highest rate of colon cancer screening among adults age 50+ include Palm Desert (85.2%), Palm Springs (83.0%), and La Quinta (82.2%). The cities/CDPs with the lowest rates of colon cancer screening among adults age 50+ include Coachella (51.0%), Mecca (50.5%), and Thermal (49.4%); with nearly half of the population forgoing an important health screening that could prevent them from premature death.

See Appendix 15 for colon cancer screening data on 10 cities/CDPs.

Figure 19. Colon Cancer Screening (Ages 50+) by City/CDP – Top Three vs. Bottom Three



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

Partner Data – Colon Cancer Screening at Borrego Health

In 2019, Borrego Health saw 7,173 Coachella Valley adults ages 50 to 75. Of these, 40.4% had had an appropriate colorectal cancer screening recently, while 59.5% had not.

In this case, “appropriate screenings” can be defined as any one of the following: fecal occult blood test (FOBT) in the past year, fecal immunochemical test (FIT)-deoxyribonucleic acid (DNA) during the past three years, flexible sigmoidoscopy during the past five years, computerized cosmography (CT) colonography during the past five years, or colonoscopy during the past 10 years.



Partner Data – Colon Cancer Screening at Eisenhower Health

In 2019, Borrego Health saw 47,664 Coachella Valley adults ages 50 and over. Of these, 38.1% had had an appropriate colorectal cancer screening recently, while 61.9% did not have this screening.



Hypertension

High blood pressure, also known as hypertension, is a chronic condition that can lead to heart attack and stroke, which are some of the leading causes of death nationally and in the Coachella Valley.¹¹⁷ In the Coachella Valley, approximately 35.7% of adults have been diagnosed with high blood pressure by a healthcare provider.¹¹⁸ It is the most commonly diagnosed chronic disease in the Coachella Valley¹¹⁹ and should regularly be monitored among adults in our community.

Partner Data – Hypertension among Eisenhower Health Population

In 2019, approximately 56.2% of Eisenhower patients in the Coachella Valley who had hypertension also had their blood pressure under control (age-adjusted among those who are 18 and over) – equating to roughly 16,555 people.

Partner Data – Hypertension among IEHP Population

Inland Empire Health Plan (IEHP) is the largest non-profit Medicare-Medicaid plan in the United States. They cover the vast majority of Medi-Cal/Medicaid lives in the Coachella Valley.

In 2019, approximately 60.6% of IEHP patients in the Coachella Valley who had hypertension also had their blood pressure under control (age-adjusted among those who are 18 and over) – equating to roughly 249 people. This number is relatively low because this variable only includes patients who were continuously enrolled with IEHP.

¹¹⁷ American Heart Association (2016). What is high blood pressure? Available online at <https://www.heart.org/en/health-topics/high-blood-pressure/the-facts-about-high-blood-pressure/what-is-high-blood-pressure>

¹¹⁸ HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

¹¹⁹ Ibid.



Diabetes

Diabetes is a chronic condition that occurs when the body cannot make or use insulin, resulting in an excess of sugar in the bloodstream. This can lead to heart disease, vision loss, limb loss, and kidney disease.¹²⁰ The A1C test is a blood test that measures average blood sugar levels over the past three months. According to the CDC, a normal A1c result is below 5.7%, prediabetes is indicated by a result between 5.7% to 6.4%, and a result of 6.5% or more indicates diabetes. Reaching and maintaining one's A1c goal is essential to prevent complications with diabetes.¹²¹

In the Coachella Valley, roughly 12.2% of local adults have been diagnosed with diabetes by a healthcare provider, and another 3.6% have been diagnosed with borderline or pre-diabetes.¹²² People of certain ethnic groups, such as Hispanic/Latinos are more likely to develop diabetes due to several factors such as genetics, cultural foods, and higher weight rates in the community. Knowing that half of the Coachella Valley population is Hispanic/Latino, it is likely they are being affected more.

Partner Data – Diabetes Under Control among Eisenhower Population

Eisenhower measures “diabetes control” by the metric of an A1C test value that is less than 9%.

In 2019, approximately 70.9% of Eisenhower adult patients in the Coachella Valley who were diagnosed with diabetes had an A1C that was less than 9% and therefore defined as “well controlled.” This equates to roughly 5,387 people who had their A1C under control and 2,211 people who did not have their A1C under control.

¹²⁰ Centers for Disease Control and Prevention (2019). About Diabetes. Available online at www.cdc.gov/diabetes/basics/diabetes.html

¹²¹ Centers for Disease Control and Prevention (2019). All About Your A1c. Available online at: <https://www.cdc.gov/diabetes/managing/managing-blood-sugar/a1c.html>

¹²² HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org



Partner Data – Diabetes Under Control among IEHP Population

IEHP measures “diabetes control” by the metric of an A1C test value that is less than 8%.

In 2019, approximately 57.4% of IEHP adult patients in the Coachella Valley who were diagnosed with diabetes had an A1C that was less than 8% and therefore defined as “well controlled.” This equates to roughly 33,548 people who had their A1C under control and 24,877 people who did not have their A1C under control.



Childhood Vaccinations

It is very important for young children to be vaccinated in a timely manner, as this provides immunity before children are exposed to life-threatening diseases. Because of this, the Advisory Committee on Immunization Practices (ACIP) publishes and maintains a vaccination schedule for parents to follow to ensure their children are vaccinated with the correct vaccinations and at the appropriate time. The ACIP is comprised of vaccine experts, scientists, doctors, and public health professionals and they reexamine the vaccination schedule three times per year.¹²³ The CDC publishes the vaccination schedule on their website.¹²⁴

The definition of “timely childhood immunizations” is whether children have had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three Hepatitis B (Hep B); one chicken pox (VZV); four pneumococcal conjugate (PCV); one Hepatitis A (Hep A); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

In Riverside County, 96.3% of kindergarteners enter school with all of the required immunizations (including 4+ DTP, 3+ Polio, 2+ MMR, 3+ Hep B, and 1+ Var).¹²⁵

Partner Data – Timely Childhood Immunizations at Borrego Health

Borrego Health treated 912 Coachella Valley two-year-olds in 2019. Of these two-year-olds, 23.9% had received all of these immunizations, while 76.1% were missing one or more. Given that Borrego traditionally serves those who are underserved, the data suggests that approximately 694 under-resourced two-year-olds are in need of the recommended vaccines.

