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.[1] 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.[2]

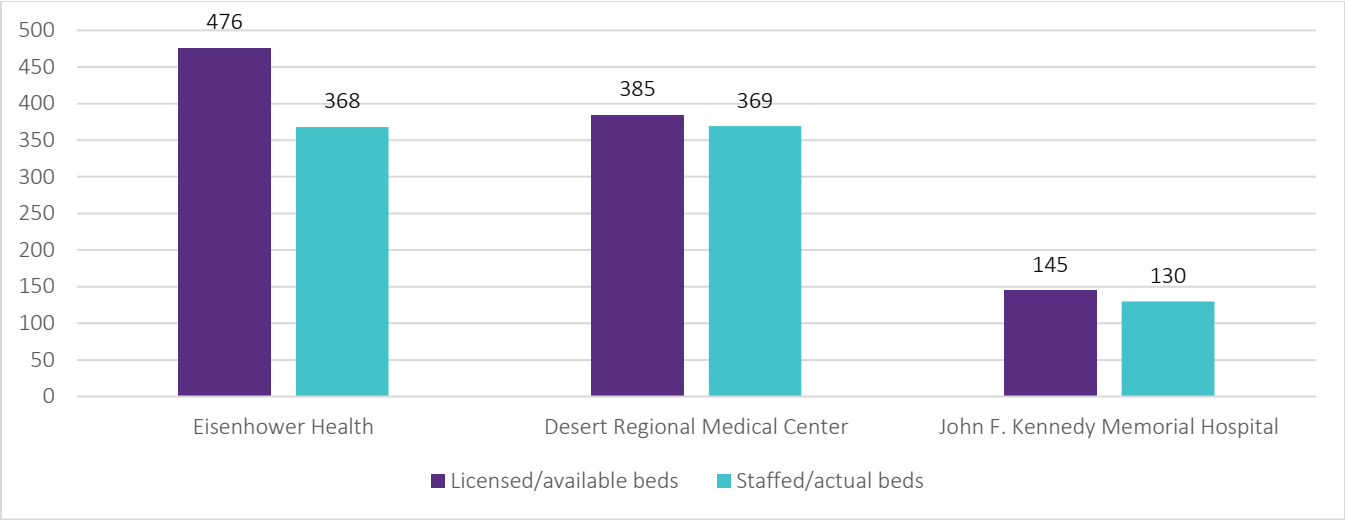
It should also be noted that the two hospitals with the most beds are located in the West Valley – Desert Regional Medical Center (located in Palm Springs) and Eisenhower Medical Center (located in Rancho Mirage). John F. Kennedy Hospital is located in Indio; however, there are only 145 actual hospital 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.

Figure 1. Number of Beds for Each Hospital

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

[2] 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



Source: American Hospital Directory (2020).

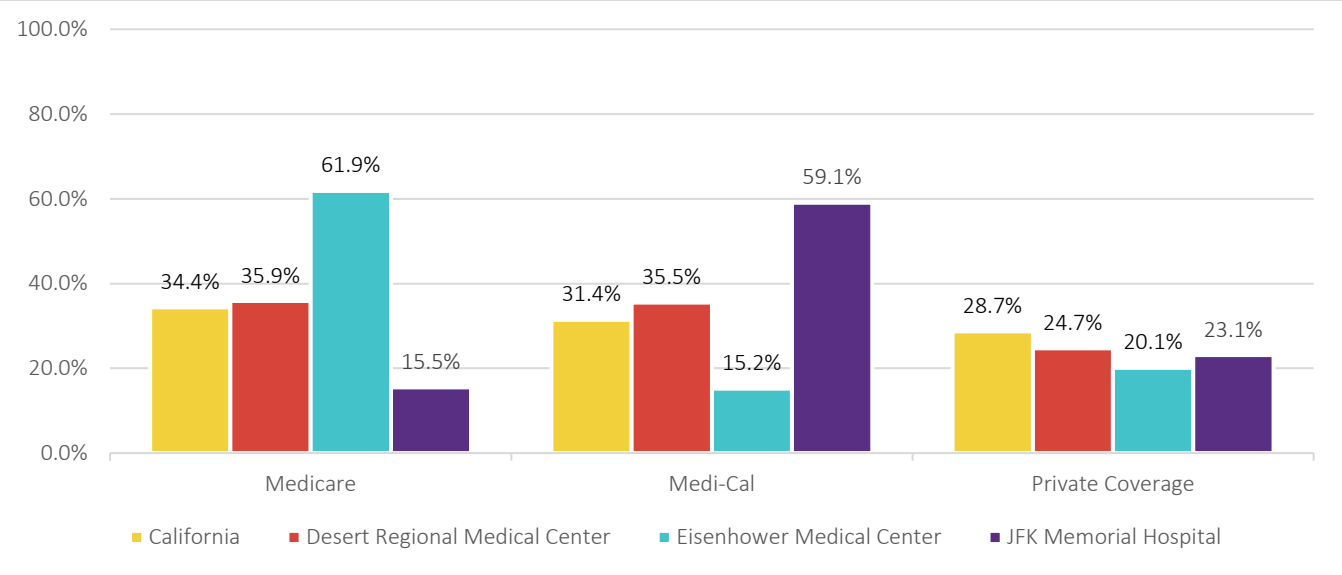
Expected Payer Source

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.

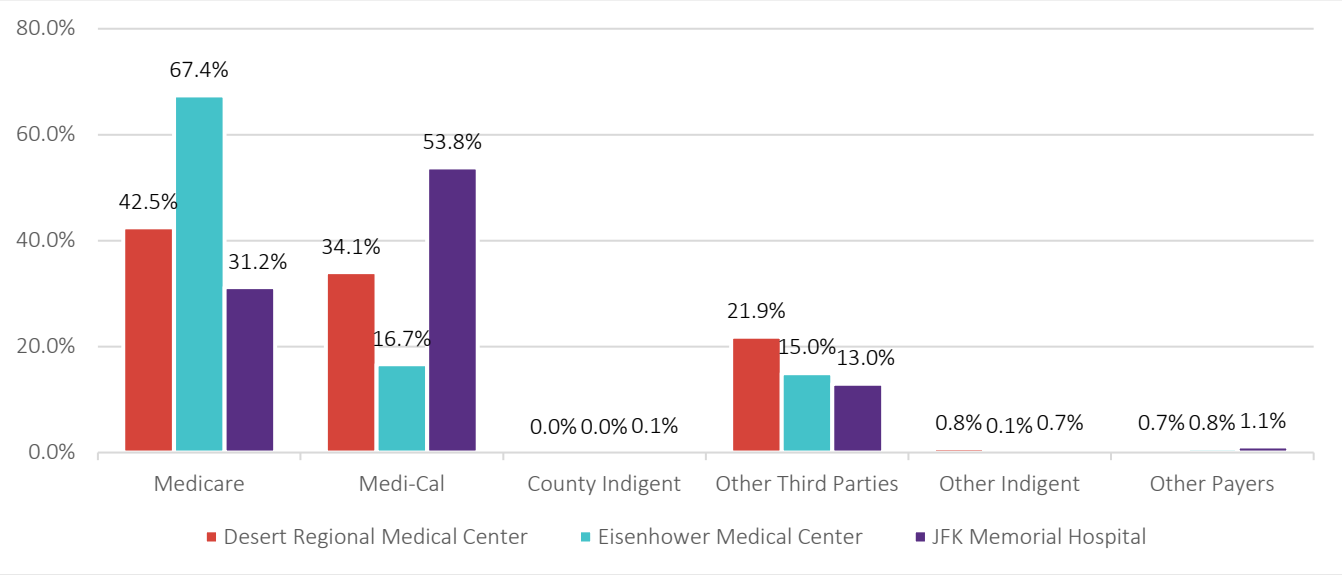
Figure 2. Expected Payer Source Among Inpatient Discharges



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 3. 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

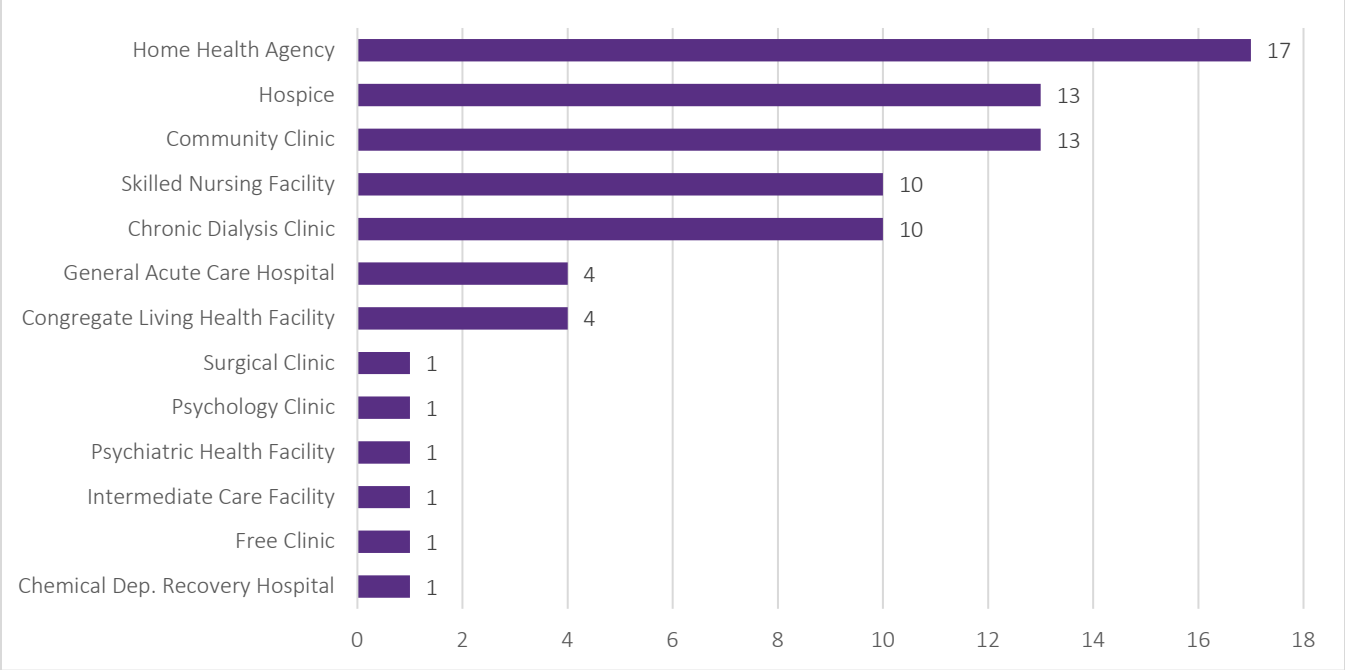
"A lot of people don't have access to a clinic. They have to pay out-of-pocket and the price is not very accessible to everyone. Both physical care and mental health."
–Community Resident, translated from the original Spanish

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 4. Licensed Healthcare Facilities in the Coachella Valley



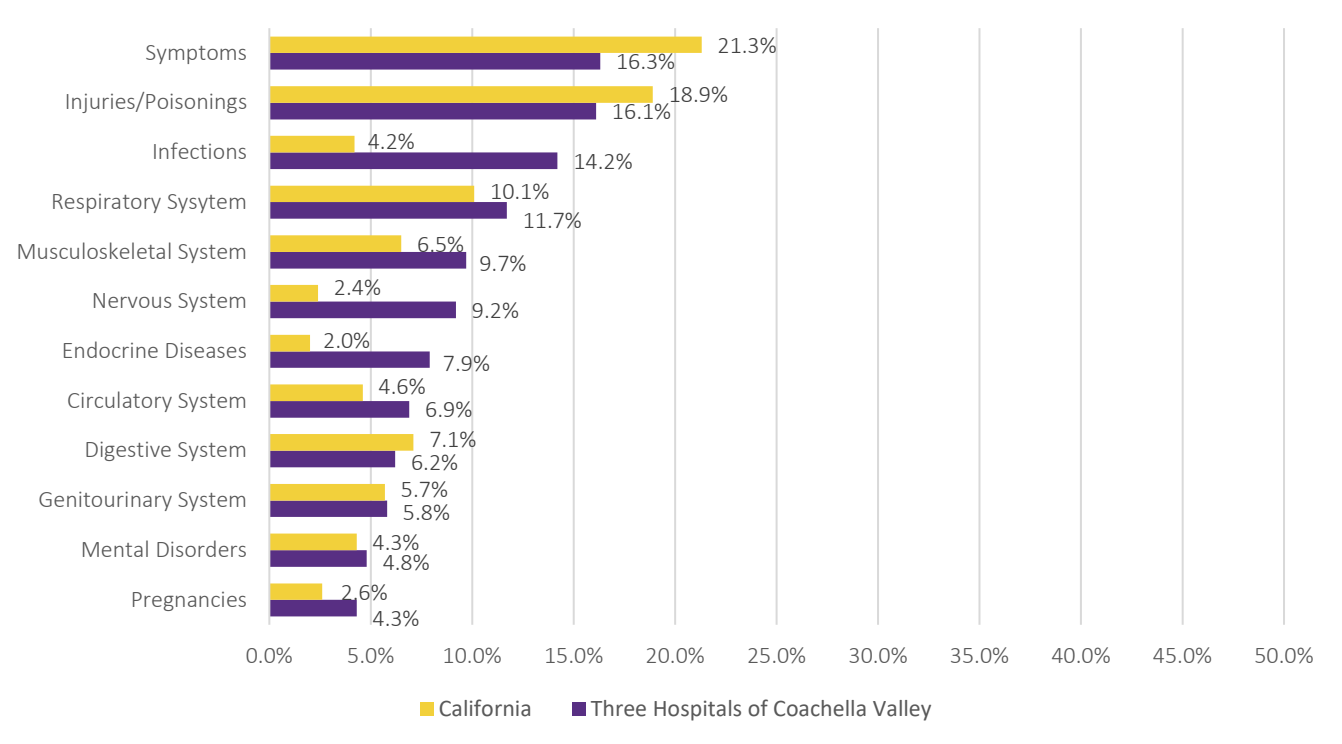
Source: California Department of Public Health (2020). Licensed and Certified Healthcare Facility Listing.

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.[3]

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.[4] 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 5. 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.

[3] California Office of State Health Planning and Development (OSHPD). Data from 2018.
[4] 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 California[5] 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.

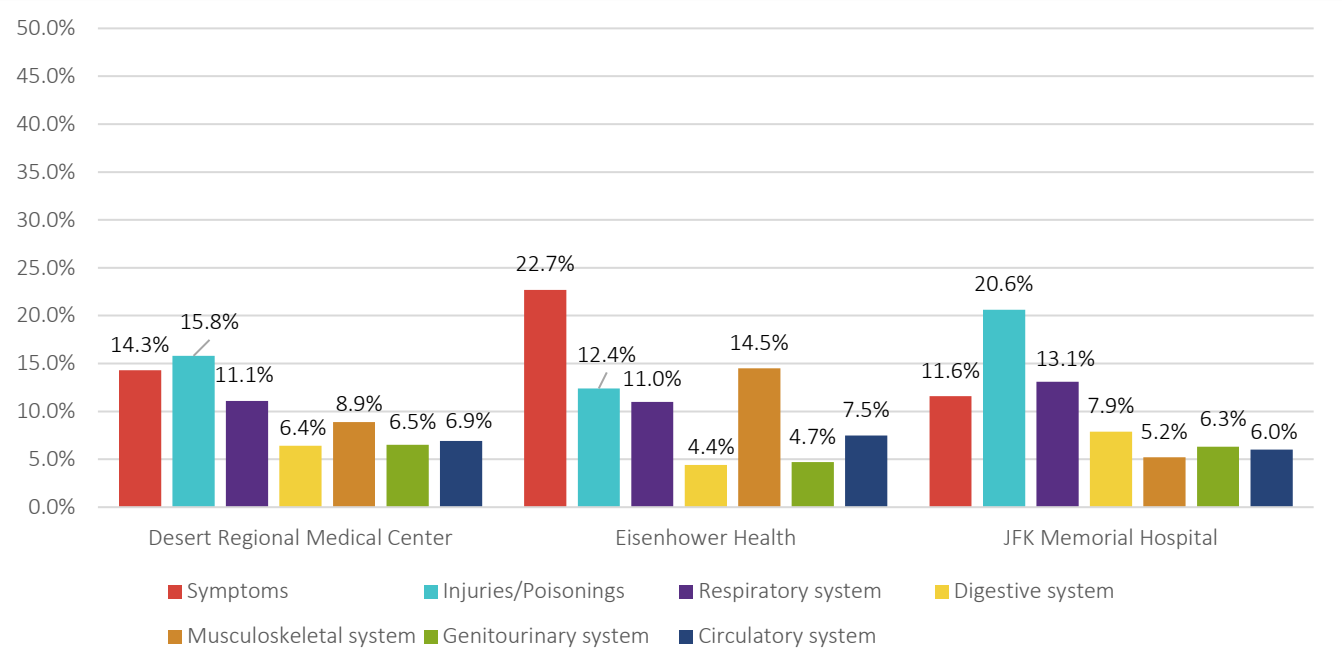
[5] English, P. Carpenter, C., Horiuchi, S., & Valle, J. (2021). *Tracking California.* Rates of Respiratory and Cardiovascular Disease Emergency Department Visits and Hospitalizations in the Coachella Valley: Analysis of Emergency Department and Hospitalization Data, 2016 to 2018.

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 6. Reasons for Visiting the Emergency Room by Hospital



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

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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.[6] 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.[7]

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 1. 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.

[6] Public Information – Licensee Lists Overview. (2020). California Department of Consumer Affairs. https://www.dca.ca.gov/consumers/public_info/index.shtml

[7] 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 2. 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
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%**

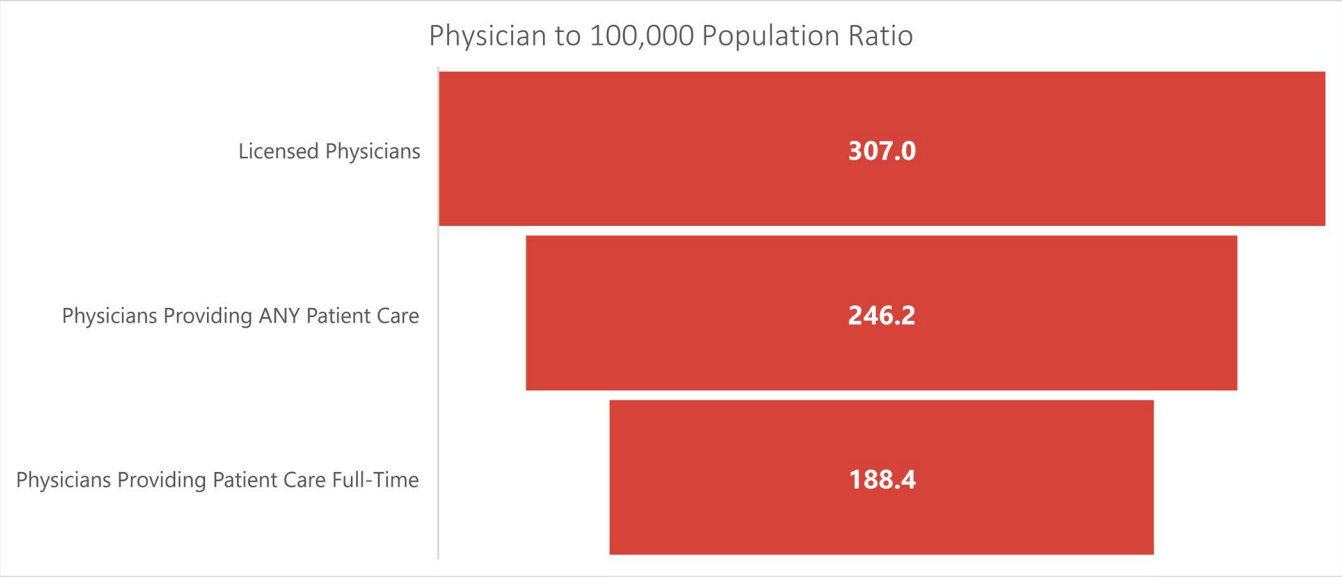
Source: California Office of State Health Planning and Development (OSHPD). Data from 2020.

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 430,880[8], 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.

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

Figure 7. 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 review[9] 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.[10]

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").

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

[10] 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 3. 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.[11] 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 4. 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 5. 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, [12] 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).

LOCAL RESIDENCY PROGRAMS

[11] 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.

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

"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.[13] As such, these local residency programs are worth highlighting:

Eisenhower Health has residency programs in emergency medicine, internal medicine, family medicine, and pharmacy.[14] Desert Care Network has residency programs in family medicine, emergency medicine, internal medicine, neurology, and neurological surgery.[15] Desert Oasis Healthcare has a residency program for pharmacy.[16] There is also an addiction medicine residency through UCR, located at Betty Ford Center and other Coachella Valley locations.[17]

[13] 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.

[14] Eisenhower Health. Graduate Medical Education. https://gme.eisenhowerhealth.org/

[15] Desert Care Network. Graduate Medical Education. https://desertregionalgme.com/

[16] Desert Oasis Healthcare. Pharmacy Residency Program. https://www.mydohc.com/careers/residency/

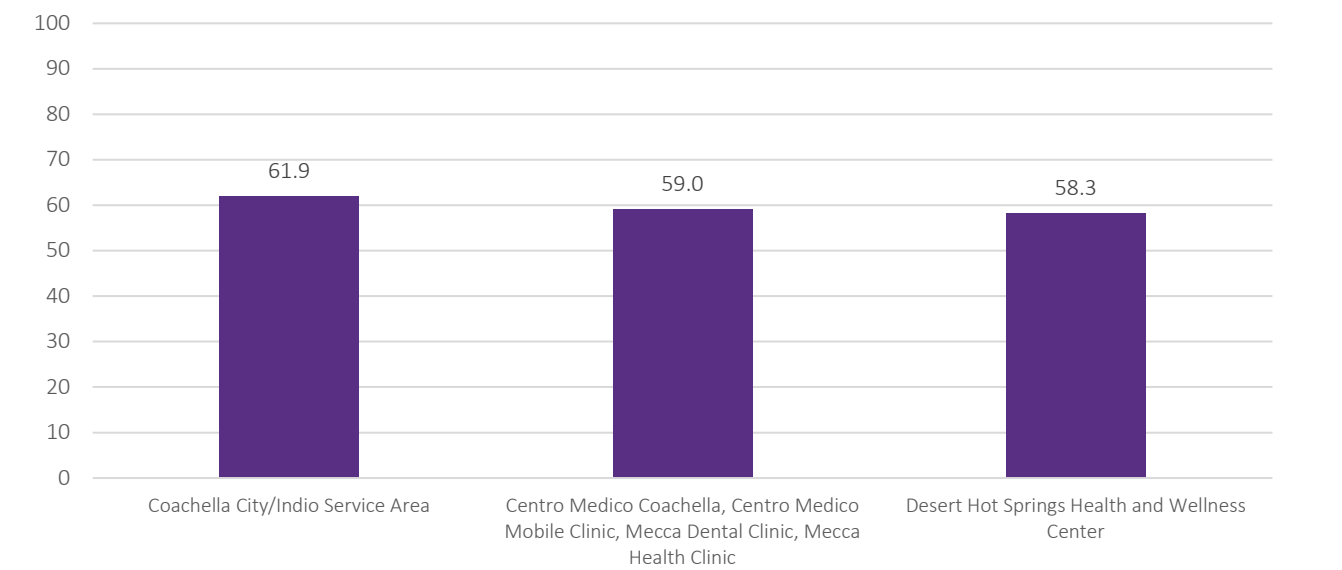
[17] University of California Riverside. Addiction Medicine Fellowship. https://sompsych.ucr.edu/am-fellowship

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 8. 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.

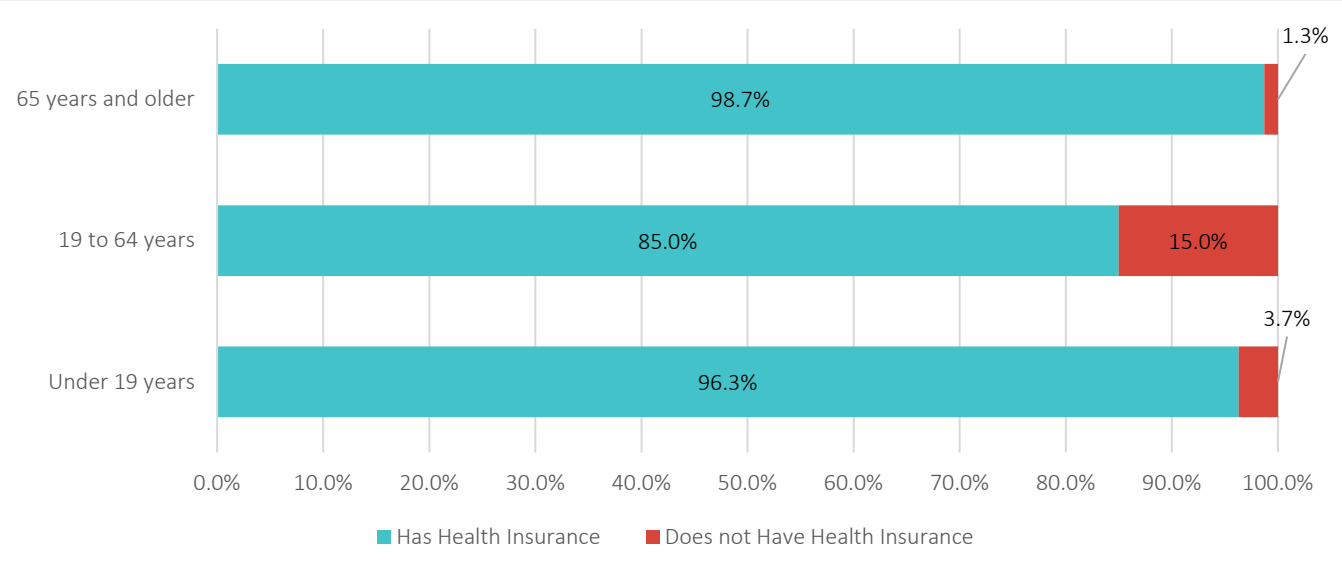
Healthcare Coverage

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.[18]

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.[19] 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%).[20] 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 9. Healthcare Insurance Coverage in the Coachella Valley by Age Group



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

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

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

[20] American Community Survey – Five Year Estimates. (2015-2019).

Adults without Health Insurance

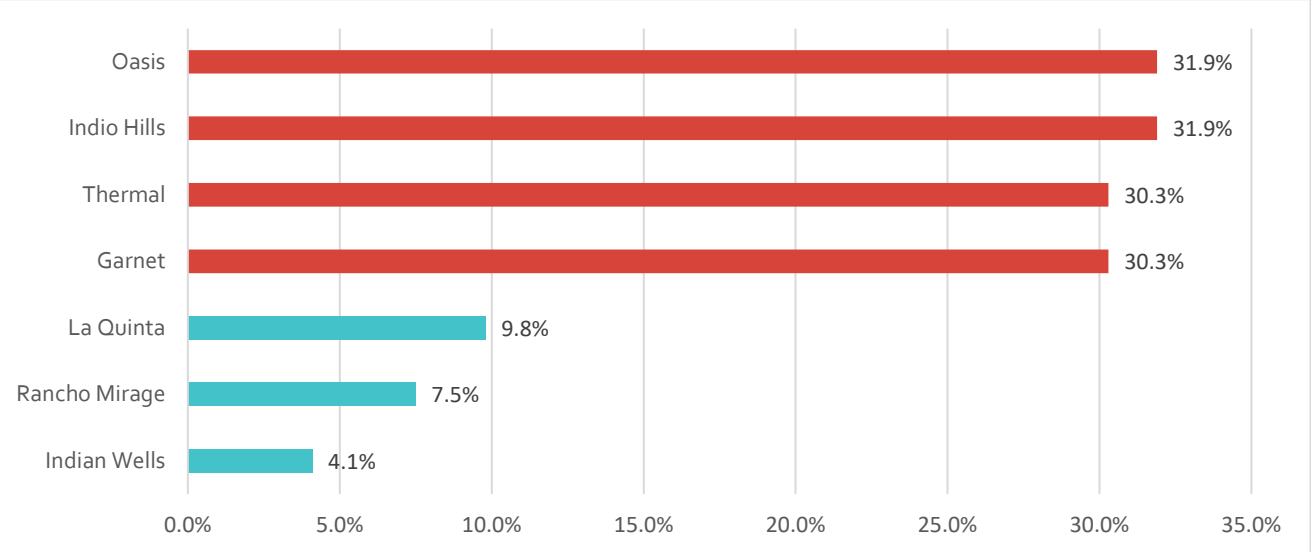
The uninsured rate for working-age adults ages 19 to 64 for the United States is 12.4%. California comes in slightly lower at 10.7%.[21] As noted in the prior section, about 15.0% of Coachella Valley adults 19 to 64 are uninsured in the Coachella Valley, a rate which is considerably higher than the state and nation.[22]

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



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

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."

[21] American Community Survey – Five Year Estimates. (2015-2019).
[22] Ibid.

– Community Resident, translated from the original Spanish

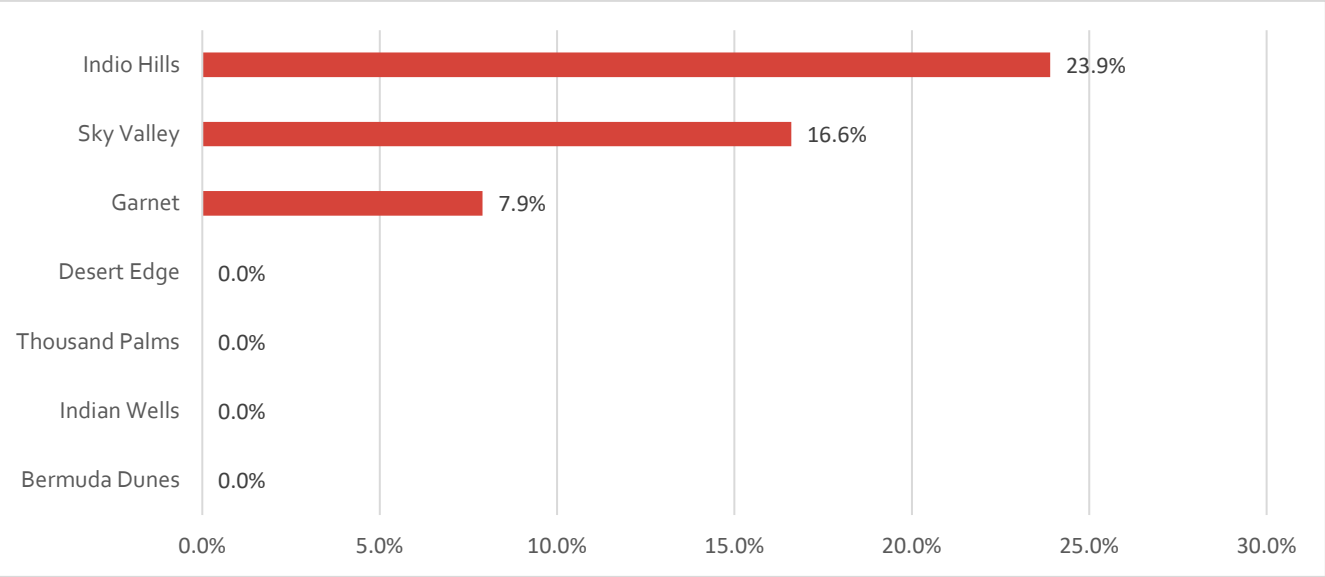
Nationally, about 5.1% of children under the age of 19 are uninsured; California does slightly better with only 3.3% of children lacking insurance. Locally, 3.7% of Coachella Valley children under the age of 19 are uninsured (about 3,261 children).[23]

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



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

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

Living in Poverty and Uninsured

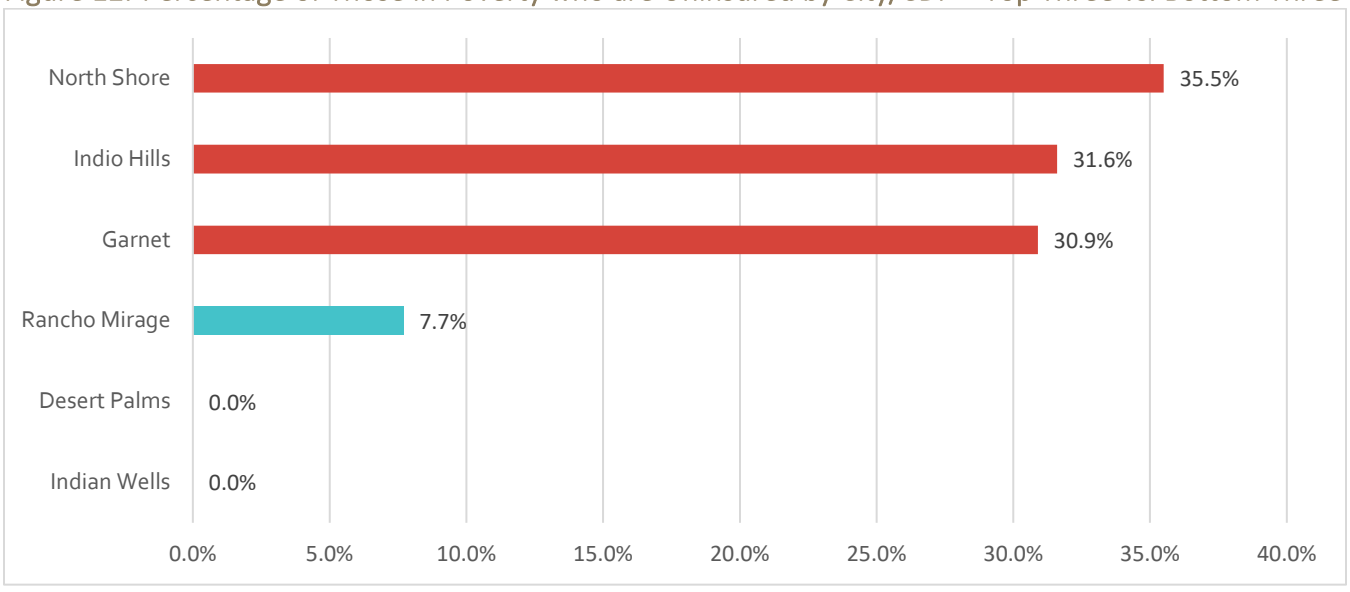
The ability to access healthcare is influenced by a range of factors, and one of those key factors is income. The figure below illustrates the percentage of people who have incomes under 100% of the federal poverty line (FPL) and who are also uninsured. That is, those who are living in poverty and are 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.[24] 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.

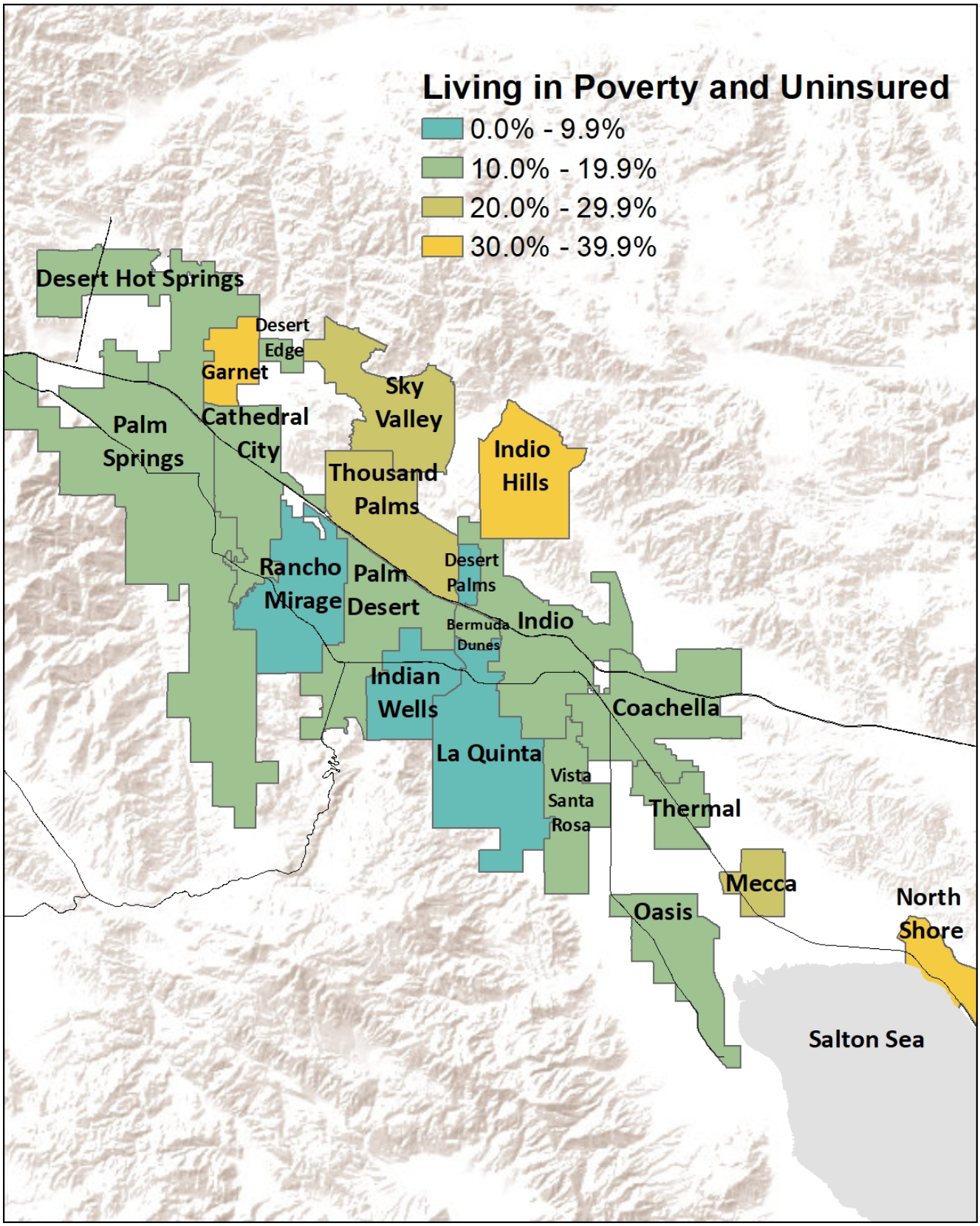
Figure 12. Percentage of Those in Poverty who are Uninsured by City/CDP – Top Three vs. Bottom Three



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

[24] 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

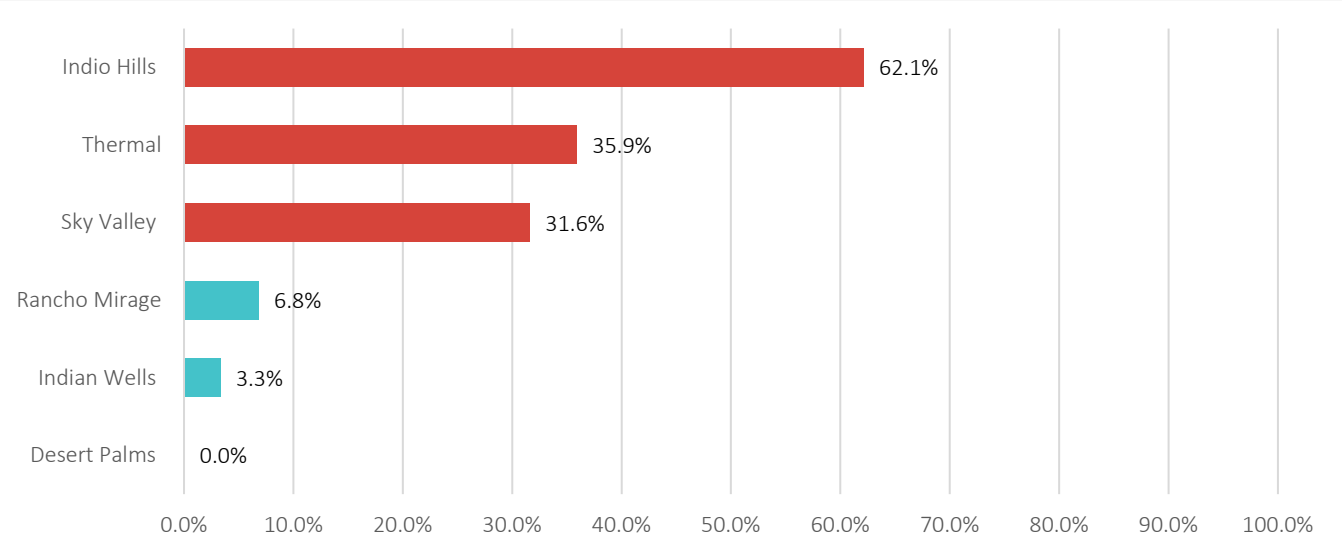
"There is a need for jobs that offer health insurance to their employees." – Community Resident

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.[25]

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.