¹²³ Centers for Disease Control and Prevention (2021). Who Sets the Immunization Schedule? Available online at: <https://www.cdc.gov/vaccines/parents/schedules/sets-schedule.html>

¹²⁴ Centers for Disease Control and Prevention (2019). Vaccines for Your Children. Available online at: <https://www.cdc.gov/vaccines/parents/index.html>
<https://www.cdc.gov/vaccines/schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

¹²⁵ California Department of Public Health, Immunization Branch. (2018). 2018-2019 Kindergarten Immunization Assessment – Executive Summary. Available online at <https://eziz.org/assets/docs/shotsforschool/2018-19CAKindergartenSummaryReport.pdf>



Partner Data - Timely Childhood Immunizations at IEHP

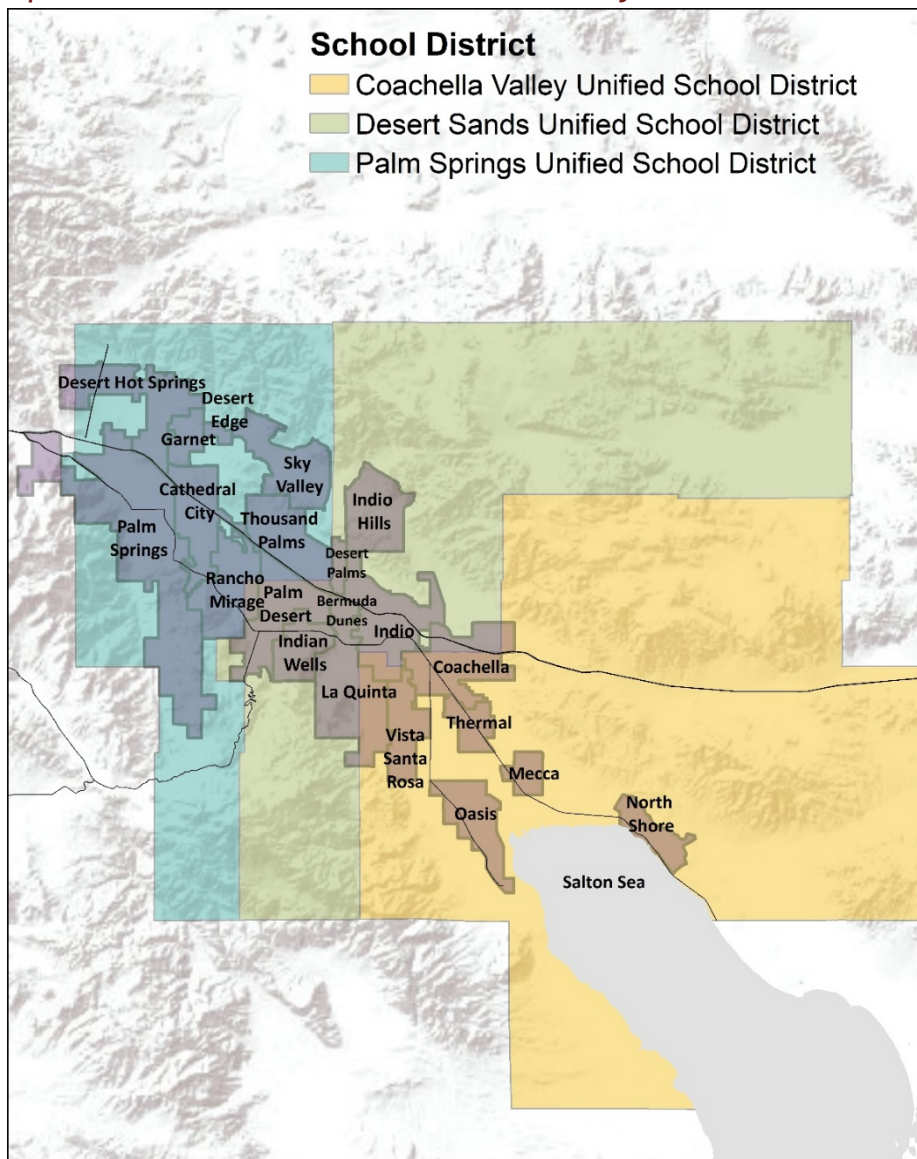
Of the two-year-olds treated by IEHP, approximately 74.0% had received all recommended immunizations, while 26.0% were missing one or more. This equates to roughly 17,812 children who received recommended vaccines and 7,258 children who did not have recommended vaccines by the age of two.



Education

In the education section of this report, there are many references made to the three school districts in the Coachella Valley. As such, the map below illustrates the geographic boundaries of the three school districts in our region: Coachella Valley Unified School District (CVUSD, 17,539 students), Desert Sands Unified School District (DSUSD, 26,982 students), and Palm Springs Unified School District (PSUSD, 21,705 students).¹²⁶

Map: School Districts in the Coachella Valley



¹²⁶ California Department of Education, 2020-21 Enrollment Data.



Reading Skills

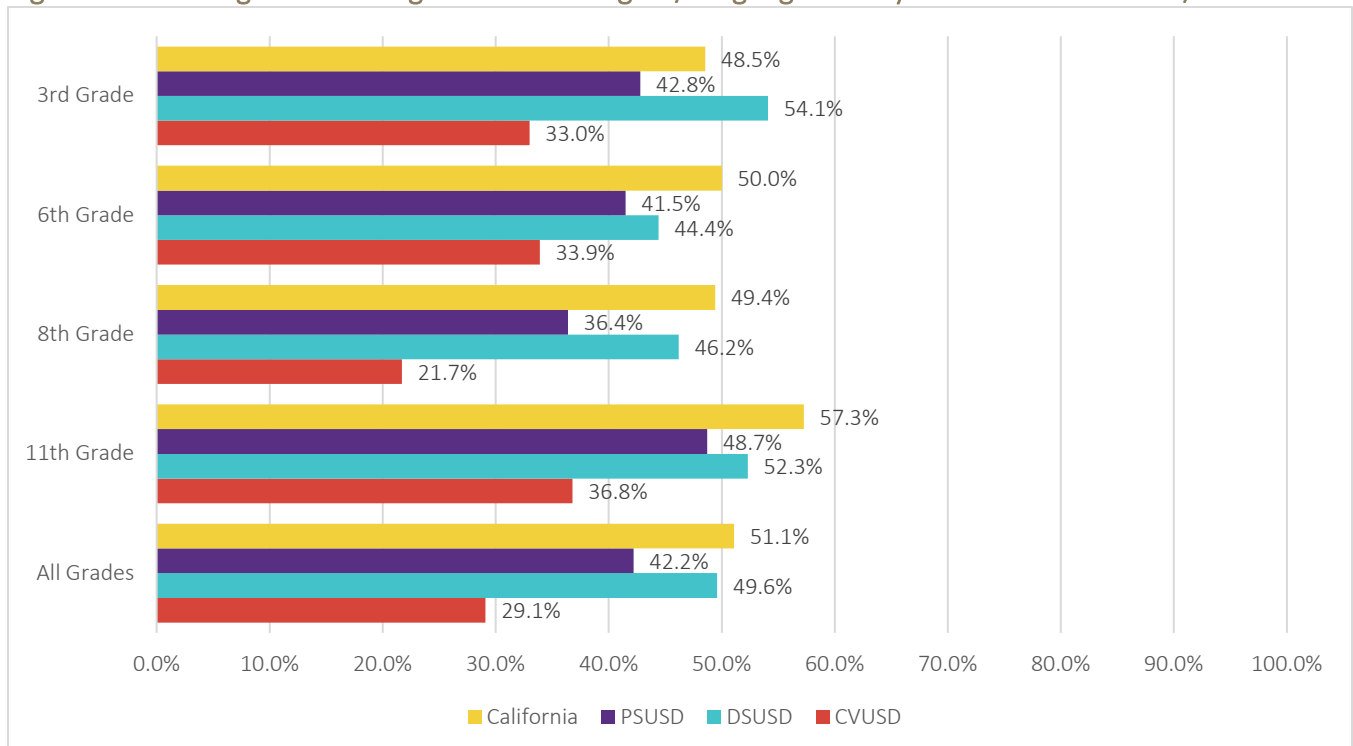
“There isn’t enough space or staff in after school programs, they’re all full. Many parents, especially low-income do not have the time or knowledge to help their children. Students are testing below average and not getting the help they need.” – Community Resident

Many students in the Coachella Valley are not meeting or exceeding the standard in English/Language Arts, which is concerning because this may indicate that many students are at risk of falling behind.

The figure on the subsequent page illustrates those students who meet or exceed the standards for English/Language Arts by grade level and by our three school districts; California data are included as well to provide a comparison.

Less than a third (29.1%) of students at Coachella Valley Unified School District (CVUSD) met or exceeded standards for English/language arts at any given grade. Less than half of students at Palm Springs Unified School District (PSUSD) (42.2%) and Desert Sands Unified School District (DSUSD) (49.6%) met or exceeded standards in English/language arts. Compared to the state of California, all of our school districts are underperforming at all grade levels.

Figure 20. Meeting or Exceeding Standard in English/Language Arts by Grade Level for 2018/2019



Source: California Department of Education (2018-2019). California Assessment of Student Performance and Progress.



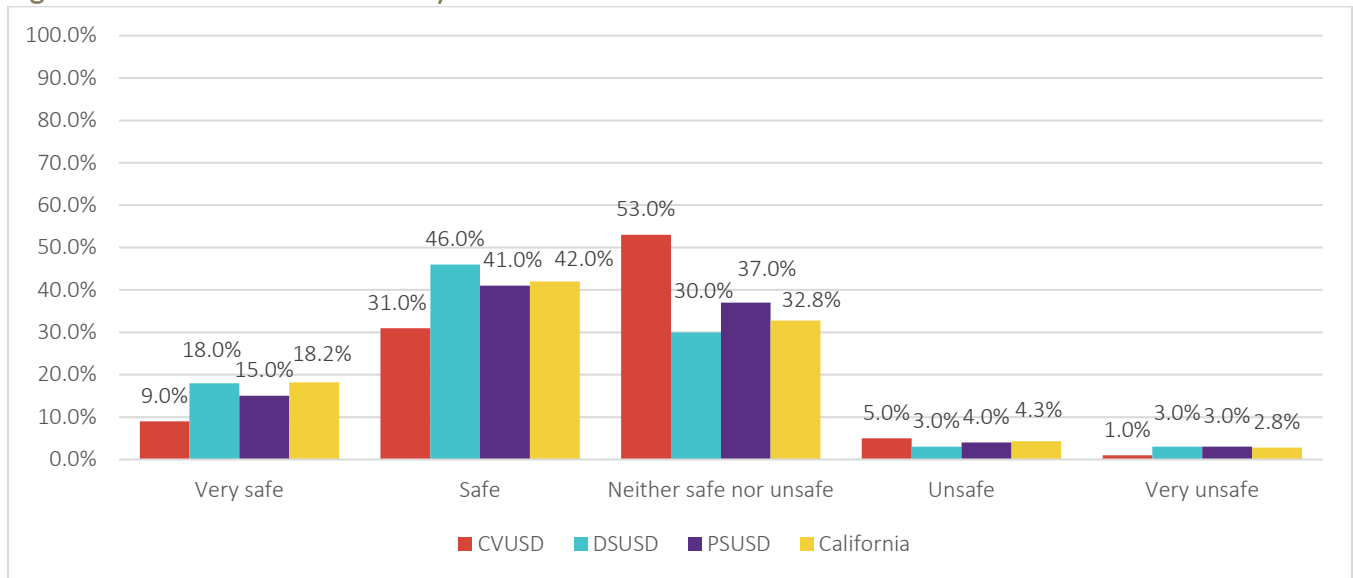
School Safety

Perceived School Safety

Safety at school has always been a priority for the community. Its importance has heightened in recent years due to an increase in school shootings across the nation. It is important our students feel safe so that it does not negatively affect their academic performance.

Eleventh graders mostly perceived their school safety as either “safe” or “neither safe nor unsafe.” Notably, more than half (53.0%) of 11th grade students at CVUSD reported “neither safe nor unsafe,” as illustrated in the figure below. In comparison to California, most of our school districts have similar levels of perceived school safety. However, CVUSD has a low percentage of students who feel “very safe” compared to DSUSD, PSUSD, and the state of California. The finding that CVUSD students may feel less safe than other school districts may be of concern to our community, as the hope is that all students feel “very safe” at school.

Figure 21. Perceived School Safety – Grade 11



Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year for each district was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

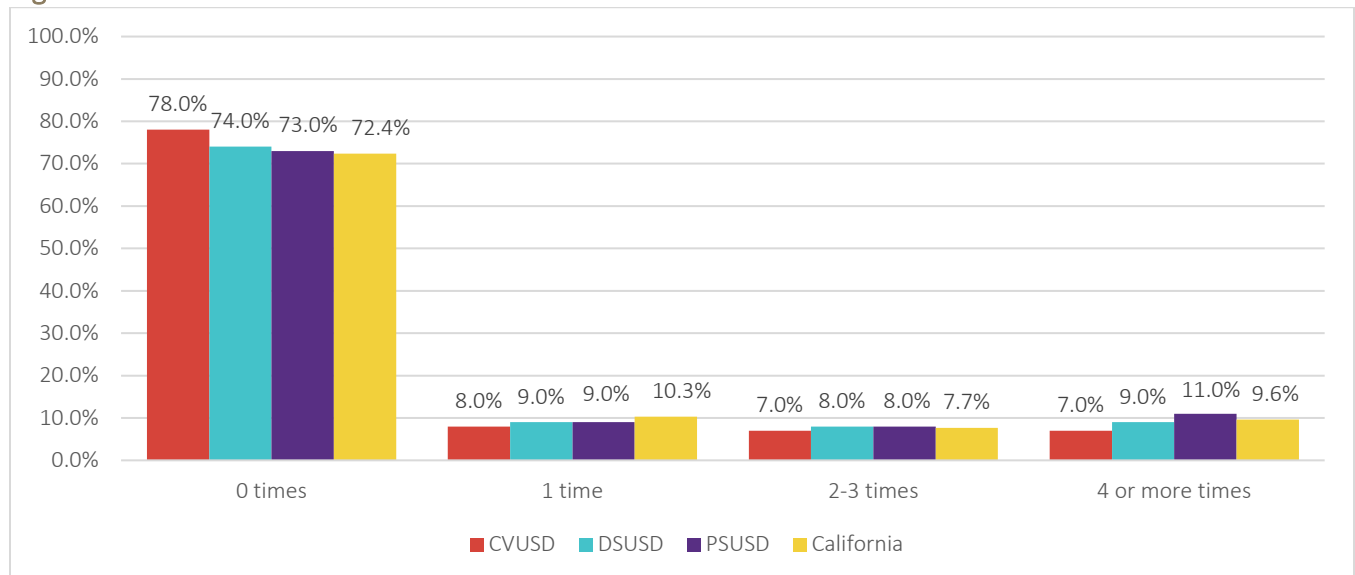


Verbal Harassment

Verbal harassment refers to jeering, insults, or slurs. Verbal harassment is a serious matter that may negatively impact the physical, emotional, and mental health of a student. It is crucial to monitor any verbal harassment in a learning environment to reduce the likelihood of adverse health outcomes such as self-harm, depression, or suicide.