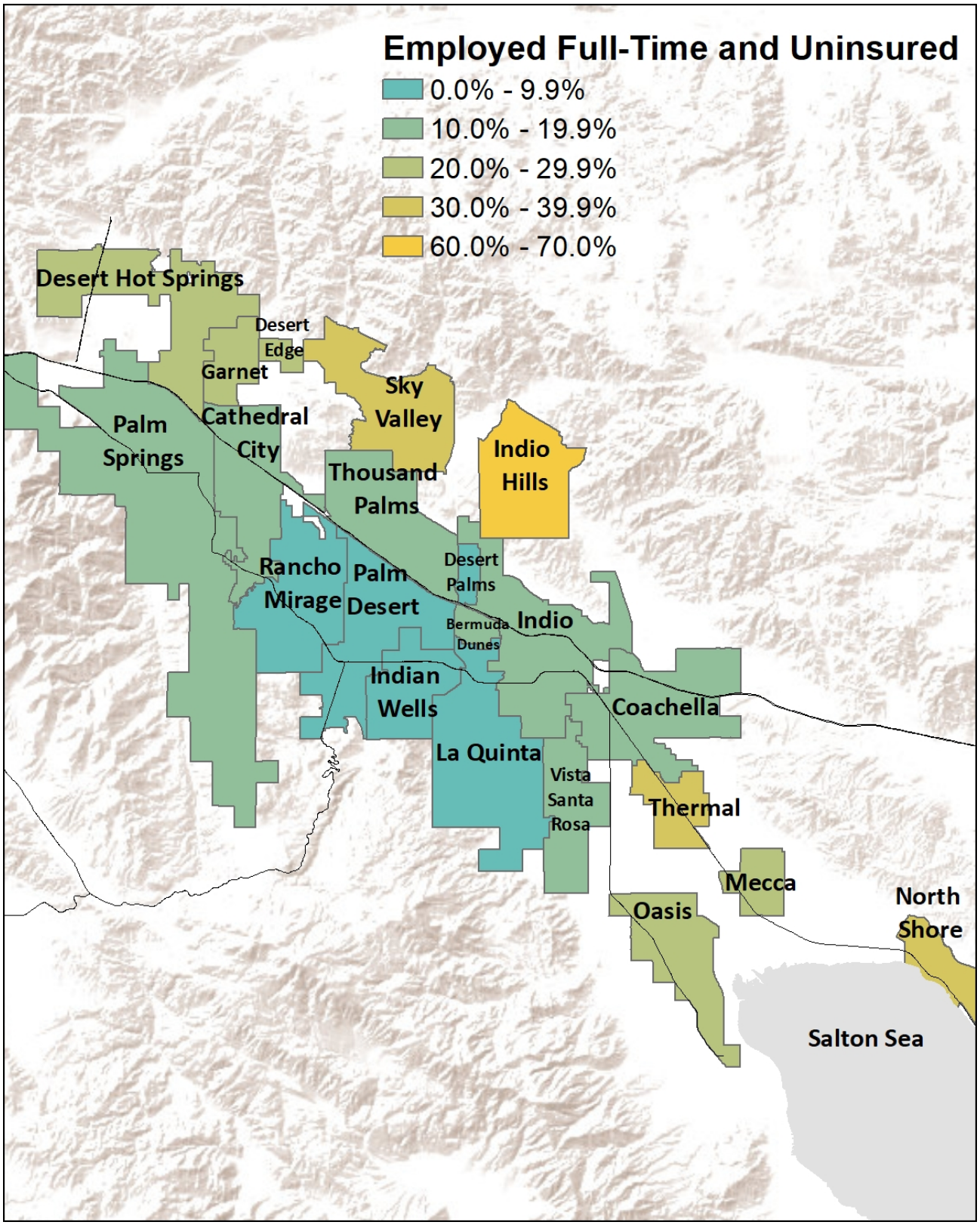
Figure 13. Percent of Full-Time Workers who are Uninsured by City/CDP – Top Three vs. Bottom Three



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

[25] 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

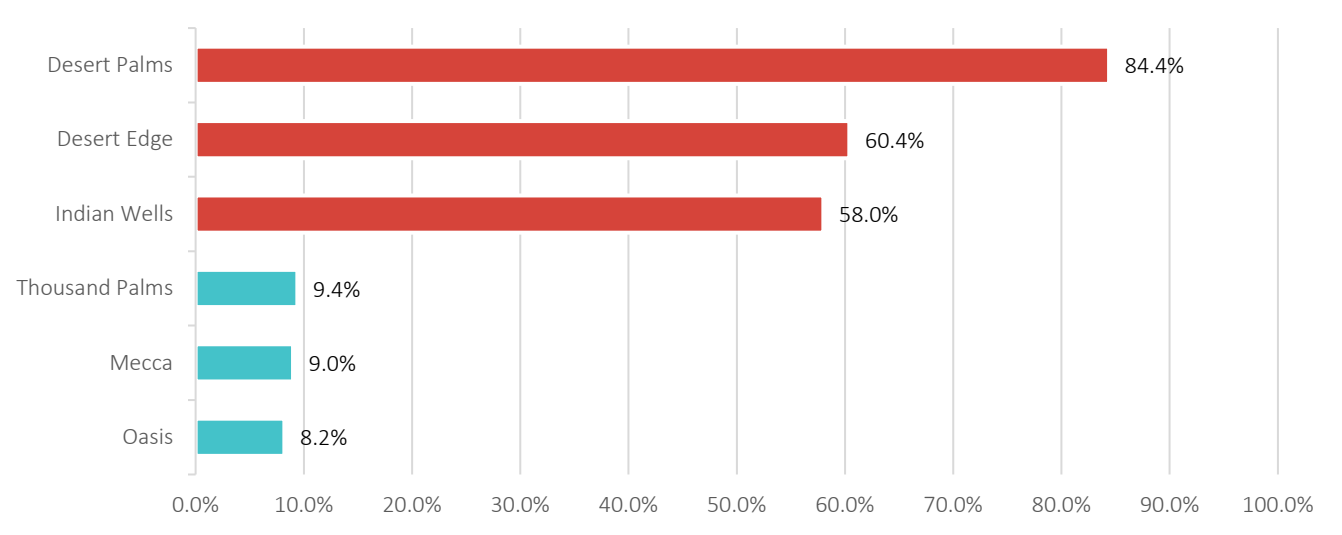
Public health insurance options exist and typically include Medicare and Medicaid (in California known as Medi-Cal).

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.[26] Nationally, 16.9% of the population is covered by Medicare, as are 14.7% of California residents.[27]

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

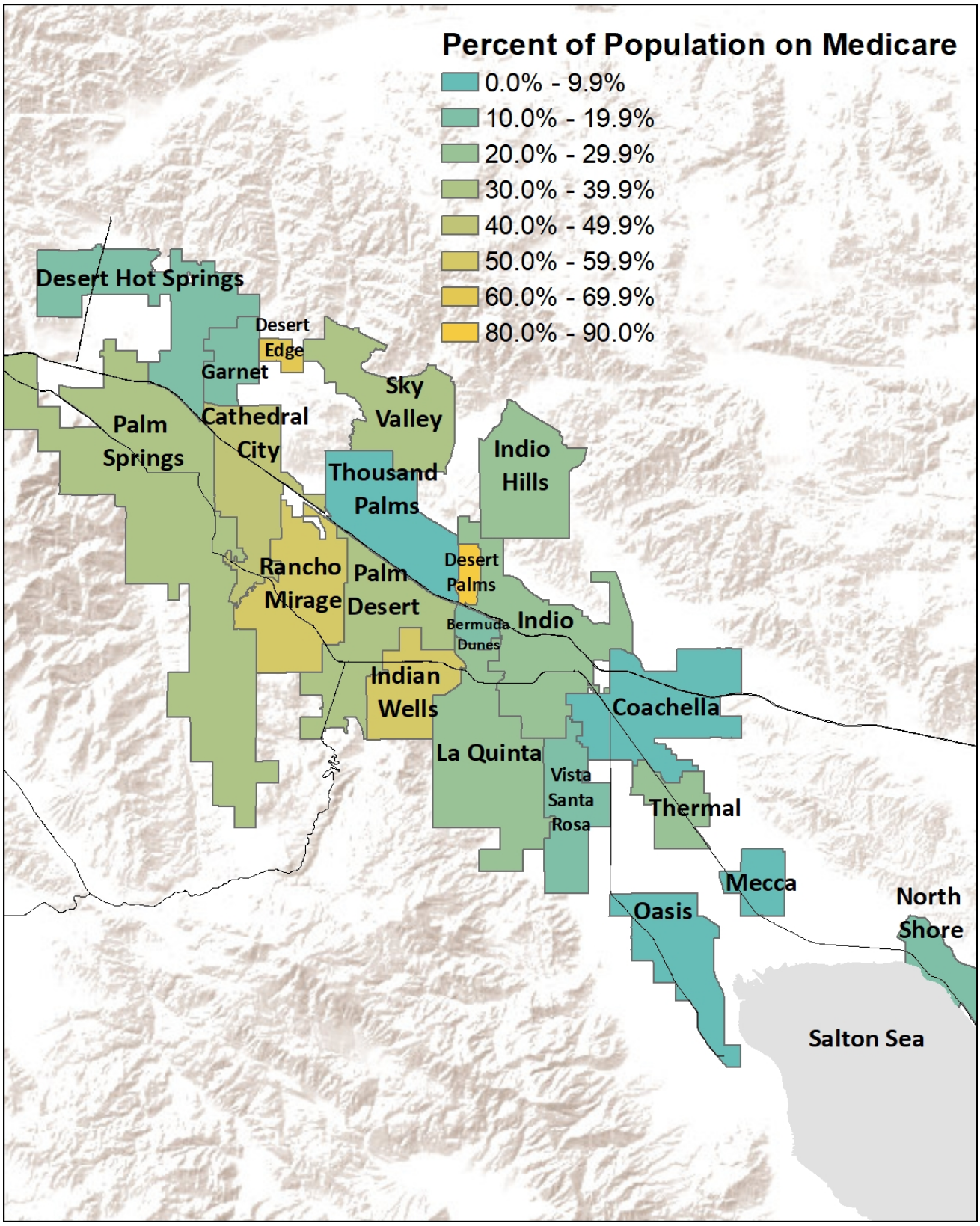


Source: American Community Survey – Five Year Estimates. (2015-2019).

[26] California Health Advocates. Who is Eligible for Medicare? Available online here: https://cahealthadvocates.org/the-basics/medicare-eligibility/

[27] 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

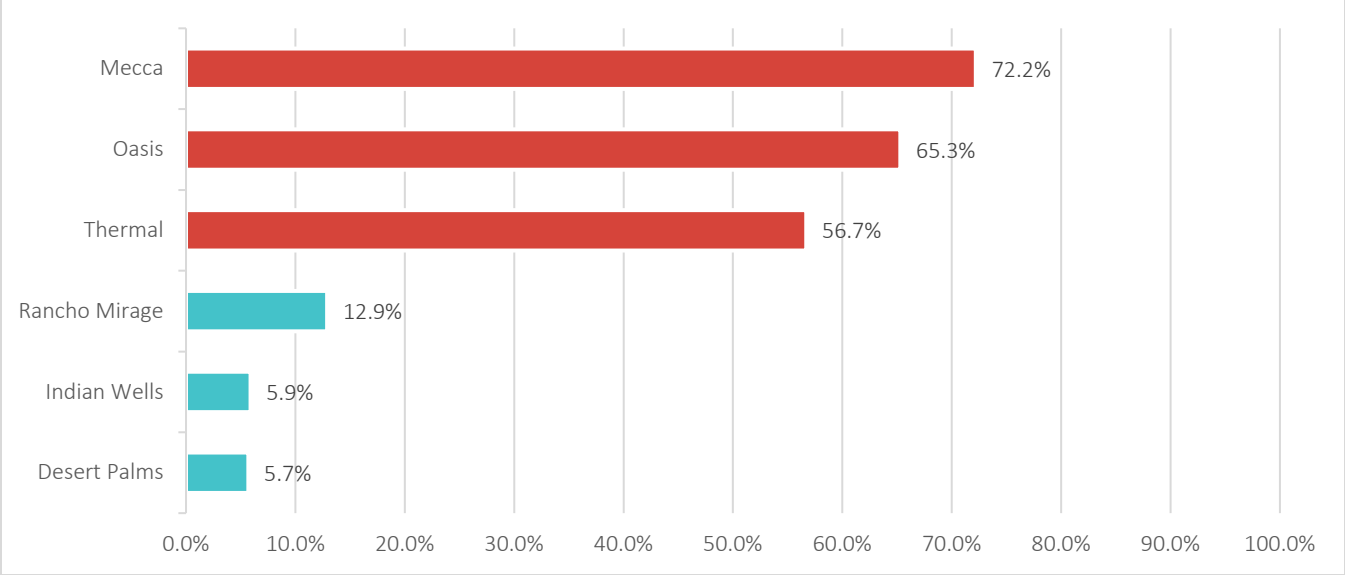
Medicaid is a public health insurance that provides coverage for residents that have lower levels of income. In California, it is called Medi-Cal. Nationally, Medicaid covers 20.2% of people, and in California it covers 26.1% of people. There about 138,559 residents on Medicaid/Medi-Cal in the Coachella Valley.[28] 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.

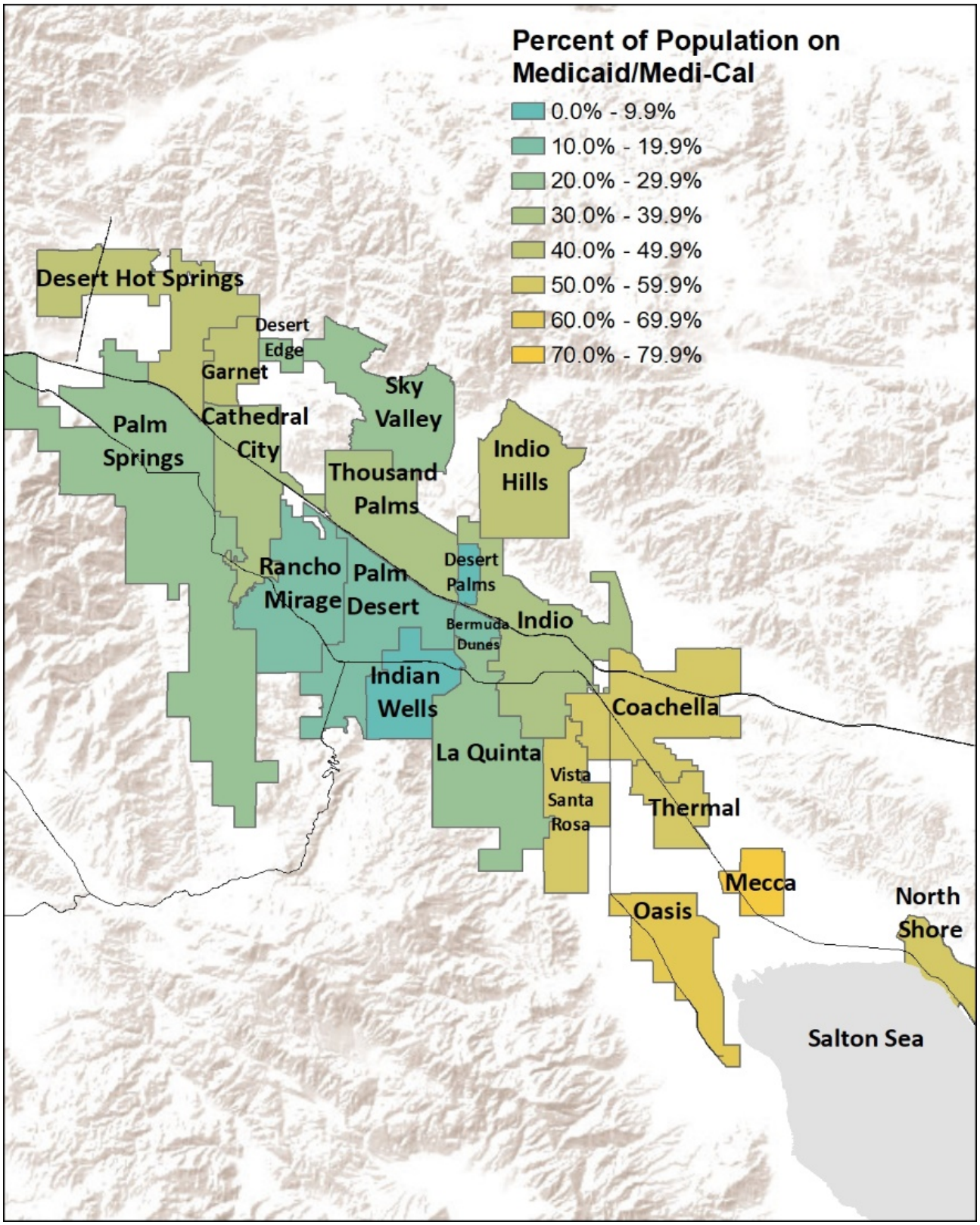
Figure 15. Percent of Population on Medicaid/Medi-Cal by City/CDP – Top Three vs. Bottom Three

[28] American Community Survey – Five Year Estimates. (2015-2019).



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

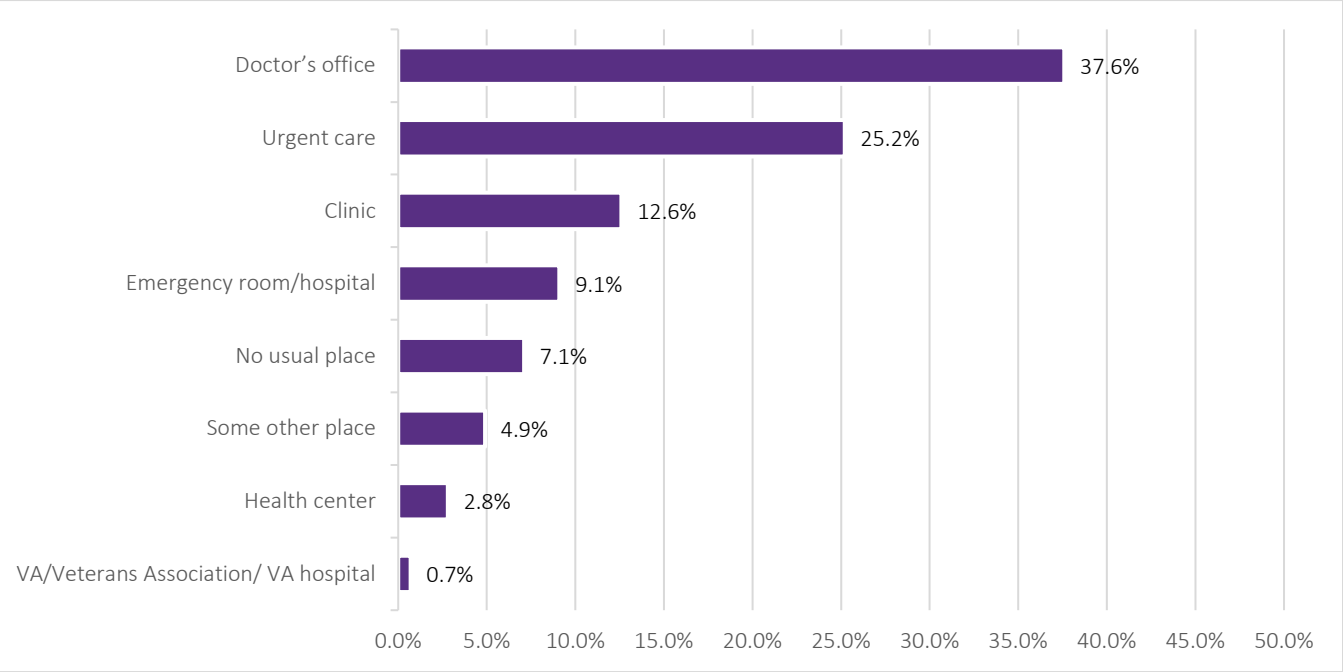
"There is a need to access physicians in a timely manner. That's why people go to the urgent care -- it takes way too long to see a doctor." – Community Resident

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.[29] The remaining 14.6% of Riverside County residents do *not* have a usual source of care.[30]

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.

[29] California Health Interview Survey (2019).
[30] Ibid.

Figure 16. Usual Source of Care in the Coachella Valley



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

Clinical Preventative Services

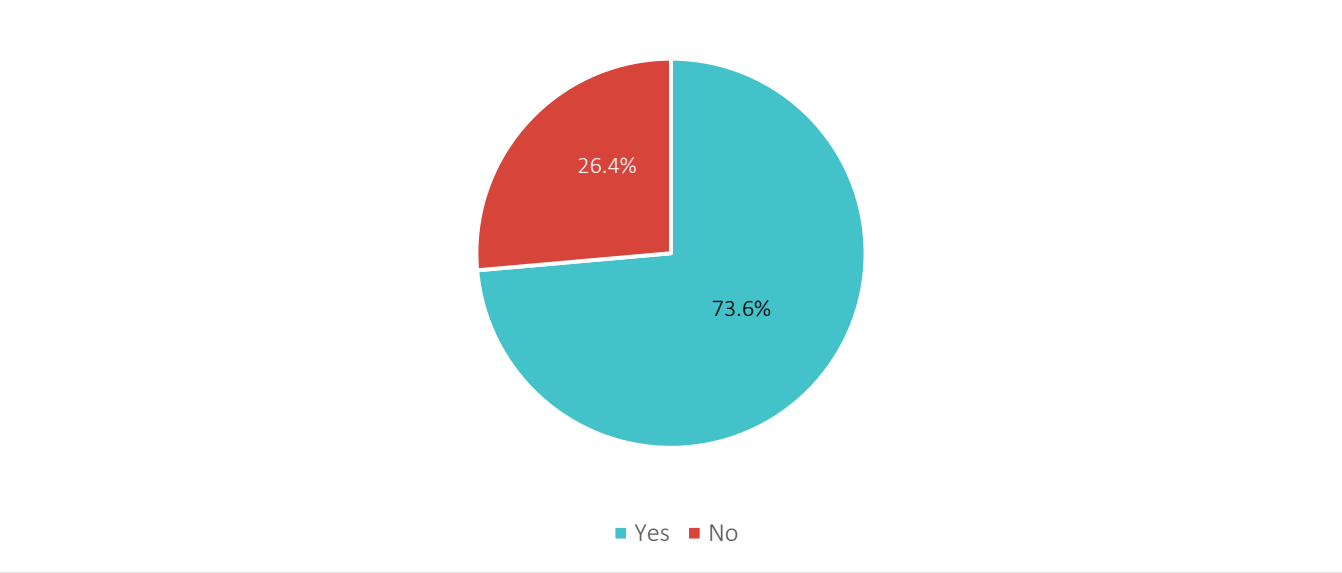
"Normally we go to the doctor when something hurts us. We don't go to the doctor for maintenance. There is information out there on television, radio, and press, but what happens when we don't learn? Learning is a process. We don't learn to read overnight."
–Community Resident, translated from the Original 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.[31] 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 17. Percent of Adults (Age 50+) that Received Colorectal Cancer Screening in the Coachella Valley



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

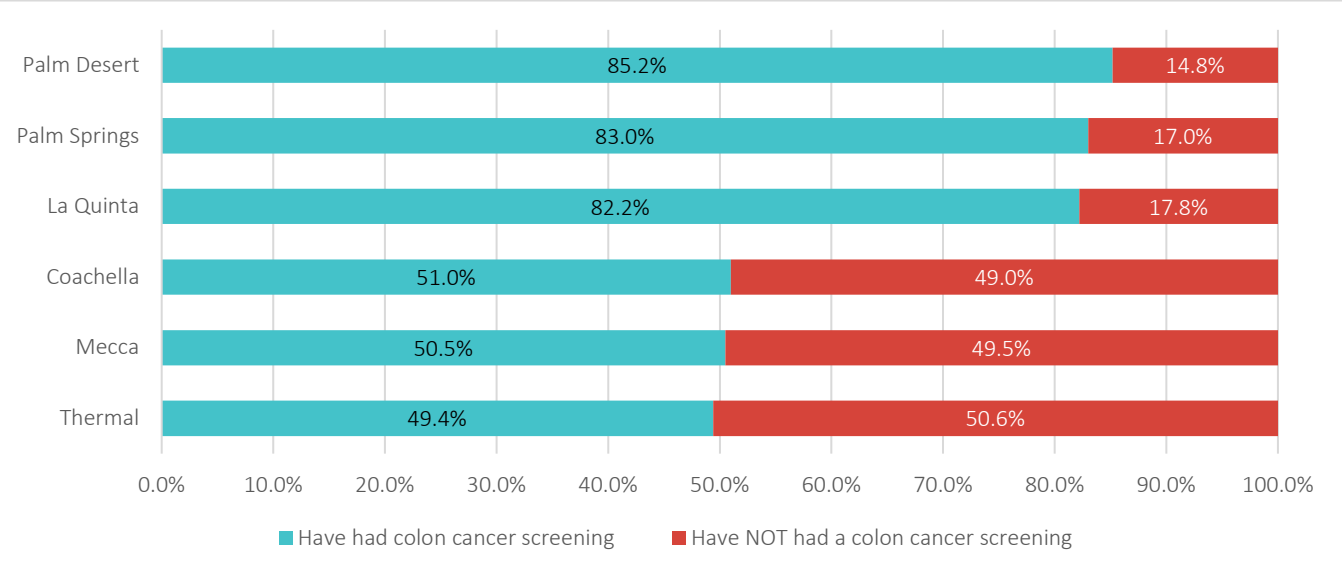
The figure below shows the cities/CDPs with the highest and lowest rates of people age 50 and older receiving a colonoscopy or sigmoidoscopy to check for colon cancer at least once in their lives. The cities/CDPs with the highest rate of colon cancer screening among adults age 50+ include Palm Desert

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

(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 18. 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.[32] In the Coachella Valley, approximately 35.7% of adults have been diagnosed with high blood pressure by a healthcare provider.[33] It is the most commonly diagnosed chronic disease in the Coachella Valley[34] 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.

[32] 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
[33] HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
[34] 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.[35] 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.[36]

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.[37] 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.

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%.

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

[36] 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

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

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.[38] The CDC publishes the vaccination schedule on their website.[39]

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).[40]

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.

[38] 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

[39] 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

[40] 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

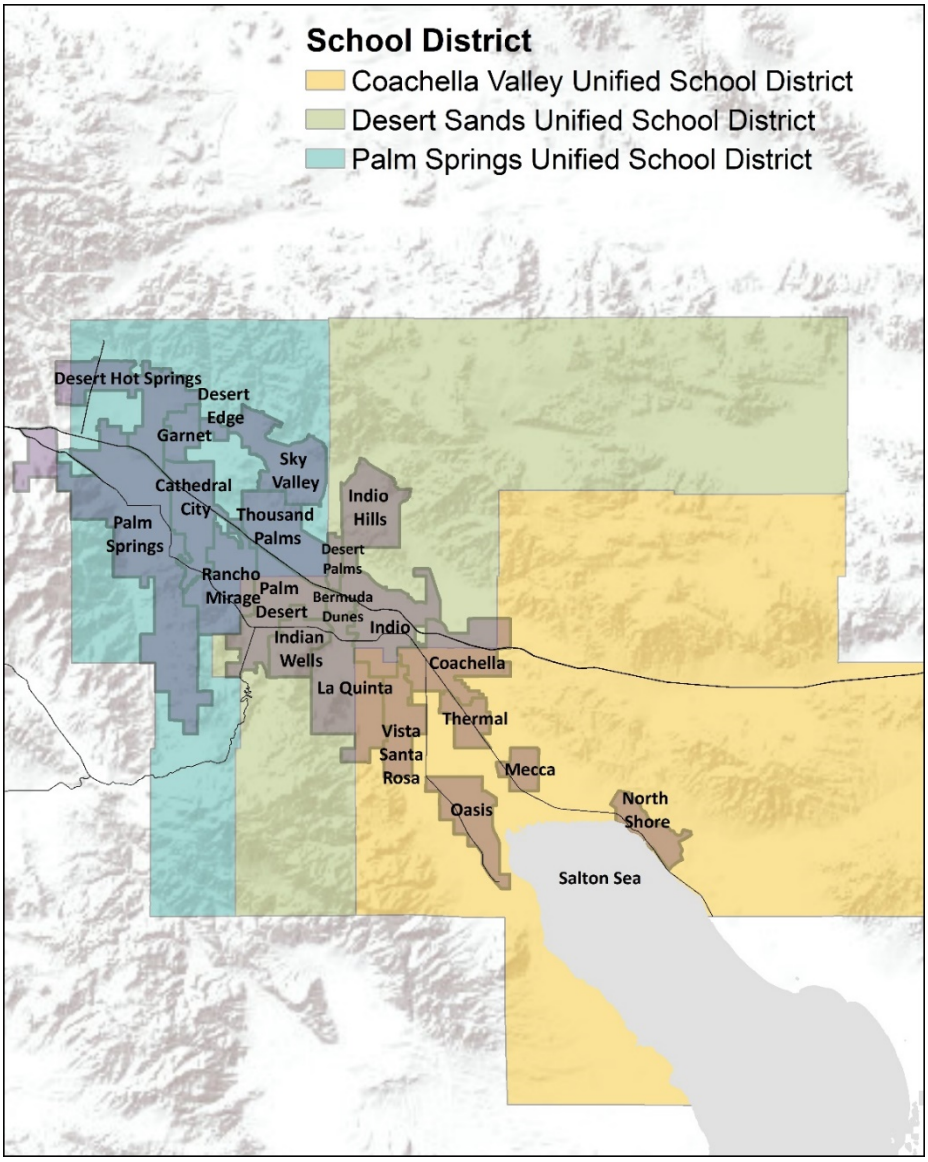
Partner Data – Timely Childhood Immunizations at IEHP

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).[41]

Map: School Districts in the Coachella Valley



[41] California Department of Education, 2020-21 Enrollment Data.

Reading Skills

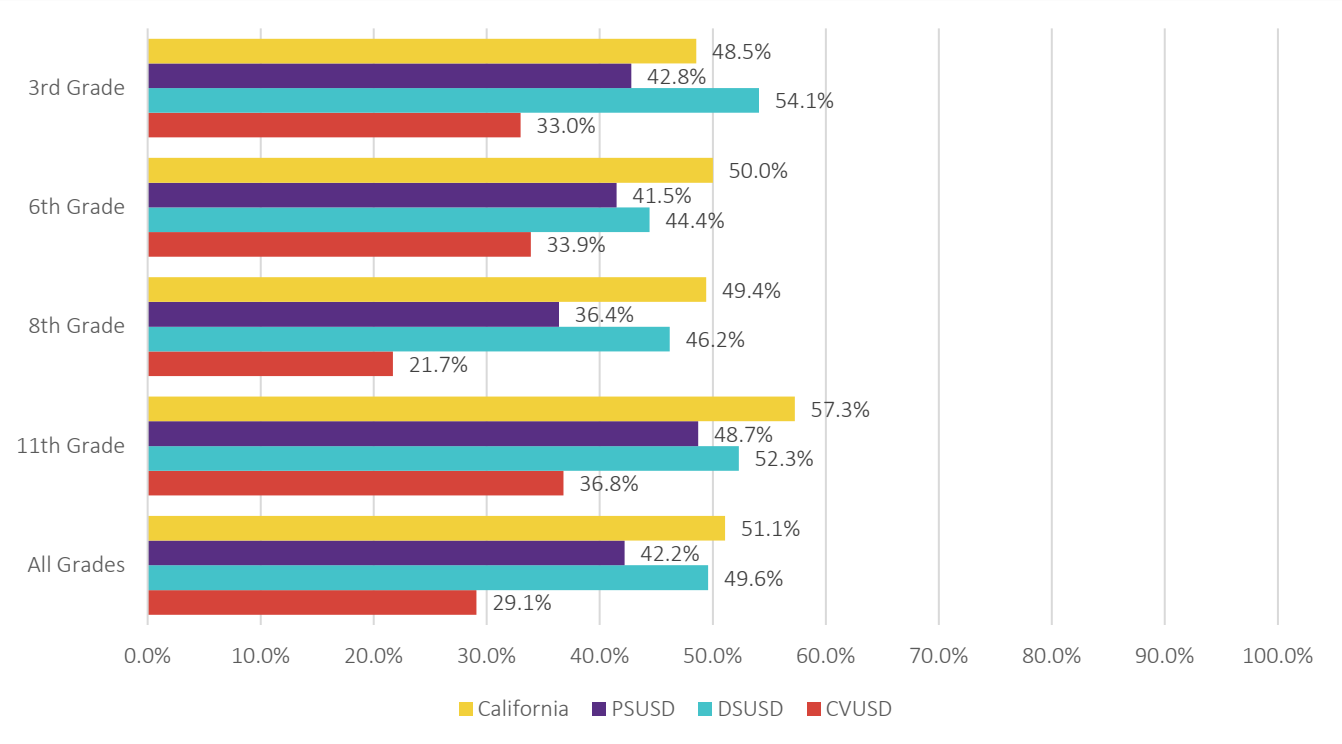
"There isn't enough space or staff in after school programs, they're all full. Many parents, especially low-income do not have the time of knowledge to help their children. Students are testing below average and not getting the help they need." – Community Resident

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 19. 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.

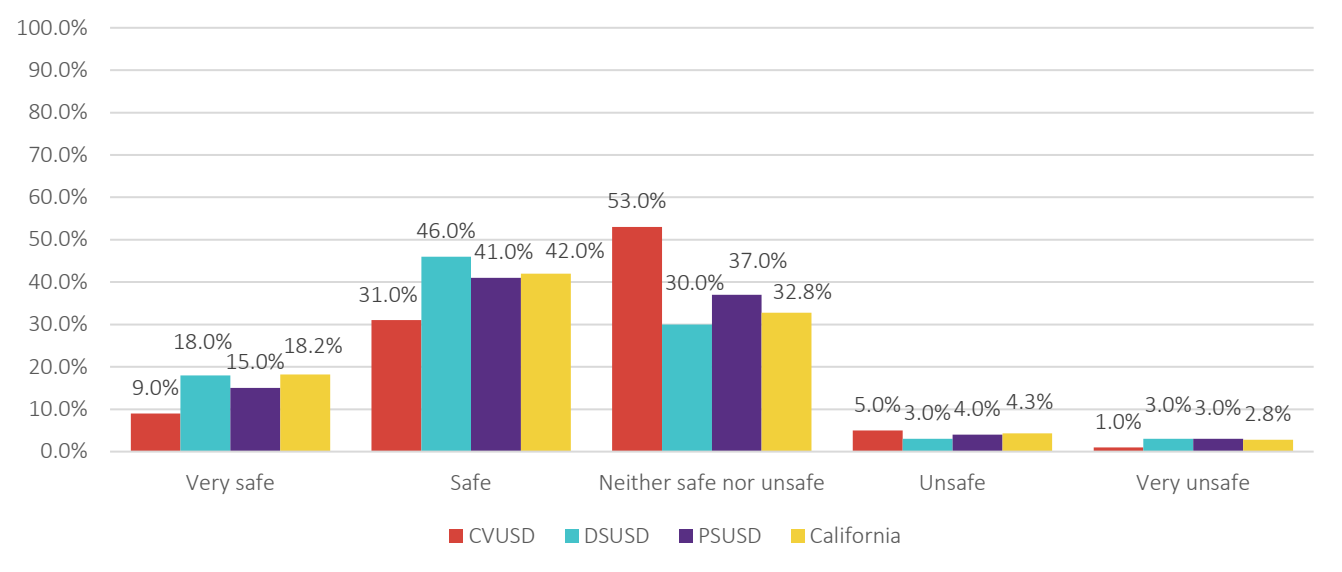
School Safety

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 20. Perceived School Safety – Grade 11



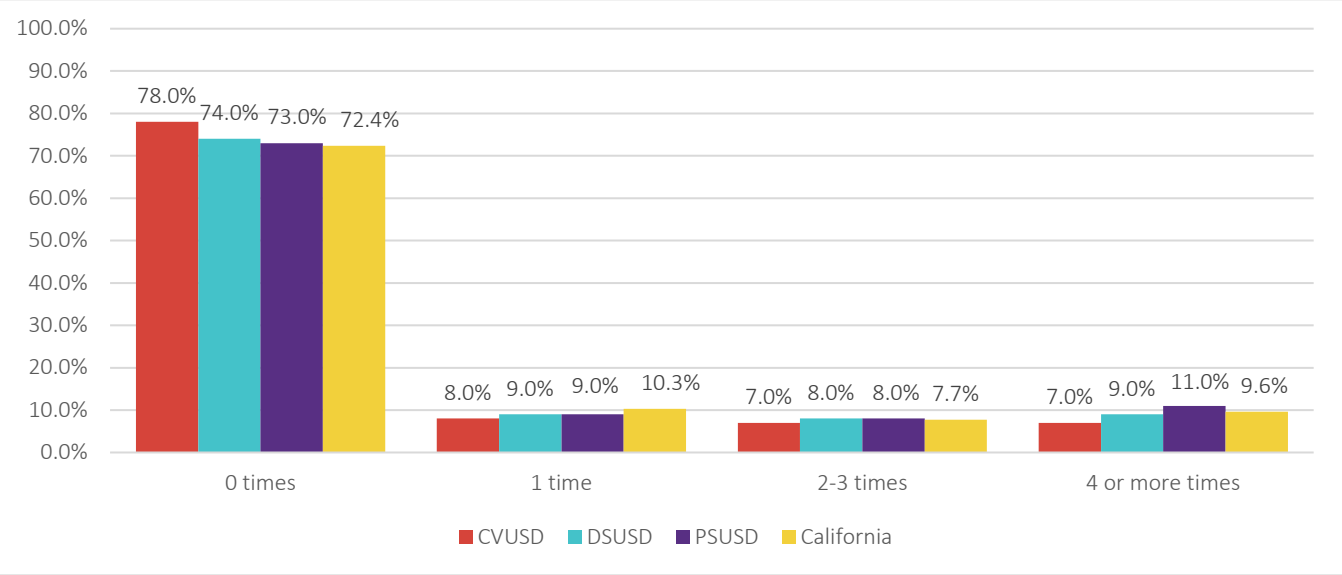
Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year for each district was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

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 21. Verbal Harassment in the Past 12 Months – Grade 11



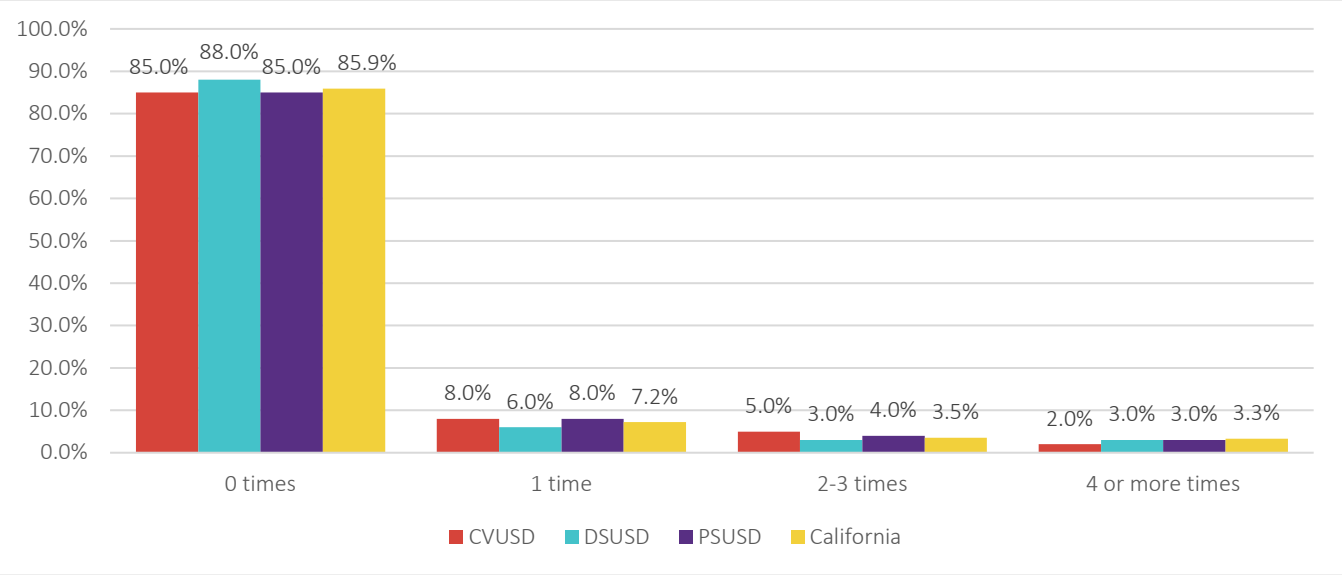
Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

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



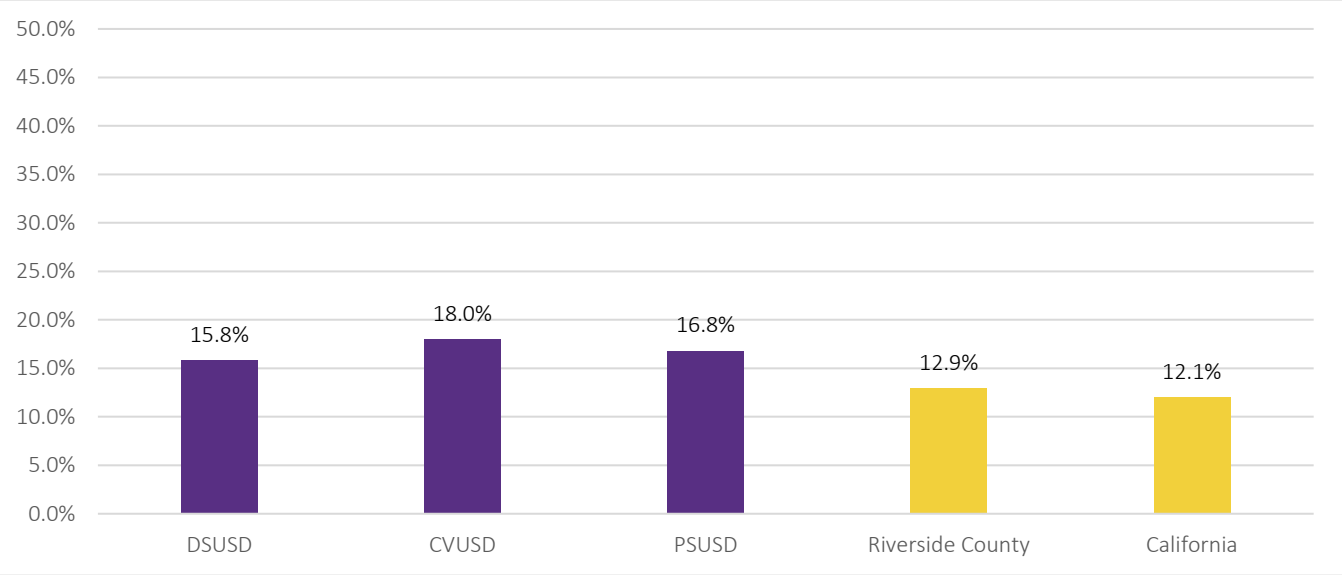
Source: California Healthy Kids Survey. Note that each district and California has a different year of data available. The most recently available year was utilized: CVUSD (2018-2019), DSUSD (2017-2018), PSUSD (2015-2016), California (2015-2017).

School Absenteeism

School absenteeism is a strong predictor of later academic success.[42] 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.[43] 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 23. Chronic Absenteeism Rate by School District, County, and State



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

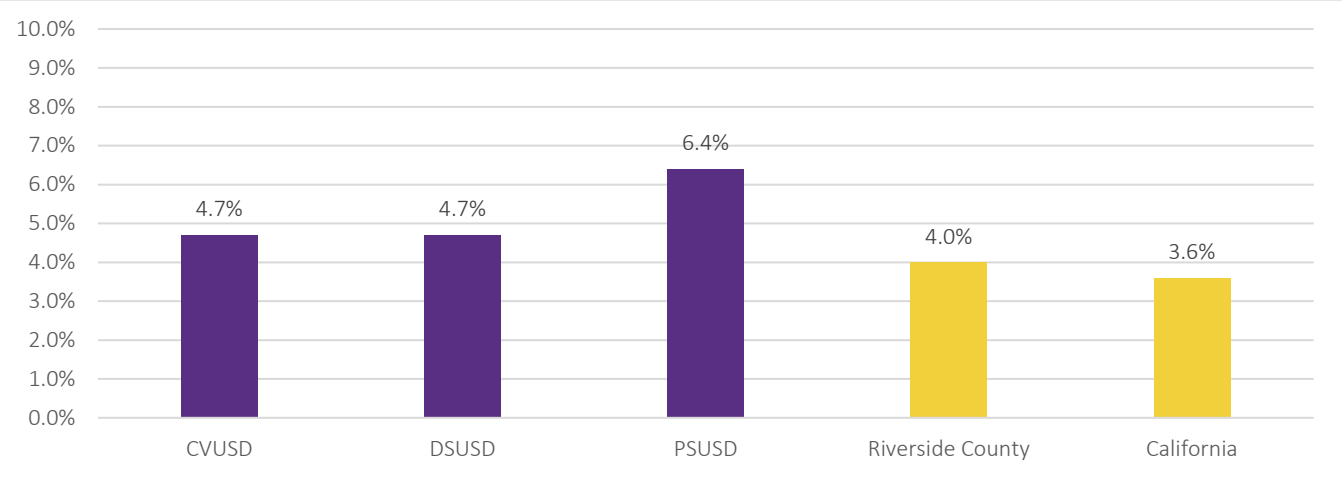
[42] Gottfried, M. A. (2011). The detrimental effects of missing school: Evidence from urban siblings. American Journal of Education, 117, 147– 182.