Nearly three-quarters of 11th graders reported experiencing no verbal harassment in the past 12 months, as shown below. All three school districts had similar levels of verbal harassment when compared to the state of California. PSUSD has a slightly higher rate than other school districts for verbal harassment occurring “4 or more times” in the past twelve months.

Figure 22. Verbal Harassment in the Past 12 Months – Grade 11



Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

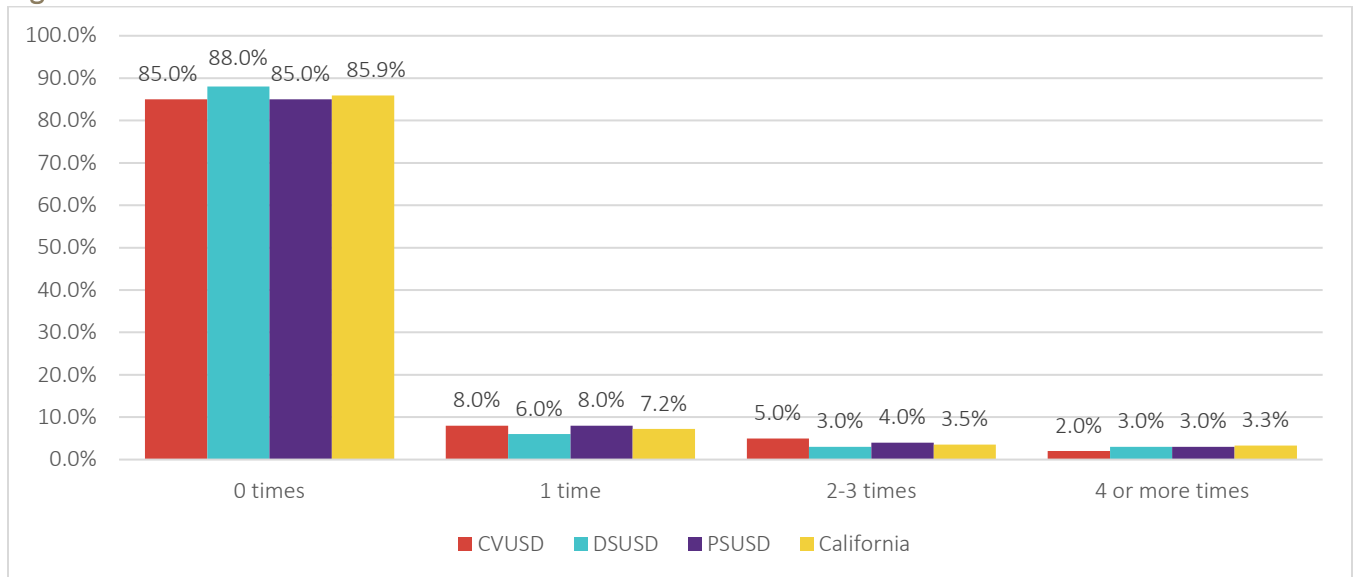


Violence or Victimization

Violence or victimization refers to physical assault (i.e., pushed, slapped, hit, kicked, etc.). This is a serious matter that is grounds for suspension or expulsion. There is a zero-tolerance policy enforced across all school districts in our community. It is a serious issue because violence or victimization may result in negative physical, emotional, and mental health for our students.

Likewise, the majority of 11th graders in our school district reported not experiencing violence or victimization in the past 12 months. Similarly, at the state level, the majority of 11th graders reported low levels of violence or victimization in the past year.

Figure 23. Violence or Victimization in the Past 12 Months – Grade 11



Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).



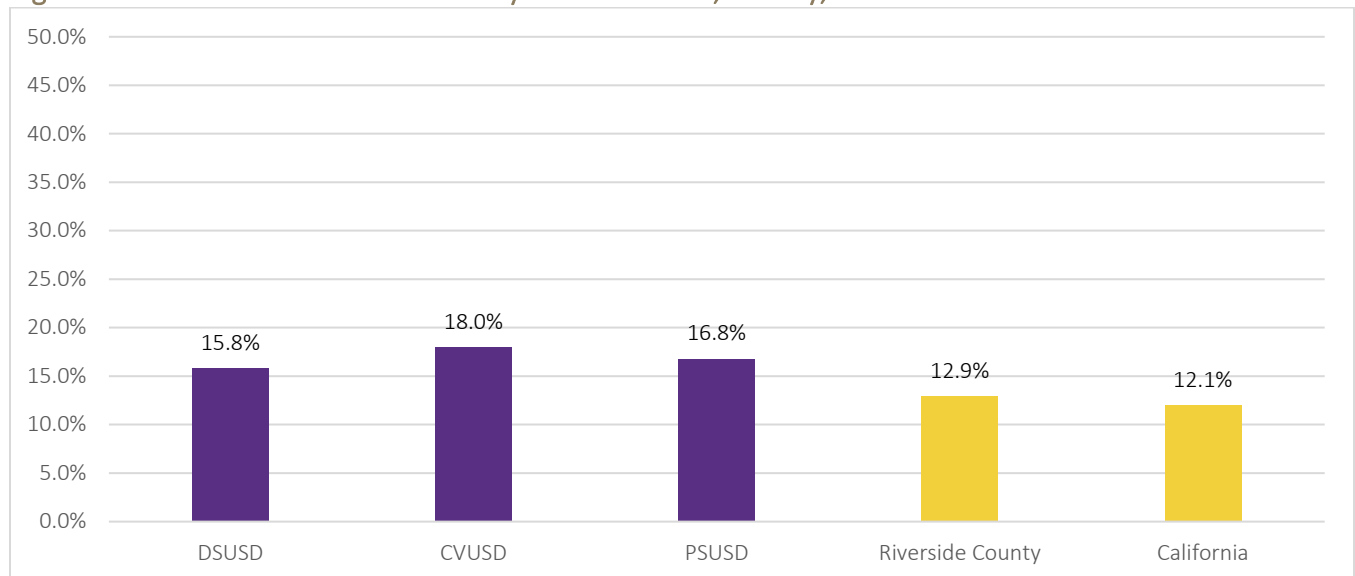
Student Behaviors of Concern

School Absenteeism

School absenteeism is a strong predictor of later academic success.¹²⁷ In short, you cannot learn if you are not in school. Absenteeism can have detrimental consequences, including low reading proficiency, higher rates of school dropouts, and a higher likelihood of incarceration in adulthood.¹²⁸ Students are considered chronically absent if they miss 10% or more days that they were expected to attend school.

The chronic absenteeism rate among the three districts is relatively similar, as illustrated in the figure below. Overall, between 15% and 18% of local students are chronically absent, which makes it difficult to keep up with learning and increases their chances of dropping out. The rate of chronic absenteeism across our school districts is slightly higher than county and state averages, indicating a need for intervention. It may be that transportation is a problem; see the community member quote in the transportation section of this report.

Figure 24. Chronic Absenteeism Rate by School District, County, and State



Source: California Department of Education DataQuest (2018-2019).

¹²⁷ Gottfried, M. A. (2011). The detrimental effects of missing school: Evidence from urban siblings. *American Journal of Education*, 117, 147–182.

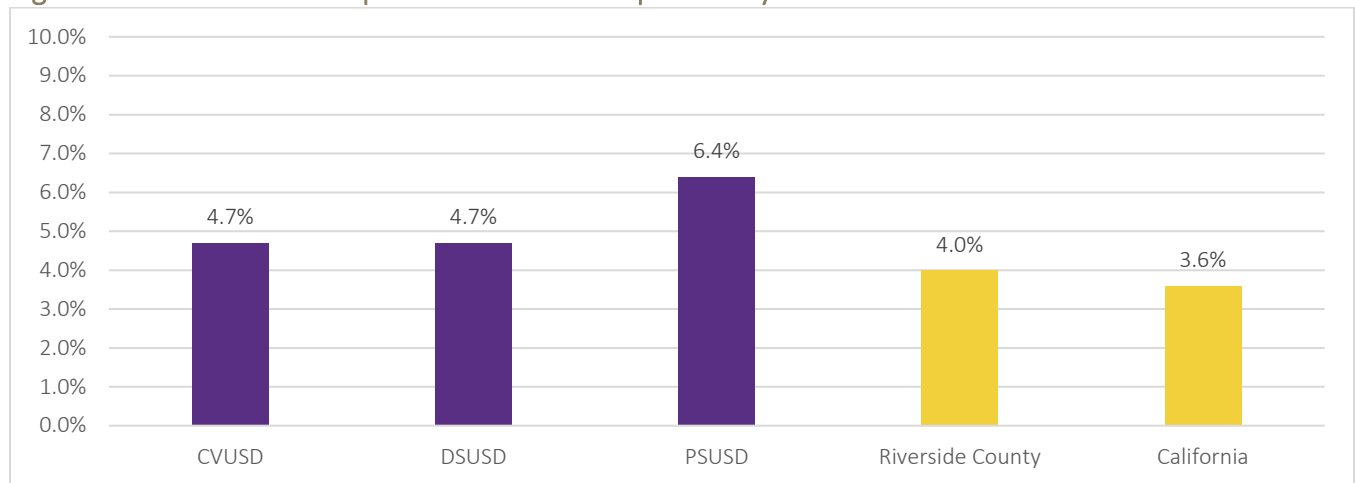
¹²⁸ U.S. Department of Education. Chronic Absenteeism in the Nation's Schools. Available online here: <https://www2.ed.gov/datastory/chronicabsenteeism.html#four>



School Suspensions

Suspension from school is the result of a student’s misconduct in an academic and/or behavioral capacity. PSUSD had the highest suspension rate in the Coachella Valley with 6.4% of the student body being suspended in 2018-2019, as illustrated in the figure below. The suspension rate for CVUSD and DSUSD was slightly lower with a rate of 4.7%. However, all local school districts have a higher suspension rate than Riverside County (4.0%) and California (3.6%).

Figure 25. Number of Unduplicated Students Suspended by School District



Source: California Department of Education DataQuest (2018-2019).

As illustrated in the table below, the most common reasons for suspensions are violent incidents (e.g., bullying, caused physical injury, committed an act of hate violence, hazing, sexual harassment, etc.). CVUSD and PSUSD have slightly higher percentages of suspensions resulting from violent incidents.

Table 12. Reasons for Suspension – Most Serious Offense Categories

Name	Number of Suspensions	Violent Incident	Weapon Possession	Illicit Drug Related	Defiance Only	Other Reasons
CVUSD	1,329	62.5%	3.1%	31.6%	0.0%	2.8%
DSUSD	1,970	54.0%	5.6%	26.1%	11.8%	2.6%
PSUSD	2,526	62.6%	2.7%	20.3%	11.9%	2.5%
Coachella Valley Total	5,825	59.7%	3.8%	24.9%	9.1%	2.6%
Comparison: Riverside County	424,621	64.4%	3.3%	19.6%	9.9%	2.8%
Comparison: California	5,678,140	61.2%	2.9%	17.7%	14.6%	3.5%

Source: California Department of Education DataQuest (2018-2019).



ACEs

Adverse Childhood Experiences (ACEs) refer to potentially traumatic events occurring during childhood, including abuse (emotional, physical, or sexual), neglect (emotional or physical), and environmental issues of safety and stability (witnessing violence against a parent, substance abuse in household, mental illness in household, parental separation or divorce, or incarcerated household member).¹²⁹

Research has shown that children who are exposed to ACEs experience long-term effects that are detrimental to their quality of life as adults, such as risky health behaviors, chronic health conditions, low life potential, and early death.¹³⁰

There are typically 10 ACEs; however, this indicator, taken from HARC’s 2019 Coachella Valley Community Health Survey, measures only four ACEs, all within the “household instability” category. Because of the methods of this survey (phone interviews with parent/guardian proxies for the child), asking questions about child abuse or neglect is unlikely to yield valid information—that is, the parents may be unaware of the abuse/neglect or inclined not to disclose it. Thus, this measure under-represents the complete picture of ACEs, and focuses on four that could arguably be called “less traumatic” than the other six ACEs (abuse and neglect items include: physical abuse, emotional abuse, sexual abuse, physical neglect, emotional neglect, and parents/adults in home treated violently).

Approximately 41.4% of Coachella Valley children have experienced one or more of the four ACEs measured here. The most common ACE is parental divorce, followed by mental illness in the home, as illustrated in the table below.

Table 13. Type of ACEs – Coachella Valley

Type of ACEs	% of Children Who Experienced Any of the 4 ACEs
Child’s parents are divorced or separated	59.2%
Anyone in the household been depressed, mentally ill, or attempted suicide during child’s lifetime	47.7%
Anyone in the household been to jail or prison during child’s lifetime	22.0%
Anyone in the household been a problem drinker, alcoholic, or use street drugs during child’s lifetime	19.7%

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org

¹²⁹ Centers for Disease Control and Prevention. (2019). About Adverse Childhood Experiences. Available online at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html>

¹³⁰ Ibid.

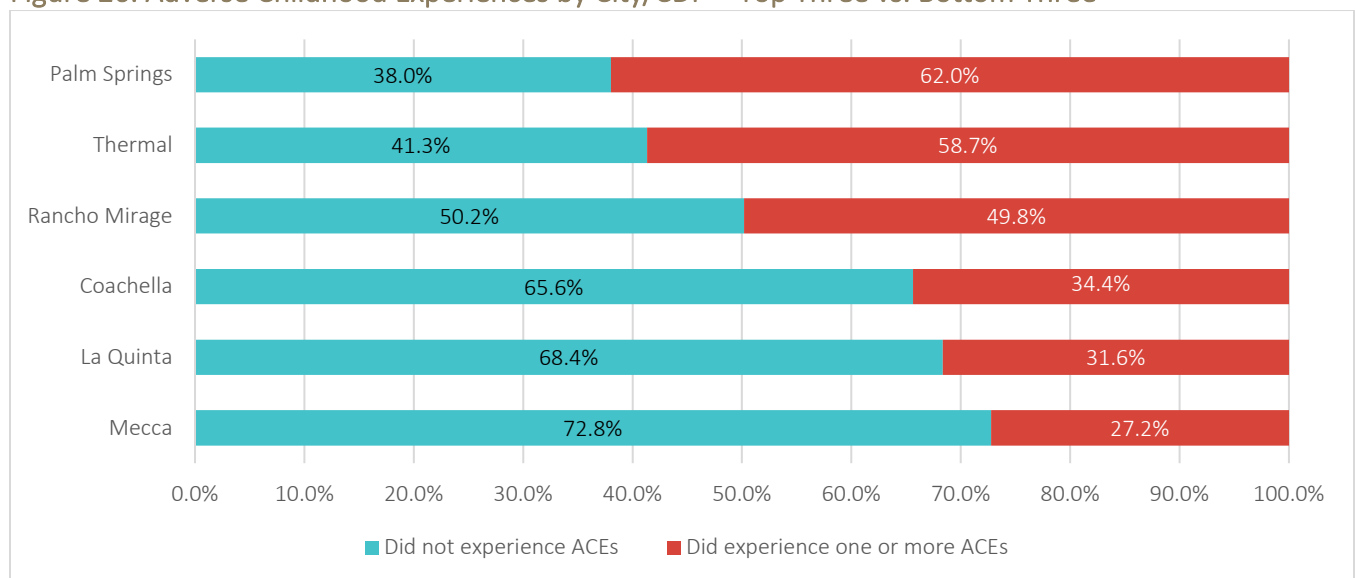


The figure below illustrates the percentage of children who have experienced one or more of the four ACEs measured in HARC’s survey (represented in red) versus the percentage of children who have not experienced any of those four ACEs (represented in teal).