[43] 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 24. 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 6. 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).[44]

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.[45]

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 7. 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

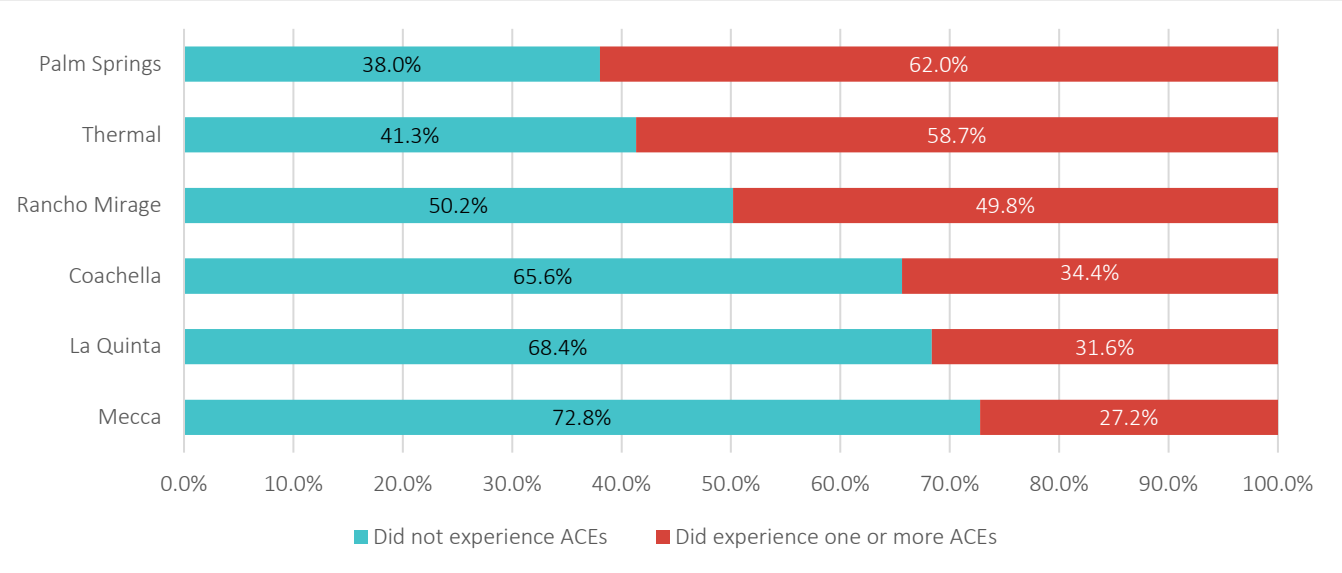
The figure below illustrates the percentage of children who have experienced one or more of the four ACEs measured in HARC's survey (represented in red) versus the percentage of children who have not experienced any of those four ACES (represented in teal).

[44] Centers for Disease Control and Prevention. (2019). About Adverse Childhood Experiences. Available online at: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html
[45] Ibid.

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



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

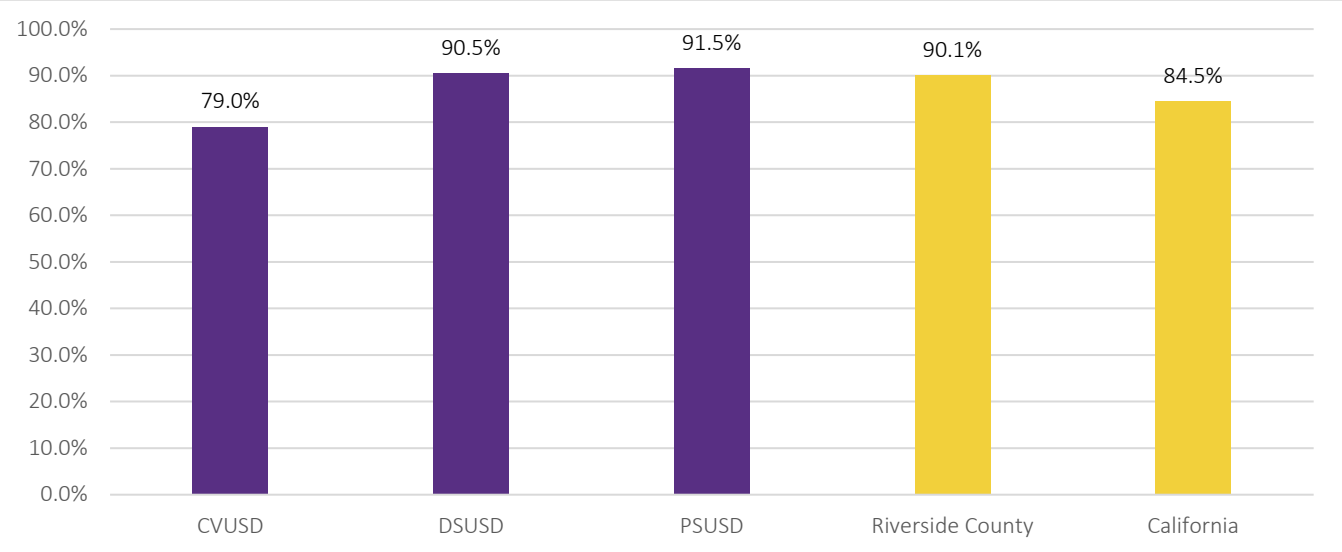
Students Graduating from High School within Four Years of Starting 9th Grade

"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.[46] 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 26. Four-Year Cohort Graduation Rate



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

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."

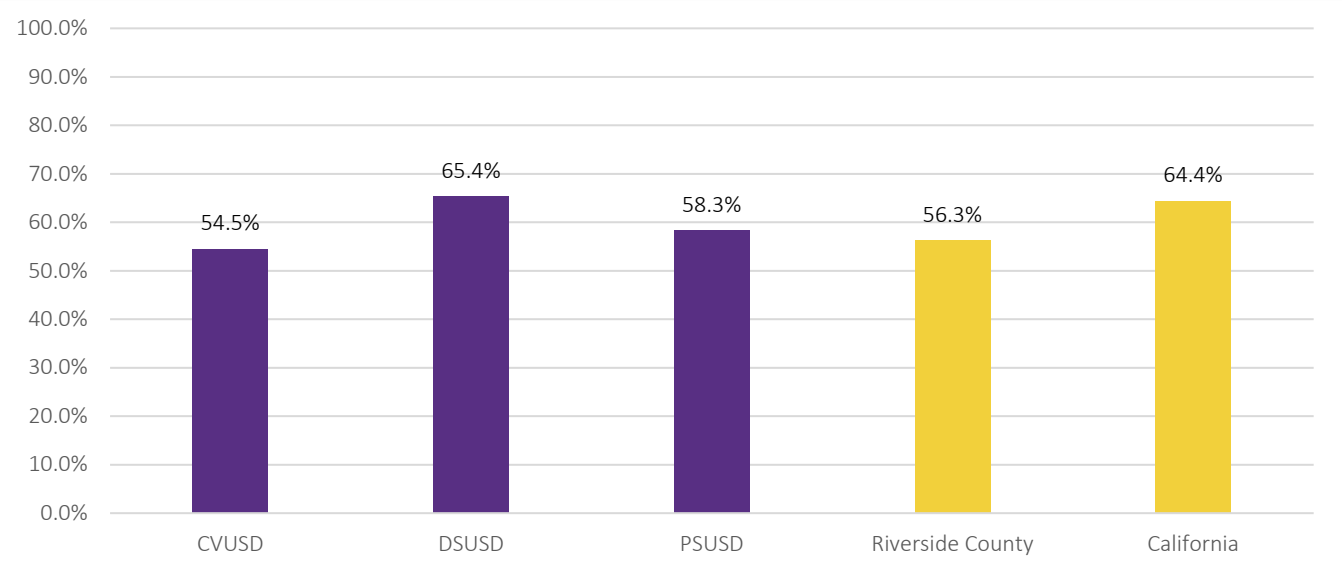
[46] Bureau of Labor Statistics. (2018). Measuring the Value of Education. Available online here: https://www.bls.gov/careeroutlook/2018/data-on-display/education-pays.htm

–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.[47]

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 27. College-Going Rate for High School Students



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

[47] 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.[48] Nationally, 8.5% of adults ages 25+ have an associate degree; the rate is 7.8% in California.[49] 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).

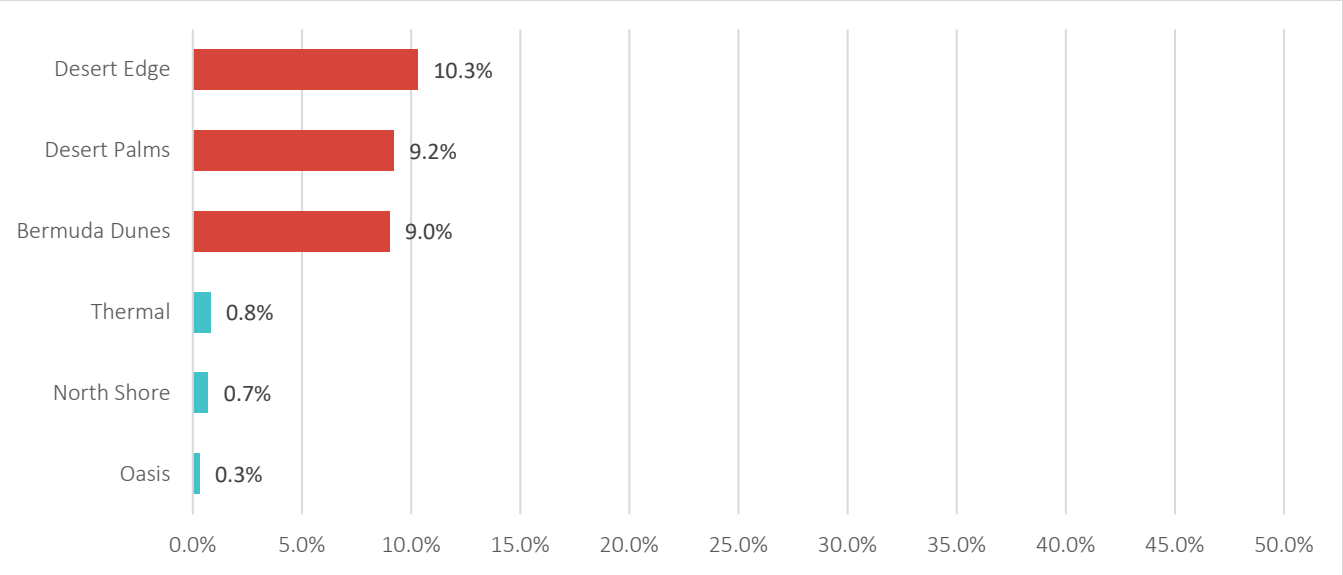
The three cities/CDPs with the highest percentage of individuals with an associate degree include Desert Edge (10.3%), Desert Palms (9.2%), and Bermuda Dunes (9.0%). All of these are higher than the national average. In contrast, less than one percent of adults 25 and over in Thermal (0.8%), North Shore (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.

[48] 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

[49] American Community Survey – Five Year Estimates. (2015 - 2019).

Figure 28. 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.[50]

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.

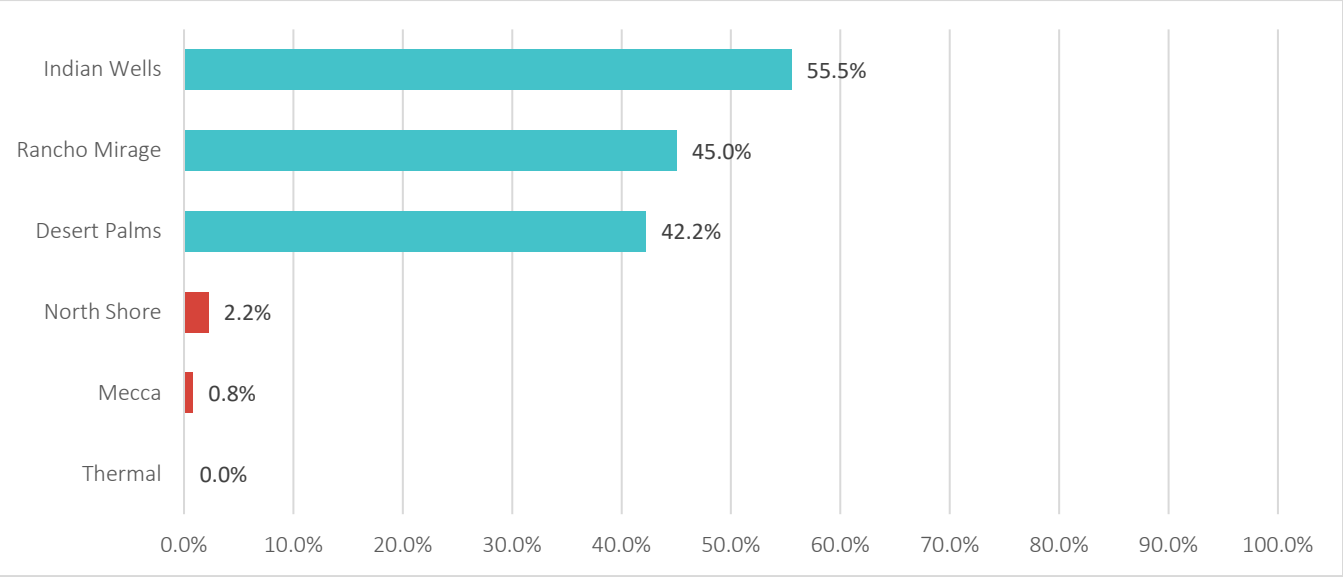
Conversely, the three cities/CDPs with the lowest percentages of bachelor's degree attainment (or higher) are North Shore (2.2%), Mecca (0.8%), and Thermal (0.0%). These cities/CDPs, represented in red in the figure on the subsequent page, have virtually no residents with four-year college degrees.

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.

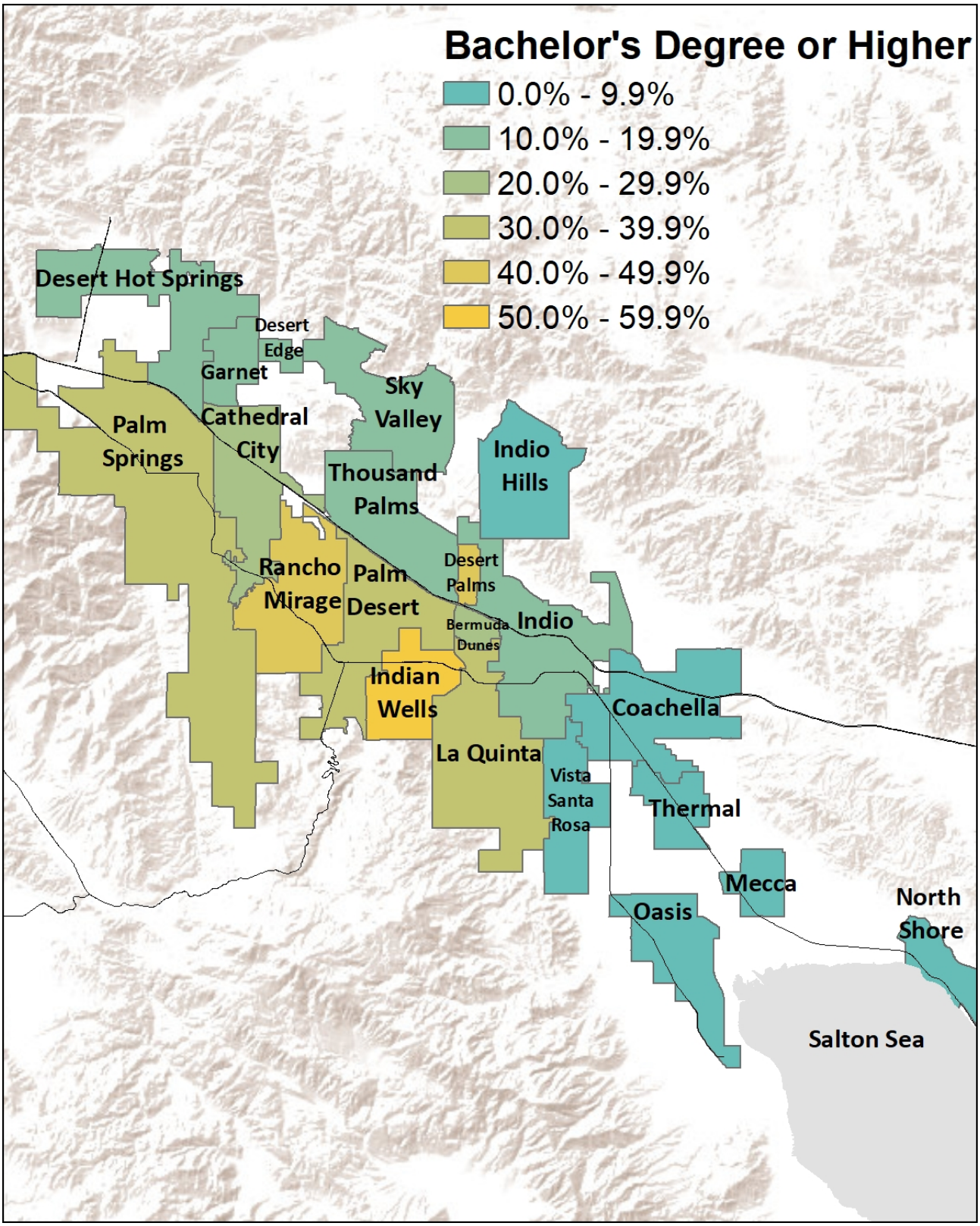
[50] American Community Survey – Five Year Estimates. (2015-2019).

Figure 29. 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.

Environment

Air Quality

"We know we don't have good air quality, but what are we going to do? In the East Coachella Valley, we have more asthma, more allergies, more nosebleeds."
– Community Resident, translated from the original Spanish

In this report, we examine air quality in the Coachella Valley with a few different measures of particulate matter and ozone. However, we know that these sources do not tell the whole story of the air quality in the Coachella Valley. Some toxins in the air, such as pesticides from farmland and hydrogen sulfide from the Salton Sea, are not captured in customary measures of air quality. Furthermore, while there are certainly many days when air quality measures are good for the region (e.g., $PM_{2.5}$) there remain some days that are indeed unhealthy. As such, the data in the air quality section should be interpreted with the understanding that environmental data and the Coachella Valley air are both complex.

Additionally, geographic disparities are difficult to measure due to the relatively few air quality monitoring stations throughout the region. More measurement points would likely illustrate the geographic disparities that residents report, as in the quote above.

However, it is also worth noting that the geography of our region protects the Valley from smog pollutants that are experienced by other nearby cities on the other side of the San Gorgonio pass. Many days of the year, neighboring cities such as Redlands, Moreno Valley, and Riverside are socked in with smog, but very little of it makes it over the pass and into the Coachella Valley. Thus, in many ways, the Coachella Valley actually has better air quality than other nearby communities, thanks to the mountain passes.

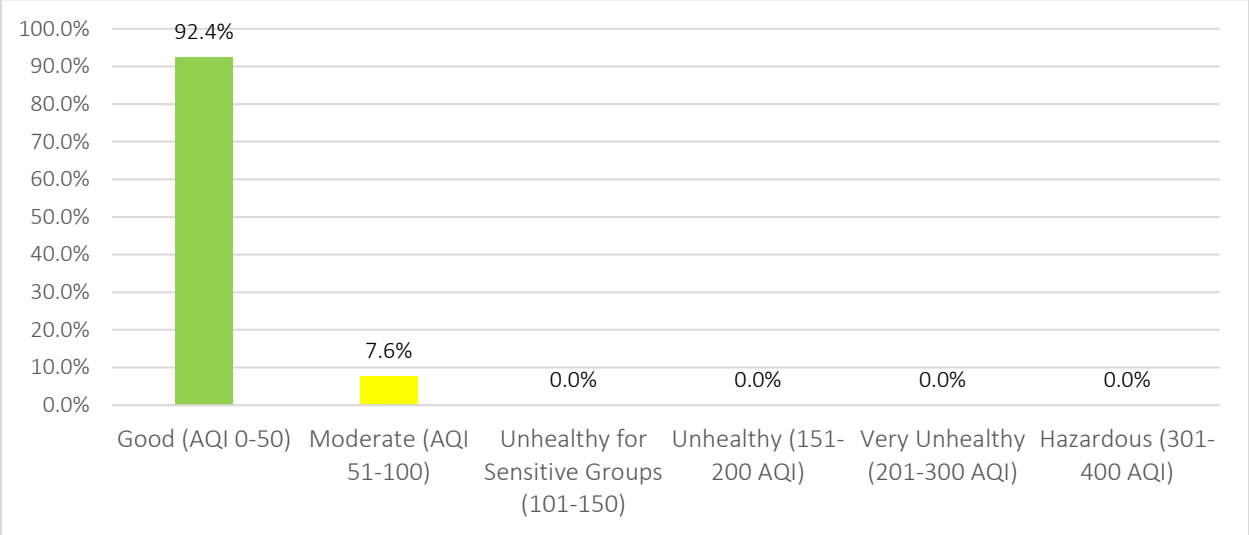
Particulate Matter – $PM_{2.5}$ Pollutant

To protect public health, the United States Environmental Protection Agency (EPA) sets quality standards for six pollutants—one of which is particulate matter (PM). Solid particles mixed with liquid droplets found in the air are considered PM. Some of these particles are large enough to be seen such as smoke and dust, but others are not. One type is $PM_{2.5,}$ which are less than 2.5 micrometers in size. These particles can be inhaled and cause health problems.

The only $PM_{2.5}$ measurement station in the Coachella Valley is located in Indio and monitors $PM_{2.5}$ every third day. In order to interpret $PM_{2.5}$, each day measurements of the air quality index (AQI) value are categorized into one of the following AQI categories: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for sensitive (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI). These are based on the EPA air quality standards.

In 2019, the Indio station recorded 118 days—7.6% of those days were measured as having "moderate" air quality and most days (92.4%) were recorded as "good" air quality. It is important to note that none of the days recorded in the last year were in any of the unhealthy categories.

Figure 30. Air quality - 2.5_{PM} pollutant



Source: United States Environmental Protection Agency AQS (2019).

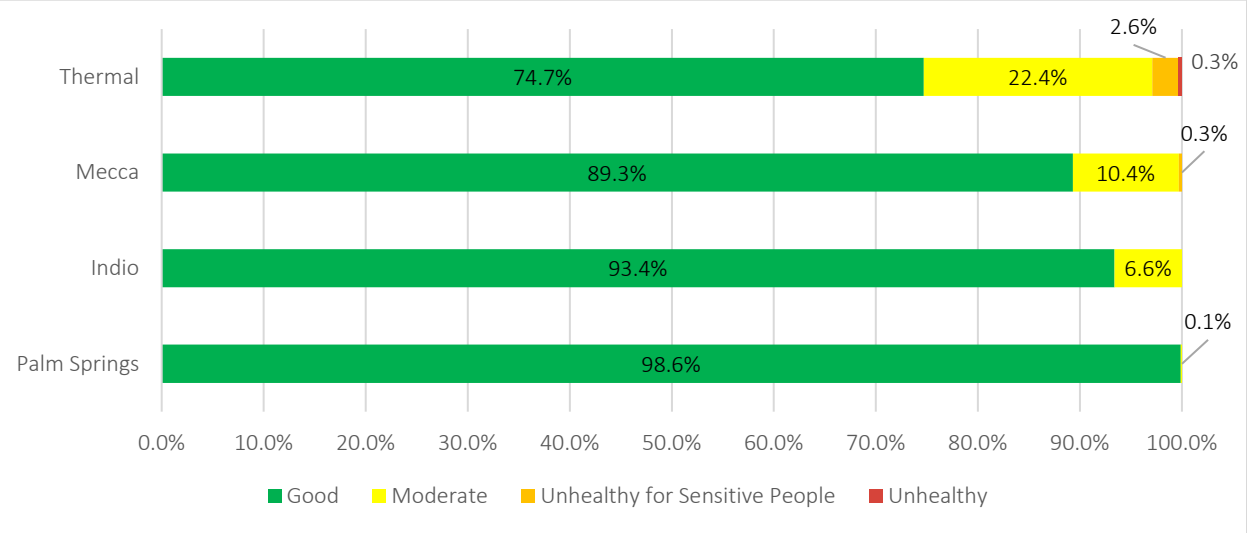
Particulate Matter - PM10 Pollutant

Another type of particulate matter or particle pollution is PM_{10}, which is generally material in the air that is 10 or less micrometers in size. Like $PM_{2.5}$, these particles can also be inhaled and cause health problems. PM_{10} may include dust from construction sites, landfills and agriculture, wildfires, pollen, and dust blown by wind from open land. Hence, PM_{10} concentrations can get high in the Coachella Valley during periods of high winds.

There are four PM_{10} measurement stations in the Coachella Valley that record air quality daily: Indio, Palm Springs, Mecca, and Thermal. The EPA air quality metrics remain the same as for $PM_{2.5}$, which are the following: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for sensitive (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI).

In 2019, Palm Springs recorded most days with "good" air quality and 0.1% (5 days) of the year with "moderate" air quality. Indio recorded 6.6% (24 days) with "moderate" air quality. In comparison, Mecca held 10.4% (38 days) with "moderate" air quality and 0.3% (1 day) with "unhealthy for sensitive" air quality. Moreover, Thermal held a slightly higher percentage of "unhealthy for sensitive" air quality with 2.6%, which is about nine days. Given that most of the Coachella Valley farmland is located in the Eastern Coachella Valley, it is no surprise that the western cities fare better on measures of PM_{10} compared to the eastern cities.

Figure 31. Air Quality - PM_{10} pollutant



Source: United States Environmental Protection Agency AQS (2019).

Ground-Level Ozone

Another pollutant that is measured to understand air quality is ground-level ozone. Ozone happens in Earth's upper atmosphere and at ground level.[51] At the upper atmosphere level, ozone is considered good because it creates a protective layer that protects us from the sun's harmful rays.

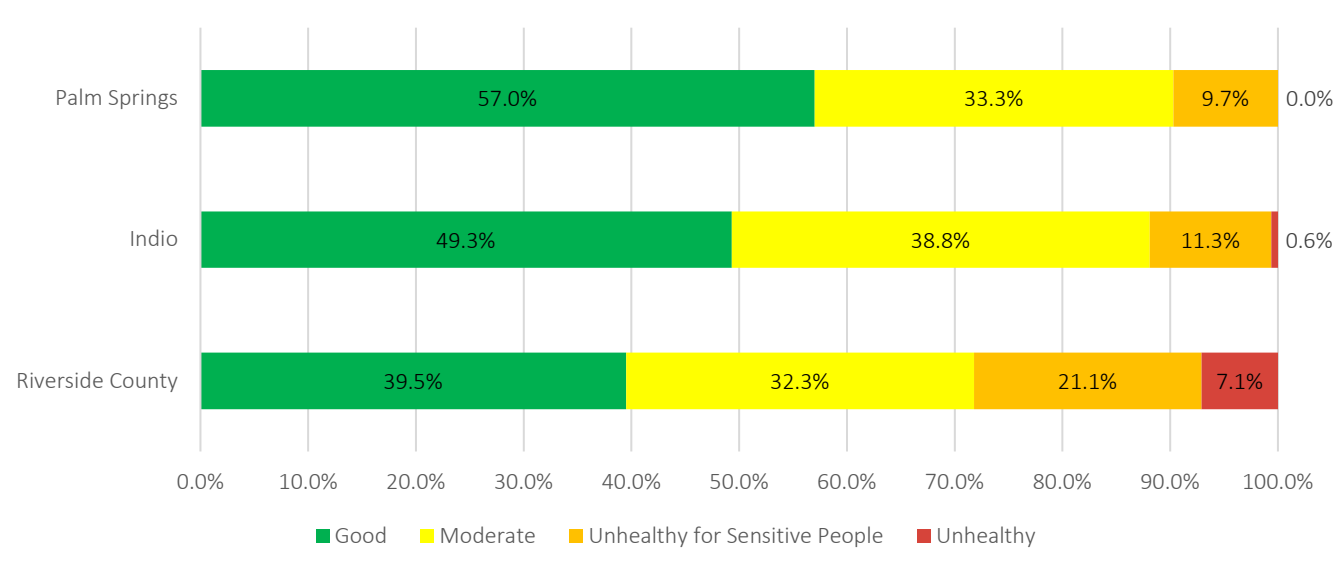
However, ozone at the ground level is considered bad because it is a harmful pollutant to people. Ozone at the ground level occurs when chemicals and pollutants react with the presence of sunlight. Therefore, it is most likely to reach unhealthy levels of ozone on days that are sunny or hot—which, in the Coachella Valley, is very often. Some of the potentially harmful effects of ozone pollution on people include asthma, chest pain, coughing, and airway inflammation.[52]

There are two stations in the Coachella Valley that measure ozone pollution; one station is located in Indio and the other is located in Palm Springs. Once again, each day's values are categorized based on EPA air quality standards: Good (0-50 AQI), Moderate (51-100 AQI), Unhealthy for Sensitive Populations (101-150 AQI), Unhealthy (151-200 AQI), Very Unhealthy (201-300 AQI), and Hazardous (301-400 AQI). In 2019, the two Coachella Valley stations recorded ozone pollution every day.

[51] U.S. Environmental Protection Agency. Ground-level Ozone Basics. Available online here: https://www.epa.gov/ground-level-ozone-pollution/ground-level-ozone-basics
[52] Ibid.

As illustrated in the figure below, the majority of days in 2019 were in the "good" or "moderate" category at both stations. Indio had 11.3% of days considered "unhealthy for sensitive populations," while Palm Springs had slightly fewer (9.7%). None of the days recorded in Palm Springs had "unhealthy" air quality, and only 0.6% of the days recorded in Indio had unhealthy air quality. Once again, the differences between Palm Springs and Indio may be related to proximity to the farmland in the far East Valley and/or the Salton Sea; this may be why air quality in the West Valley is better than in the East Valley. When comparing our two Coachella Valley stations to Riverside County as a whole, it appears that our ozone levels are better than average. As noted previously, this may be due to smog that settles in Western Riverside County but does not make it over the San Gorgonio Mountain pass into the Coachella Valley.

Figure 32. Air Quality Based on Ozone Pollution



Source: US Environmental Protection Agency AQS (2019)

According to a recent report by Tracking California,[53] the two pollutants that are of most concern for residents in the Desert Healthcare District are ozone and PM_{10}. The Coachella Valley's ozone has been deemed "extreme" by The South Coast Air Quality Management District with 20 days per year exceeding ozone standards. Additionally, PM10 levels in the Coachella Valley exceed recommended standards for approximately one-third of each year.

[53] English, P. & Carpenter, C. (2021). *Tracking California.* Air Pollution Trends in the Coachella Valley – 2017 to 2019.

Air Quality and the Salton Sea

"We live next to the Salton Sea area. The air is not fresh air -- we can smell the dirty water. Sometimes it's foggy and I'm sure it's not fog, it's like pollution or something in the air and then in the water."
– Community Resident

Salton Sea

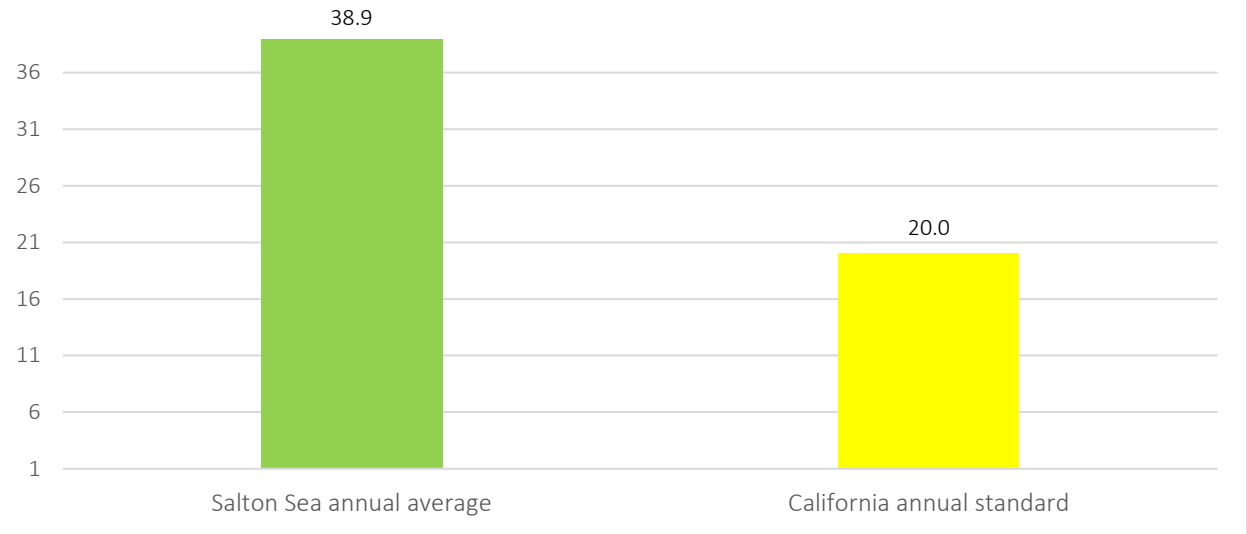
The Salton Sea is the largest lake in California by surface area; it is located in the Coachella and Imperial valleys. One of the major concerns about the air quality near the Salton Sea is due to the decreased amount of water flowing into the lake. Since there is an imbalance between the inflow of water and evaporation rate, this shrinks the lake and exposes dry lakebed, or playa. In 2017, researchers at the University of California, Riverside found that this exposed playa acted as dust sources with potential to impact human health.[54]

In 2018, the Salton Sea air basin held among the highest number of days with PM_{10} measures over the California 24-Hour Standard by Air Basin.[55] A total of 88.4 days held PM_{10} measures that were over the California 24-hour standard of 50 µg/m3 (weight of particles in micrograms per one cubic meter of air).[56] For comparison, out of 10 air basins recorded in California, the San Joaquin Valley had the highest number of days with 164.4 days, followed by South Coast with 139 days, and Salton Sea Basin (88.4 days).

[54] American Chemical Society Publications. (2017). The Effect of a Receding Saline Lake (The Salton Sea) on Airborne Particulate Matter Composition. Available online at: https://pubs.acs.org/doi/abs/10.1021/acs.est.7b01773
[55] Statewide PM10 Measures by Air Basin. (n.d.) California Environmental Health Tracking Program. Available online at: https://trackingcalifornia.org/air-quality/statewide-pm-10
[56] California Air Resources Board. (n.d.) Inhalable Particulate Matter and Health (PM2.5 and PM10). Available online at: https://ww2.arb.ca.gov/resources/inhalable-particulate-matter-and-health

Based on the annual average of daily PM_{10} concentrations by air basin, the annual average for Salton Sea basin was 38.9 50 µg/m3 in 2018, which is also above the California annual standard of 20 µg/m3.

Figure 33. Annual average of daily PM10 Concentration



Source: California Environmental Health Tracking Program (2018).

As previously mentioned, the Salton Sea air basin is in the Coachella and Imperial valleys. The Coachella Valley PM_{10} monitoring stations for the Salton Sea are in Indio, Mecca, Palm Springs, and North Shore (no AQS data available for North Shore). However, most of the PM_{10} monitors are in the Imperial Valley; specifically, in Salton City, Bombay Beach, Brawley, Calexico, El Centro, Joshua Tree, Niland, and Westmorland. It is likely that the air quality monitors in the Imperial Valley show higher PM_{10} concentrations. Therefore, while the monitors in the Coachella Valley do not show many days with unhealthy air quality, it is likely that the monitors in Imperial Valley skew the PM_{10} measures, presenting PM10 averages above California standards.

Walkability

"Our Eastern Coachella Valley has a lack of infrastructure. Whether it's potable water, good electrical systems, sewage systems, roads, and so on." – Community Resident

Walking is an excellent way for people to get exercise, even for those who do not consider themselves to be athletic. Walkable cities also allow more access to necessities for people who do not have access to a car, thereby reducing some of the disparities experienced based on automobile access. Walkability includes not only how cities/CDPs are zoned (e.g., mixed use zones that allow stores near to residences, etc.) but also safety aspects (e.g., lighting for night walking, sidewalks, low speed limits, etc.).

A walk score measures the walking access to amenities of a city based on a five-minute or a quarter-mile walk. The more points a city has, the more amenities that are nearby and thus, the more pedestrian-friendly the city is. Amenities include grocery stores, schools, parks, restaurants, and retail stores. The walkability score is based on a scale that ranges from zero to 100.[57] The categories are as follows:

- A walkability score of zero to 24 points requires a car for *almost all* errands
- A score of 25 to 49 points requires a car for *most* errands
- A score of 50 to 69 points indicates that *some* errands can be accomplished on foot
- A score of 70 to 89 points indicates that *most* errands can be done on foot
- A walkability score of 90 to 100 indicates that daily errands *do not* require a car

For context, the city of Riverside has a walk score of 41.9. Several cities in Northern California have very high scores, including Oakland (73.8) and San Francisco (87.4).

A walk score measures the walkability of a city or address. Points are awarded based on the distance to amenities. Specifically, amenities within a five-minute walk are given maximum points, and fewer points are given for amenities that are farther – with no points given after a 30-minute walk. It is important to note that weather, such as extreme heat, is not factored into the walk score, but is a major issue in the Coachella Valley. Thus, the walk scores potentially are over-estimates of the walkability here in the desert.

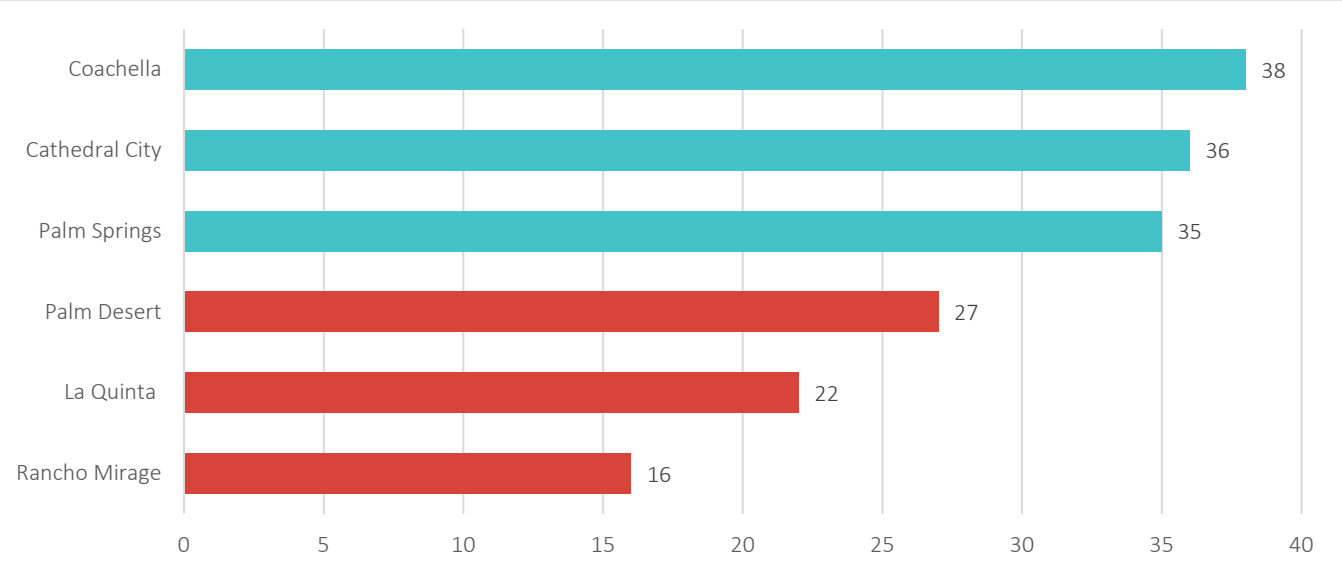
[57] https://www.walkscore.com/

The figure below illustrates the three cities in the Coachella Valley with the highest and lowest walk scores. The cities with the highest (best) walk scores include Coachella (38), Cathedral City (36), and Palm Springs (35). The cities with the lowest (worst) walk scores include Palm Desert (27), La Quinta (22), and Rancho Mirage (16).

Even cities with the best walk scores in the Coachella Valley are still relatively low. Our highest scoring city still requires a car for *most* errands (versus our lowest scoring cities, which require a car for *almost all* errands). Thus, it is clear that there is a lot of progress to be made on this measure. Walkability appears to be inversely related to poverty—since residents in Palm Desert, La Quinta, and Rancho Mirage are relatively wealthy, they are more likely to own a car. In contrast, residents in Coachella and Cathedral City are poorer and less likely to own a car, and more likely to need to walk instead; those cities have adapted to the needs of their residents. It is also important to note that there is no information on the walk scores for Eastern regions that may have a higher transportation need, as there are no hospitals nearby, and most resources are located in central or western Coachella Valley.

See Appendix 18 for walk scores on eight cities/CDPs.

Figure 34. Walk Score in the Coachella Valley by City



Source: Walkscore (2020).

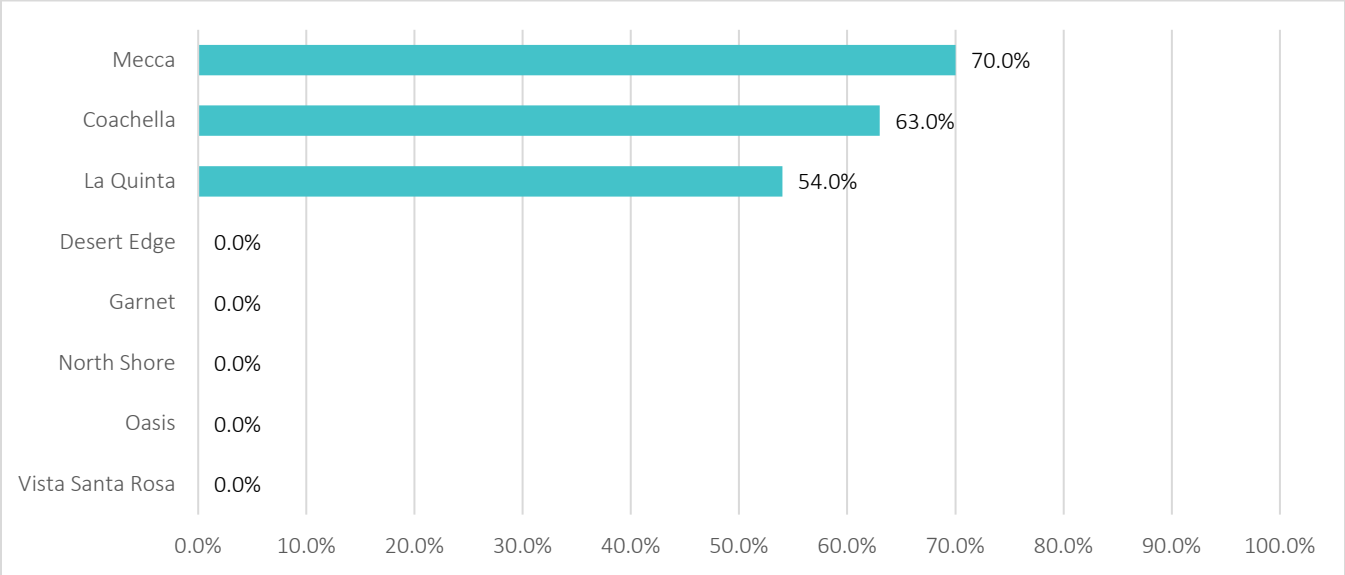
Park Access

Having access to a nearby park benefits a community in many aspects as regular physical activities can improve health and reduce risks of disease. Nationally, 55.0% of residents live within a 10-minute walk of a park.[58] The figure below illustrates the cities/CDPs in the Coachella Valley with the highest percentages of residents within a 10-minute walk of a park, as well as those with the lowest.

The cities/CDPs with the highest percentage of residents who have nearby access to a park include Mecca (70.0%), Coachella (63.0%), and La Quinta (54.0%). In contrast, there are five cities/CDPs where zero residents (0.0%) have access to a park within a 10-minute walk.

See Appendix 19 for park access data for 20 cities/CDPs.

Figure 35. Percent of Residents within a 10-minute Walk of a Park by City/CDP – Top vs. Bottom



Source: The Trust for Public Land (2019).

It is worth noting that in 2020, Mecca was awarded over $5 million to create a 6.7-acre park with exercise equipment, sports fields, covered picnic areas, and a jogging path. This funding comes from Proposition 68's Statewide Park Development and Community Revitalization Grant Program.[59] This will no doubt increase Mecca's already high score on this measure.