More than half of the children living in the City of Palm Springs (62.0%) and Thermal (58.7%) have experienced one or more ACEs. Cities/CDPs that had the greatest proportion of children who had not experienced any of these four ACEs include Coachella (34.4%), La Quinta (31.6%), and Mecca (27.2%). It is worth noting that the experience of one or more ACEs seems to be unaffected by income, geography, or race/ethnicity.

See Appendix 16 for ACEs data on 10 cities/CDPs.

Figure 26. Adverse Childhood Experiences by City/CDP – Top Three vs. Bottom Three



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.



Graduation and Beyond

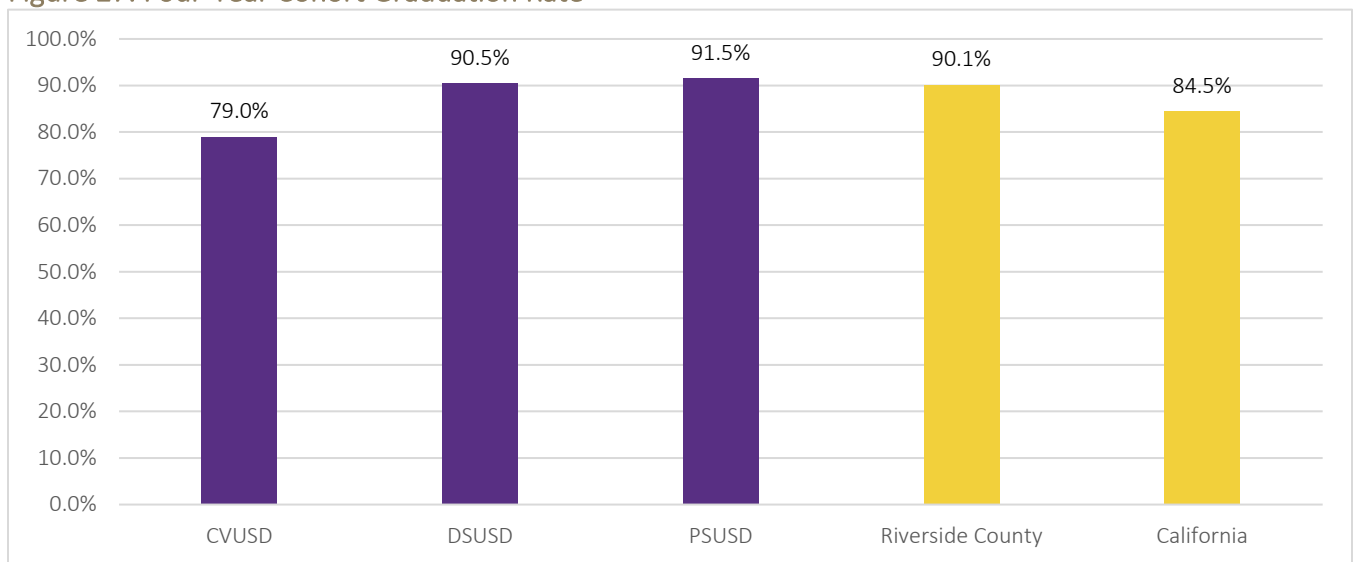
Students Graduating from High School within Four Years of Starting 9th Grade

“One big issue is the graduation rate. In the Eastern Coachella Valley, the graduation rate is significantly less than the other two school districts. It needs to be addressed and we need to see why there is a difference.” – Community Resident

Graduating from high school presents a higher quality of life for youth, such as lower unemployment rates and higher-paying wages/salaries.¹³¹ It is critical for our students to graduate from high school so that they may continue their education and/or enter the workforce.

In our community, the highest rates of four-year cohort graduation occur in DSUSD (90.5%) and PSUSD (91.5%). However, CVUSD has a substantially lower four-year cohort graduation rate (79.0%), which is also lower than Riverside County (90.1%) and California (84.5%), as illustrated in the figure below. Evidently, there is a need to increase the high school graduation rate for CVUSD students because it is the only district in our community that falls below the state average. The CVUSD school district is also notably located in the East Coachella Valley; thus, these disparities in the graduation rates are likely representative of social/economic inequities in the region, as described earlier in this report. CVUSD is also the smallest of the three school districts and may have fewer resources as a result.

Figure 27. Four-Year Cohort Graduation Rate



Source: California Department of Education DataQuest. (2018-2019).

¹³¹ Bureau of Labor Statistics. (2018). Measuring the Value of Education. Available online here: <https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm>



College-Going Rates

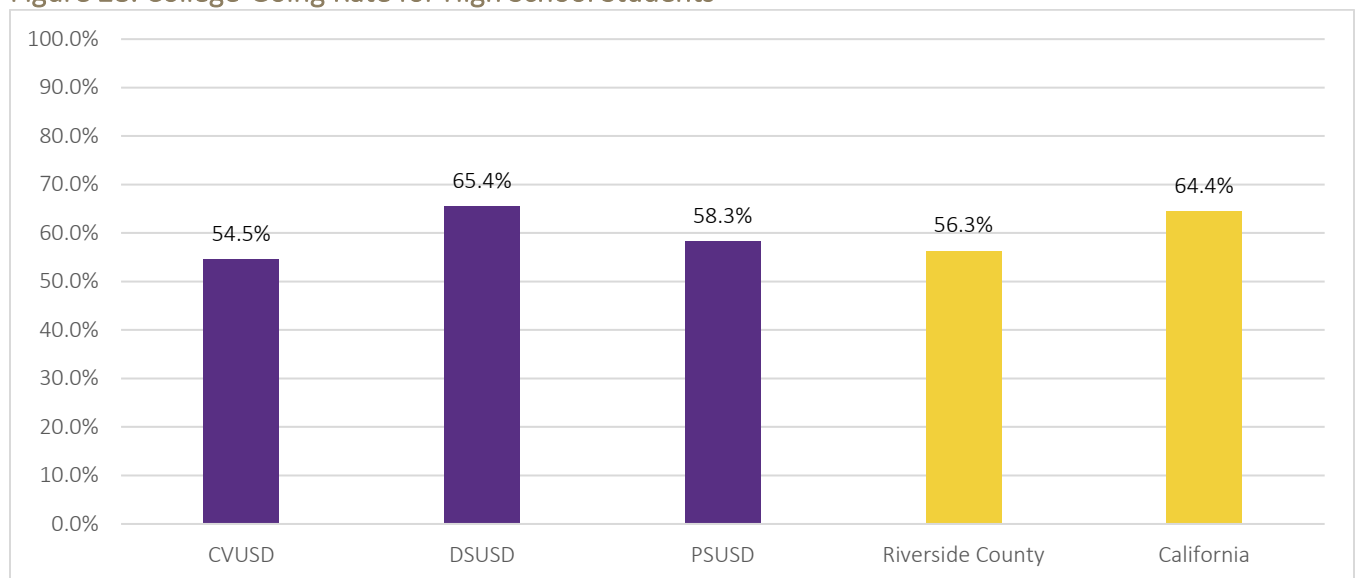
“We need to give students college scholarships or something. Sometimes the family does not have the resources to send them to college and even if the students want to go, they don’t.”