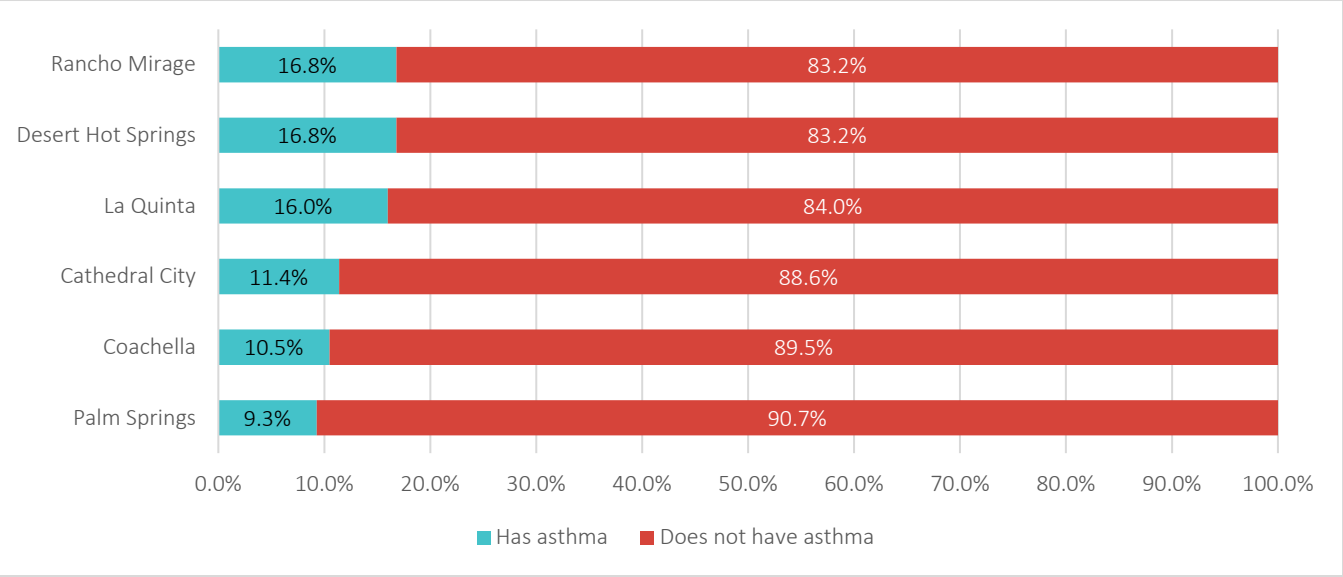
[58] The Trust for Public Land (2019).
[59] KESQ: Mecca to receive over $5 million state grant to build new park. Available online: https://kesq.com/news/2020/02/25/mecca-to-receive-over-5-million-state-grant-to-build-new-park/

Asthma and Other Respiratory Disease

The environment can affect people's health in a variety of ways, and one of the consequences of poor air quality is asthma and other respiratory diseases. Overall, across adults and children, about 12.2% of the Coachella Valley have been diagnosed with asthma which is significantly higher than the United States average of 7.8%.[60] The city with the highest rate of asthma is Rancho Mirage (16.8%), while the city with the lowest rate of asthma is Palm Springs (9.3%). See the figure below for additional details.

See Appendix 20 for asthma diagnoses on 8 cities/CDPs.

Figure 36. Asthma Diagnoses among Adults and Children



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

While the rate of asthma is high, it is likely understated due to cases going undiagnosed. This may be due to factors such as lack of health care access, health insurance or other social-economic factors that may hinder parents from taking their children to get a diagnosis from a doctor. A 2005 California Health Department-led study in the Imperial Valley demonstrated an asthma prevalence of 20% among middle school students and high rates of respiratory symptoms among children without asthma.[61] This suggested that undiagnosed asthma was potentially common in the region.

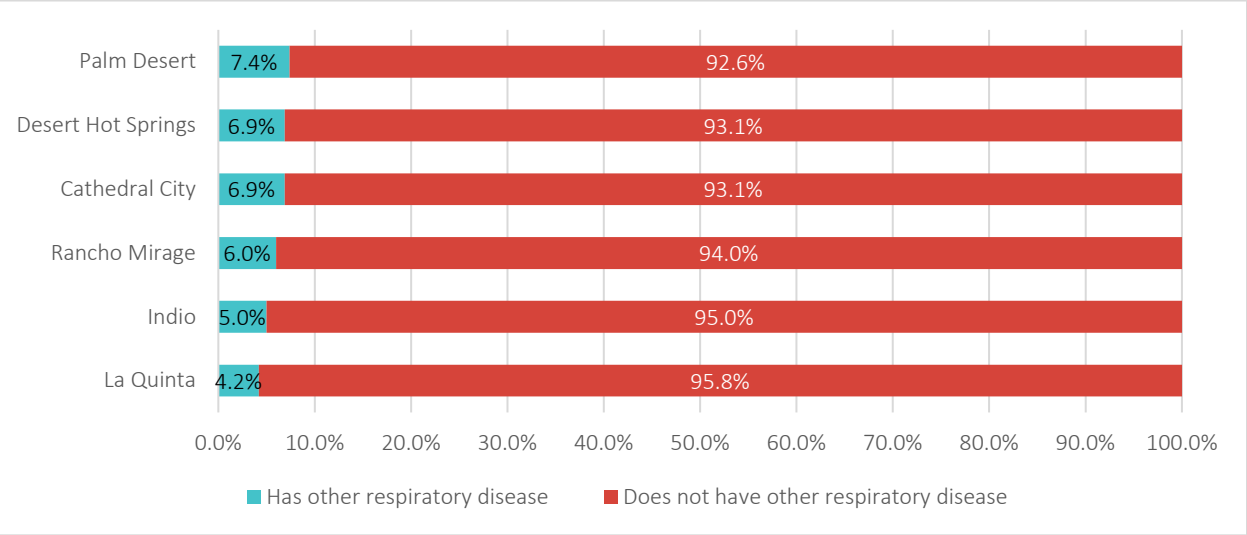
[60] Centers for Disease Control. Most Recent National Asthma Data. National Center for Environmental Health. Available online here: https://www.cdc.gov/asthma/most_recent_national_asthma_data.htm

[61] Lipsett M., Smorodinsky S., English P., Copan L. BASTA Border Asthma & Allergies Study: Final Report. Impact Assessment, Inc.; Richmond, VA, USA: San Diego, CA, USA: 2009.

Approximately 5.5% of Coachella Valley adults have other respiratory diseases. The city with the highest percentage of adults with other respiratory disease is Palm Desert (7.4%), while the lowest include rate of respiratory disease is La Quinta (4.2%). However, it is worth noting that these percentage differences are relatively small.

See Appendix 21 for respiratory disease diagnoses on seven cities/CDPs.

Figure 37. Other Respiratory Disease (e.g., COPD, emphysema, etc.) Among Adults



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

Economic Stability

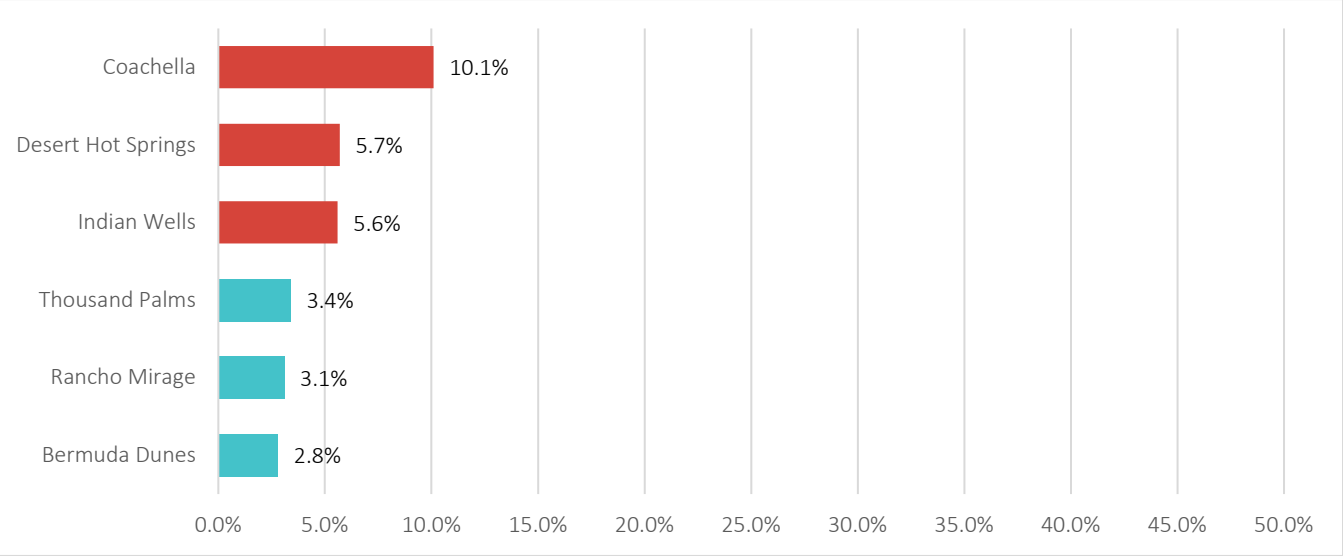
Unemployment

"It's not easy to find a job; I've been looking for a while." – Community Resident

The unemployment rate is defined as the number of unemployed people as a percentage of the civilian labor force.[62] The broader unemployment rates are relatively similar for Riverside County (4.2%) and California (4.0%).[63] Based on the annual average, roughly 5.6% of adults in the Coachella Valley were unemployed in 2019.[64]

The figure below shows the three local cities/CDPs with the highest unemployment rates and the three cities/CDPs with the lowest unemployment rates. The city of Coachella has the highest unemployment rate at 10.1%, followed by Desert Hot Springs (5.7%) and Indian Wells (5.6%). The cities/CDPs with the lowest unemployment rates are Thousand Palms (3.4%), Rancho Mirage (3.1%), and Bermuda Dunes (2.8%). See Appendix 22 for unemployment rates on the 12 cities/CDPs with available unemployment annual averages.

Figure 38. Unemployment Rate by City/CDP – Top Three vs. Bottom Three



Source: California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS).

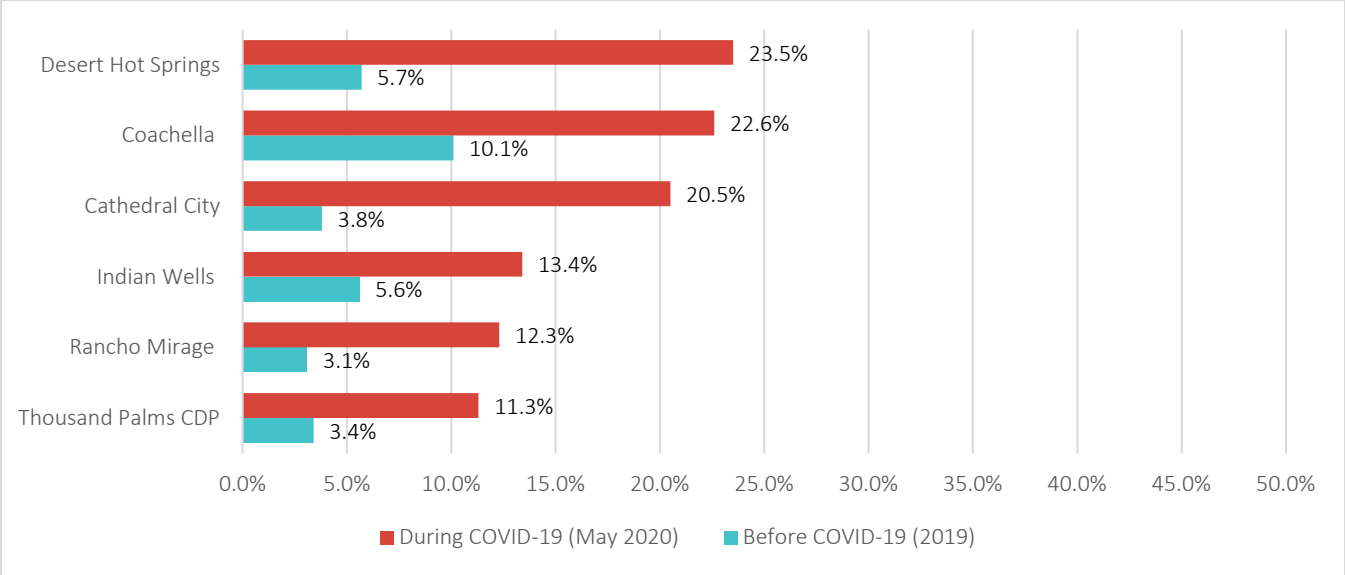
Unemployment and COVID-19

[62] U.S. Census (2019). Glossary of Terms. Available online at: https://www.census.gov/glossary/#term_Unemploymentrate
[63] California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS)
[64] Ibid.

Without question, the 2019 Coronavirus or COVID-19 has impacted several aspects of the economy, including unemployment rates. As such, the unemployment rates on the previous page may be considered outdated, as they are pre-pandemic. While there is not yet unemployment data for every Coachella Valley city/CDP, preliminary 2020 data suggests that the cities with the current highest rates of unemployment are Desert Hot Springs, Coachella, and Cathedral City. The cities with the lowest unemployment rates are Indian Wells, Rancho Mirage, and Thousand Palms.

Compared to the unemployment rates that all of these cities held before COVID-19 (that is, prior to March 2020), unemployment has more than doubled in each of these cities. See Appendix 23 for unemployment rates on the 12 cities/CDPs with data available during COVID-19.

Figure 39. Unemployment Rate by City/CDP – Top Three vs. Bottom Three in May 2020



Source: California Employment Development Department. (May 2020). Monthly Labor Force Data for Cities and Census Designated Places (CDP).

Median Household Income

"Wages aren't aligning with cost of living, so something has to be done, something strategically. There's an issue here." – Community Resident

Median income is the middle point of all incomes in a region. In other words, the median indicates that half of households have an income above that amount and half of households have an income below that amount. In Riverside County, the median household income is $67,005.[65]

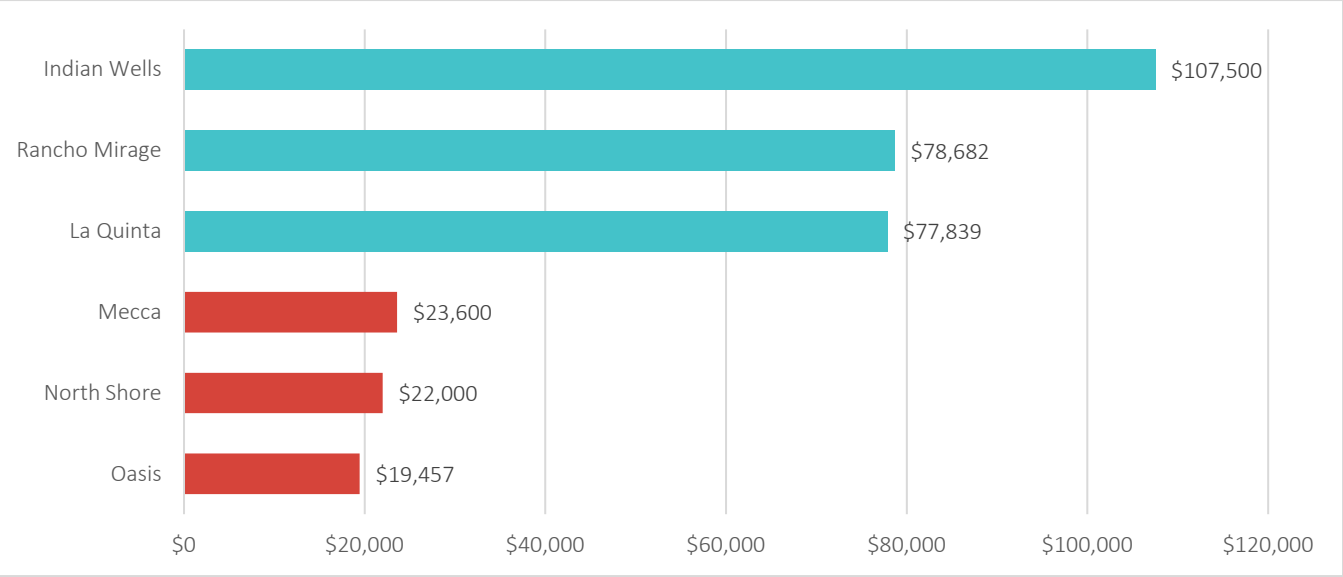
The figure on the subsequent page illustrates the three cities/CDPs with the highest and lowest median income. As illustrated below, the difference between the highest and lowest is substantial. The city/CDP with the highest annual median household income is Indian Wells ($107,500) and the city/CDP with the lowest median income is in Oasis ($19,457 per year). The median income of the highest city is almost six times the median income of the lowest city – illustrating a drastic economic inequality. Literature suggests that income inequality may have a direct influence on health outcomes.[66] Note that the three cities/CDPs with the lowest median income are all located in the eastern Coachella Valley.

See Appendix 24 for median household income data on all 21 cities/CDPs.

[65] American Community Survey – Five Year Estimates. (2015-2019).

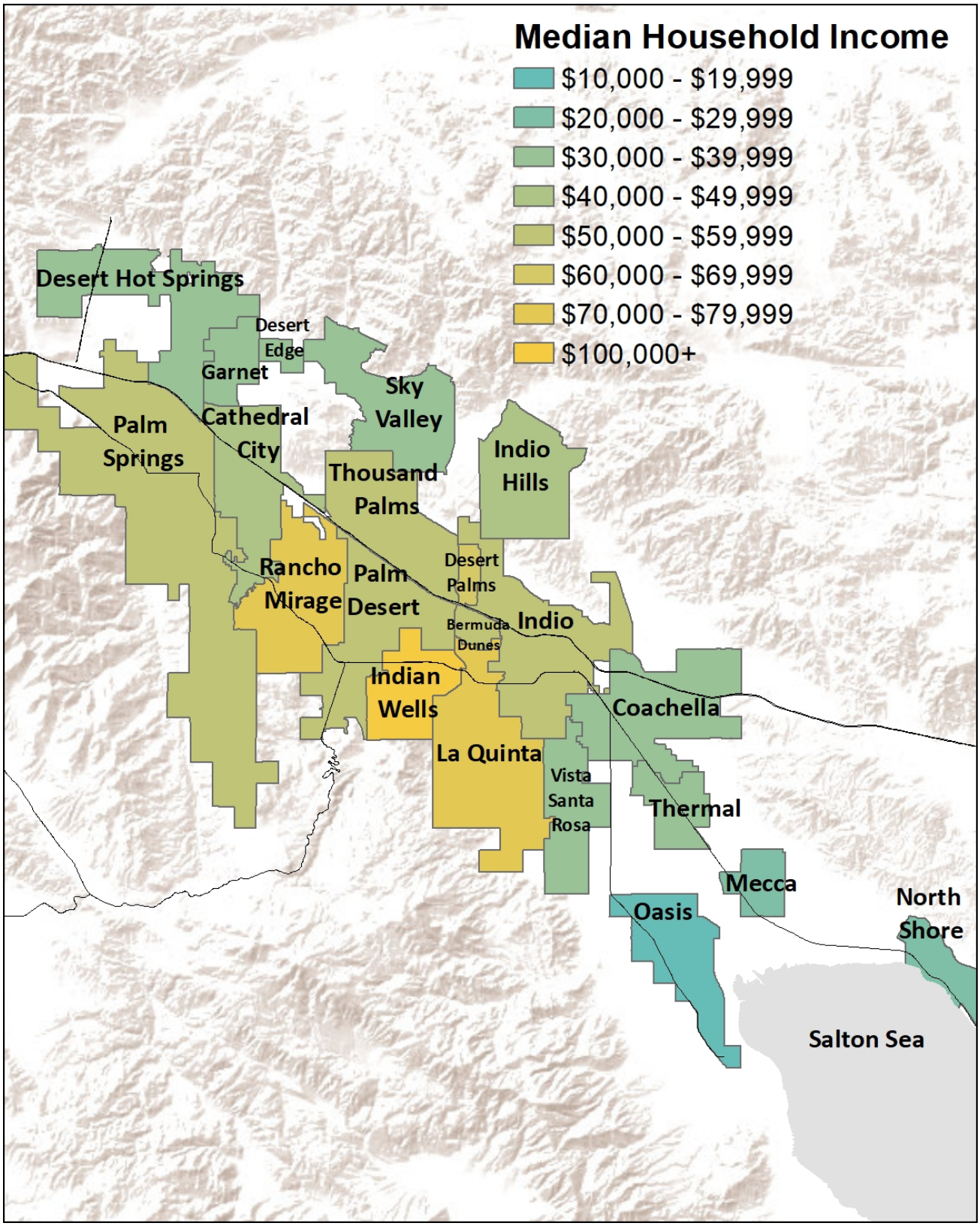
[66] Lynch, J., Smith, G. D., Harper, S., Hillemeier, M., Ross, N., Kaplan, G. A., & Wolfson, M. (2004). Is income inequality a determinant of population health? Part 1. A systematic review. *The Milbank quarterly*, *82*(1), 5–99. Available online here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690209/

Figure 40. Median Household Income by City/CDP – Top Three vs. Bottom Three



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

Map: Median Household Income by City/CDP



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

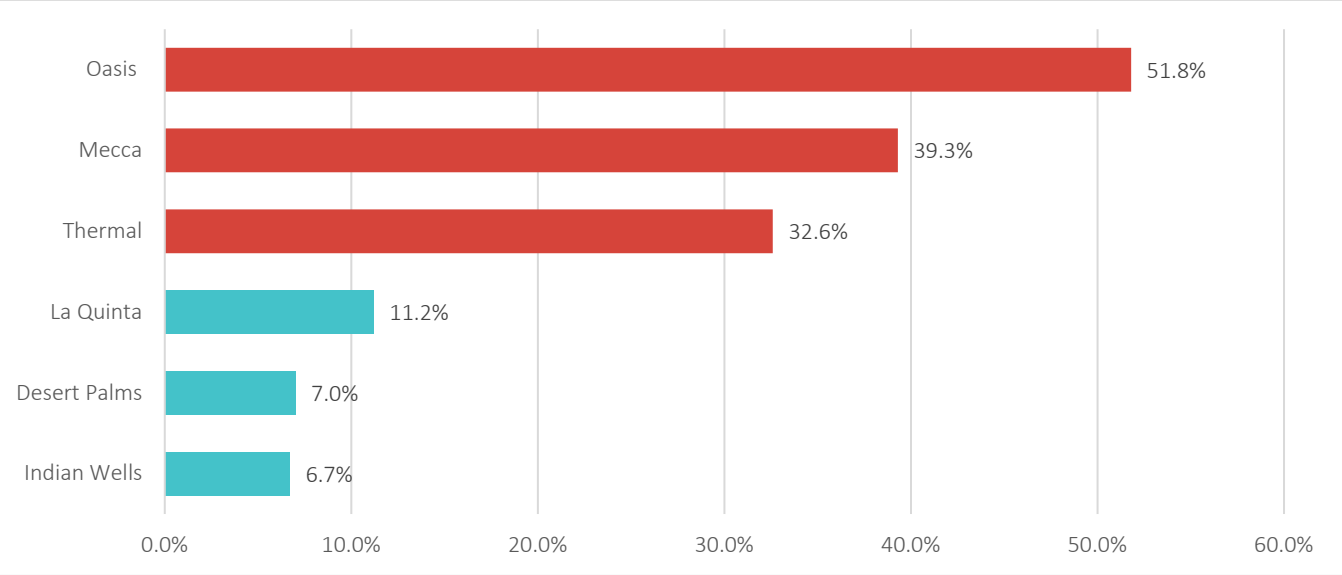
People Living in Poverty

Poverty status is determined by combining annual income with the number of people in the household and comparing to a poverty threshold established by the federal government.[67] The threshold varies by the age, number of family members, and household income—however, the same thresholds are used throughout the United States. In 2018, the poverty threshold for a single individual under 65 years old, was $13,064. If that person's income is below $13,064, he/she is considered living in poverty. For a family of two the poverty threshold was $16,889, and for a family of three the threshold was $19,985.[68]

As illustrated in the figure below, the cities/CDPs with the highest percent of people living in poverty (represented in red in the figure) include Oasis (51.8%), Mecca (39.3%), and Thermal (32.6%). All three represent unincorporated areas in the far East Valley. The three cities/CDPs with the lowest percent of residents living in poverty are represented in teal. It is worth noting that even in very wealthy cities with high median incomes, there are still people living in poverty.

See Appendix 24 for poverty data on all 21 cities/CDPs.

Figure 41. Poverty by City/CDP – Top Three vs. Bottom Three

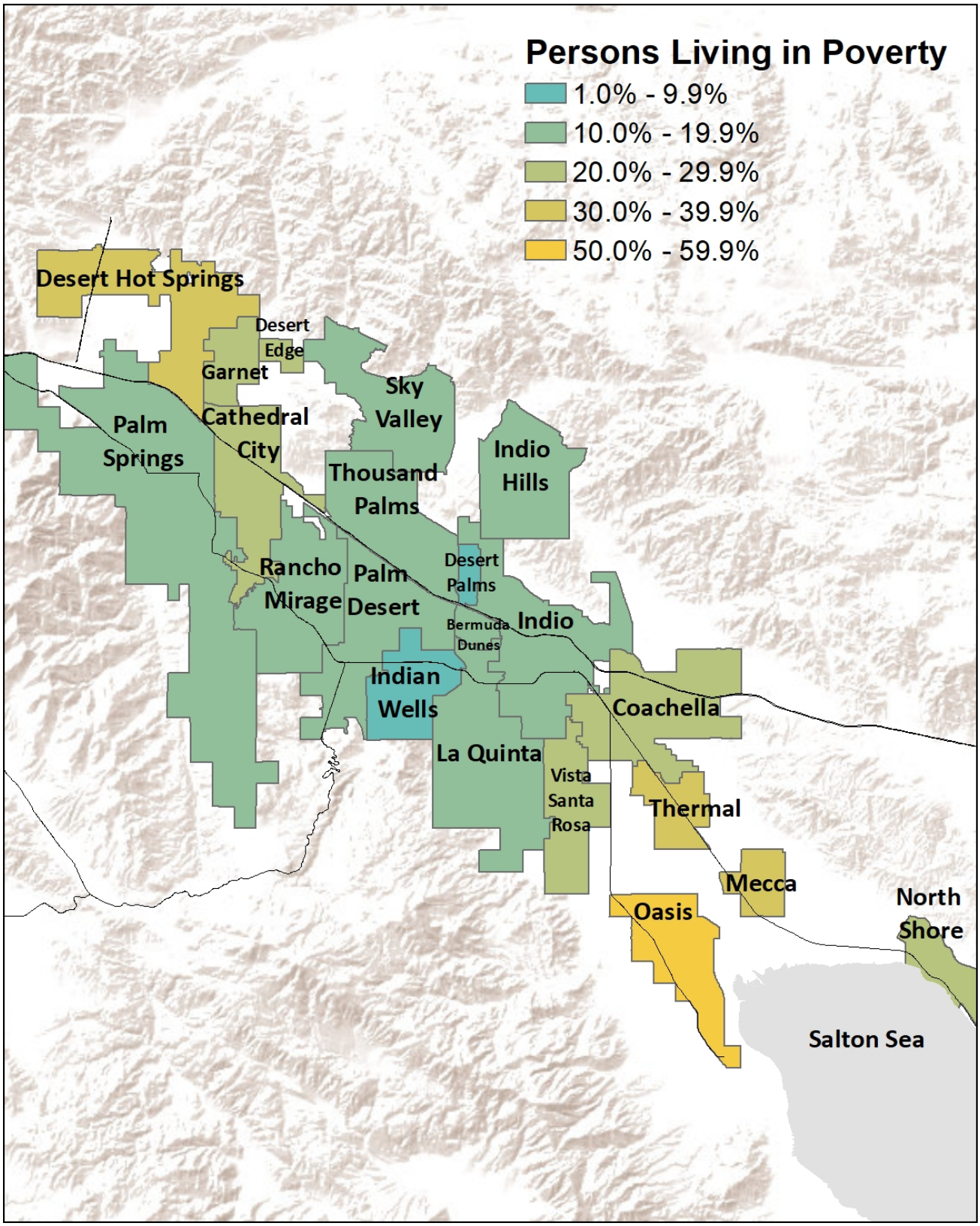


Source: American Community Survey – Five Year Estimates. (2015-2019).

[67] U.S. Census Bureau. Poverty Measures. Available online at: https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html

[68] U.S. Census Bureau. Poverty Thresholds for 2018 by Size of Family and Number of Related Children Under 18 Years. Available online at: https://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

Map: Percent of People Living in Poverty



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

Children in Poverty (ages 0 to 17)

"If parents have an income, we have more stability. Obviously, the children will be able to have a better future." –Community Resident, translated from the original Spanish

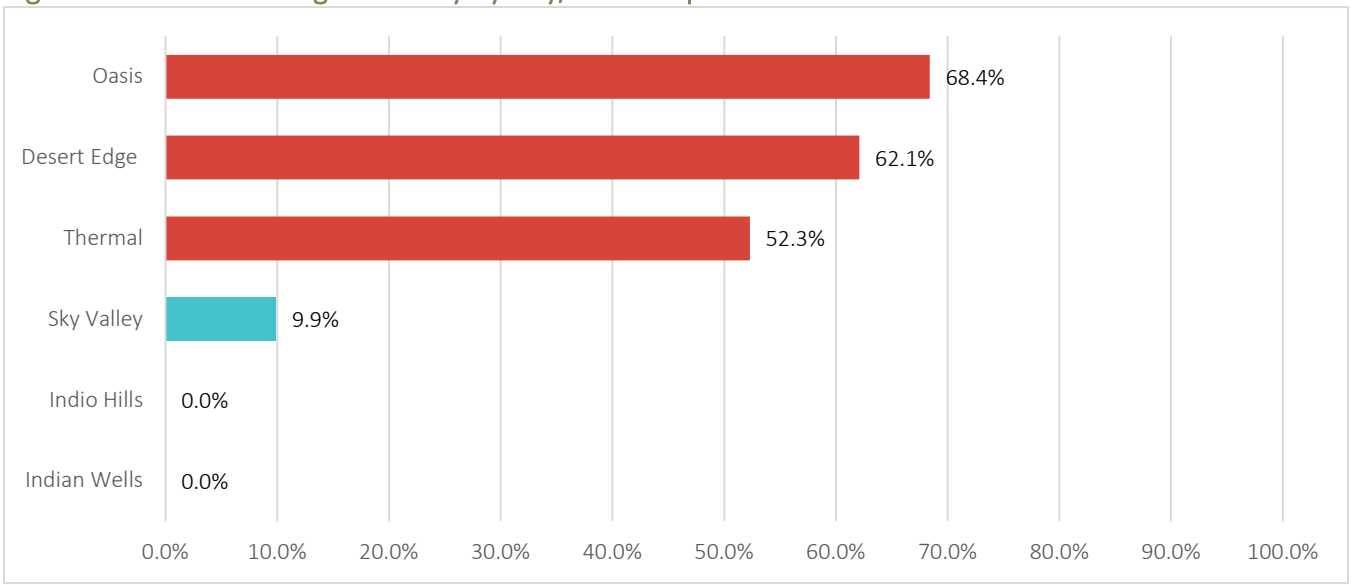
Nationally, approximately 18.5% of children (below the age of 18) live in poverty, as defined on the previous page. Similarly, California has a child poverty rate of 18.1% and Riverside County has a child poverty rate of 18.2%.

The figure below illustrates the percent of children living in poverty by city/CDP. The cities/CDPs with the highest rate of child poverty (represented in red) include Oasis (68.4%), Desert Edge (62.1%), and Thermal (52.3%). Note that in these cities/CDPs more than half of children are living in poverty.

Cities/CDPs with the lowest proportion of children living in poverty (represented in teal) include Sky Valley (9.9%), Indio Hills (0.0%), and Indian Wells (0.0%).

See Appendix 25 for child poverty data on all 21 cities/CDPs.

Figure 42. Children Living in Poverty by City/CDP – Top Three vs. Bottom Three



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

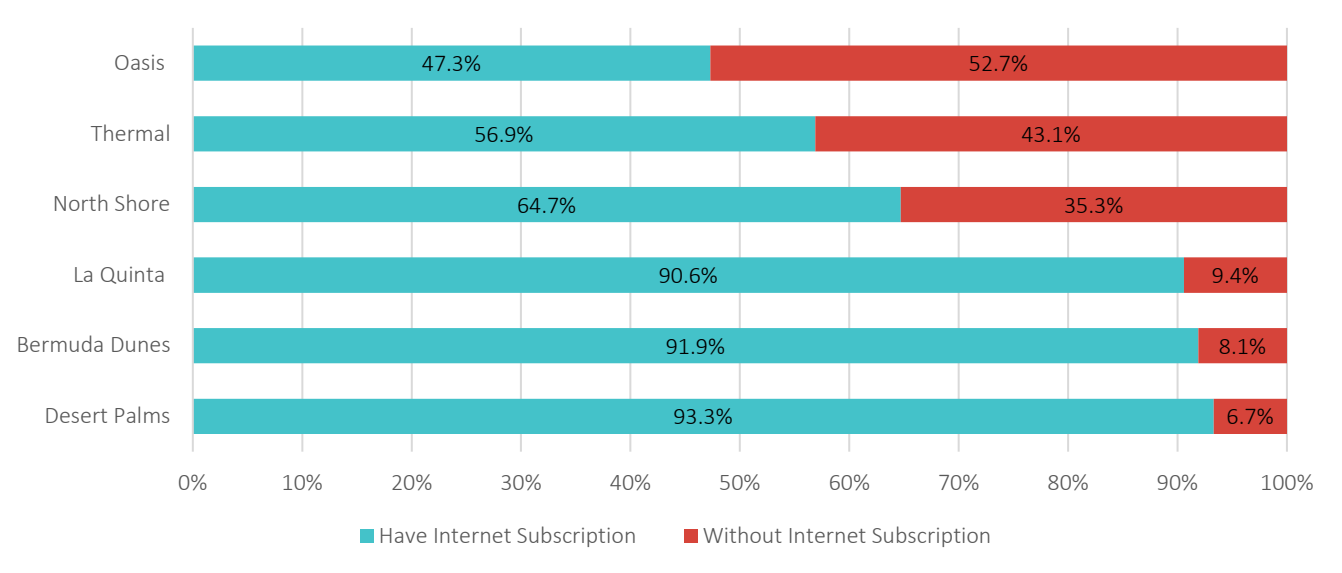
Internet Access

The data below show the cities/CDPs with or without an Internet subscription. An Internet "subscription" refers to a service that someone pays to have access to Internet, which includes a data plan, broadband such as cable, fiber optic or DSL, or other type of service.[69] The category of "without an Internet subscription" includes people who accessed the internet without a subscription or do not have Internet access at all.[70] The term "digital divide" was coined to describe those who benefit from the digital age and the internet compared to those who do not. Access to modern technologies, such as the internet, is equated with access to digital information, digital skills, social participation, and democratic participation.[71]

The three cities/CDPs with the lowest access to internet include Oasis (47.3%), Thermal (56.9%) and North Shore (64.7%). In contrast, the cities/CDPs with the majority of households having an internet subscription include, La Quinta (90.6%), Bermuda Dunes (91.9%), and Desert Palms (93.3%). Notably, it is the cities/CDPs with higher rates of poverty that most commonly lack internet access, illustrating the myriad of obstacles faced by people living in poverty.

See Appendix 26 for internet access data on all 21 cities/CDPs.

Figure 43. Have Internet Access by City/CDPs – Top Three vs. Bottom Three



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

[69] Source: American Community Survey – Five Year Estimates. (2015-2019).
[70] Ibid.
[71] Van Dijk, J. A. (2006). Digital divide research, achievements and shortcomings. *Poetics*, *34*(4-5), 221-235.

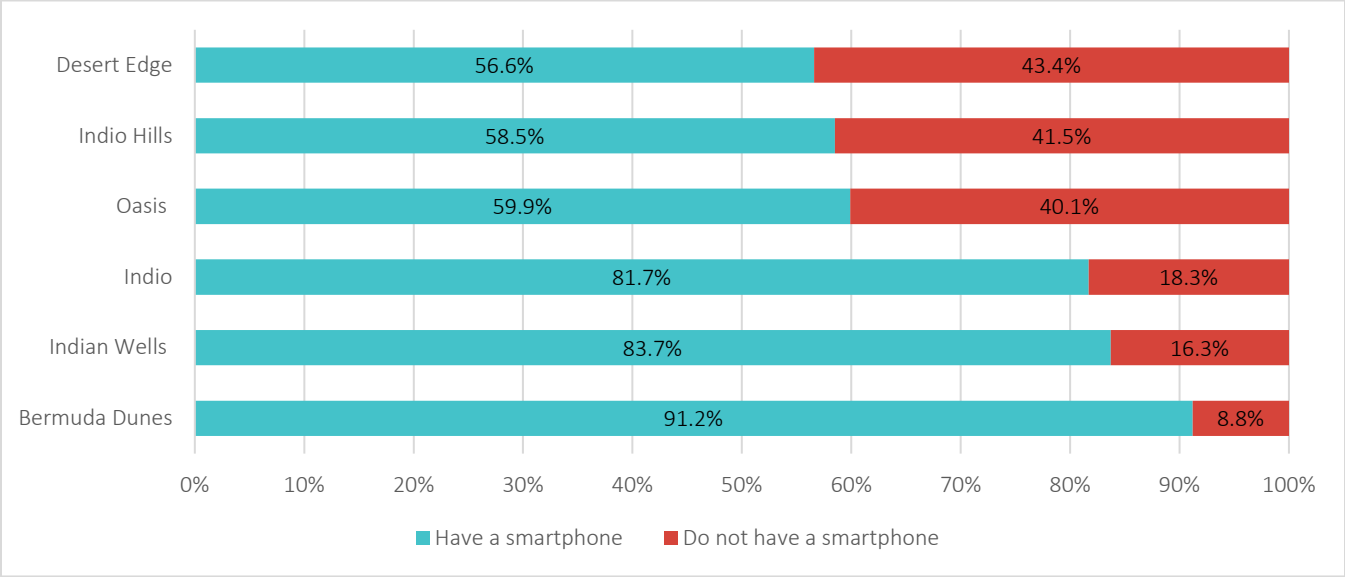
Smartphone Access

A smartphone is a cellular telephone that includes added software functions such as an Internet browser or email.[72] For individuals who don't have an internet subscription or a computer in their home, a smartphone is often their only connection to the internet.

The three cities/CDPs with the lowest access to smartphones include Desert Edge (43.4% of people do not have smartphones), Indio Hills (41.5% do not have smartphones) and Oasis (40.1% do not have smartphones). Conversely, nearly everyone in Indio (81.7%), Indian Wells (83.7%), and Bermuda Dunes (91.2%) have smartphones.

See Appendix 27 for smartphone data on 20 cities/CDPs.

Figure 44. Have a Smartphone by City/CDPs – Top Three vs. Bottom Three



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

[72] Webster's Dictionary. Smartphone definition. Available online at: https://www.merriam-webster.com/dictionary/smartphone

Housing Cost Burden

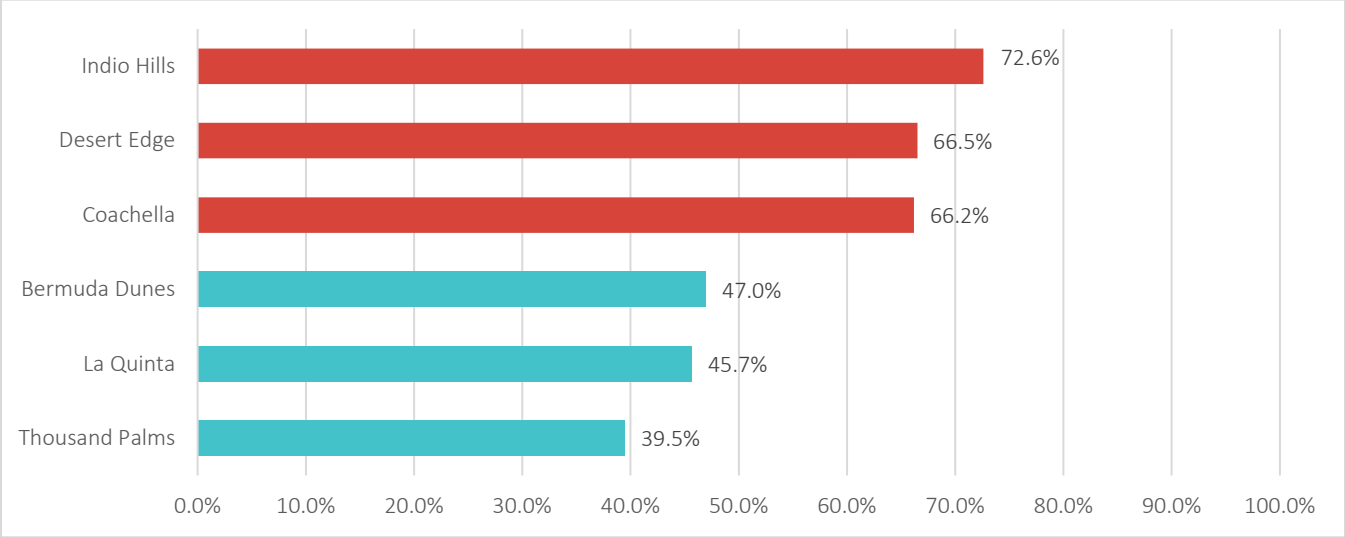
"Families that are already low-income spend most of their income towards housing – there's not much left over for our other needs." – Community Focus Group

Any household that spends more than 30% of their total household income on rent or mortgage costs is considered housing-cost burdened.[73] Households that spend less than 30% of their income on rent or mortgage costs can afford other necessities and are more financially stable than those who spend a large percentage of their income on housing. Nationally, 49.6% of households are rent-burdened; in California, it is slightly higher at 54.8%.[74]

As illustrated in the figure below, even the best-performing cities/CDPs in the Coachella Valley have nearly half of their residents experiencing housing-cost burden, spending more than 30% of their income on housing. The cities/CDPs with the highest proportion of residents spending more than 30% of income on housing include Indio Hills (72.6%), Desert Edge (66.5%), and Coachella (66.2%).

See Appendix 28 for housing-cost burden on all 21 cities/CDPs. The appendix includes separated data for renters and homeowners in addition to this combined data.

Figure 45. Households Spending 30%+ of Income on Housing by City/CDP– Top Three vs. Bottom Three



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

[73] U.S. Department of Housing and Urban Development (HUD). Affordable Housing. https://www.hud.gov/program_offices/comm_planning/affordablehousing/

[74] American Community Survey – Five Year Estimates. (2015-2019).

Chronic Homelessness Point-In-Time Count

"We need to help provide housing for homeless and help support them in accessing mental health services. There are no long-term facilities." – Community Resident

The homeless Point-In-Time Count ("PIT Count") is an annual survey mandated by the U.S. Department of Housing and Urban Development (HUD) that all counties must conduct. The methods for collecting unsheltered homelessness data (e.g., those living in cars, parks, sidewalks, etc.) are collected via a street-based count.[75] It is important to note that the PIT Count provides a snapshot of visible homelessness and is *not* intended to illustrate the entire population of homeless individuals.[76] The table below shows the number of unsheltered homeless people captured in the 2019 PIT Count. It is clear that Palm Springs is the city that most struggles with the issue of homelessness; however, the city has committed increased focus and funding towards the issue in recent years.[77]

Table 8. Number of Unsheltered Homeless People

City/CDP	Total Number
Palm Springs	196
Unincorporated Areas of District 4	98
Cathedral City	82
Indio	52
Coachella	51
Desert Hot Springs	45
Palm Desert	23
La Quinta	9
Rancho Mirage	6
Indian Wells	2
Coachella Valley Total	**564**

Source: Riverside County PIT Count (2019).

Based on the PIT count, unsheltered homelessness has increased 50.4% from 2015 to 2019, which represents a very concerning trend.[78]

Sheltered Homeless

The methods for collecting sheltered homeless data (e.g.., those living in shelters) are specified by HUD and is collected via the Homeless Management Information system (HMIS). Note that if a client receives

[75] Riverside County Department of Public Social Services (April 2019). County of Riverside 2019 Point-In-Time Count. Available online at http://dpss.co.riverside.ca.us/files/pit/pit-count-report-final.pdf

[76] Ibid.

[77] City of Palm Springs: Affordable Housing & Homelessness Liaisons. Available online at: https://www.palmspringsca.gov/government/departments/community-economic-development-department/affordable-housing-homelessness-liaisons

[78] The Path Forward: Recommendations to Advance an End to Homelessness in the Coachella Valley, (2018). Barbara Poppe and Associates.

services one month, leaves the shelter, then re-enters the following month, the client will be counted twice towards the total. In other words, the count below is likely duplicative.