–Community Resident, translated from the original Spanish

The College-Going Rate (CGR) is the percentage of high school students who complete high school in a given year and then subsequently enroll in any type of postsecondary institution in the United States within 12 to 16 months.¹³²

The school district with the highest CGR is DSUSD, followed by PSUSD and CVUSD. A potential reason why DSUSD may have the highest college-going rate in comparison to the other two school districts is because it is the wealthiest school district in our community; that is, as illustrated in this report, about 70% of the children in DSUSD qualify for free and reduced-price lunch, while rates in PSUSD and CVUSD are about 90%. Additionally, DSUSD is the largest of the three school districts and thus may be able to leverage more resources than the smaller school districts. Although CVUSD and PSUSD have lower CGRs, FAFSA workshops, PSAT testing, and other college-related programs may help increase the number of college-bound Coachella Valley students.

Figure 28. College-Going Rate for High School Students



Source: California Department of Education DataQuest (2017-2018).

¹³² California Department of Education. (July 2019). Information about the College-Going Rates. Available online here: <https://www.cde.ca.gov/ds/sd/sd/cgrinfo.asp>



Associate Degree Attainment

“Not everybody needs to go to college. But there are lots and lots of good paying jobs if you receive the vocational training. That's always been a problem – we have a lack of vocational training.”

– Community Resident

While some view an associate degree as a path to other higher degrees, an associate degree alone can be useful. Individuals with an associate degree earn more money and are less often unemployed in comparison to people with a high school degree alone.¹³³ Nationally, 8.5% of adults ages 25+ have an associate degree; the rate is 7.8% in California.¹³⁴ As such, this section outlines the cities/CDPs with an associate degree who are thus suited for certain jobs in our region (e.g., hospitality).

The three cities/CDPs with the highest percentage of individuals with an associate degree include Desert Edge (10.3%), Desert Palms (9.2%), and Bermuda Dunes (9.0%). All of these are higher than the national average. In contrast, less than one percent of adults 25 and over in Thermal (0.8%), North Shore (0.7%), and Oasis (0.3%) have an associate degree, as illustrated in the figure on the subsequent page. There may be many reasons behind the low associate degree attainment in these three cities, including the disparities that exist in the Eastern Coachella Valley.

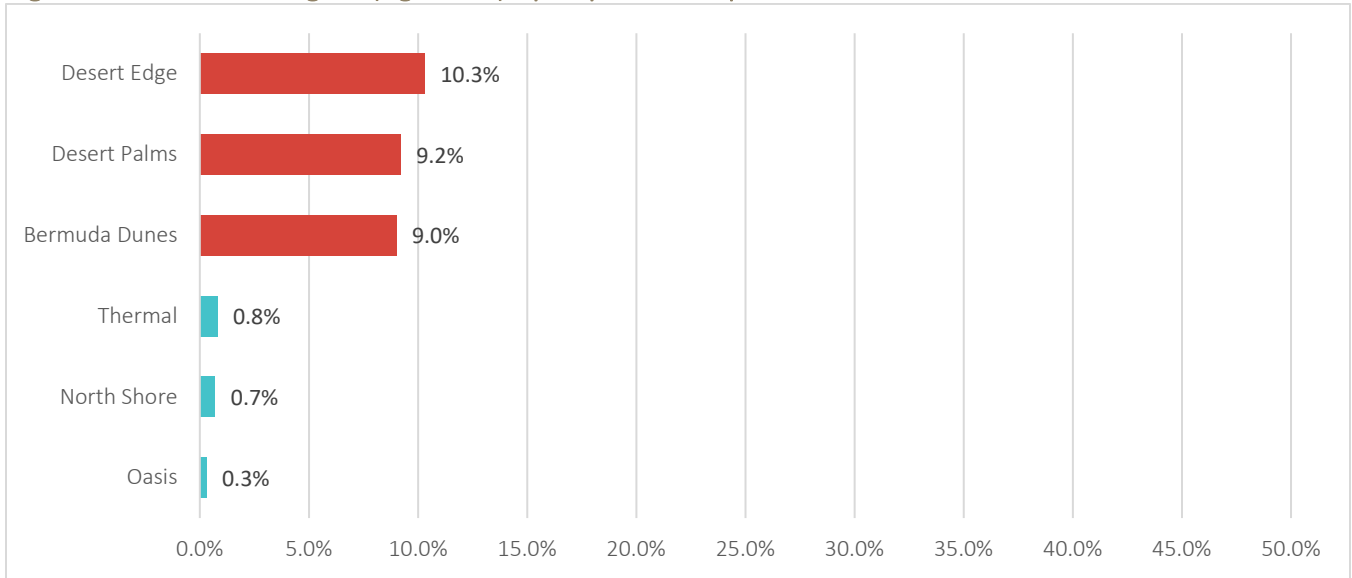
See Appendix 17 for associate degree attainment data on all 21 cities/CDPs.

¹³³ U.S. Bureau of Labor Statistics. (September 2019). Unemployment rates and earnings by educational attainment. Available online here: <https://www.bls.gov/emp/chart-unemployment-earnings-education.htm>

¹³⁴ American Community Survey – Five Year Estimates. (2015 - 2019).



Figure 29. Associate Degree (Ages 25+) by City/CDP – Top Three vs. Bottom Three



Source: American Community Survey – Five Year Estimates. (2015-2019).



Bachelor's Degree Attainment or Greater

Higher education is linked to higher-paying jobs, better health outcomes, and a higher quality of life overall. Nationally, 32.2% of adults ages 25 and older have a bachelor's degree or more, as do 34.0% of adults in California. Rates in the Coachella Valley are lower overall: roughly 25.5% of people aged 25 and over have earned a college degree or higher.¹³⁵

However, not all cities/CDPs have equal educational attainment. The three cities/CDPs with the highest rates of education (depicted in teal in the figure on the following page) include Indian Wells (55.5%), Rancho Mirage (45.0%), and Desert Palms (42.2%). Each of these cities/CDPs has rates that are more than double the national average. Not surprisingly, these cities/CDPs are also fairly wealthy, further emphasizing the correlation between education and income.

Conversely, the three cities/CDPs with the lowest percentages of bachelor's degree attainment (or higher) are North Shore (2.2%), Mecca (0.8%), and Thermal (0.0%). These cities/CDPs, represented in red in the figure on the subsequent page, have virtually no residents with four-year college degrees.