This table below demonstrates the number of homeless people that resided in Coachella Valley shelters in 2019. Specifically, the cities/CDPs of Indio (*n* = 533) and Palm Springs (*n* = 417) have a high number of sheltered housing occurrences.

Table 9. Number of Sheltered Homeless People

City/CDP	Total Number
Indio (and unincorporated Bermuda Dunes and Chiriaco Summit)	533
Palm Springs	417
Cathedral City	133
Coachella	104
Desert Hot Springs (and unincorporated Sky Valley and Desert Edge)	91
Palm Desert	37
La Quinta	32
Unincorporated: Mecca, North Shore	29
Unincorporated: Salton Sea, Thermal	14
Unincorporated: Thousand Palms	13
Rancho Mirage	11
Coachella Valley Total	**1,415**

Source: County of Riverside, Homeless Management Information System (HMIS) data (2019).

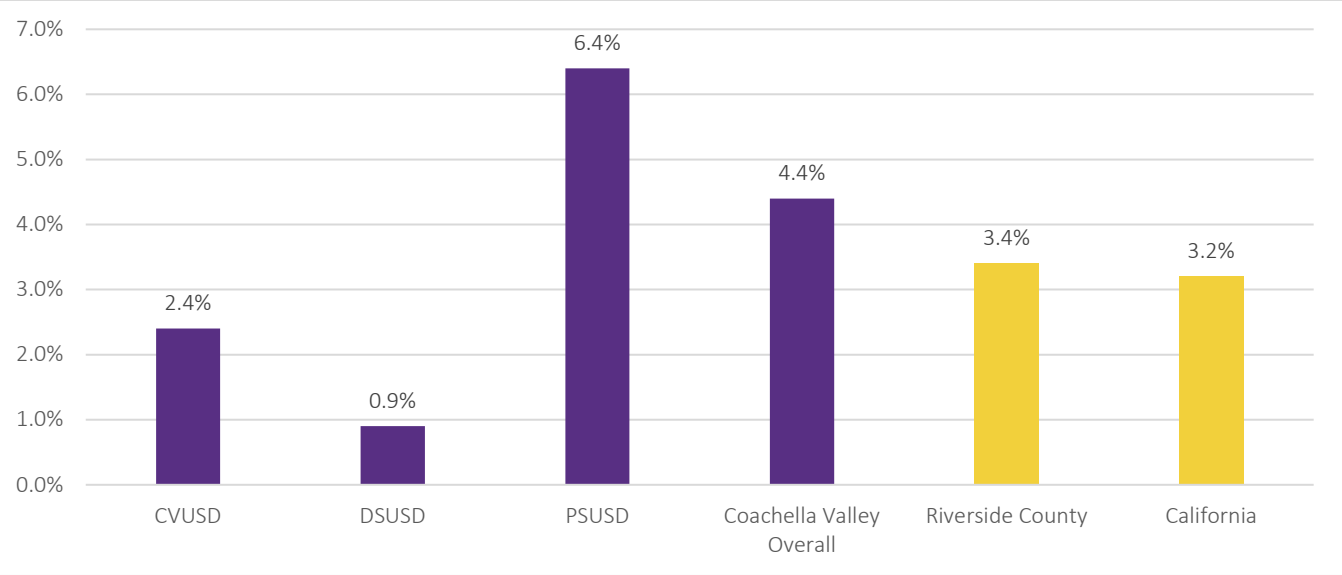
Homelessness Among School-Aged Children

While adult homelessness is important, it is also important to examine homelessness among school-aged children. According to the California Department of Education,[79] homeless children and youths are those who lack a fixed, regular, and adequate nighttime residence, which includes children living in motels, trailer parks, shelters, substandard housing, or are sharing a home with other persons due to a loss of housing or economic hardship, to name a few.

As illustrated in the figure below, there are a high proportion of homeless students attending Palm Springs Unified School District. There are fewer homeless youth attending CVUSD (2.4%) and DSUSD (0.9%). Overall, Coachella Valley rates are slightly higher than county and state rates. More specifically, the total number of homeless youth at each school district are as follows: 428 at CVUSD, 4,298 at DSUSD, and 4,298 at PSUSD.

See Appendix 29 for total enrollment and the raw number of homeless youth in all geographic regions listed below.

Figure 46. Homelessness Among School-Aged Children



Source: California Department of Education (2019-2020). California Longitudinal Pupil Achievement Data System (CALPADS) UPC Source File for grades K–12.

[79] California Department of Education (2020). Definition of Homelessness. Available online here: https://www.cde.ca.gov/sp/hs/homelessdef.asp

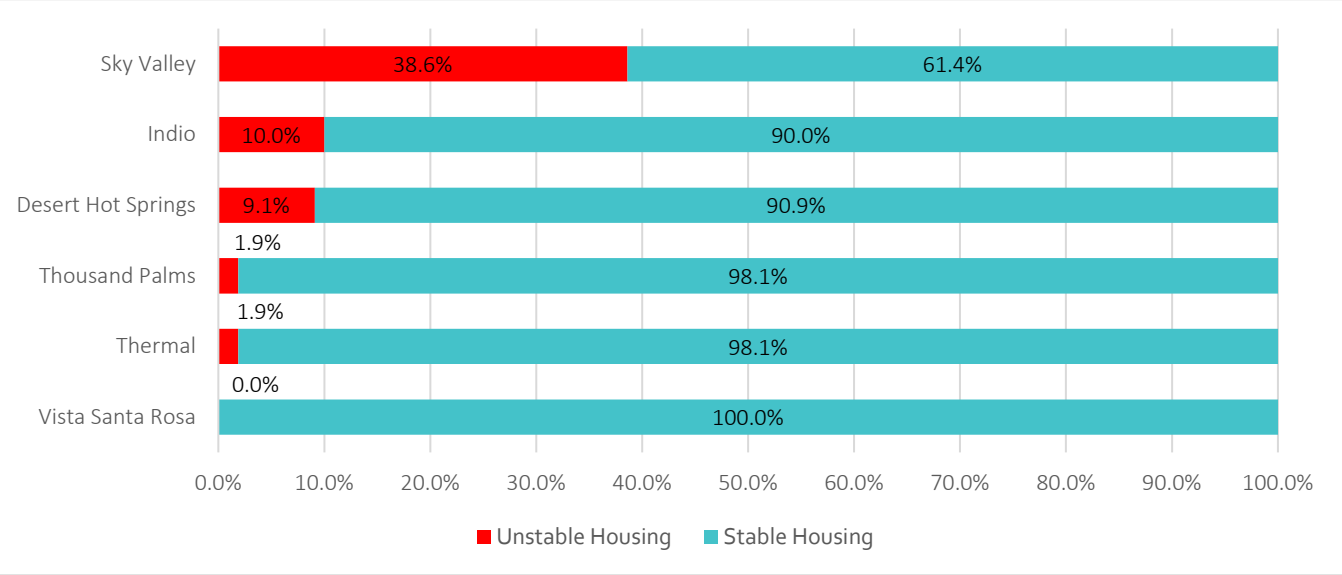
Housing Instability

Stable housing is of paramount importance for thriving economically, academically, and socially. In HARC's 2019 Coachella Valley Community Health Survey, residents were asked, "What is your living situation today?". There were three response options: "I have a steady place to live" (categorized as "stable housing"), "I have a place to live today but I am worried about losing it in the future," and "I do not have a steady place to live" (both of which were categorized as "unstable housing").

The three cities/CDPs with the highest percentage of adults experiencing unstable housing include Sky Valley, Indio, and Desert Hot Springs, as illustrated in the figure below. In contrast, the three cities/CDPs with the lowest percentage of adults experiencing unstable housing are Thousand Palms, Thermal, and Vista Santa Rosa.

See Appendix 30 for housing instability on 11 cities/CDPs.

Figure 47. Housing Instability for Adults by City/CDP – Top Three vs. Bottom Three



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

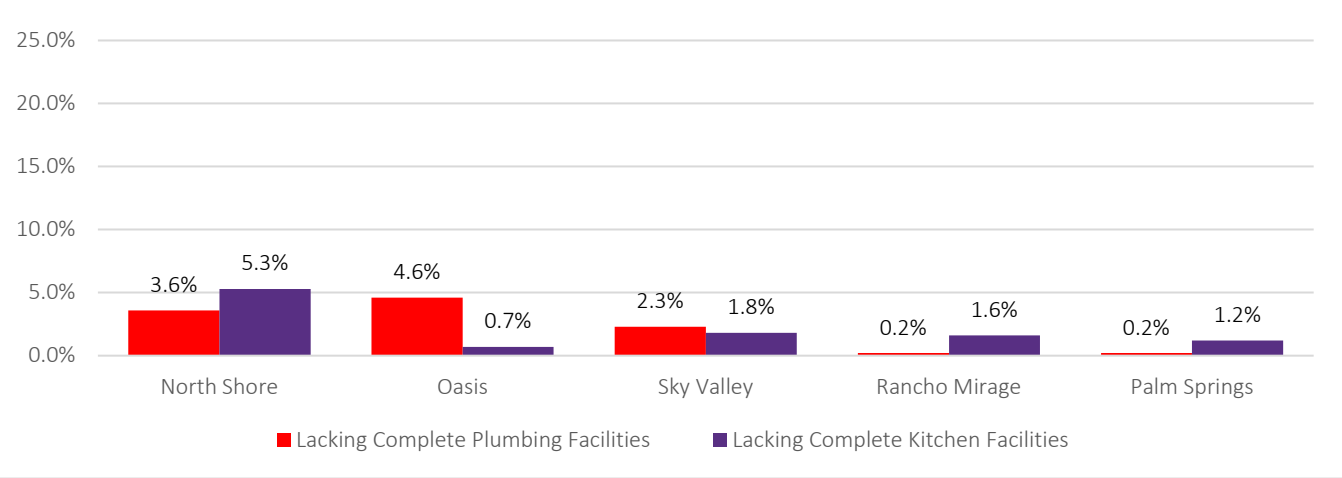
Substandard Housing

"The housing that is affordable is substandard and does not provide a dignified living environment."
- Community Resident

Housing characteristics and conditions are other aspects to consider when observing housing patterns. Substandard housing is often defined by state and local governments as incomplete bathroom and/or kitchen facilities.[80] Specifically, the ACS tracks data on the percent of housing that lacks complete plumbing facilities—that is, hot and cold piped water, a flush toilet, and a bathtub or shower. This source also tracks whether households have complete kitchen facilities—that is, a sink with piped water, a range or cookstove, and a refrigerator.[81] The figure below indicates five cities/CDPs with the highest total percentage of households lacking facilities (plumbing and kitchen).

North Shore has a fair portion of homes that lack plumbing facilities (3.6%) and kitchen facilities (5.3%). Oasis also shows a high percentage of households lacking plumbing facilities (4.6%). Other cities/CDPs of concern include Sky Valley, Rancho Mirage, and Palm Springs. See Appendix 31 for substandard housing data (as defined by a lack of complete kitchen and/or plumbing facilities) on 14 cities/CDPs.

Figure 48. Top Five Cities/CDPs Lacking Complete Kitchen and/or Plumbing Facilities



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

These numbers may be underestimates; local subject matter experts state that there are many trailer parks in the East Valley that are inhabited by farmworkers that are lacking facilities. However, these individuals may be hesitant to report it, and thus, it is not fully captured by the data.

[80] American Community Survey. Why We Ask: Acreage, Agricultural Sales, and Business on Property. Available online here: https://www2.census.gov/programs-surveys/acs/about/qbyqfact/Housing.pdf
[81] American Community Survey. We asked… you told us. Complete plumbing and kitchen facilities. Available online here: https://www2.census.gov/library/publications/decennial/1990/cqc/cqc-25.pdf

Transportation

Automobile Access

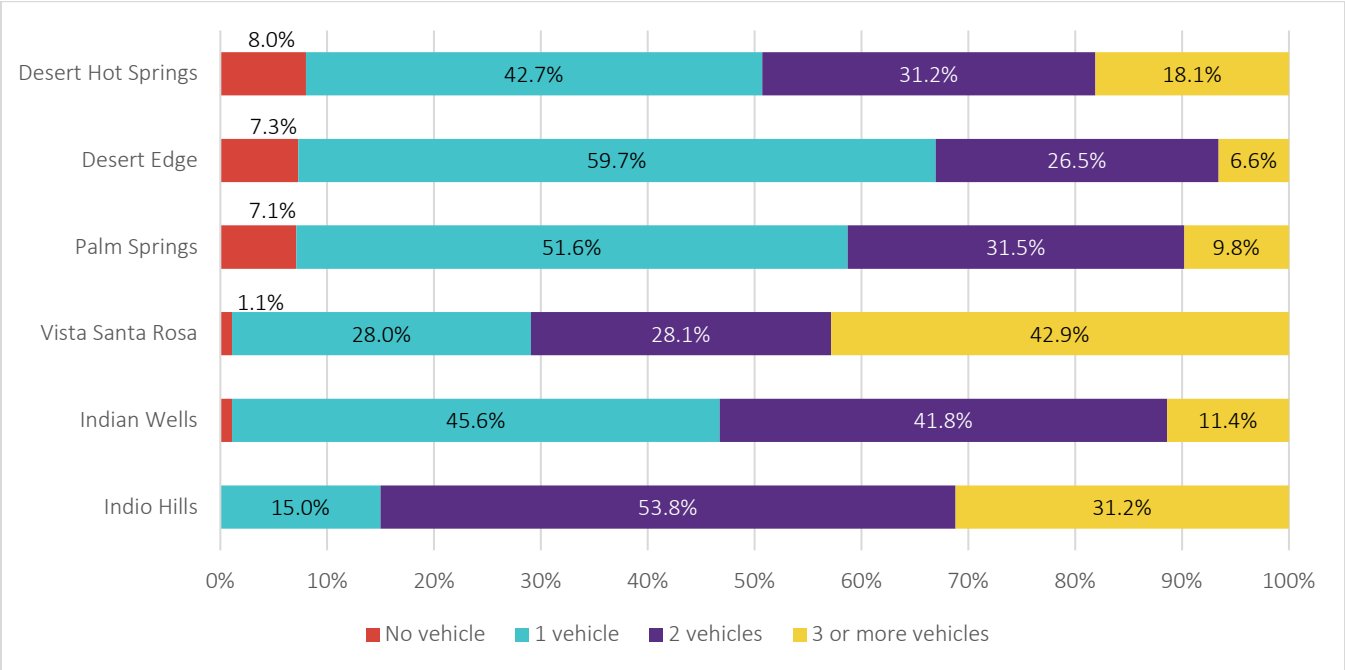
"There are places where parents don't have transportation resources for themselves. There are places where the bus doesn't arrive, and they don't go to work so they can take their child to school instead. It's a community need for areas like Oasis -- the [public] bus does not reach the Oasis parking lot."
– Community Resident, translated from the original Spanish

Automobile access allows us to understand possible transportation needs throughout the Coachella Valley. The figure below illustrates the three cities/CDPs with the highest percentages of households with no access to a vehicle as compared to the three cities/CDPs with the lowest percentages of households with no access to a vehicle.

Approximately 8.0% of households in Desert Hot Springs have no access to a vehicle. This is similarly an issue for those in Desert Edge and Palm Springs. In contrast, virtually no households in Indio Hills lack access to a vehicle.

See Appendix 32 for vehicle data on all 21 cities/CDPs.

Figure 49. Number of Vehicles by City/CDP – Top Three vs. Bottom Three



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

As noted by the community resident quote on the previous page, residents who don't have a car experience major problems with transportation. The only form of public transportation in the Coachella Valley is SunLine Transit Agency (www.sunline.org). Bus service, especially in the far East Valley, has drastically improved in recent years thanks to the addition of Route 9, servicing Oasis, Mecca, and North

Shore, but it still has a long way to go. Several routes (especially those serving the far East Valley) do not have pick-ups more than once an hour, while others, such as Route 5, serving Desert Hot Springs, do not have weekend service.[82] Thus, those who depend on this service to get to their jobs may struggle.

Additionally, proximity to the bus lines can be problematic. During the milder winter months, individuals who live a mile or more from a bus stop may still feasibly use the bus (although the streets they walk to get to the bus stop may or may not be safe from traffic collisions). However, during the summer months, when daily temperatures reach highs of over 100 degrees for months at a time, those who live more than half a mile from a bus stop are in danger of experiencing heat stroke on their walk to and from the bus route.

[82] www.Sunline.org

Injury and Violence

Injury and violence are important indicators to assess as they can negatively impact a community's sense of safety and well-being.

Leading Causes of Death

"The leading causes of death need a lot of attention. All of them have many aspects that are preventable." – Community Resident

The leading causes of death highlight some of the most pressing health issues for our community, though they do not precisely tell us the issues that are of the greatest health importance. The rank ordering of causes of death is delineated by the most frequent causes of death among the causes of death that are available.[83]

As illustrated in Table 16, the top two leading causes of death are consistently heart disease and cancer, which are also the two leading causes of death for California and the United States.[84] [85] Given that the Coachella Valley has a higher percentage of seniors than the county, state, or country, It is no surprise that the causes of death most highly ranked in the Coachella Valley are often associated with older age. One local leading cause of death that is particularly worth noting is COPD, which is a leading cause of death for the Coachella Valley but not for the state or the country.

Table 10. Leading Causes of Death

Rank	United States	California	Riverside County	Coachella Valley
1	Heart disease	Heart disease	Heart disease	Heart disease
2	Cancer	Cancer	Cancer	Cancer
3	Accidents	Stroke	Alzheimer's disease	COPD
4	Chronic lower respiratory diseases	Alzheimer's disease	COPD	Alzheimer's disease
5	Stroke	Chronic lower respiratory diseases	Stroke	Stroke
Rank	**United States**	**California**	**Riverside County**	**Coachella Valley**
6	Alzheimer's disease	Accidents	Diabetes	Accidents - poison
7	Diabetes	Diabetes	Accidents - poison	Diabetes

[83] Centers for Disease Control. Death: Leading Causes of Death for 2017. National Vital Statistics Report. Available online here: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf

[84] Centers for Disease Control. Leading Causes of Death for the United States and Each State (2017). https://www.cdc.gov/nchs/data/dvs/lcwk/lcwk5_hr_2017-508.pdf

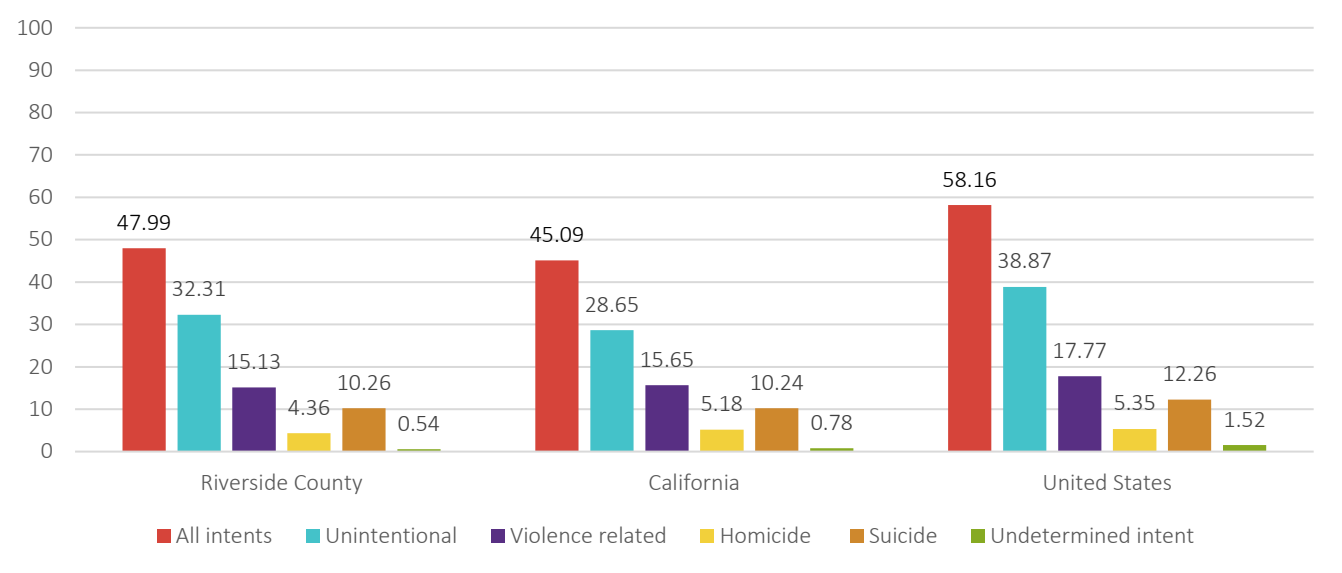
[85] Riverside University Health System—Public Health (2019).

8	Influenza and pneumonia	Influenza and pneumonia	Cirrhosis	Cirrhosis
9	Nephritis, nephrotic syndrome, and nephrosis	Hypertension and hypertensive renal disease	Pneumonia	Suicide
10	Suicide	Chronic liver disease and cirrhosis	Suicide	Accidents – motor vehicle

Looking more closely at the leading causes of death in the Coachella Valley, the number of deaths in 2019 under each cause is as follows: heart disease (*n* = 1,290), cancer (*n* = 951), COPD (*n* = 259), Alzheimer's disease (*n* = 225), and stroke (*n* = 218).

As illustrated in the figure below, unintentional is the main cause of injury (32.31 per 100,000) for Riverside County. This rate for Riverside County is slightly higher than the rate for California's unintentional cause of injury (28.65 per 100,000) but slightly lower than the unintentional cause of injury for the United States (38.37 per 100,000). Suicide (10.26 per 100,000) is more than two times higher than the homicide rate (4.36 per 100,000), and this rate seems fairly consistent with California and the United States.

Figure 50. Riverside County - Age-Adjusted Death Rate per 100,000 Population Due to Injury by Intent



Source: CDC's WISQARS (Web-based Injury Statistics Query and Reporting System). (2008-2014).

Total Crime Index

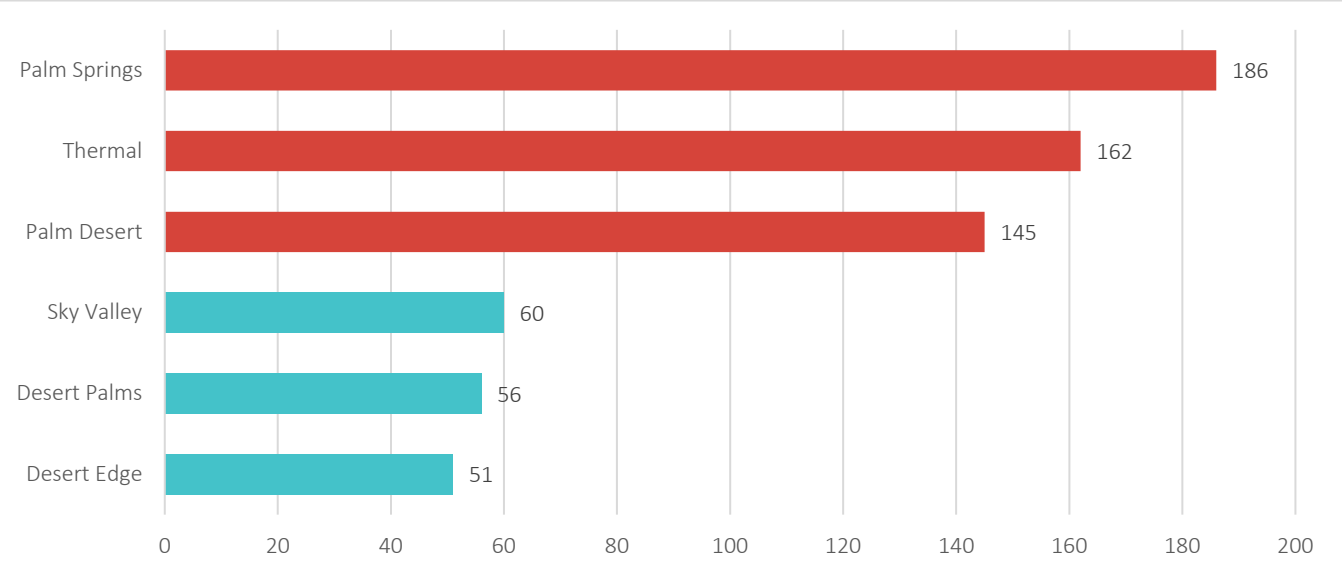
"Crime is high in the valley. There are fights and gang violence." – Community Resident

The total crime index is an aggregate of all crimes, both personal and property crimes, per 100,000 people in a year. The figure below illustrates the three cities/CDPs with the highest total crime index compared to the three cities/CDPs with the lowest total crime index. The city/CDP with the highest total

crime index is Palm Springs (186), 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). In sum, the crime index for the top three cities/CDPs is more than double the crime index for the lowest three cities/CDPs, indicating some serious geographic disparities.

See Appendix 33 for crime data on all 21 cities/CDPs.

Figure 51. Total Crimes per 100,000 Population Per Year by City/CDP – Top Three vs. Bottom Three



Source: Data pulled from Applied Geographic Solutions which utilizes data from Uniform Crime Report. (2019).

Homicides

The Uniform Crime Reporting program of the FBI includes data on the number of arrests for murder and non-negligent manslaughter.

When looking at each of the nine reporting agencies, and then the total population of the city that these reporting agencies reside in, the overall arrest rate per 100,000 for murder and non-negligent manslaughter is 3.1. Thus, for every 100,000 people, about three are arrested for murder or non-negligent manslaughter.

Desert Hot Springs appears to have the highest murder and non-negligent manslaughter rate (7.0 per 100,000), which is considerably higher than the remaining reporting agencies, California, and the United States. The finding that Desert Hot Springs has high rates of murder and non-negligent manslaughter is often acknowledged by residents of the city.

That said, the rate per 100,000 for cities of La Quinta (4.9), Palm Springs (4.2), Palm Desert (3.8), and Cathedral City (3.7) are all greater than Riverside County (3.1), California (3.4), and the United States (2.9).

Table 11. Murder and Non-Negligent Manslaughter Arrest Rate per 100,000

Reporting Agency	Number of Arrests	Population	Rate per 100,000
Cathedral City Police Department	2	54,357	3.7
Coachella Police Department	1	45,181	2.2
Desert Hot Springs Police Department	2	28,585	7.0
Indian Wells Police Department	-	5,370	-
Indio Police Department	1	89,469	1.1
La Quinta Police Department	2	41,076	4.9
Palm Desert Police Department	2	52,575	3.8
Palm Springs Police Department	2	47,897	4.2
Rancho Mirage Police Department	-	18,193	-
Coachella Valley Total	**12**	**382,703**	**3.1**
Comparison: Riverside County	74	2,411,439	3.1
Comparison: California	1,320	39,283,497	3.4
Comparison: United States	9,352	324,697,795	2.9

Source: 2019 Crime data are from Federal Bureau of Investigation, Crime Data Explorer. Population data are from American Community Survey – Five Year Estimates (2015-2019) and were used to calculate the rate per 100,000. California data are from 730 law enforcement agencies that submitted 12 months of arrest data of 743 total number of law enforcement agencies in California. United States data are from 11,788 law enforcement agencies that submitted 12 months of arrest data out of 18,671 total number of law enforcement agencies in the country.

When examining health disparities in violence, it is worth noting that transgender individuals are at higher risk for murder than the general population. Some of this involves hate crimes and anti-

transgender bias, while others are caused by the victim's transgender status, putting them at risk in other ways, such as forcing them into survival sex work and other risky situations. [86] This is especially true for transgender women of color. For example, according to one survey, 14% of Black transgender women have been physically attacked in the past year due to their transgender identity.[87]

[86] Human Rights Commission (2021). Fatal violence against the transgender and gender nonconforming community in 2021. Available online at https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2021

[87] National Center for Transgender Equality (2020). Murders of transgender people in 2020 surpasses total for last year in just seven months. Available online at https://transequality.org/blog/murders-of-transgender-people-in-2020-surpasses-total-for-last-year-in-just-seven-months

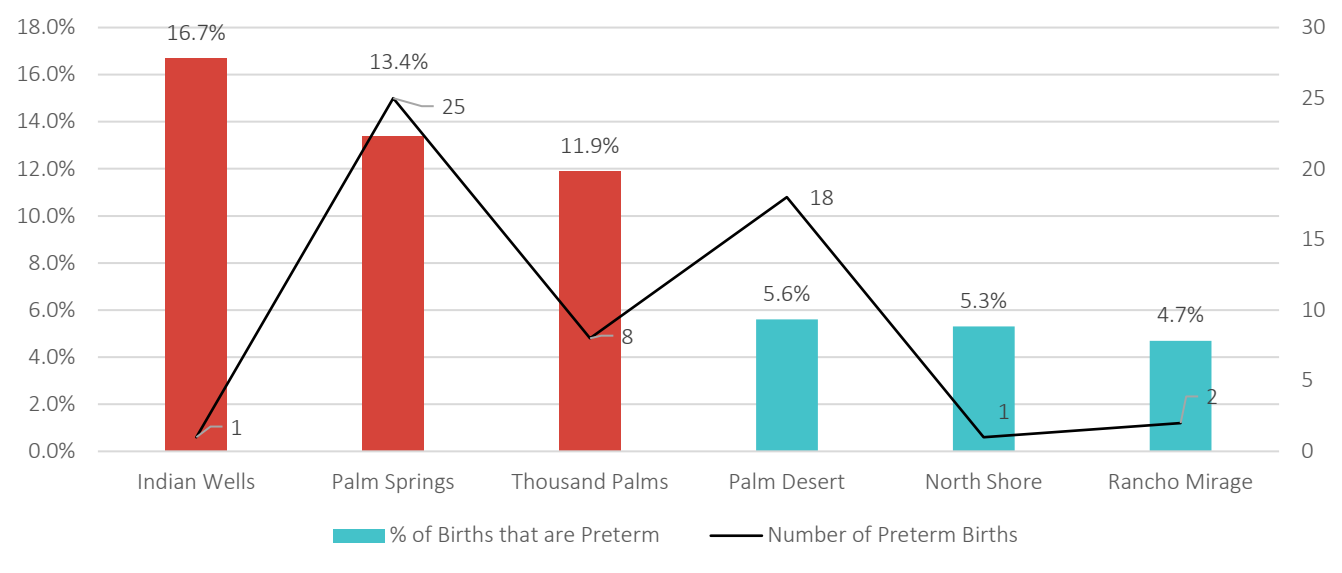
Maternal, Infant, and Child Health

Total Preterm Live Births

A preterm birth is one that takes place before 37 weeks of pregnancy have taken place—typically, full-term pregnancy lasts 40 weeks. Pre-term babies face a number of obstacles as their bodies are less prepared for the outside world. Pre-term babies often need help overcoming challenges such as feeding/sucking, breathing, and even seeing.[88] Nationally, 10.0% of births are preterm[89], as are 8.7% in California.[90] In the Coachella Valley, approximately 9.0% of all births are preterm births.

The figure below highlights the total number of preterm births as well as the percentage of preterm births (out of all births) by city/CDP. The cities/CDPs with the highest proportion of preterm births include Indian Wells (16.7%), Palm Springs (13.4%), and Thousand Palms (11.9%). The cities with the lowest proportion of preterm births (represented in teal) include Palm Desert (5.6%), North Shore (5.3%), and Rancho Mirage (4.7%). See Appendix 34 for preterm birth data on 14 cities/CDPs.

Figure 52. Total Number & Percent of Preterm Births in 2019 by City/CDP – Top Three vs. Bottom Three



Source: Riverside University Health System—Public Health (2019).

[88] World Health Organization. What Health Challenges do Pre-Term Babies Face? November (2013). Available online at: https://www.who.int/news-room/q-a-detail/what-health-challenges-do-preterm-babies-face

[89] Centers for Disease Control. National Vital Statistics Report. (2018). Available online here: https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_13-508.pdf

[90] California Department of Public Health (2019). Birth Statistical Master Files; CDC WONDER, Natality Public-Use Data.

Low Birth Weight Infants

Partner Data – Low Birth Weight Infants at Borrego Health

In 2019, there were 443 babies born to Borrego Health prenatal care patients residing in the Coachella Valley. Of these, 0.4% were “very low birth weight” (below 1,500 grams), while 5.9% were “low birth weight” (1,500 to 2,499 grams). The majority of the infants, 91.4%, were “normal birth weight” (2,500 grams or more), with 2.3% of babies where the weight was not documented.

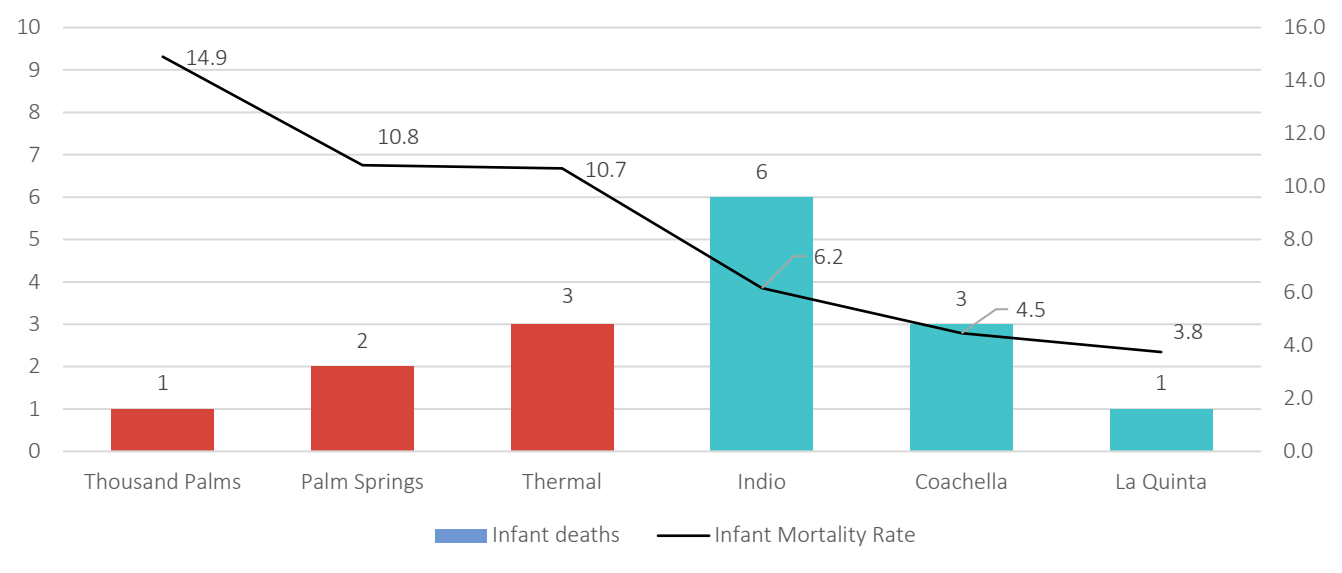
Infant Mortality Rate

Based on the latest data (2012-2018), the rate of infant mortality in the U.S. is 5.9 deaths for every 1,000 births, while the infant mortality rate for Riverside County is slightly lower, with 4.5 deaths for every 1,000 births.[91] In the Coachella Valley, the rate is 7.0 deaths for every 1,000 births.[92]

The figure below illustrates the rate of infant mortality for every 1,000 births by city. Specifically, data is presented for the three cities/CDPs with the highest rates of infant mortality compared to the three cities/CDPs with the lowest rates of infant mortality. The city with the highest rate of infant mortality is Thousand Palms, with a rate of 14.9 infant deaths for every 1,000 births. In contrast, the nearby city of La Quinta had the lowest infant mortality rate at 3.8 deaths per 1,000 births. Notably, the city of Indio had the highest raw number of infant deaths with 6—however there were many more infant births than the other cities, so the large number of infant mortalities is understandable.

See Appendix 35 for infant mortality data on 8 cities/CDPs.

Figure 53. Infant Mortality Rate by City/CDP for every 1,000 births – Top Three vs. Bottom Three



Source. Riverside County Public Health (2019). Note that not all cities were included due to low raw numbers.

[91] National Center for Health Statistics (NCHS) 2012-2018 Data.

[92] Riverside County Public Health (2019). Calculations made by HARC.

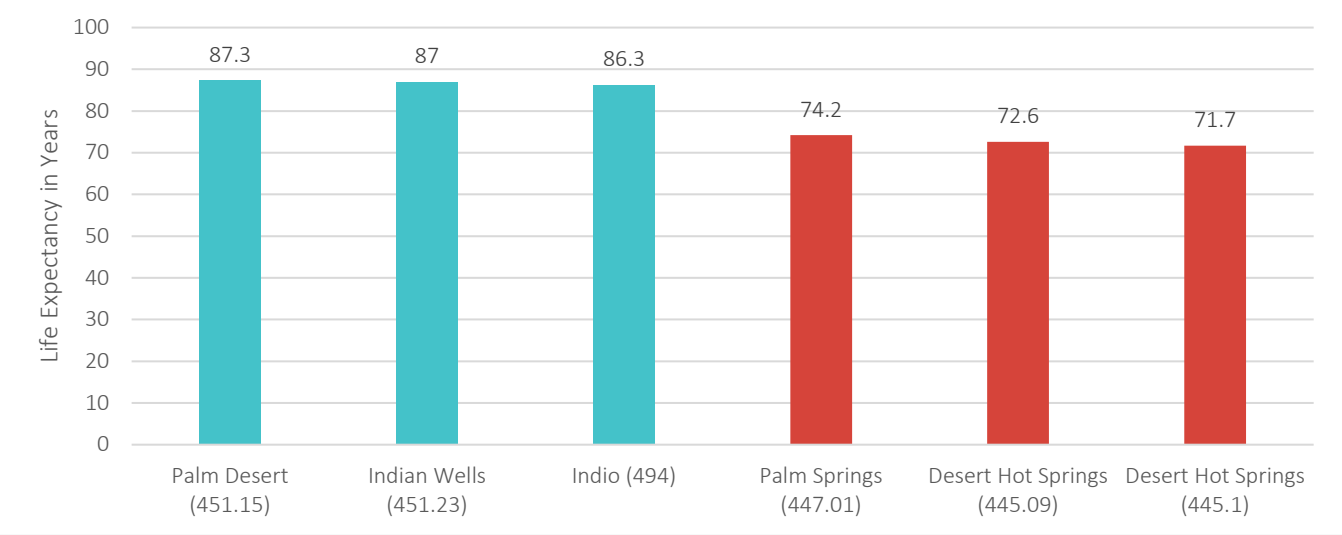
Life Expectancy at Birth

Life expectancy can be influenced by lifestyle behaviors as well as environmental conditions. The Centers for Disease Control has estimated life expectancy for states and census tracts across the nation. HARC averaged the census tract data to create Coachella Valley, Riverside County, and national estimates.[93]

The average life expectancy at birth for a child born in the Coachella Valley is 79.6 years, which is very similar to Riverside County's average (79.0), California's estimate (81.3), and the nation's average (78.3).

Individuals born in certain areas of Palm Desert (census tract 451.15) and Indian Wells (census tract 451.23) have a life expectancy of 87 at birth. This is substantially higher than state and national averages. Conversely, life expectancy is lowest in Desert Hot Springs (census tracts 445.09 and 445.1), with an average life expectancy of only 72. Thus, these individuals live a full 15 years less than their counterparts just a few miles away in Palm Desert and Indian Wells, as illustrated in the figure below.

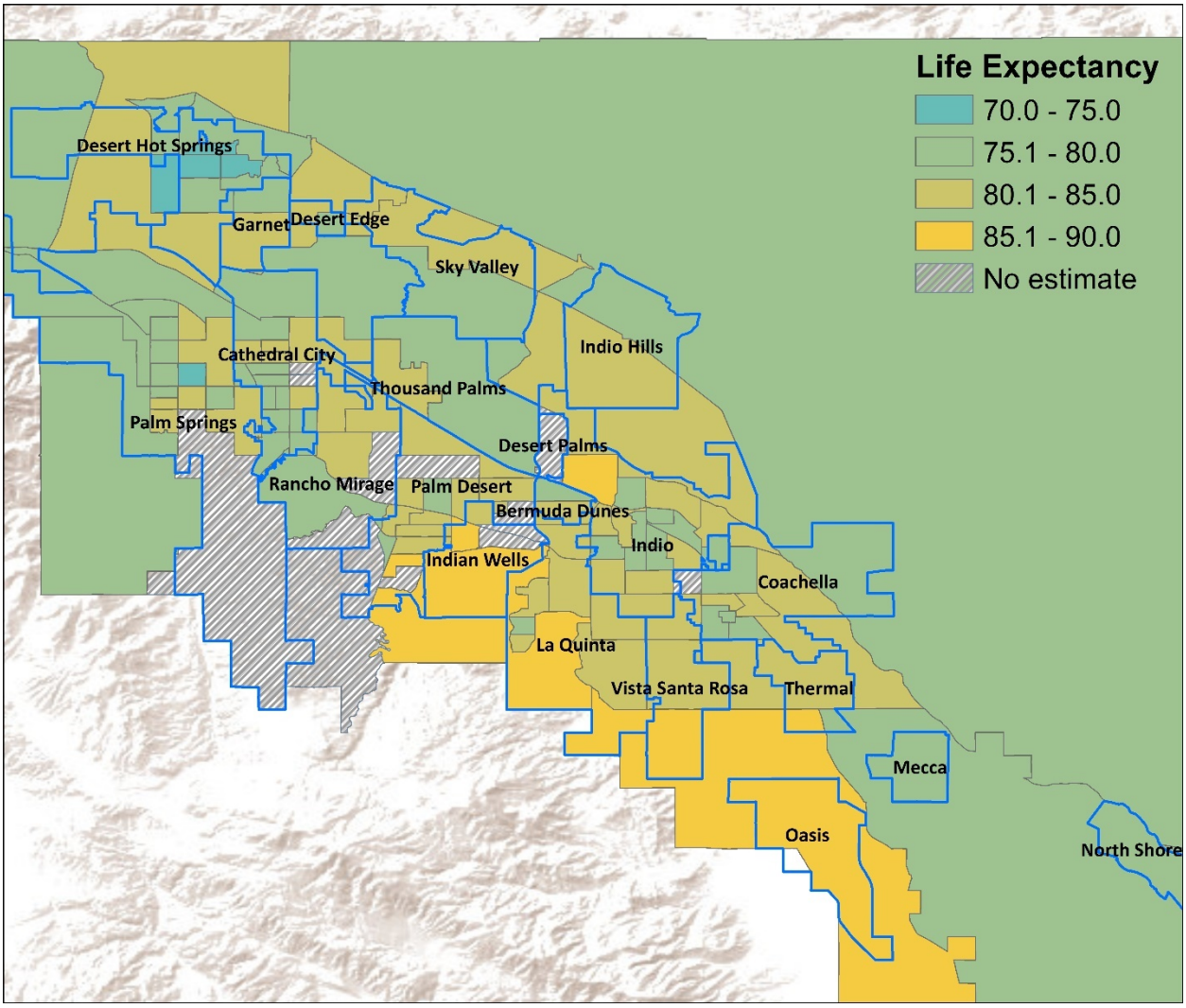
Figure 54. Life Expectancy at Birth by Census Tract – Top Three vs. Bottom Three



Source: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Note that averages (Coachella Valley, Riverside County, and United States) were calculated by HARC.

[93] Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Note that averages (Coachella Valley, Riverside County, and United States) were calculated by HARC.

Map: Life Expectancy at Birth by Census Tract



Source: Tejada-Vera B, Bastian B, Arias E, Escobedo LA., Salant, B, Life Expectancy Estimates by U.S. Census Tract, 2010-2015. National Center for Health Statistics. (2020). Available online here: https://www.cdc.gov/nchs/data-visualization/life-expectancy/. Map created by HARC.

Note that there are disparities in life expectancy exist based on several variables other than geography. For example, women live longer than men as a whole, although they are more likely to develop osteoporosis or depressive symptoms or to report functional limitations as they age. [94] Additionally, there are racial and ethnic disparities in life expectancy; specifically, African American men have the lowest life expectancy of all racial/gender groups in the U.S.[95]

[94] National Institute on Aging: Strategic Directions for Research, 2020-2025. Available online at https://www.nia.nih.gov/about/aging-strategic-directions-research/goal-health-disparities-adults
[95] Ibid.

Mental Health

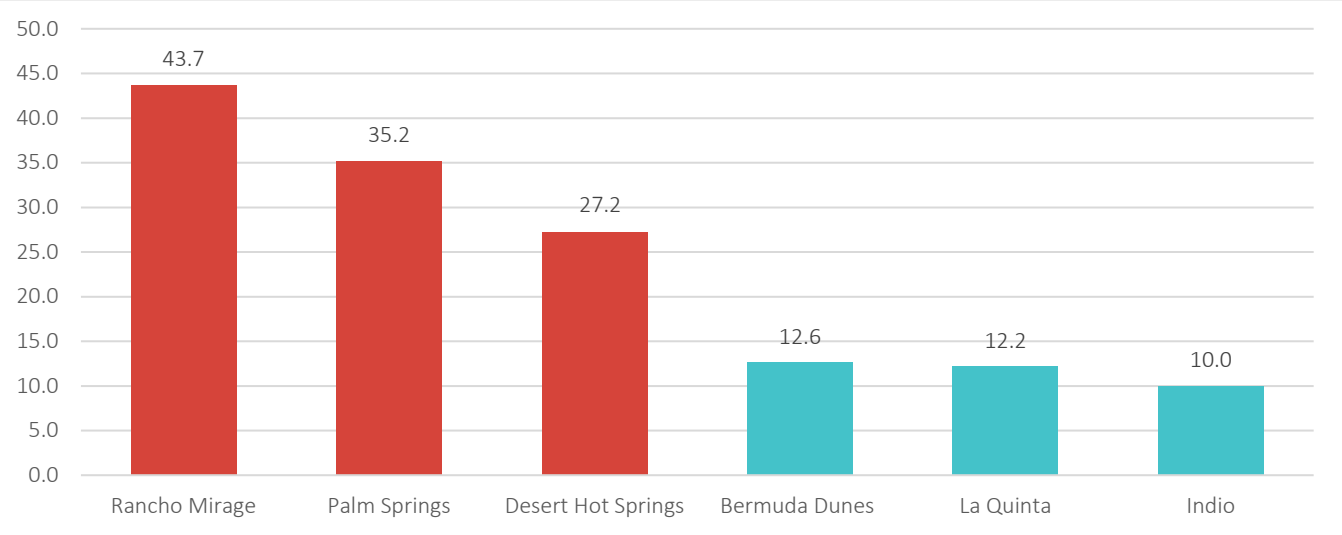
Suicide Rate

Nationally, suicide is the 10th leading cause of death. Suicide rates are standardized by calculating the number of deaths per 100,000 people; that way, we can easily compare cities that are drastically different sizes. In the U.S., there are 14.6 suicide deaths per 100,000 individuals.[96] California comes in a little lower at 11.0 deaths by suicide per 100,000.[97] The figure below illustrates the number of suicides per 100,000 people for the Coachella Valley cities/CDPs. Specifically, data is presented for the three cities/CDPs with the highest rates of suicide per 100,000 people and the three cities/CDPs with the lowest rates of suicide.

The city with the highest rate of suicide is Rancho Mirage, with 43.7 deaths per 100,000 people, followed by Palm Springs (35.2) and Desert Hot Springs (27.2). The cities/CDPs with the lowest rates of suicide include Bermuda Dunes (12.6), La Quinta (12.2), and Indio (10.0).

See Appendix 36 for suicide data on 9 cities/CDPs.

Figure 55. Suicide Rate per 100,000 People



Source. Riverside University Health System - Public Health (2019).

There are various disparities that exist in suicide rates. Overall, non-Hispanic white people make up the vast majority of suicides, more than 80% of all suicides.[98] However, when combined with age, the

[96] Centers for Disease Control and Prevention (2018). Suicide Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm
[97] Ibid.
[98] Centers for Disease Control and Prevention (2011). Fact Sheet on Health Disparities in Suicides. Available online at https://www.cdc.gov/minorityhealth/chdir/2011/factsheets/suicide.pdf

highest suicide rates are among American Indian/Alaska Native adolescents and young adults.[99] Suicide rates for men are more than triple the suicide rates for women in the U.S.[100] Thus, efforts to combat suicide in the Coachella Valley, while relevant to all people, are especially important to Native American youth and men as a whole.

[99] Ibid.
[100] Healthy People 2020: Leading Health Indicators. https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data

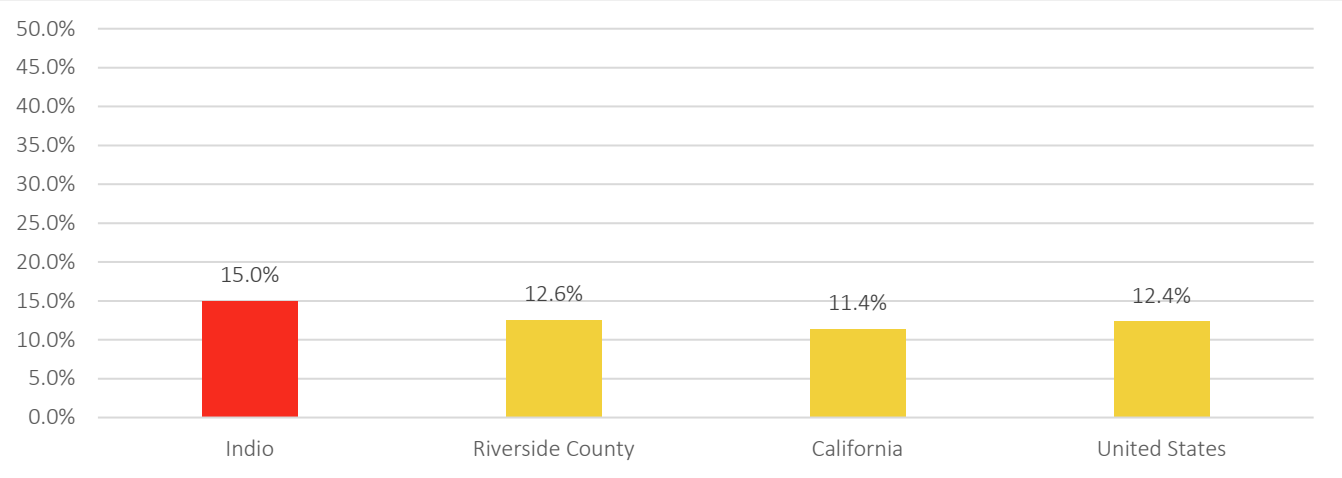
Frequent Mental Distress

"There is a stigma in the Latinx community that you should keep mental health to yourself, especially with males." – Community Resident

Frequent mental distress (FMD) is the percentage of adults who experience 14 or more days of self-reported poor mental health in the past month.[101] FMD is an indicator of mental health disorders and overall quality of life in a community.

While there is not Coachella Valley data available for FMD, there is data for the city of Indio, in which approximately 15.0% of residents experienced 14 or more days of poor mental health in the past month. Although that is a small percentage, that figure is higher than the overall percentage for the county and the state, as illustrated in the figure below.

Figure 56. Rate of Frequent Mental Distress



Source: 2020 County Health Rankings (2017 data). Note that Indio was the only Coachella Valley city with data available.

Partner Data – Depression Screening at Borrego Health

In 2019, Borrego Health saw 20,023 Coachella Valley residents age 12 and older. Of these, 79.0% were screened for depression at their visit (using an age-appropriate standardized depression screening tool) and if they were positive, a follow-up plan was documented on the date of the positive screen. The other 21.0% were either not screened for depression, or, if they screened positive, a follow-up plan was not documented.

[101] Frequent Mental Distress (2020). County Health Rankings. https://www.countyhealthrankings.org/explore-health-rankings/measures-data-sources/county-health-rankings-model/health-outcomes/quality-of-life/frequent-mental-distress

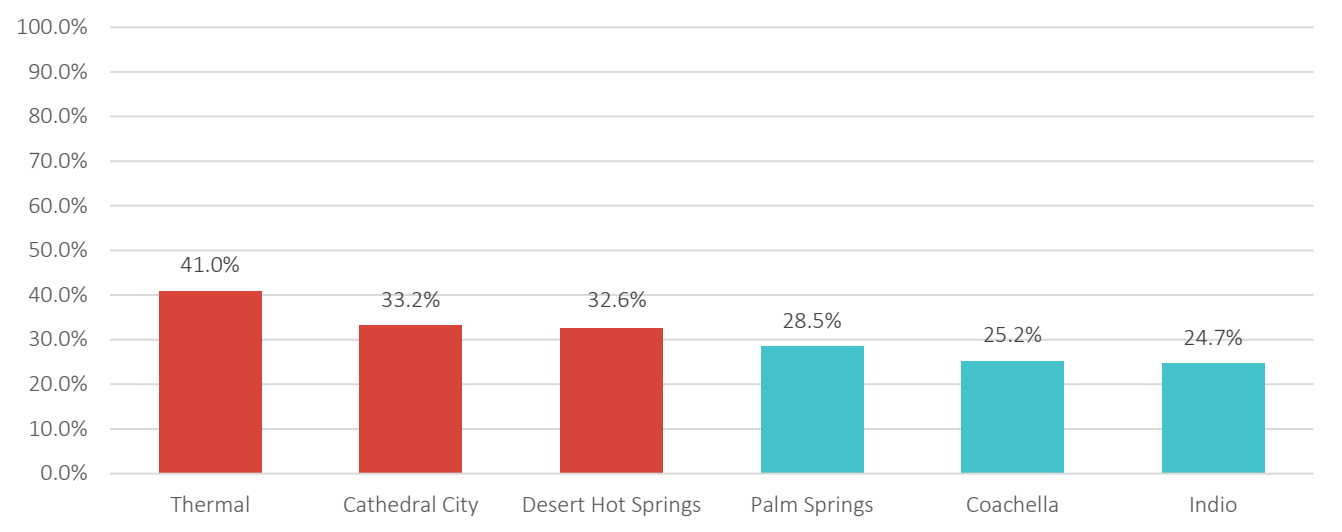
Any Mental Health Disorder

"It's not necessarily that they are sick, but they're having anxiety, panic attacks and all that. And unfortunately for someone to get help or therapy from a psychologist, they need to be extremely sick."
- Community Resident, translated from the original Spanish

Anyone can acquire a mental health disorder throughout their lifespan. In the Coachella Valley, approximately 28.6% of adults (about 97,340 adults) and 18.5% of children (about 13,521 under the age of 17) have been diagnosed with a mental health disorder at some point.[102] Among the adults, the most common mental health disorders are depression (14.2% of adults), anxiety disorder (12.4%), and PTSD (9.3%). Among children, the most common mental health disorders are ADD/ADHD (7.4%), anxiety disorder (5.8%) and developmental delay (5.3%). As illustrated in the figure below, the cities/CDPs with the greatest proportions of adults with any mental health disorder include Thermal (41.0%), Cathedral City (33.2%), and Desert Hot Springs (32.6%). Conversely, the cities/CDPs with the lowest proportion of adults with any mental health disorder include Palm Springs (28.5%), Coachella (25.2%), and Indio (24.7%).

See Appendix 37 for percentages/estimates of adults with any mental health disorder for nine cities/CDPs.

Figure 57. Diagnosed with Any Mental Health Disorder



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

Among Coachella Valley adults with mental health diagnoses and/or mental health concerns, about 13.1% (18,387 adults) needed mental health care within the past year and could not get it.[103]

[102] 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).
[103] Ibid.

Additionally, about 7.9% (11,072 adults) needed mental health medication within the past year and could not get it.[104]

As mentioned by the previous resident quotes, the Hispanic/Latino community faces cultural stigma barriers in accessing mental health care and may not seek care until they are "extremely sick." Thus, this highlights another disparity among communities in the Coachella Valley.

[104] Ibid.

Nutrition, Physical Activity, and Obesity

Exercise

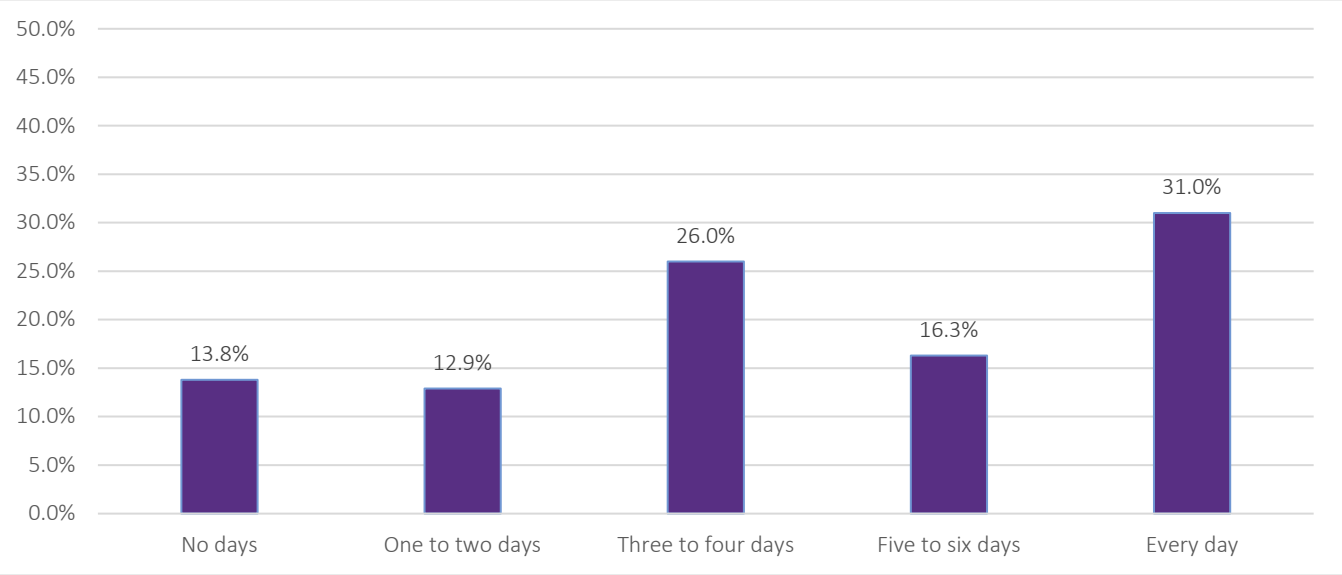
"It would be nice if they included more activities that are accessible to many of the rural areas in the Coachella Valley where there are sometimes not even [soccer] courts."
– Spanish Speaking Community Resident

Regular and consistent exercise is a fundamental component to reducing health risks and improving physical health, mental health, and ultimately, quality of life. This section explores physical activity by age group, opportunities for exercise, an examination of local rates of each body mass index (BMI), and lastly, food insecurity.

Regular Exercise among Children

Parents were asked, "not including physical education, on how many days of the past seven days was your child physically active for at least 60 minutes?" The figure below illustrates the number of days per week that children ages six through 17 get an hour or more of exercise (excluding school physical education or PE). About a third of children ages six and over are getting an hour or more of exercise every day, while the others are not.

Figure 58. Number of Days/Week of Physical Activity (1 Hour+) for Children 6+ in the Coachella Valley



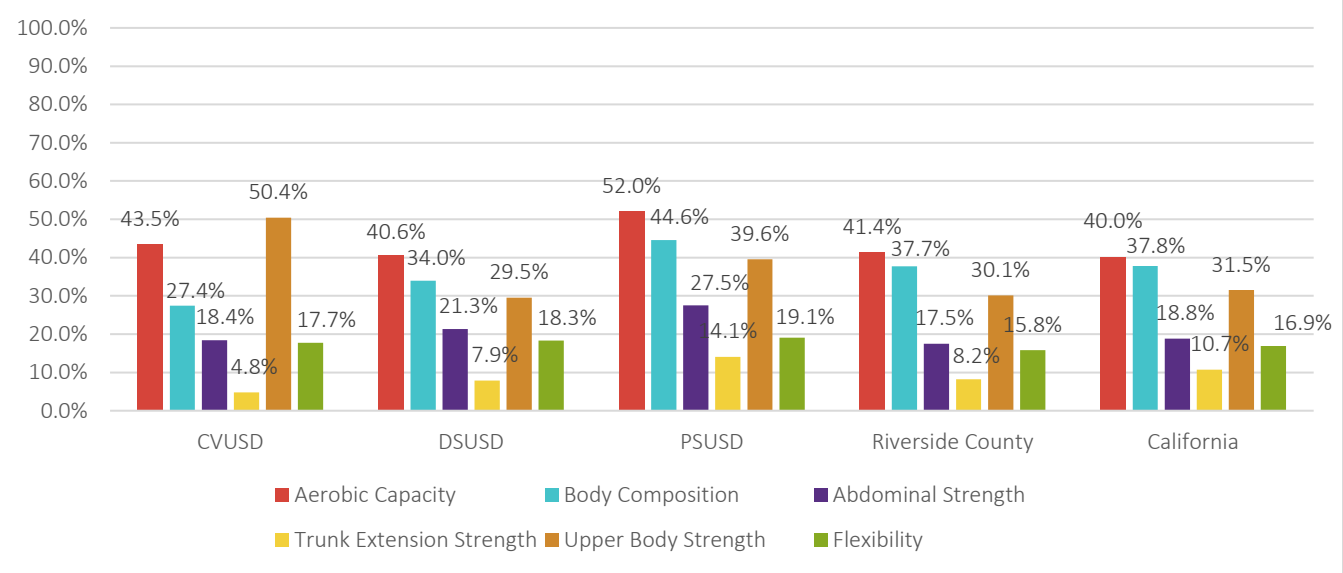
Source: 2019 Coachella Valley Community Health Survey. HARC, Inc. (2020).

The figure below includes data from the California Physical Fitness Test (PFT).[105] California has chosen the FITNESSGRAM® as the annual PFT for students in grades five, seven, and nine in public schools. The FITNESSGRAM® is a comprehensive health-related fitness test developed by The Cooper Institute. The PFT includes a range of comprehensive assessments such as aerobic capacity (testing involving running), abdominal strength and endurance (testing involving curl-ups), upper body strength and endurance (testing involving push-ups, pull-ups, and arm hangs), trunk extensor strength and flexibility (testing involving trunk lifts), body composition (testing involving body fat and BMI), and flexibility (sitting and reach, and shoulder stretching).[106]

Most fitness categories are unvaried among the school districts in the Coachella Valley, Riverside County, and California. However, more than half of CVUSD ninth graders (50.4%) need improvement or need improvement with a health risk in upper body strength, which is considerably higher than ninth graders at DSUSD (29.5%), PSUSD (39.6%), Riverside County (30.1%), and California (31.5%). Note that the California Physical Fitness Test Reference Guide does not explicitly define "health risk."

Further, about 52.0% of ninth graders at PSUSD need improvement or need improvement with a health risk in aerobic capacity, which is also much higher than ninth graders at DSUSD (40.6%), CVUSD (43.5%), Riverside County (41.4%), and California (40.0%).

Figure 59. Percent of Ninth Graders Needing Improvement or Needs Improvement and Health Risk



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

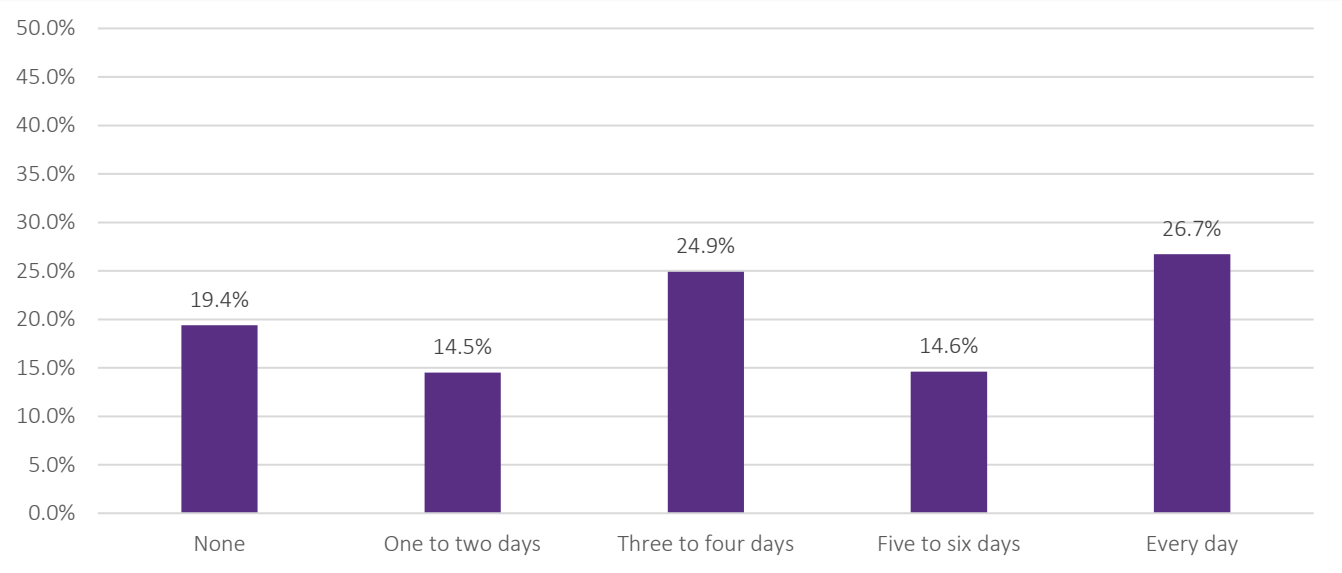
[105] Physical Fitness Test. (2018). Available online here: https://pftdata.org/files/pft-factsheet.pdf
[106] Physical Fitness Test Reference Guide. (2020). Available online here: https://pftdata.org/files/Reference_Guide.pdf

Regular Exercise Among Adults

For the Coachella Valley Community Health Survey, residents were asked, "During the last seven days, on how many days did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

In the Coachella Valley, about 19.4% of adults get no aerobic exercise and another 14.5% only get one to two days per week, as illustrated in the figure below.

Figure 60. Days of Aerobic Exercise Per Week for Adults 18+ in Coachella Valley



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

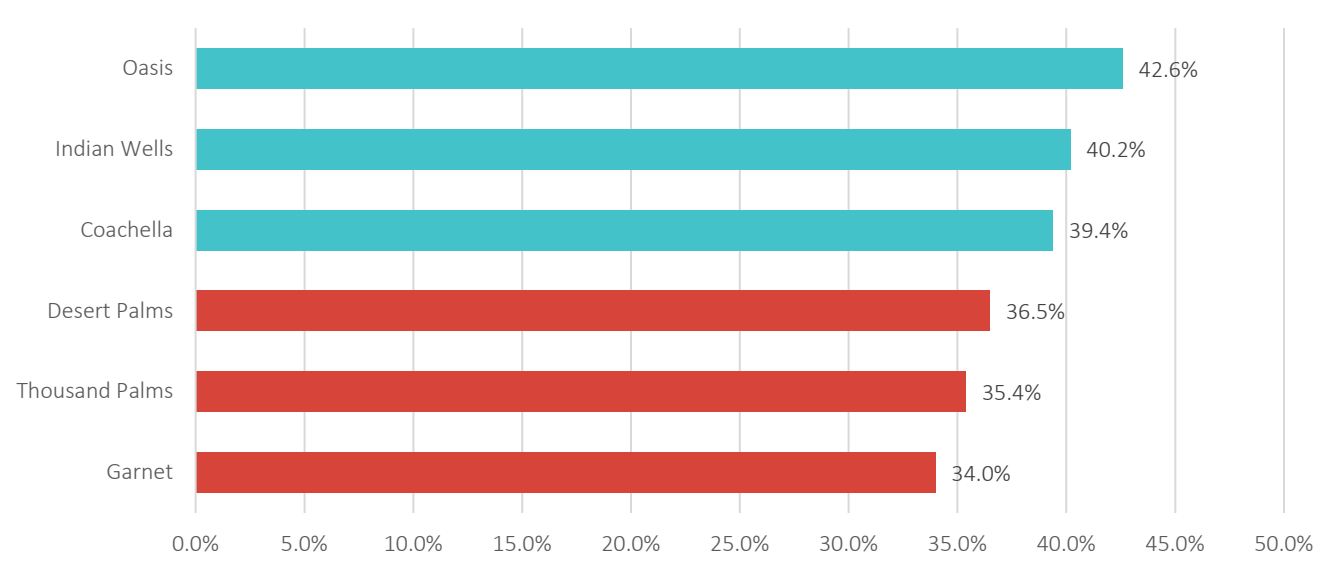
The figure below illustrates the percent of adults walked for at least 150 minutes in the prior week (either for transportation or for leisure). In California as a whole, 38.9% of adults walk at least 150 minutes per week; in Riverside County, the rate is 36.9%.[107]

The figure below represents the top three cities/CDPs and the bottom three cities/CDPs for this measure. Oasis (42.6%), Indian Wells (40.2%), and Coachella (39.4%) had the highest percentages of adults who walked 150 minutes or more per week (represented in teal), all of which are higher than Riverside County (36.9%) and California (38.9%). Conversely, Desert Palms (36.5%), Thousand Palms (35.4%) and Garnet (34.0%) had lower rates of walking at least 150 minutes a week (represented in red).

This variable is closely related to the walkability variable in the environment section of this report; it is difficult to walk frequently if the neighborhood is unsafe. Thus, it is logical that residents who live in areas with higher walk scores are more likely to walk regularly.

See Appendix 38 for walking data for adults on 19 cities/CDPs.

Figure 61. Walking (Adults) – Top Three vs. Bottom Three



Source: California Health Interview Survey (CHIS) Neighborhood Edition (2016). Adults ages 18+ who walked for transportation or leisure for at least 150 minutes in the past week.

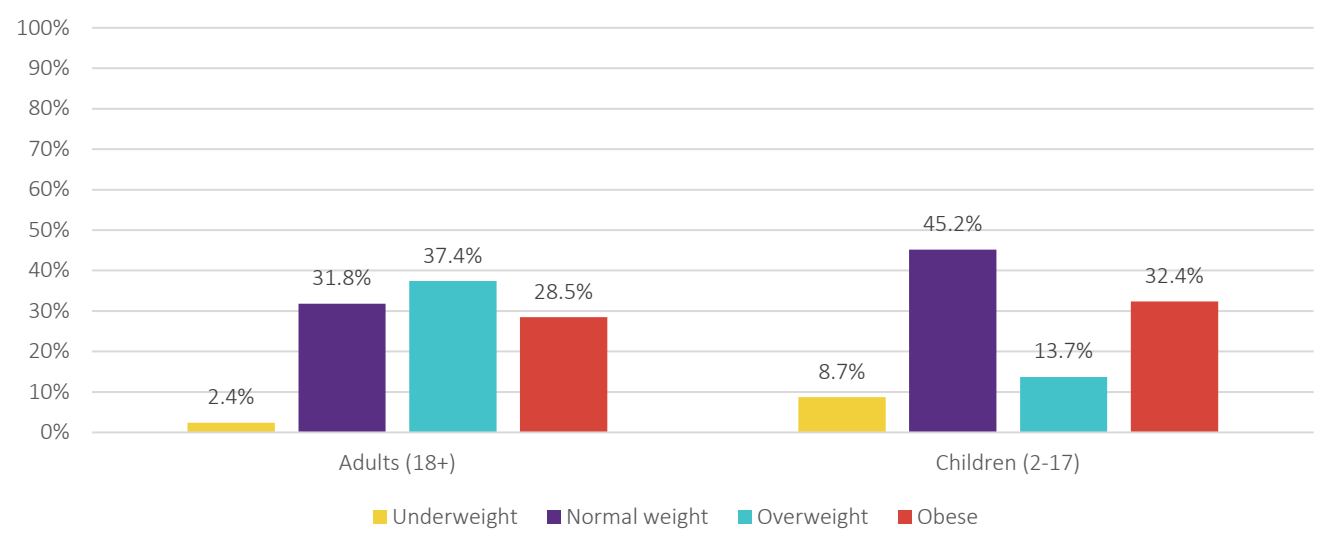
[107] California Health Interview Survey (CHIS) Neighborhood Edition (2016).

BMI Categories for Adults and Children

Maintaining a normal weight is important for quality of life as becoming overweight/obese leads to an increased risk of heart disease, type 2 diabetes, and various types of cancer. BMI is a value calculated from the height and weight of a person. BMI is strongly correlated with body fat, and thus, is used as an indicator of body fat.[108] It is useful for screening weight categories, which could lead to health problems, but is not a direct measure of body fat.[109] It is possible for athletes to have higher BMIs due to increased muscularity, rather than body fat.[110] BMI has a high specificity rate, but low sensitivity rate for the detection of fat among children.[111] BMI (or BMI percentiles, for children) is generally reported in four categories: underweight, normal/healthy weight, overweight, and obese.[112]

As illustrated in Figure 62, two-thirds (65.9%) of the adult population are overweight/obese and nearly half (46.1%) of the child population is overweight/obese.

Figure 62. BMI Categories for Adults and Children



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

[108] About Adult BMI. (2020). Centers for Disease Control and Prevention. Available online at: https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/#Definition
[109] Body Mass Index. (2020). Centers for Disease Control and Prevention. https://www.cdc.gov/healthyweight/assessing/bmi/index.html
[110] Ibid.
[111] Wohlfahrt-Veje, C., Tinggaard, J., Winther, K., Mouritsen, A., Hagen, C. P., Mieritz, M. G., ... & Main, K. M. (2014). Body Fat throughout Childhood in 2647 Healthy Danish Children: Agreement of BMI, Waist circumference, Skinfolds with Dual X-Ray Absorptiometry. *European journal of clinical nutrition, 68*(6), 664-670.
[112] Ibid.

Overweight or Obese Children

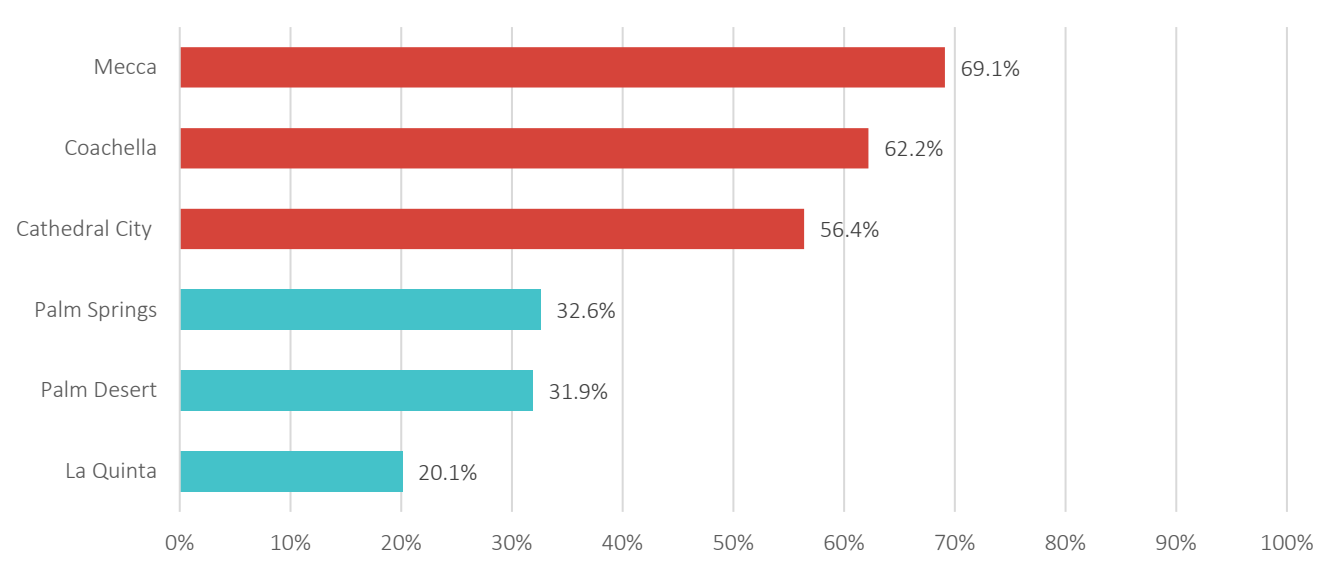
"There is a lack of education on nutrition, especially in low-income communities. Many young people are obese and simply not educated on how to make better choices." – Community Resident

Obesity for children is often assessed by calculating the BMI percentile, which takes into account height, weight, age, and gender. The result is the following categories: underweight (within lowest 5th percentile), normal weight (5th to 85th percentile), overweight (85th to 95th percentile), and obese (highest 5th percentile).

The figure below illustrates the cities/CDPs with the highest percentage of overweight or obese children and the three cities/CDPs with the lowest percentage of overweight or obese children (ages 2 to 17). The cities/CDPs with the highest percentage of children who are overweight or obese are Mecca (69.1%), Coachella (62.2%), and Cathedral City (56.4%). Cities/CDPs with the lowest percentage of overweight or obese children include Palm Springs (32.6%), Palm Desert (31.9%), and La Quinta (20.1%). It should be noted that the cities/CDPs with the highest rates of overweight or obese children also experience high rates of poverty.

See Appendix 39 for child (2 to 17) overweight and obese data on eight cities/CDPs.

Figure 63. Overweight or Obese Children (Ages 2 to 17) by City/CDP – Top Three vs. Bottom Three



Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

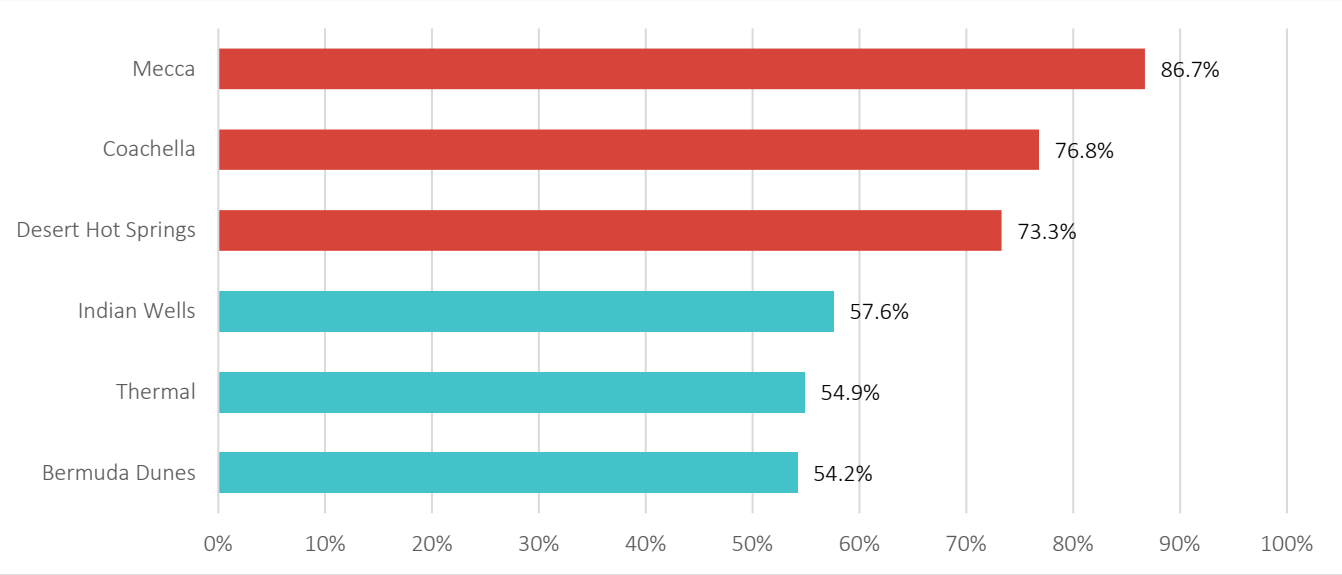
Overweight or Obese Adults

The rates of overweight/obesity are quite high throughout the entire Coachella Valley. The cities of Mecca (86.7%), Coachella (76.8%), and Desert Hot Springs (73.3%) have the highest percentage of adults who are overweight or obese. That said, the cities with the lowest rates of overweight/obesity are still quite high. The cities with the lowest rates of adults who are overweight or obese include Indian Wells (57.6%), Thermal (54.9%), and Bermuda Dunes (54.2%).

The finding that our low-income, underserved communities experience obesity at a high rate is consistent with what is commonly known. Americans who live in regions dense with poverty are most susceptible to obesity, likely because these individuals often lack access to fresh and healthy food and/or are food insecure and unable to acquire sufficient food.[113]

See Appendix 40 for adult overweight/obesity data on 11 cities/CDPs.

Figure 64. Adults who are Overweight or Obese by City/CDP – Top Three vs. Bottom Three



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

Partner Data – Adult BMI Documentation and Follow-Up

[113] American Diabetes Association (2011). Poverty and Obesity in the U.S. Levine, J.A. Available online here: https://diabetes.diabetesjournals.org/content/60/11/2667

The likelihood of harmful effects of obesity can be reduced if providers regularly calculate and record the BMI for their adult patients, identify those with weight problems, and develop a follow-up plan for overweight and underweight patients.

“Compliance” for this measure is whether adult patients have a BMI documented within the past year. If the BMI is outside of normal parameters (i.e., too high or too low), a follow-up plan is created and documented in the patient’s file.

During 2019, Borrego Health saw 20,685 Coachella Valley adults with a BMI that was outside of normal parameters. Of these, 58.0% received a follow-up plan that was logged in the patient’s file, while 42.0% did not.

Food Insecurity

The U.S. Department of Agriculture defines food insecurity as a lack of consistent access to enough food for an active, healthy life. Food insecurity is an important health issue because it is not an isolated health issue, it often overlaps with poverty and lack of other basic needs.

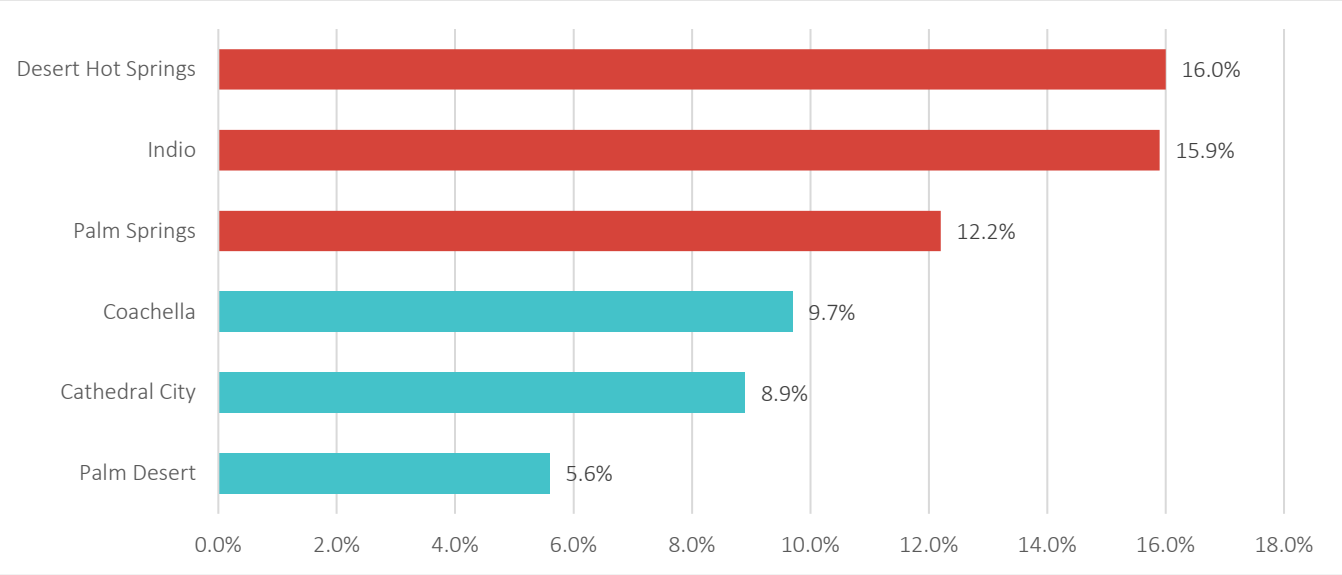
Skipping/Cutting Meals

One measure of food insecurity is whether individuals or others in their household had to cut the size of meals or skip meals because there was not enough money for food in the past year.

Across the Coachella Valley, based on data collected in 2019, about 10.4% of adults have had to cut the size of or skip their meals in the past 12 months because there was not enough money to buy food.

The figure below illustrates the cities with the highest rates and lowest rates of food insecurity using this particular measure. The data shows the cities with the highest rates of food insecurity on this measure were Desert Hot Springs (16.0%), Indio (15.9%), and Palm Springs (12.2%). Cities with lower rates of food insecurity include Coachella (9.7%), Cathedral City (8.9%), and Palm Desert (5.6%). Note that these are the only cities with sample sizes that were sufficient enough to report.

Figure 65. Skipped or Cut Meals in the Past Year by City/CDP



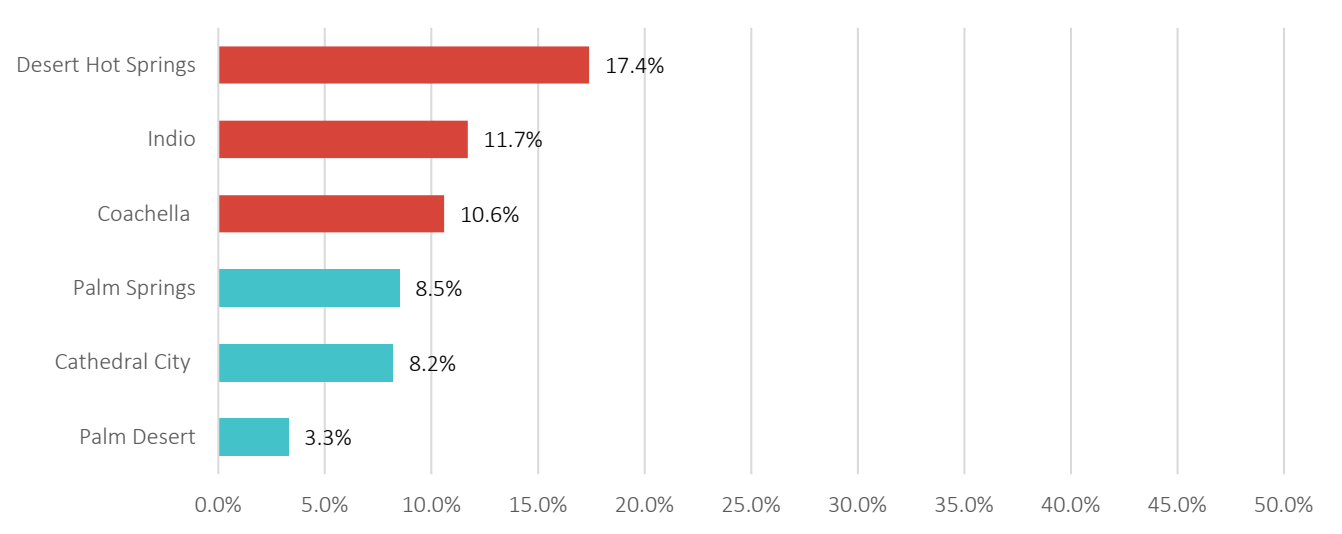
Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

Emergency Food

Another measure asked individuals whether they or someone else in their household received emergency food from a church, food pantry, food bank, or soup kitchen. About 9.8% of adults in the Coachella Valley had to get emergency food in 2019. The figure below shows the three cities with the highest rates of accessing emergency food (represented in red; Desert Hot Springs, Indio, and Coachella) and those with the lowest rates of accessing emergency food (represented in teal; Palm Springs, Cathedral City, and Palm Desert).

See Appendix 41 for utilization of emergency food resources data on 14 cities/CDPs.

Figure 66. Accessed Emergency Food by City /CDP – Top Three vs. Bottom Three



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

Partner Data – Food Distribution at FIND Food Bank

Locally, FIND Food Bank distributes food to those who need it in the community through food pantries, soup kitchens, after-school and summer care, senior centers, faith-based organizations, and homeless shelters.