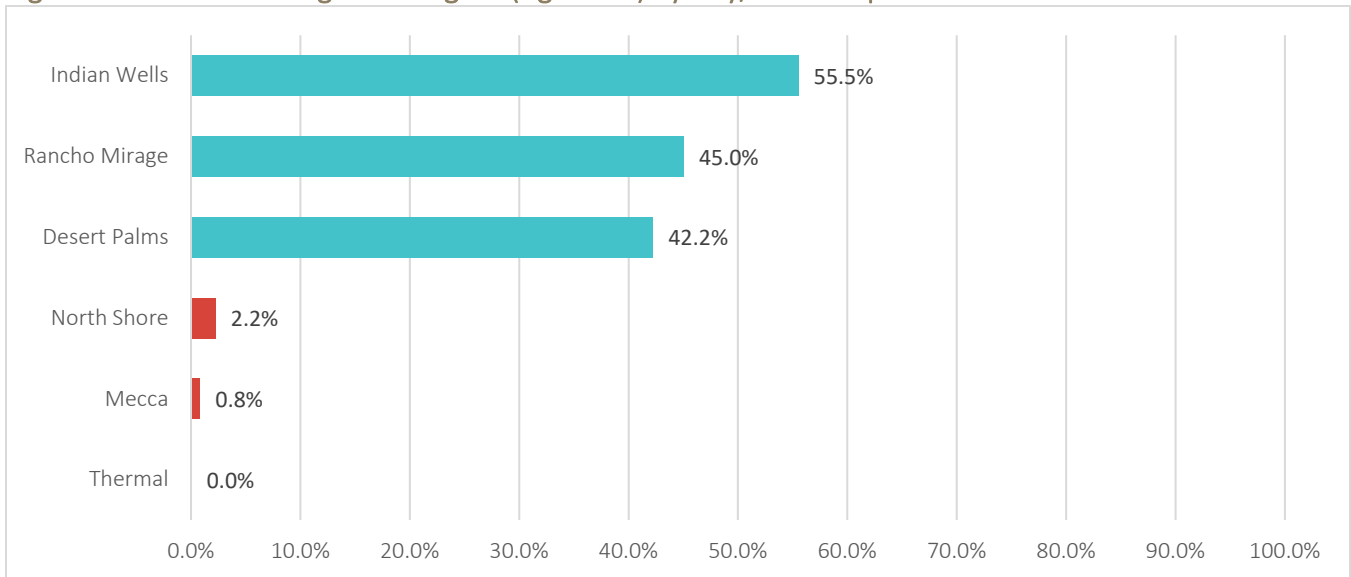
In sum, the cities/CDPs with the highest degree attainment rates are more than 20 times higher than the rates of the lowest cities/CDPs. Note that all the cities/CDPs with the highest college graduation rates are in the central part of the Coachella Valley, have higher median incomes, and are predominantly non-Hispanic/Latino. Conversely, those cities/CDPs with the lowest college degree attainment rates are in the far eastern part of the Valley, have lower median incomes, and are predominantly Hispanic/Latino. Thus, geographic access, household income, and ethnicity may be linked to educational attainment.

See Appendix 17 for bachelor's degree or higher attainment data on all 21 cities/CDPs.

¹³⁵ American Community Survey – Five Year Estimates. (2015-2019).



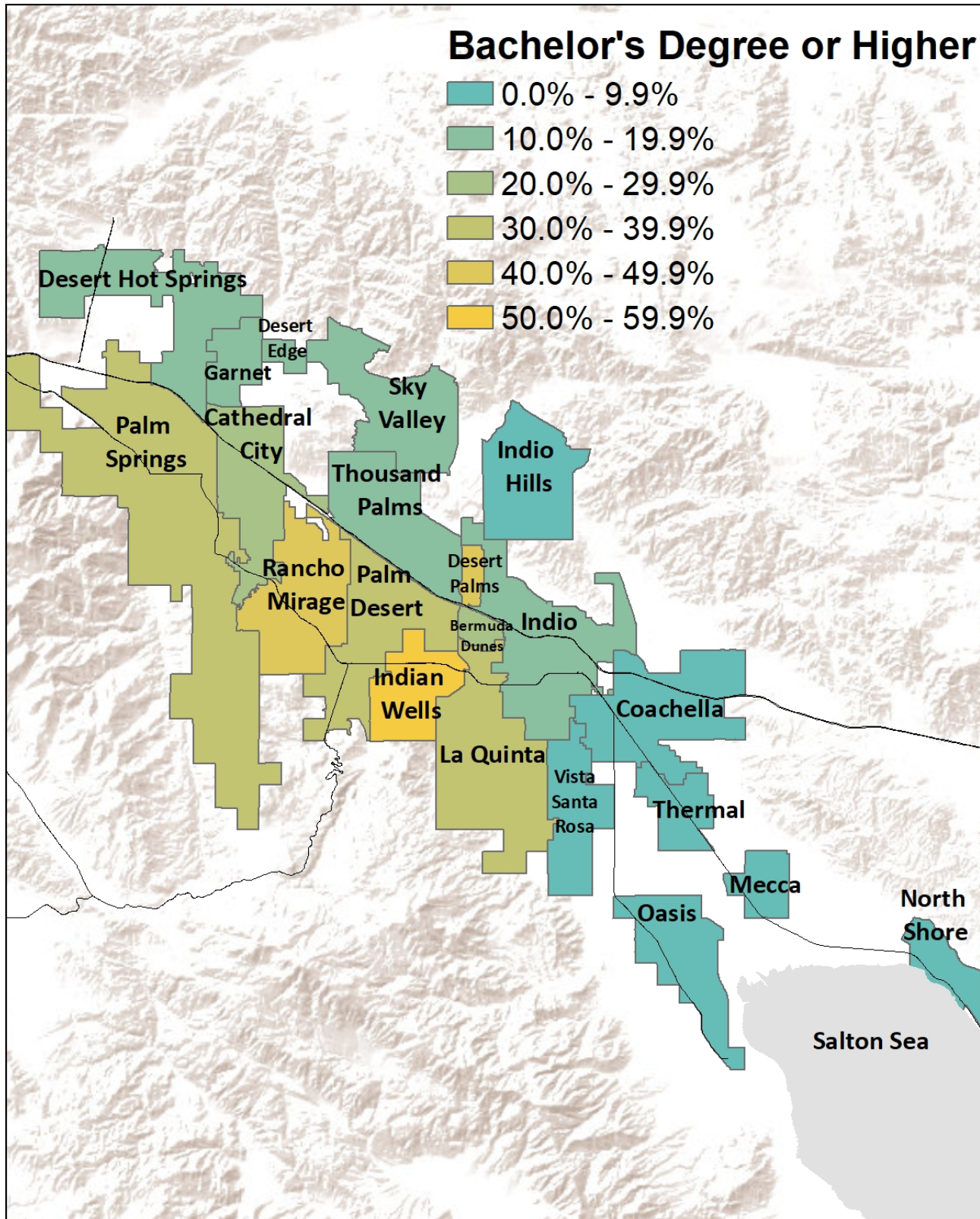
Figure 30. Bachelor's Degree or Higher (Ages 25+) by City/CDP – Top Three vs. Bottom Three



Source: American Community Survey – Five Year Estimates. (2015-2019).



Map: Bachelor's Degree or Higher (Ages 25+)



Source: American Community Survey – Five Year Estimates. (2015-2019). Map created by HARC.