In 2019, FIND served meals to 1,125,701 people in the Coachella Valley. Specifically, the people who were served consisted of 9.0% children aged zero to five, 32.8% people aged five to 19, 32.7% people aged 20 to 54, and 25.5% of people aged 55 and over.[114]

Children Eligible for Free or Reduced-Price Lunch

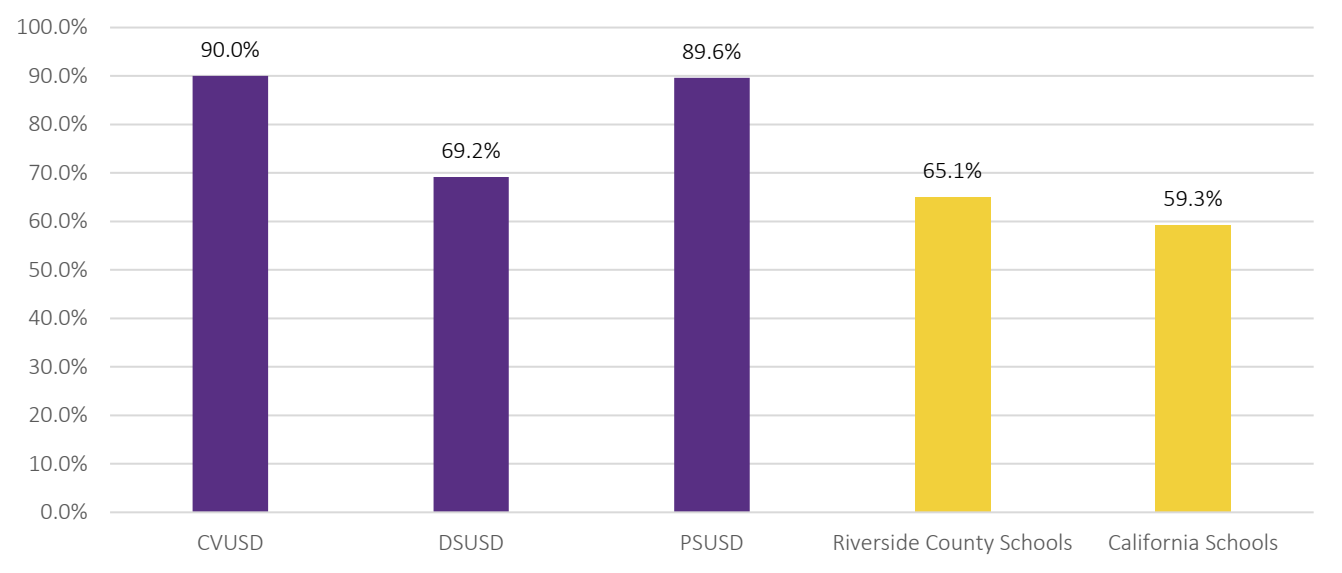
Children are eligible for free and reduced lunch based on their parent's income. Over half of Riverside County students (65.1%) are eligible for free and reduced-price lunch. This is higher than the state

[114] Data provided by FIND Food Bank (2019).

average (59.3%).[115] Free and reduced-price lunch is an important resource for students in our community because it may be the only warm meal students are guaranteed throughout the week. The fact that many students are eligible for free and reduced lunch suggests many of our students may be food insecure.

Over two-thirds of students enrolled in DSUSD (69.2%) are eligible for free or reduced lunch. Substantially higher proportions in CVUSD (90.0%) and PSUSD (89.6%) are eligible for free or reduced lunch. Across the board, all three of our local school districts have higher-than-average rates when compared to California as a whole, indicating high levels of poverty and potential food insecurity among our children.

Figure 67. Children Eligible for Free Lunch and Reduced Lunch



Source: Data are from the California Department of Education, 2019-2020.

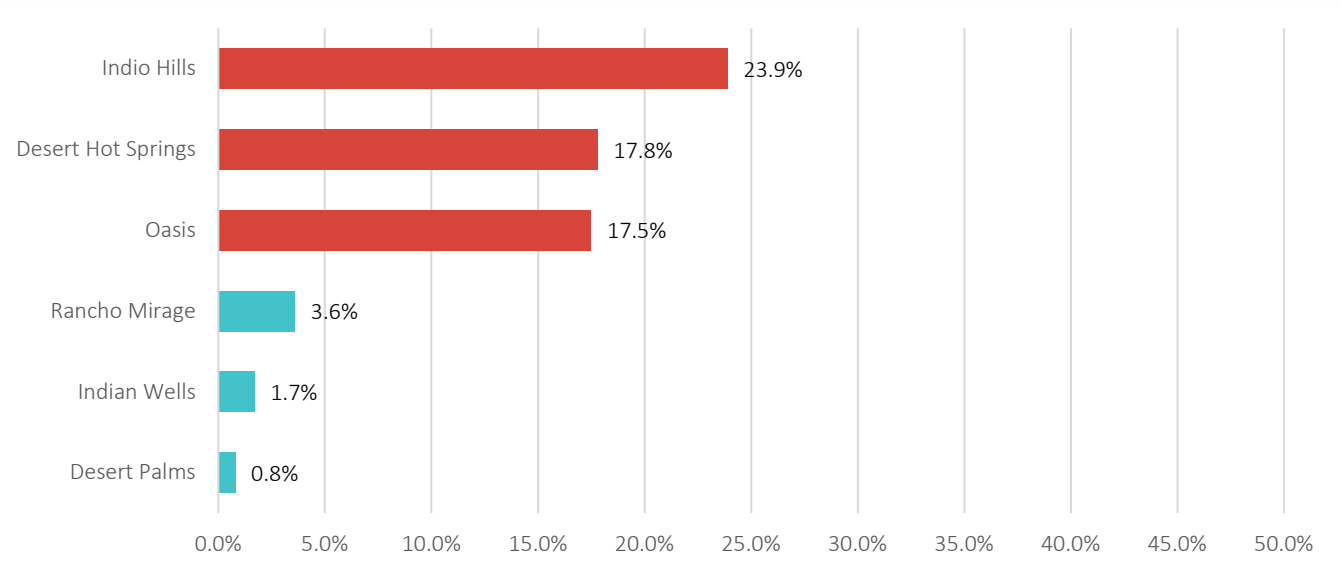
[115] Data Quest. (2019-2020). California Department of Education. https://data1.cde.ca.gov/dataquest/

The federal food stamp program is known as Supplemental Nutrition Assistance Program (SNAP); in the state of California, SNAP is referred to as CalFresh.[116] Thus, CalFresh/SNAP/food stamps all refer to the same program. Individuals are eligible for CalFresh up to a maximum gross household income of 200% of the FPL.[117] Under CalFresh, eligible households can receive up to $194 per month in food on an Electronic Benefits Transfer (EBT) card.[118]

The figure below illustrates the three cities/CDPs with the highest percentage of households receiving CalFresh benefits and three cities/CDPs with the lowest percentage of households receiving CalFresh benefits. Indio Hills (23.9%), Desert Hot Springs (17.8%), and Oasis (17.5%) have the highest proportions of households receiving these types of benefits

See Appendix 42 for CalFresh/SNAP/food stamp data on all 21 cities/CDPs.

Figure 68. Households Receiving Food Stamp/SNAP Benefits



Note: American Community Survey – Five Year Estimates. (2015-2019). Food Stamps/Supplemental Nutrition Assistance Program.

[116] CalFresh. California Department of Social Services. Available online at: https://www.cdss.ca.gov/inforesources/calfresh
[117] Eligibility and Issuance Requirements. California Department of Social Services. Available online at: https://www.cdss.ca.gov/inforesources/cdss-programs/calfresh/eligibility-and-issuance-requirements
[118] Food Stamps EBT Card Guidelines. Available online at: https://foodstampsebt.com/food-stamps-eligibility/

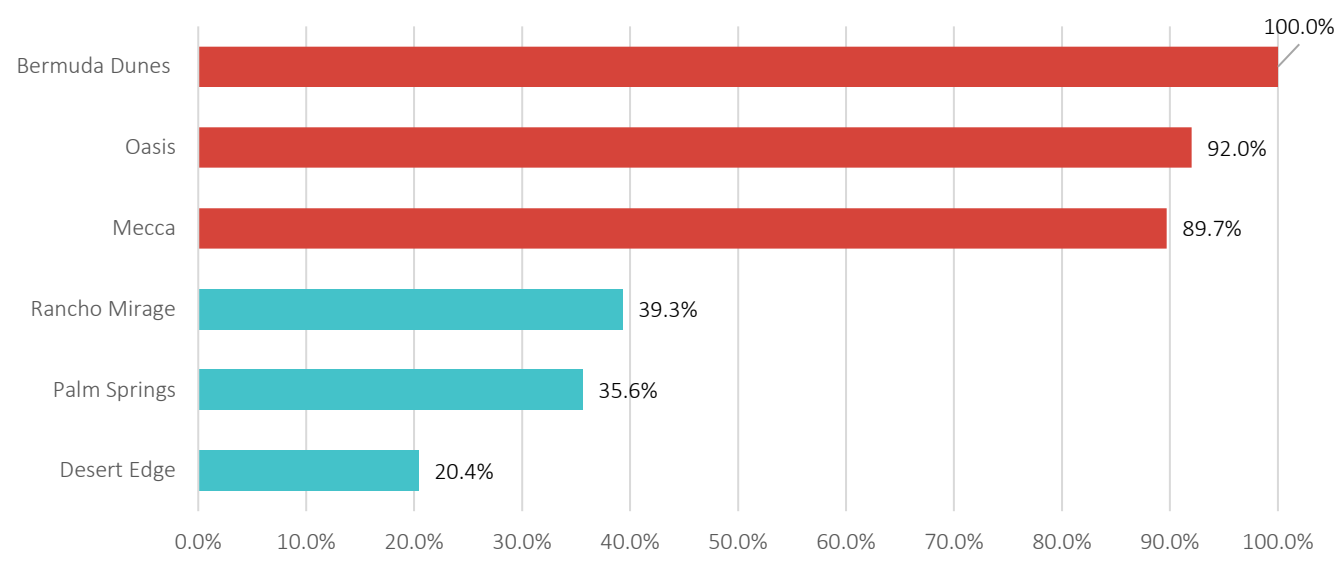
Households with Children Receiving SNAP Benefits

Diving deeper into the data presented on the previous page, this indicator looks at households with children under the age of 18 living in them and their participation in CalFresh.

The figure below shows the three cities/CDPs with the highest usage of CalFresh among households with children and the three cities/CDPs with the lowest usage of CalFresh among households with children. As illustrated below, 100.0% of households with children in them in Bermuda Dunes are receiving CalFresh benefits, as 92.0% in Oasis, and 89.7% in Mecca. Conversely, fewer households with children in them utilize CalFresh in Rancho Mirage (39.3%), Palm Springs (35.6%), and Desert Edge (20.4%). The drastic difference between the cities who have nearly all children receiving CalFresh benefits and the cities with less than half receiving these benefits once again illustrates economic inequalities that exist in our community.

See Appendix 43 for CalFresh/SNAP/food stamp data for children on all 21 cities/CDPs.

Figure 69. Households with Children under 18 Receiving Food Stamp/SNAP Benefits



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

Oral Health

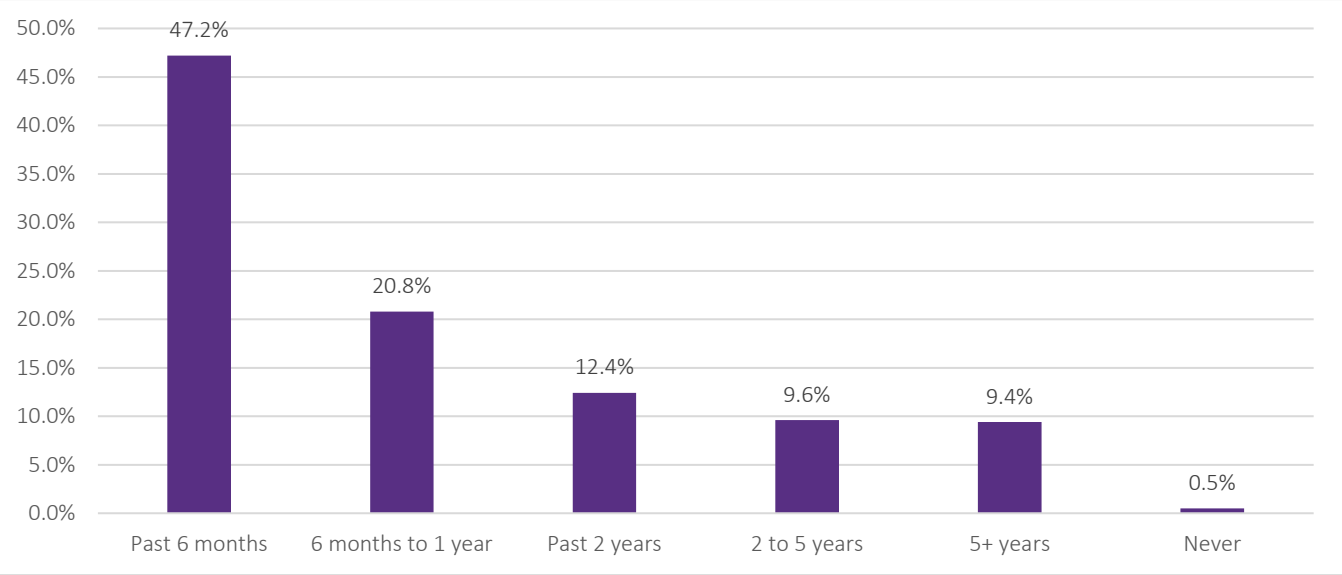
Oral health is an important facet of overall health. The mouth is the entry point to the digestive and respiratory tracts[119], so bad hygiene warrants a higher likelihood of contracting gum disease or causing tooth decay[120]. Practicing good hygiene has been linked to lower rates of heart disease, cancer, and diabetes, so it is important to maintain good oral health.[121]

Dental Visits by Adults

"Many people cannot afford health insurance and there's a delay in getting dental services. Many delay dental services and as a result they end up needing a full mouth of dentures." – Community Resident

This indicator measures whether local adults have been to a dentist in the past year. Approximately 47.2% of adults in the Coachella Valley have visited a dentist in the past six months, and 20.8% have visited a dentist in the past six months to one year. As illustrated in the figure below, relatively few adults have not been to a dentist in the past five years.

Figure 70. Dental Visits by Adults in the Coachella Valley



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

Regular dental visits are important for oral health and overall well-being.[122] The figure below illustrates cities with the highest rates of visiting a dentist in the past six months were Indian Wells (67.1%),

[119] Gao L, Xu T, Huang G, Jiang S, Gu Y, Chen F. Oral microbiomes: more and more importance in oral cavity and whole body. Protein Cell. 2018;9(5):488-500. doi:10.1007/s13238-018-0548-1

[120] Centers for Disease Control. (2020). Oral Health Conditions. Available online at: https://www.cdc.gov/oralhealth/conditions/index.html

[121] Ibid.

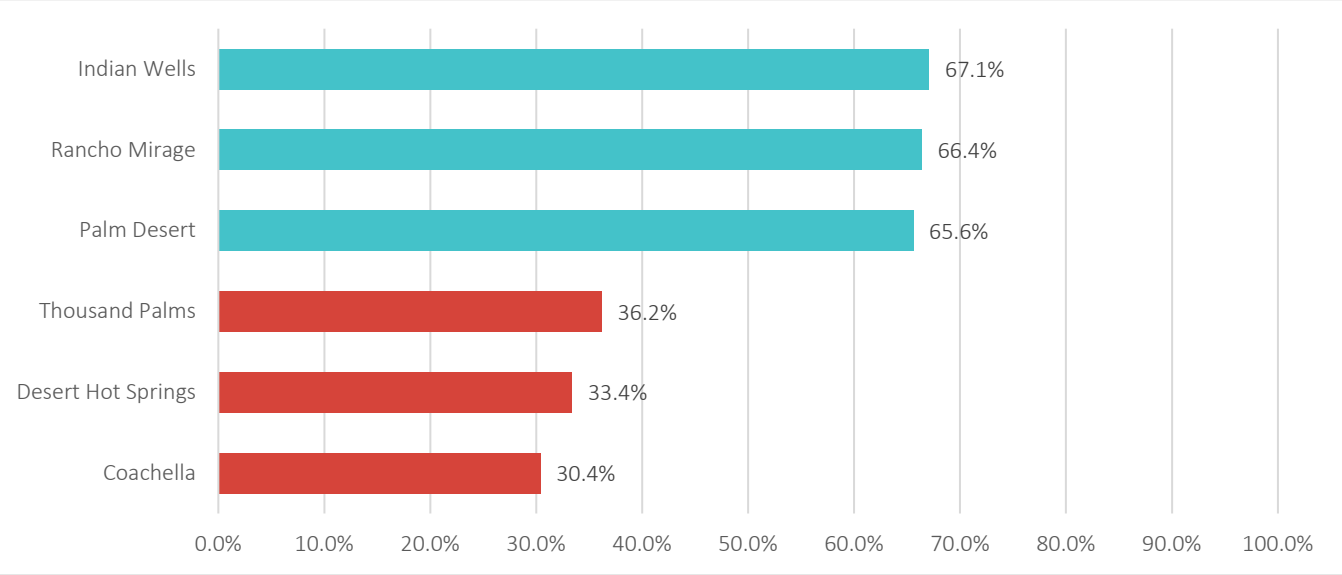
[122] World Health Organization. Oral Health (2020). Available online here: https://www.who.int/health-topics/oral-health/#tab=tab_1

Rancho Mirage (66.4%), and Palm Desert (65.6%). The cities with the lowest rates of visiting a dentist in the past six months were Thousand Palms (36.2%), Desert Hot Springs (33.4%), and Coachella (30.4%).

This data highlights the economic inequities that exist and how they influence health behaviors. One of the main reasons people do not go to the dentist is because of cost. It is no surprise that the adults living in wealthier cities are more likely to have gone to the dentist in the past six months.

See Appendix 44 for adult dental visit data on 12 cities/CDPs.

Figure 71. Dental Visits by Adults in the Past Six Months by City/CDP – Top Three vs. Bottom Three



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

A follow-up question was asked of people who had not been to visit a dentist in the past year: the most commonly cited reason was "no reason to go, don't need it, no pain," indicating that many people don't understand the value of preventative dental care. The second-most common reason for not visiting the dentist in the past year was due to cost, once again emphasizing that access is different for people living in poverty and/or those who are uninsured as compared to people who are more financially stable and have insurance.

Dental Visits by Children

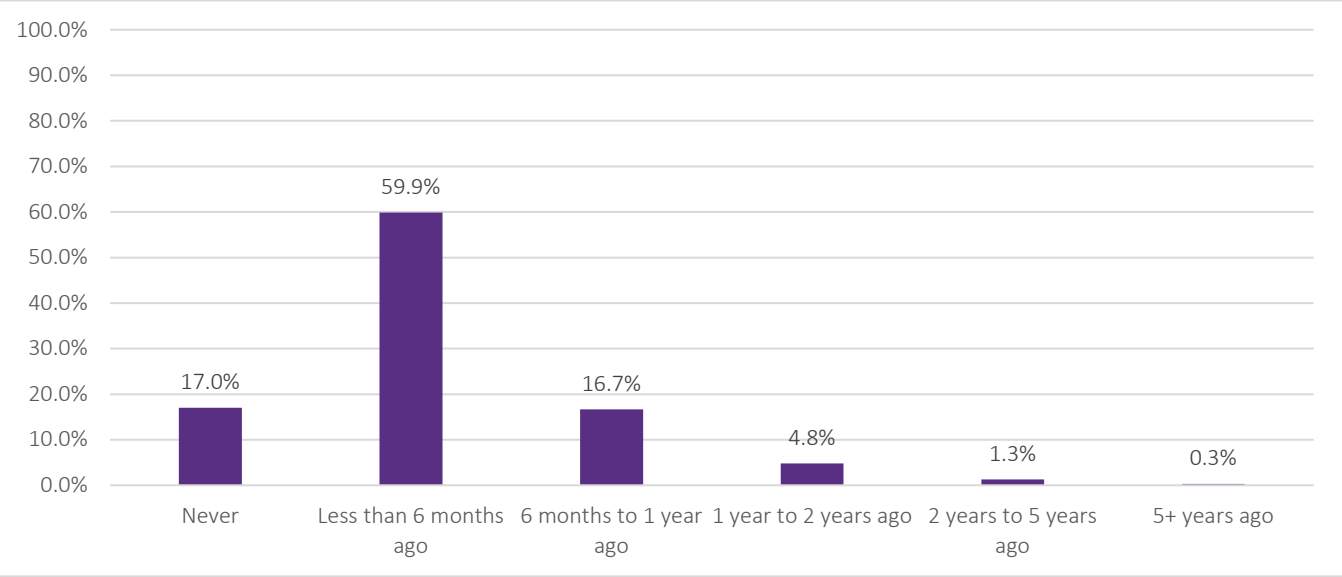
"We need more education in the schools that explain to children how oral health is important for your smile and your health overall." – Community Resident

The figure below illustrates whether local children ages zero to 17 have ever been to the dentist and if so, how long it has been since their last visit.

Fortunately, nearly three quarters (59.9%) of local children have been to a dentist within the past 6 months, nearly a fifth of children (16.7%) have been to the dentist in the past six months to a year, 4.8% have been to the dentist in the past one to two years, 1.3% of children have been to the dentist in the past two to five years, and 0.3% of children have been to the dentist in the past five or more years.

Unfortunately, approximately 17.0% of local children have never been to a dentist.

Figure 72. Most Recent Dental Visit by Children 0 to 17



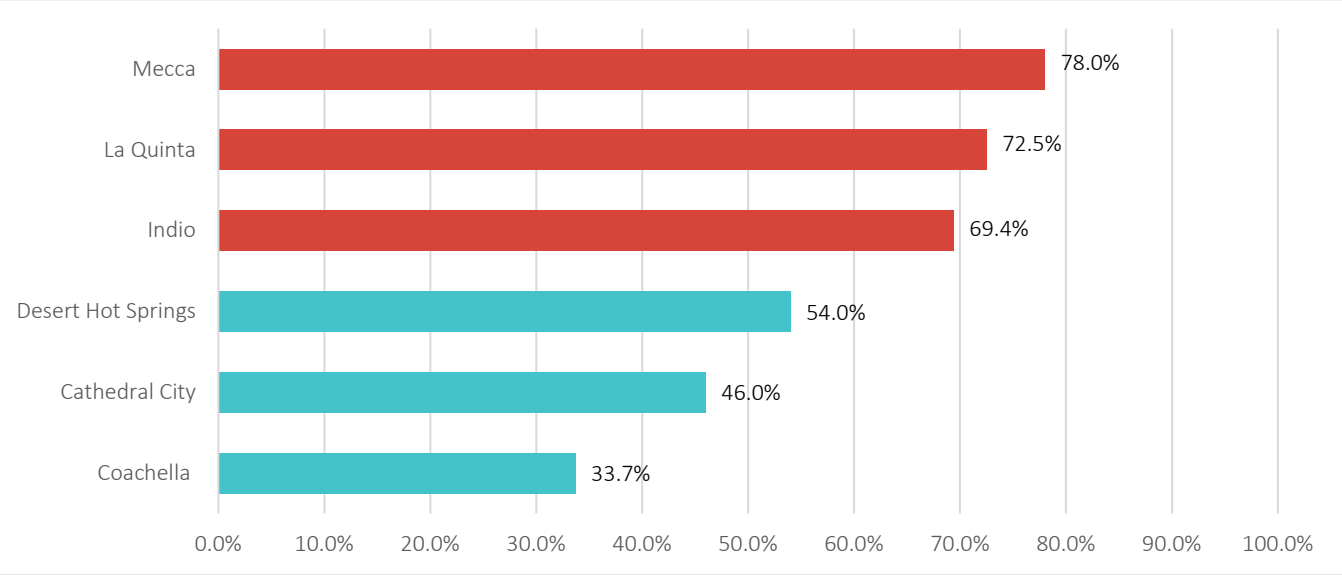
Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

The figure below illustrates the cities with the highest and lowest rates of dental visits by children within the past six months. Cities with the highest proportion of children visiting a dentist in the past six months include Mecca (78.0%), La Quinta (72.5%), and Indio (69.4%).

The cities with the lowest rates of dental visits in the past six months were Desert Hot Springs (54.0%), Cathedral City (46.0%), and Coachella (33.7%).

See Appendix 45 for child dental visit data on 9 cities/CDPs.

Figure 73. Dental Visits by Children in the Past Six Months by City/CDP – Top Three vs. Bottom Three



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

Reproductive and Sexual Health

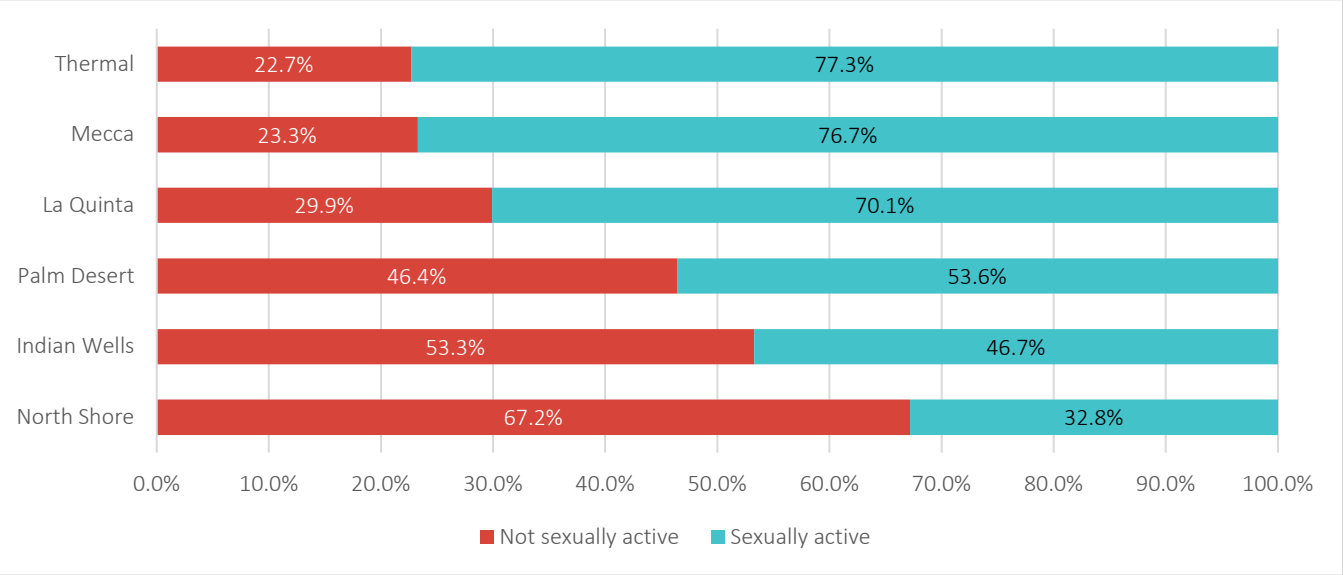
Reproductive and sexual health is an important part of intimate relationships. Equally as important is the need to be proactive with respect to your reproductive and sexual health. There are many sexually transmitted diseases (STDs) that may harm your health. Although some diseases are easily treated and curable, others are not. That is why it is important to practice safe sex and to get tested regularly.

Adults Who Have Been Sexually Active in the Past Year

This indicator assesses whether adults have engaged in sexual activity in the past year. The cities/CDPs with the highest proportion of sexually active adults include Thermal (77.3%), Mecca (76.7%), and La Quinta (70.1%). The cities/CDPs with the lowest proportion of sexually active adults include Palm Desert (53.6%), Indian Wells (46.7%), and North Shore (32.8%).

See Appendix 46 for sexual activity data on all 14 cities/CDPs.

Figure 74. Adult Sexual Activity in Past Year by City/CDP – Top Three vs. Bottom Three



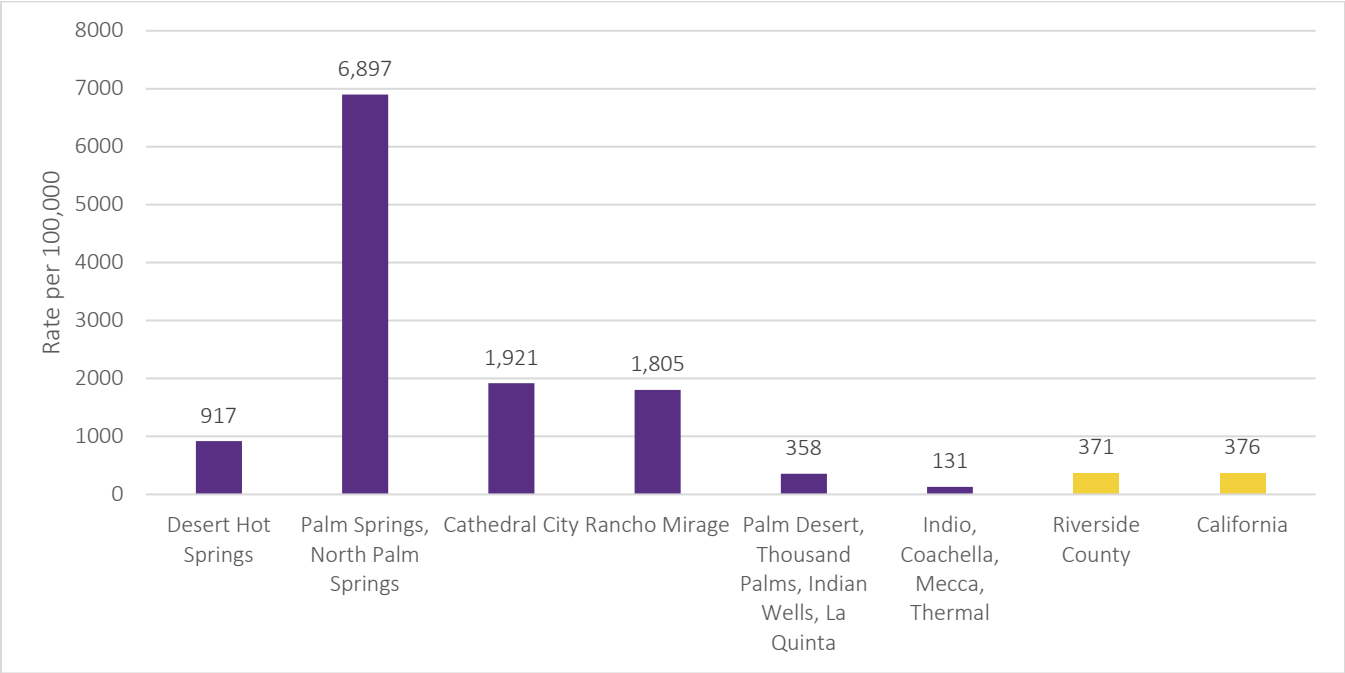
Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey.

HIV/AIDS

HIV (human immunodeficiency virus) is a virus that attacks the immune system. The last stage of HIV is AIDS (acquired immune deficiency syndrome). There is no known cure for HIV/AIDS.[123]

According to the most recently available data (2017), there are approximately 8,984 people living with HIV/AIDS (PLWH/A) in Riverside County. Of these, the majority—5,977 PLWH/A—reside in eastern Riverside County (the Coachella Valley and the city of Blythe). As illustrated in the figure below, the prevalence rate of PLWH/A in the Palm Springs area is 6,897 cases per 100,000—a rate that is more than 18 times higher than the California overall rate (which is only 376 cases per 100,000).[124]

Figure 75. Prevalence of People Living with HIV/AIDS



Source: Riverside University Health System—Public Health, Epidemiology and Program Evaluation (December 2018). *Epidemiology of HIV/AIDS in Riverside County, 2017*.

Part of the reason for this high rate is likely due to in-migration of people with HIV, who want to live in the Coachella Valley, which has excellent HIV-specific care (at DAP Health, Borrego's Stonewall Medical Center, and other facilities) and a community of HIV positive people to serve as a support system.

[123] https://www.hiv.gov/hiv-basics/overview/about-hiv-and-aids/what-are-hiv-and-aids
[124] Riverside University Health System—Public Health, Epidemiology and Program Evaluation (December 2018). *Epidemiology of HIV/AIDS in Riverside County, 2017*.

Sexually Transmitted Diseases

"There is a lack of reproductive and sexual education due to the fact that most of the teenagers don't have those sexual classes offered in education and therefore they go into a higher rate of becoming pregnant. I think that's really the heart of why STD rates are so high." – Community Resident

Sexually transmitted diseases refer to infectious diseases contracted through sexual contact. Diseases include syphilis, gonorrhea, etc. Abstinence is the only way to definitively avoid contracting an STD. However, there are contraceptions such as condoms that highly reduce the likelihood of contracting an infectious disease. Some STDs are curable with the use of antibiotics, while others are treatable but do not have a cure. It is important to engage in healthy sexual practices, otherwise it may be detrimental to one's health.

The table on the subsequent page shows the total number of cases of each STD along with the rate per 100,000 people—and these are outlined for both Riverside County and the Coachella Valley. Note that data was not available for all STDs for all regions.

The most common STD for both Riverside County and the Coachella Valley is chlamydia, followed by gonorrhea. Rates of STDs in the Coachella Valley exceed the county rates whenever we have comparable data – primary and secondary syphilis, chlamydia, and gonorrhea. It is worth noting that the rate of primary and secondary syphilis in the Coachella Valley is nearly triple the rate for the County as a whole.

Table 12. Sexually Transmitted Diseases

Type of STD	Number of Cases in Riverside County	Rate per 100,000 People	Number of Cases in the Coachella Valley	Rate per 100,000 People
Primary and Secondary Syphilis	253	10.4	132	29.3
Early Latent Syphilis	283	11.7	Not Available	Not Available
Congenital Syphilis	10	32.6	Not available	Not Available
Chlamydia	11,150	460.1	2,717	602.6
Gonorrhea	3,351	138.3	1,003	222.5
Hepatitis B	Not available	Not available	113	25.1
Hepatitis C (Chronic)	Not available	Not available	838	185.9

Source: Riverside County data is from The Centers for Disease Control. AtlasPlus (2017). Coachella Valley data was provided by Riverside Unified Health System—Public Health (2019).

Substance Use

"There is alcoholism and drug addiction and there has always been a lack of resources for both the family and the person with the addiction." – Community Resident, translated from the original Spanish

Substance use refers to the use of drugs or alcohol, and includes substances such as cigarettes, illegal drugs, prescription drugs, inhalants, and solvents. Substance use is a serious health problem because it may lead to addiction and/or mental health disorders. The use of drugs or alcohol has negative health outcomes and poor quality of life and is linked to higher rates of incarceration, higher rates of depression, and death.

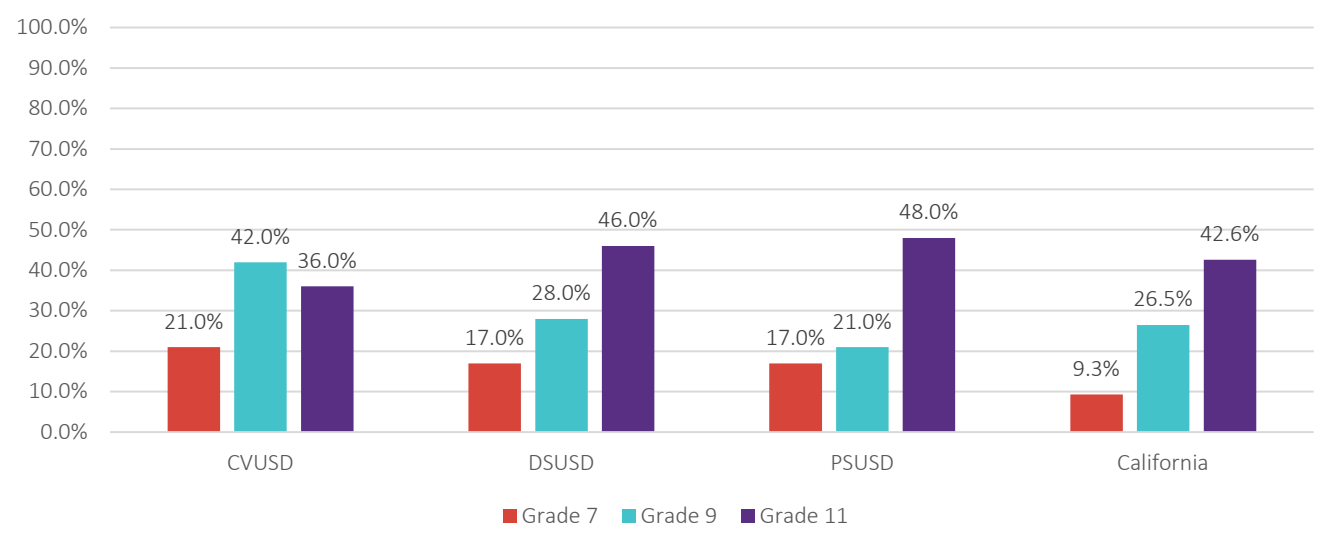
Substance Use Among Adolescents

LIFETIME USE OF ALCOHOL/DRUGS AMONG ADOLESCENTS

Youth can be susceptible to substance use. Contributing factors include peer pressure, glamorization in the media, and coping mechanisms. There are resources to help those affected by substance use, but prevention and early intervention are critical to avoid the use of drugs or alcohol.

The chart below illustrates self-reported lifetime use of alcohol or drugs of 7th, 9th, and 11th grade students across our three school districts. The data below shows an upward trend of substance use for DSUSD and PSUSD students. However, there is an ebb and flow trend for CVUSD students as they age. Compared to the state of California, there is a significant difference between the state average use of alcohol/drugs among grade 7 students relative to grade 7 students in our community. That indicates a strong need for anti-drug campaigns and an emphasis on substance use in health education curriculum.

Figure 76. Adolescent Use of Alcohol or Drugs Ever by School District and State



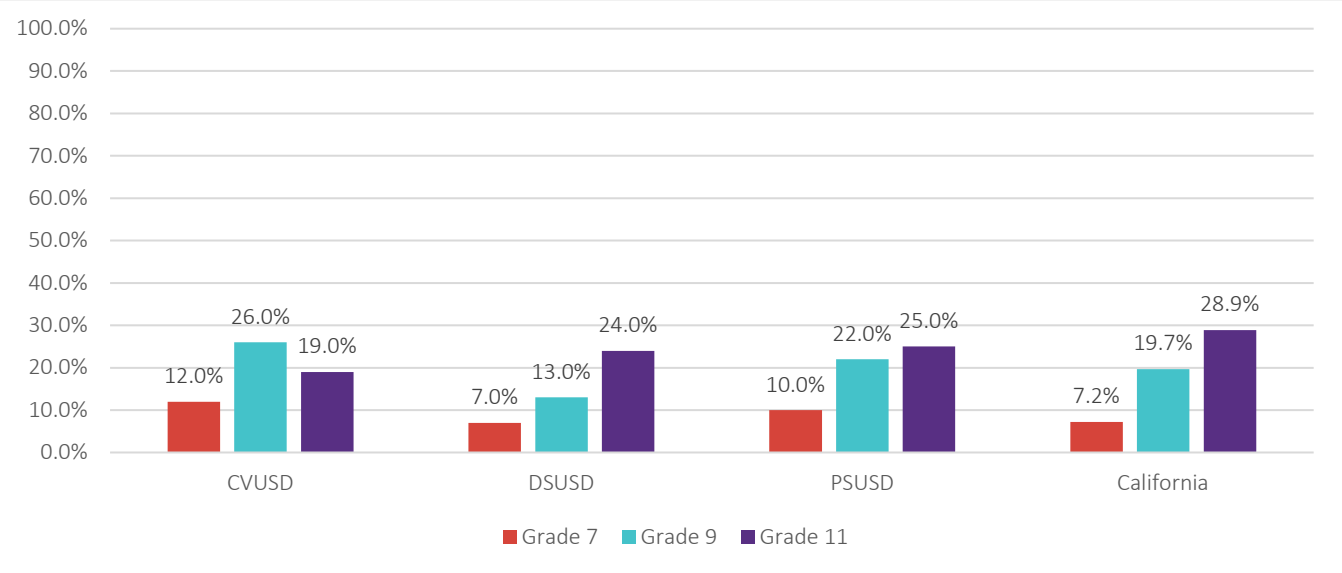
Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

CURRENT USE OF ALCOHOL/DRUGS AMONG ADOLESCENTS

Current (past 30 days) alcohol or other drug usage increases with grade level at DSUSD, PSUSD, and to a lesser degree, CVUSD. About a quarter (25.0%) of eleventh graders at PSUSD and 24.0% at DSUSD are current alcohol or other drug users. A slightly smaller percentage of 11th grade students at CVUSD are current alcohol or other drug users.

It is alarming to find that CVUSD 9th grade students are nearly twice as likely to be current users of alcohol or drugs as DSUSD students of the same age. There is also a high percentage of PSUSD 9th grade students that are current alcohol or other drug users. The data shows there is a need for strengthened drug prevention and early intervention measures to be implemented across our school districts, particularly because the rate of alcohol/drug use is higher in some areas compared to the state level.

Figure 77. Adolescent Use of Alcohol or Drugs in Past 30 Days by School District



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

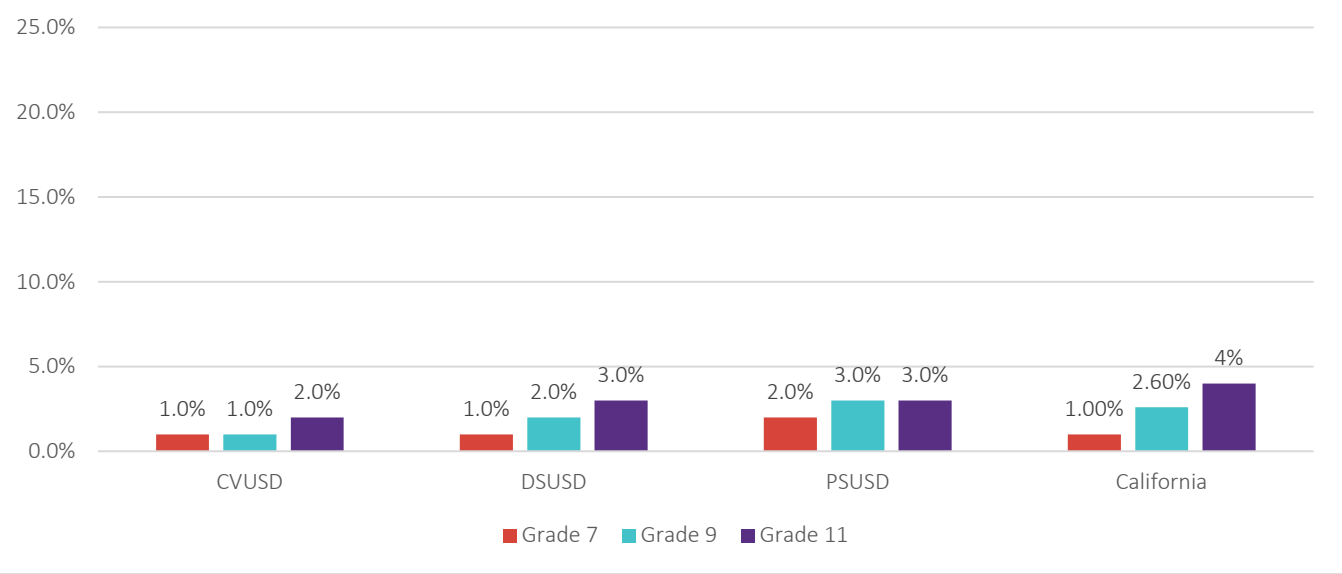
CURRENT CIGARETTE USE AMONG ADOLESCENTS

Cigarette use refers to smoking tobacco and inhaling tobacco smoke. Prolonged cigarette use may have negative health outcomes such as lung disease, cancer, and death. It is important for our community to monitor cigarette use because it not only negatively impacts the health of smokers but as well as the health of those around them.

Cigarette usage is the least common of reported drug usage among students across the three school districts. While current cigarette users are far less common, there are still at least 1.0% to 3.0% of students at each grade level, across the three districts that are current cigarette smokers. These rates are all lower than adolescent smoking rates for the state of California (7th grade, 3.3%; 9th grade, 3.8%; 11th grade, 4.6%).

While the local rates of cigarette smoking among adolescents are low, these youth who do smoke are at risk for developing health and addiction issues as they grow older.

Figure 78. Adolescent Cigarette Usage in Past 30 Days by School District



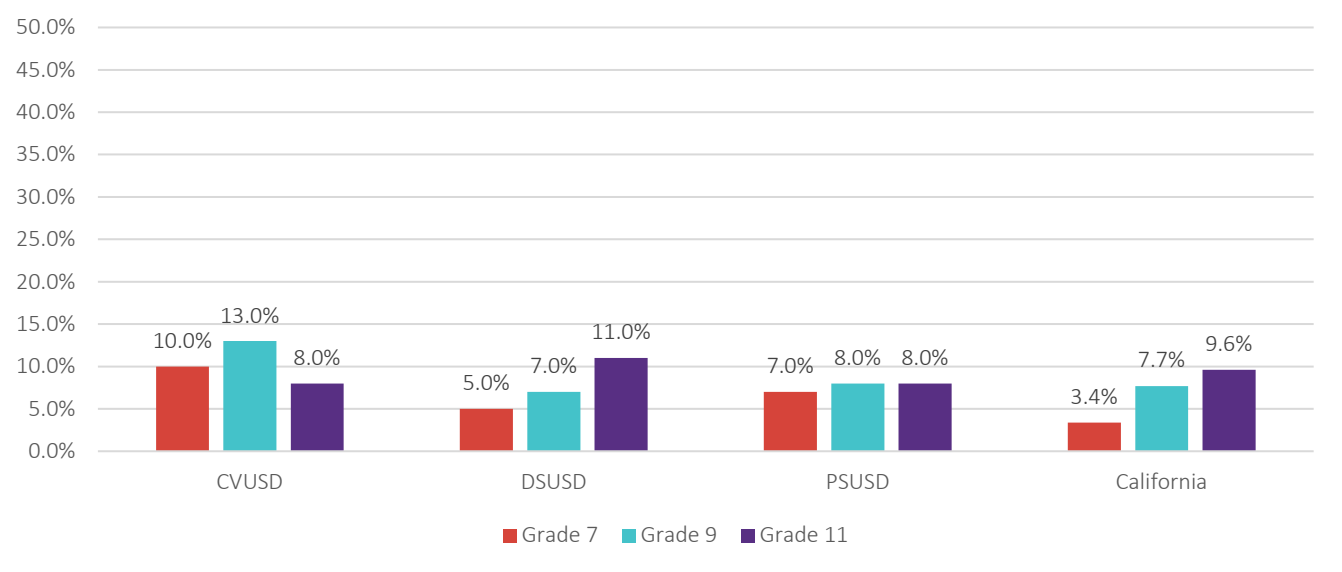
Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

CURRENT ELECTRONIC CIGARETTE USE AMONG ADOLESCENTS

"Vaping is more commonly used, but we do not know the full repercussions of vaping."
– Community Resident

The figure below illustrates adolescents' use of electronic cigarettes or "e-cigarettes". It should be noted that the rate of smoking e-cigarettes is more common than the rate of cigarette smoking. This suggests there is a need for anti-smoking resources at schools. There should also be an emphasis on the dangers of e-cigarettes because adolescents may view them as less harmful than traditional cigarettes. This is especially true because the chart below illustrates students in seventh grade are already beginning to form a relationship with e-cigarettes. The rate of e-cigarette use by seventh grade students in our community surpasses the state average use of e-cigarette use for students in the same age group. The dangers of smoking can lead to health problems that last a lifetime and it is the community's responsibility to prevent our adolescents from smoking or intervene early.

Figure 79. Adolescent Electronic Cigarette Smoking in Past 30 Days by School District

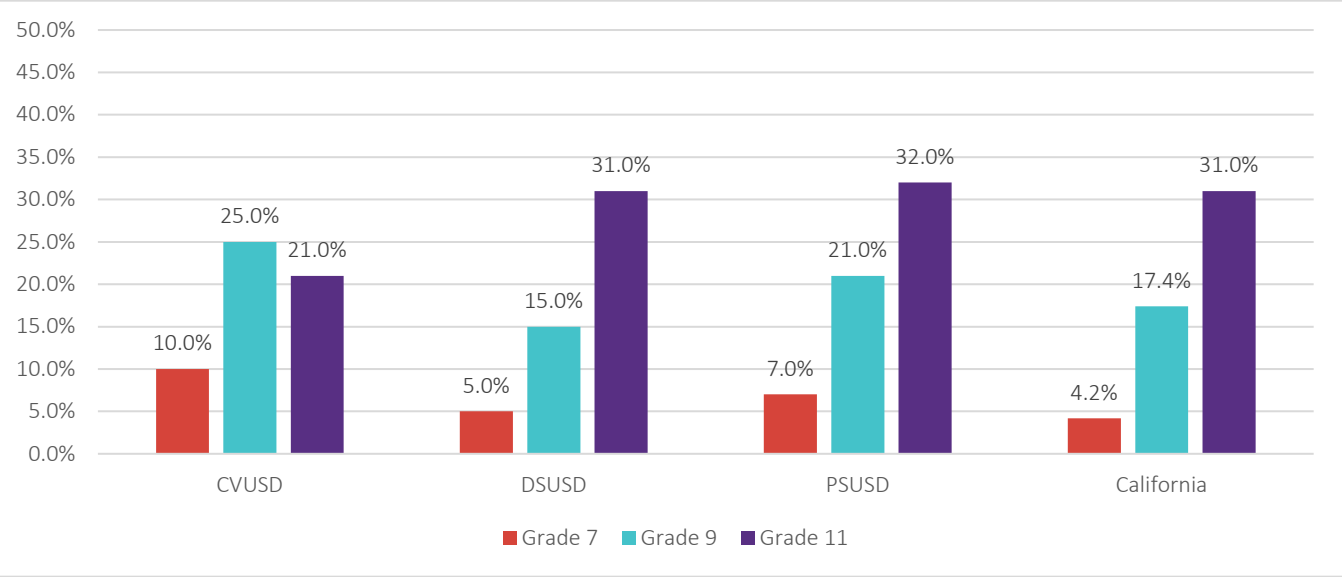


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

LIFETIME MARIJUANA USE AMONG ADOLESCENTS

The figure below shows lifetime marijuana use (smoking, vaping, eating, or drinking) for 7th, 9th, and 11th grade students across our three school districts. Generally speaking, the likelihood of having tried marijuana increases with age, with the exception of CVUSD. The rate of lifetime marijuana use in our community is similar to the state level when comparing students in the 11th grade. However, the rate tends to be higher for most of our grade 7 and grade 9 students. This signals a need for stronger anti-drug programs across our school districts.

Figure 80. Adolescent Marijuana Use Ever by School District

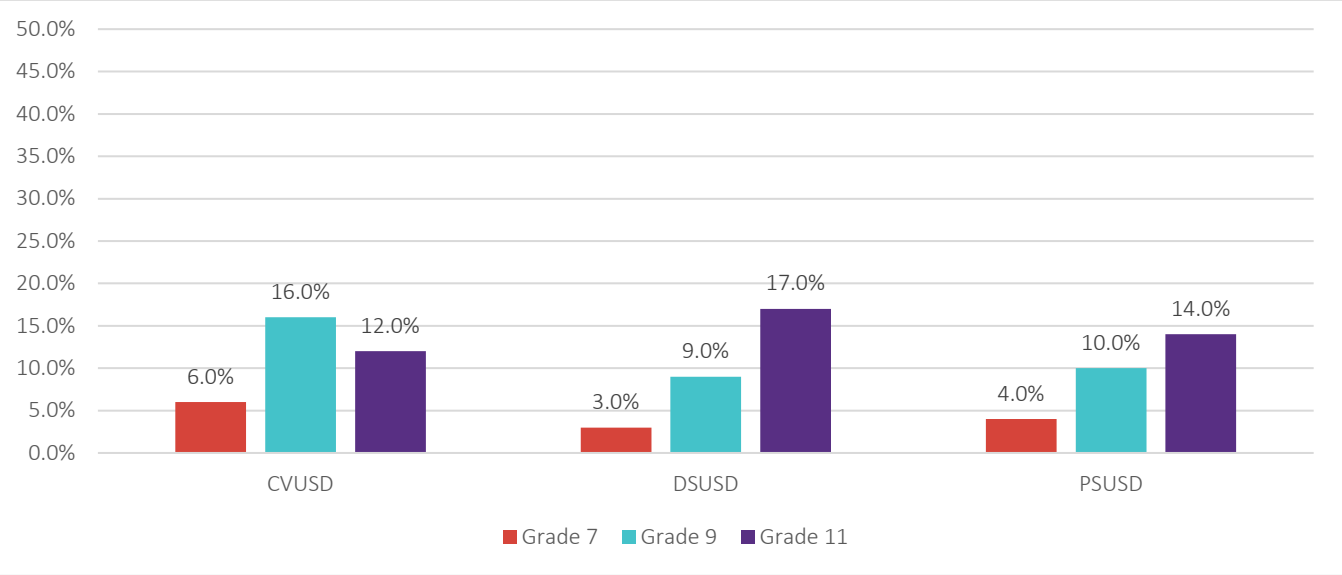


Source: California Healthy Kids Survey. Note: Each district has a different year of data available the most recently available year for each district was utilized; CVUSD (2018-2019), DSUSD (2017-2018), and PSUSD (2015-2016).

CURRENT MARIJUANA USE AMONG ADOLESCENTS

Current marijuana usage (smoking, vaping, eating, drinking) is much less common among all grades and all school districts. Among 11th graders, about 12.0% at CVUSD, 17.0% at DSUSD, and 14.0% at PSUSD are current marijuana users. Like with other drugs, marijuana usage does appear to be increasing with grade level across the school districts.

Figure 81. Adolescent Marijuana Use in Past 30 Days by School District



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

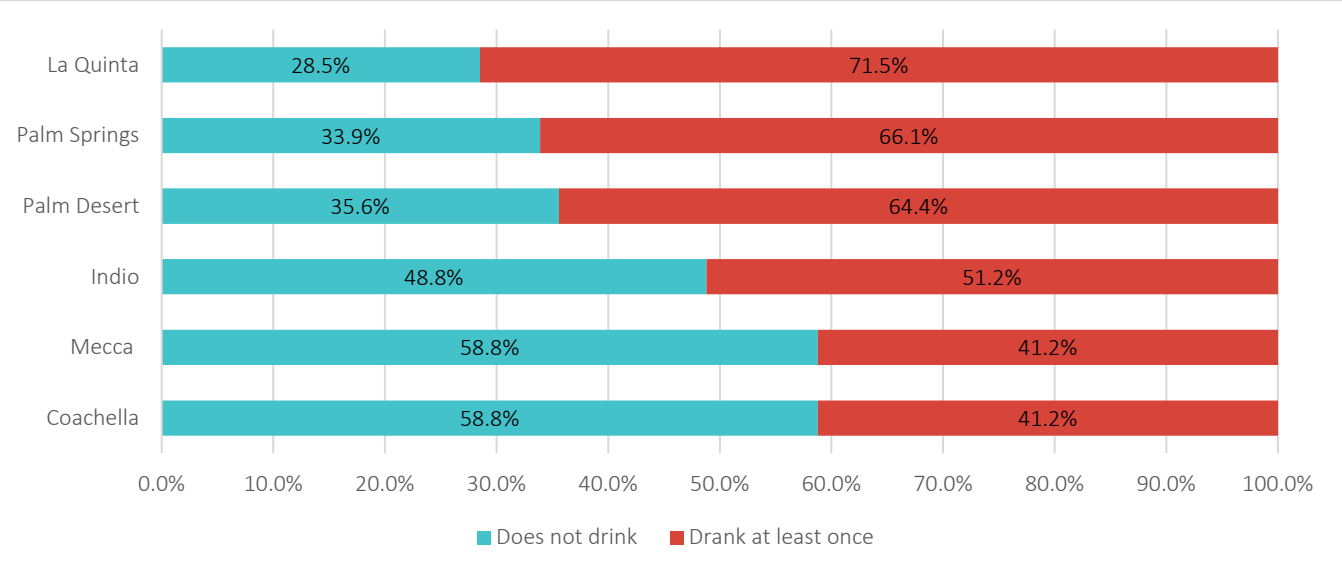
CURRENT ALCOHOL CONSUMPTION AMONG ADULTS

Dietary guidelines for Americans suggest that drinking alcohol is acceptable as long as it is done in moderation. Moderate drinking is considered up to one drink per day for women and up to two drinks per day for men.[125] Large quantities of alcohol consumption can lead to negative health outcomes such as addiction, risky behavior, mental health disorders, and more. Alcohol abuse includes behaviors such as binge drinking, heavy drinking, and consuming alcoholic beverages under the age of 21.

The figure below illustrates the percent of adults in each city/CDP who drank at least once in the past 30 days. The cities/CDPs with the highest proportion of adults who drank at least once include La Quinta (71.5%), Palm Springs (66.1%), and Palm Desert (64.4%). In contrast, the cities with the lowest proportion of adults who drank at least once include Indio (51.2%), Mecca (41.2%), and Coachella (41.2%).

See Appendix 47 for adult alcohol use data on 14 cities/CDPs.

Figure 82. Adults who Drank Alcohol in the Last 30 Days by City/CDP – Top Three vs. Bottom Three



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

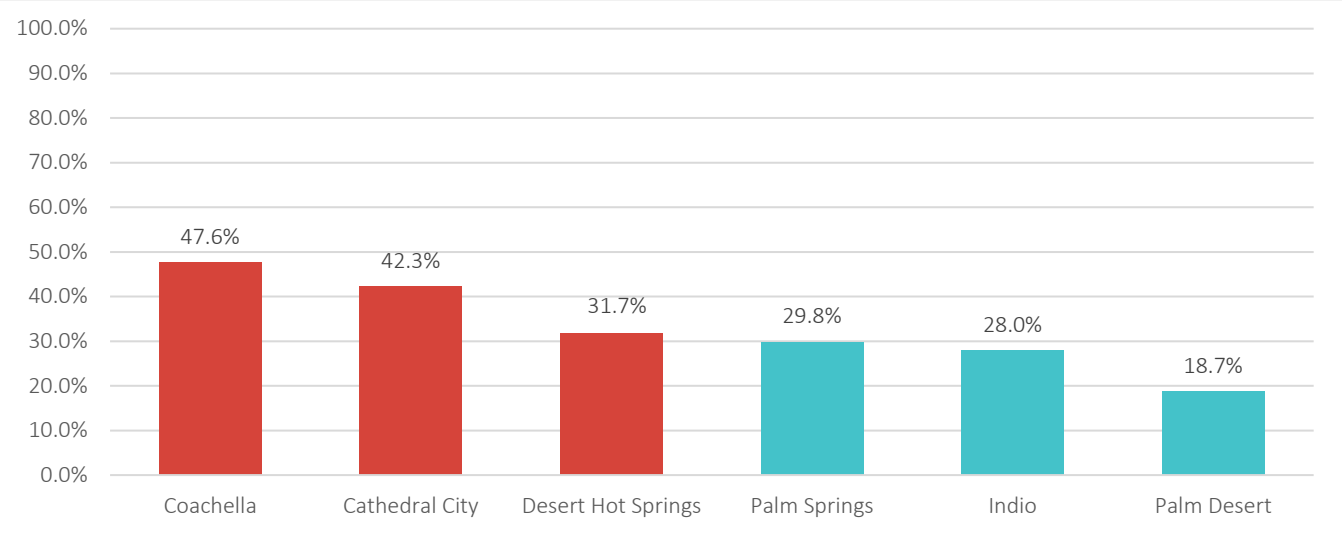
[125] U.S. Department of Health and Human Services and U.S. Department of Agriculture. 2015 – 2020 Dietary Guidelines for Americans External. 8th Edition, Washington, DC; 2015.

BINGE DRINKING AMONG ADULTS

Consuming alcohol in large quantities can be detrimental to one's health. For example, binge drinking, defined as consuming four or more drinks on a single occasion for women and five or more drinks on a single occasion for men.[126]

Across the Coachella Valley, approximately 31.2% (61,855 adults) of adult drinkers have binge drank at least once in the last month. The cities with the highest proportion of active drinkers who binged at least once in the past month include Coachella (47.6%), Cathedral City (42.3%), and Desert Hot Springs (31.7%), while the cities with the lowest proportion include Palm Springs (29.8%), Indio (28.0%), and Palm Desert (18.7%). It is worth noting that the three cities with the highest binge drinking rates are all low-income cities.

Figure 83. Binge Drinking Among Adults



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

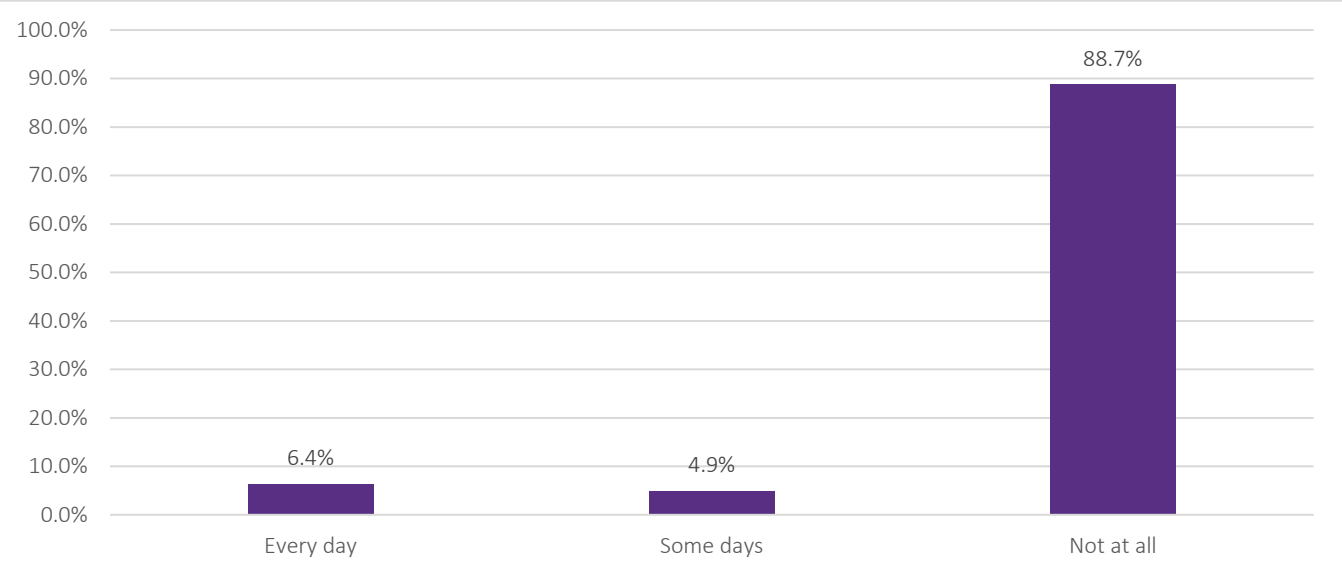
[126] Alcohol Use and Your Health. (2021). Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

CURRENT CIGARETTE USE AMONG ADULTS

Tobacco use has been linked to many poor health outcomes, including cancer, heart disease, stroke, lung disease, diabetes, and chronic obstructive pulmonary disease (COPD).[127]

Approximately 11.3% of Coachella Valley adults smoke cigarettes "some days" or "every day," as illustrated in the figure below. Of these current smokers (those who smoke cigarettes some days or every day), more than half (55.0%) have tried to quit smoking in the past year.[128]

Figure 84. Adult Cigarette Use in Coachella Valley



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

Partner Data – Tobacco Use Screening and Cessation Counseling at Borrego Health

Patients that are regularly asked about their tobacco use will be more likely to quit. Providers should provide cessation counseling and/or pharmacologic intervention to their tobacco-using patients.

In 2019, Borrego Health saw 15,277 Coachella Valley adults who were screened for tobacco use. Of these, 85.3% had cessation counseling documented in their files while the other 14.7% did not.

Partner Data – Tobacco Use Screening and Cessation Counseling at Eisenhower

In 2019, Eisenhower saw 3,817 Coachella Valley adults who were screened for tobacco use. Of these, 22.2% had cessation counseling documented in their files while the other 77.8% did not.

[127] Centers for Disease Control and Prevention (2018). Smoking and Tobacco Use. Available online at www.cdc.gov/tobacco/basic_information_health_effects/index.htm

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

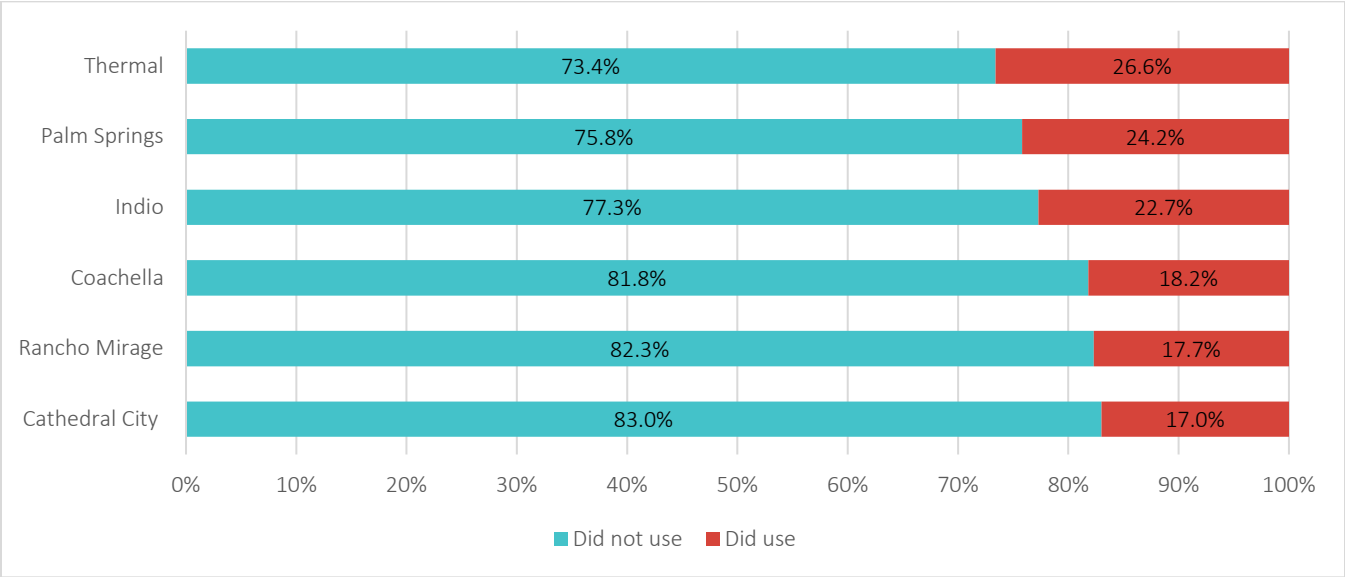
CURRENT MARIJUANA USE AMONG ADULTS

This indicator shows the percentage of adults who have used marijuana in the past 30 days (either for medicinal purposes or recreational purposes). Legal marijuana dispensaries are dispersed throughout the Coachella Valley, so monitoring the use of this substance is certainly a worthwhile effort.

Cities/CDPs with the highest percentage of adults who are active marijuana users include Thermal (26.6%), Palm Springs (24.2%), and Indio (22.7%). The cities/CDPs with the lowest percentage of adults who are active marijuana users are Coachella (18.2%), Rancho Mirage (17.7%), and Cathedral City (17.0%).

See Appendix 48 for adult marijuana use data on nine cities/CDPs.

Figure 85. Marijuana Use in the Past 30 Days by City/CDP – Top Three vs. Bottom Three



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

Conclusion

The Coachella Valley is a 50-mile stretch of land that is home to more than 430,000 people from all walks of life. The community is fairly evenly divided between those who identify as Hispanic/Latino and non-Hispanic/Latino. Given that our region is viewed as a desirable retirement destination, we have a population that is disproportionately older whose children and grandchildren commonly live elsewhere. Some of these residents are seasonal, leaving the Valley during the hotter months of the year.

The majority of data in this report are presented for the population as a whole or are broken out geographically. However, it is important to note that this can sometimes mask the unique needs experienced by sub-groups, and thus data disaggregation is important whenever possible. Examples of these sub-groups include young children, veterans, seniors, LGBTQIA+, farmworkers, people of color, and people with disabilities.

Socioeconomic factors vary wildly across our Valley and have both direct and indirect impacts on health and well-being. One example of this variability is household income: the median household in Indian Wells is six figures, nearly five times higher than it is in Oasis, which is only 30 miles away. Similarly, the percent of households living in poverty varies substantially. Over a third of community residents in West Valley communities like Desert Hot Springs and Garnet are living in poverty, as are more than a third of East Valley communities like Mecca, Oasis, and Thermal. In contrast, the percent of households in poverty is in the single digits for Indian Wells and Desert Palms. Issues of income and poverty have only become exacerbated by COVID-19, with some of the very poorest losing their incomes (e.g., those in the hospitality industry impacted by hotel shut-downs, etc.).

Income is closely tied to education, and educational levels vary similarly across our region. Overall, 19% of Coachella Valley adults age 25 and older lack even a high school degree—although it is as high as 60% in the far East Valley community of Thermal, and as low as 0.7% in the retirement destination of Desert Palms (Sun City Palm Desert).

Locally our children fall slightly behind the state of California as a whole on many metrics, including reading skills, absenteeism, and school suspensions. On the positive side, two local districts (DSUSD and PSUSD) outperform the state on measure of four-year graduation rates. More than half of local students graduating from high school then enroll in higher education within a year.

The Coachella Valley does have a robust hospital system made up of three hospitals and 867 staffed beds. This equates to a ratio of about 2 beds per 1,000 people, which is similar to the ratio for all of California (1.8 beds per 1,000 people). However, access is not always easy for residents. Lack of insurance is one barrier; nearly one in five working-age adults lack insurance, a rate that is substantially worse than that in California or the U.S.

Medicaid/Medi-Cal covers more than 30% Coachella Valley residents, so it is critically important that there are high-quality healthcare services available that accept Medicaid/Medi-Cal. There are several federally qualified health centers and one free clinic that can take patients who are uninsured/under-insured, but areas that remain medically underserved include Desert Hot Springs as well as Coachella, Indio, and the unincorporated areas of the East Valley.

Most local adults receive their clinical preventative screenings, but not all. Similarly, most adults with chronic illnesses such as high blood pressure or diabetes have these issues under control, but roughly 40% do not have these diseases properly managed. This may be a function of access to care, whether it be that they are uninsured, under-insured, or simply don't have a care provider.

Most local infants get a good start in life in the Coachella Valley; more than 90% are carried to term and are born at a normal birth rate. The life expectancy for a baby born in the Coachella Valley is 80 years, which is very comparable to that in California (81 years) and the nation as a whole (78 years). We do have a slightly elevated infant mortality rate of 7 deaths per 1,000 births (the national rate is 6 deaths per 1,000 births).

Mental/behavioral health is a major concern for many local entities. For example, the suicide rate in the Coachella Valley is nearly double the average for the state of California, and some of our cities have suicide rates of more than three times the state average.

The Coachella Valley has some unique features in the natural environment, as our climate is warm and dry when compared to the rest of the state and nation. Overall, data shows that our air quality is relatively good, as measured by particulate matter and ground-level ozone. This is likely related to geography; the San Gorgonio pass effectively blocks a great deal of pollution from entering the Valley, as is immediately evident on most days when driving over the pass and out of the Valley into smog.

Our built environment unfortunately does not encourage walking; a car is required for most errands. On the bright side, most households have access to several cars to address this issue, but active transportation is not widespread throughout the Valley—due in part to the extreme heat in the summer months.

One aspect of our built environment that is growing more and more crucial is that of internet access. While always important, the COVID-19 pandemic has highlighted that internet access is necessary to participate in modern life, including schooling and some types of work. Approximately 20% of local households do not have internet access in their homes, and about 26% of people do not have a smartphone that allows them access to the internet. Thus, a substantial proportion of our residents are unable to easily access the internet and are likely struggling now more than ever with this barrier.

Data presented in this report highlight some of our strengths as well as some areas that need improvement. While some people experience wealth, abundance, and good health, others experience poverty, hunger, and limited access to important resources. While many issues come as a consequence

of a lack of income, other issues are pervasive across all income brackets. For example, there are some educational setbacks across the districts, suicide is an issue in even the wealthiest cities, and obesity is an issue everywhere. The hope is that this report provides a thorough, in-depth examination of our community so that the forthcoming health improvement plan facilitates meaningful improvements to the health of our entire region.

Prioritization of Health Needs

After the data was collected, Desert Healthcare District and Foundation and HARC embarked on a journey to prioritize the health needs described in the preceding pages and narrow it down to five health priorities to address in the coming years. Prioritization was conducted via three methods: community engagement, input from the Advisory Council, and ranking of the CHNA data by subject-matter experts using a standardized prioritization tool.

Community Engagement and Prioritization

HARC worked with the Advisory Council and community partners to recruit participants for virtual focus groups. Each focus group lasted approximately one hour, and participants were given a $25 Visa card as a thank-you for their time.

At the focus groups, HARC shared the high-level overview of the data presented in this report, and then solicited feedback. First, HARC asked the participants if they had any questions, if anything surprised them, and if they felt anything had been left out. Next, HARC asked participants to share what they felt was the most common issue was, what the most important issue to address was, and if they had anything else to share.

Overall, HARC hosted 40 virtual focus groups, consisting of 205 community residents who weighed in on the prioritization. Of these, 32% were held in Spanish, while 68% were held in English. Participants came from across the Coachella Valley, from Desert Hot Springs in the west to Mecca and Oasis in the east. The most common hometowns for focus group participants were Coachella (21%), Indio (20%), and Palm Springs (15%).

Advisory Council and Prioritization

Next, HARC conducted the same prioritization efforts with members of the Advisory Council. All members of the Advisory Council were invited to participate. A total of eight focus groups were held with 31 community leaders. Participating members included representatives from Braille Institute, Coachella Valley Housing Coalition, Coachella Valley Unified School District, Desert Highland Gateway, Desert Arc, Desert Oasis Healthcare, Desert Sands Unified School District, Eisenhower Health, FIND Food Bank, IEHP, Molina Healthcare, OneFuture Coachella Valley, Palm Springs Unified School District, Pueblo Unido, RAP Foundation, and Riverside County Office on Aging.

Prioritization by Subject Matter Experts Using a Scoring Rubric

Finally, HARC had six subject matter experts each rank the data presented in this report using a standardized tool. This tool came from the American Public Health Association's 2019 annual meeting,

entitled, "Maximizing Community Health Needs Assessments and Their Impact: Determining What's Important When It All Seems Important".[129]

This tool enables raters to score each health need based on well-defined micro criteria (e.g., prevalence, severity, etc.), macro criteria (e.g., trends over time, root causes of other problems, social/economic cost to community, etc.), and equity criteria (e.g., are vulnerable populations disproportionately impacted, how persistent the disparities are, etc.). Each of the raters received the CHNA report, a template for entering scores based on the rubric, and instructions. Each of the scores were then tallied and averaged across raters.

Final Prioritization

Table 19 summarizes the prioritization activities, the methods used, the people/agencies that were involved, the dates of the activities, and the priorities that emerged as a result (listed in alphabetical order).

Table 13. Summary of Prioritization Activities

Prioritization Source	Methods	People/Agencies Involved	Dates	Priorities that Emerged
Community engagement	Virtual focus groups	Braille Institute, Clinicas de Salud del Pueblo, DAP Health, Eisenhower Health, El Sol, OneFuture Coachella Valley, etc.	9/2020 to 12/2020	Access to healthcare Economic stability Education Environment Injury and violence Mental health
Advisory Council	Virtual focus groups	CVUSD, Desert Arc, Desert Oasis Healthcare, DSUSD, FIND Food Bank, Joslyn Center, PSUSD, Pueblo Unido, RAP Foundation, etc.	11/2020	Access to healthcare Economic stability Education Environment Mental health Nutrition, obesity, physical activity
CHNA data report	Bramlett et al. (2019) prioritization tool	DHCD & F, HARC, UC Irvine Public Health, UC Riverside School of Medicine Center for Healthy Communities	1/2021	Access to healthcare Economic stability Environment Nutrition, obesity, physical activity Mental health Reproductive and sexual health

HARC and DHCD & F then combined the 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

[129] Bramlett, M., Bagwell Adams, G., Bardgett, S. (2019). Maximizing community health needs assessments and their impact: Determining what's important when it all seems urgent. American Public Health Association Annual Meeting and Expo.

- Education Access and Quality
- Environment
- Mental Health

Next Steps

The next steps will be to use this CHNA report to create a Community Health Improvement Plan (CHIP). The CHIP will be developed in conjunction with the Advisory Council. The CHIP will be a separate document from this CHNA report.

For questions or concerns, please contact Desert Healthcare District and Foundation or HARC:

Desert Healthcare District and Foundation
www.dhcd.org
Meghan Kane, MPH
Senior Program Officer – Public Health
E-mail: mkane@DHCD.org
Phone: 760-449-5462
Main line for the Desert Healthcare District and Foundation: 760-323-6113

HARC, Inc.
www.HARCdata.org
Cassaundra Leier, PhD
Director of Research and Evaluation
Email: CLeier@HARCdata.org
Phone: 760-404-1945

Appendices

Appendix 1. Population Size and Expected Growth by City/CDP

City/CDP	2019 Total Population	2025 Predicted Total Population	2020-2025 Population: Annual Growth Rate
Bermuda Dunes	6,704	8,355	0.97%
Cathedral City	54,357	56,493	0.83%
Coachella	45,181	48,053	1.25%
Desert Edge	3,319	4,863	1.07%
Desert Hot Springs	28,585	31,333	1.26%
Desert Palms	6,755	7,300	0.55%
Garnet	5,285	7,184	0.90%
Indian Wells	5,370	5,862	0.91%
Indio	89,469	96,739	1.37%
Indio Hills	782	1,212	3.01%
La Quinta	41,076	42,770	0.97%
Mecca	6,635	9,952	1.08%
North Shore	2,756	3,730	0.58%
Oasis	2,857	8,429	1.16%
Palm Desert	52,575	56,408	1.33%
Palm Springs	47,897	50,041	0.90%
Rancho Mirage	18,193	19,795	1.50%
Sky Valley	2,227	2,669	0.75%
Thermal	1,333	3,025	0.63%
Thousand Palms	6,794	8,548	0.79%
Vista Santa Rosa	2,739	3,345	1.15%
Coachella Valley Total	**430,889**	**476,106**	**10.5%**

Source: Data was pulled from Esri Data Analyst which utilizes data from the United States Census Bureau and the American Community Survey. (2020). Total population growth was calculated based on raw numbers from total population and predicted population growth, rather than adding the annual growth rate for each of the cities/CDPs. 2019 total population data from American Community Survey – Five Year Estimates. (2015-2019).

Appendix 2. Language Spoken at Home by Non-English Speakers

City/CDP	Spanish		Other Indo-European Languages		Asian and Pacific Island Languages		Other Languages	
	Pop.	%	Pop.	%	Pop.	%	Pop.	%
Bermuda Dunes	1,309	20.5%	36	0.6%	109	1.7%	0	0.0%
Cathedral City	24,522	47.9%	950	1.9%	2,410	4.7%	67	0.1%
Coachella	37,658	88.3%	50	0.1%	60	0.1%	75	0.2%
Desert Edge	884	26.7%	142	4.3%	19	0.6%	0	0.0%
Desert Hot Springs	10,391	38.8%	329	1.2%	658	2.5%	263	1.0%
Desert Palms	217	3.2%	143	2.1%	73	1.1%	0	0.0%
Garnet	3,165	63.3%	31	0.6%	7	0.1%	26	0.5%
Indian Wells	161	3.0%	118	2.2%	121	2.3%	0	0.0%
Indio	42,427	50.3%	741	0.9%	1,052	1.2%	135	0.2%
Indio Hills	365	55.4%	10	1.5%	0	0.0%	0	0.0%
La Quinta	8,467	21.7%	957	2.4%	908	2.3%	181	0.5%
Mecca	5,808	98.3%	0	0.0%	0	0.0%	0	0.0%
North Shore	2,529	92.5%	0	0.0%	0	0.0%	0	0.0%
Oasis	2,441	91.1%	3	0.1%	12	0.4%	4	0.1%
Palm Desert	8,446	16.7%	1,896	3.7%	1,747	3.4%	334	0.7%
Palm Springs	9,376	20.2%	1,741	3.8%	1,456	3.1%	308	0.7%
Rancho Mirage	1,012	5.7%	830	4.6%	456	2.6%	96	0.5%
Sky Valley	638	29.2%	0	0.0%	21	1.0%	0	0.0%
Thermal	1,103	91.5%	6	0.5%	0	0.0%	0	0.0%
Thousand Palms	2,967	44.8%	80	1.2%	46	0.7%	0	0.0%
Vista Santa Rosa	1,899	71.0%	0	0.0%	0	0.0%	1	0.0%
Coachella Valley Total	**165,785**	**40.4%**	**8,063**	**2.0%**	**9,155**	**2.2%**	**1,490**	**0.4%**
Comparison: Riverside County	768,866	34.1%	43,546	1.9%	96,395	4.3%	16,541	0.7%
Comparison: California	10,578,516	28.7%	1,660,914	4.5%	3,669,314	10.0%	383,273	1.0%
Comparison United States	40,709,597	13.4%	11,136,849	3.7%	10,727,303	3.5%	3,374,024	1.1%

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

Appendix 3. United States Citizenship by City/CDP

City/CDP	U.S. Citizen		Not a U.S. Citizen	
	Population	Percent	Population	Percent
Bermuda Dunes	6,289	93.8%	415	6.2%
Cathedral City	44,779	82.4%	9,578	17.6%
Coachella	33,652	74.5%	11,529	25.5%
Desert Edge	2,672	80.5%	647	19.5%
Desert Hot Springs	23,861	83.5%	4,724	16.5%
Desert Palms	6,450	95.5%	305	4.5%
Garnet	4,528	85.7%	757	14.3%
Indian Wells	5,110	95.2%	260	4.8%
Indio	78,903	88.2%	10,566	11.8%
Indio Hills	616	78.8%	166	21.2%
La Quinta	38,356	93.4%	2,720	6.6%
Mecca	3,510	52.9%	3,125	47.1%
North Shore	1,469	53.3%	1,287	46.7%
Oasis	1,490	52.2%	1,367	47.8%
Palm Desert	47,981	91.3%	4,594	8.7%
Palm Springs	42,678	89.1%	5,219	10.9%
Rancho Mirage	16,829	92.5%	1,364	7.5%
Sky Valley	1,982	89.0%	245	11.0%
Thermal	933	70.0%	400	30.0%
Thousand Palms	5,975	87.9%	819	12.1%
Vista Santa Rosa	2,238	81.7%	501	18.3%
Coachella Valley Total	**370,301**	**85.9%**	**60,588**	**14.1%**
Comparison: Riverside County	2,155,487	89.4%	255,952	10.6%
Comparison: California	34,187,373	87.0%	5,096,124	13.0%
Comparison United States	306,489,539	93.4%	21,749,984	6.6%

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

Appendix 4. Expected Payer Source by Hospital

Payer Source	Desert Regional Medical Center		Eisenhower Health		JFK Memorial Hospital	
	Number	Percent	Number	Percent	Number	Percent
Medicare	7,971	35.9%	12,254	61.9%	1,256	15.5%
Medi-Cal	7,897	35.5%	3,000	15.2%	4,786	59.1%
Private Coverage	5,486	24.7%	3,982	20.1%	1,873	23.1%
Workers' Compensation	76	0.3%	78	0.40%	6	0.1%
County Indigent Programs	1	0.0%	0	0.0%	6	0.1%
Other Government	455	2.1%	115	0.6%	45	0.6%
Other Indigent	102	0.5%	0	0.0%	0	0.0%
Self-Pay	217	1.0%	361	1.8%	122	1.5%
Other Payer	21	0.1%	7	0.0%	6	0.1%
Unknown	0	0.0%	0	0.0%	1	0.0%
Total	22,226	100.0%	19,797	100.0%	8,101	100.0%

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

Appendix 5. Licensed Healthcare Facilities in the Coachella Valley

Type of Facility and Name	Total Number
Clinic	26
Barbara Sinatra Children's Center at Eisenhower	
Bermuda Dunes Dialysis	
Cathedral City Dialysis	
Centro Medico, Cathedral City	
Centro Medico, Coachella	
Centro Medico, Oasis	
Coachella Health Clinic	
Coachella Kidney Institute	
Desert AIDS Project	
Desert Hot Springs Community Health Center	
Desert Hot Springs Health & Wellness Center	
Desert Oasis Women's Health Center	
Health to Hope Clinics (CVRM)	
Indio Dialysis	
Indio Surgery Center Inc.	
Kidney Institute at EMC LLC	
Kidney Institute of The Desert	
La Quinta Kidney Center, LLC	
Mecca Health Clinic	
Palm Springs Dialysis	
Planned Parenthood – Coachella Valley	
Planned Parenthood-Rancho Mirage Center	
Rai – Monroe – Indio	
Rai Corporate Way – Palm Desert	
Refuge Pregnancy Center	
Home Health Agency/Hospice	30
Alef Home Health	
Ardent Hospice of The Desert, Inc.	
Blue Horizon Hospice	
Bridge Home Health Inland Empire	
Calmed Home Health Care, Inc.	
Calmed Hospice Care, Inc	
Care Dimensions of The Desert	
Charter Home Health of The Desert, LLC	
Charter Hospice of The Desert	
Desert Care Hospice	
Desert Home Health Care, Inc.	
Desert Home Health Services, Inc.	
Desert Oasis Healthcare-Home Health Services	
Destiny Hospice of the Desert	
Family Hospice Care, LLC	
Guardian Angel Home Care, Inc.	
H.O.P.E. Professional Services, Inc. – Branch	

Type of Facility and Name	Total Number
Healthy Living at Home – Palm Desert, LLC	
High Care Hospice, Inc.	
Kindred Hospice	
Legacy Care Home Health, Inc.	
Live Life Home Health LLC	
Maxim Healthcare Services, Inc.	
Mirage Home Health, LLC	
Mission Home Health of Rancho Mirage – Branch	
Mission Hospice Services of Rancho Mirage, Inc.	
Reliance Hospice, Inc.	
Serenity Hospice LLC	
Vitas Healthcare Corporation of California – Branch	
VNA California – Branch – Palm Desert	
Hospital	6
Desert Regional Medical Center	
Eisenhower Health	
John F. Kennedy Memorial Hospital	
Telecare Riverside County Psychiatric Health Facility	
The Betty Ford Center	
Vibra Rehabilitation Hospital of Rancho Mirage	
Long Term Care Facility	15
Avalon Care Homes, Inc.	
Brookdale Rancho Mirage	
California Nursing and Rehabilitation Center	
Canyon Springs	
Desert Springs Healthcare & Wellness Centre	
Indio Nursing and Rehabilitation Center	
Jack Surnow House	
Manorcare Health Services-Palm Desert	
Monterey Palms Health Care Center	
Palm Springs Healthcare & Rehabilitation Center	
Palm Springs Villa, Inc.	
Premier Care Center for Palm Springs	
Rancho Mirage Health and Rehabilitation Center	
Serenity Congregate Care	
The Springs at The Carlotta	
TOTAL NUMBER OF FACILITIES	77

Source: California Department of Public Health/U.S Department of Health and Human Service's Centers for Medicare and Medicaid Services.

Appendix 6. Reasons for Visiting the Emergency Room – Principle Diagnosis by Hospital

Diagnosis	Desert Regional Medical Center	Eisenhower Health	JFK Memorial Hospital
Blood Disorders	0.3%	0.1%	0.3%

Circulatory System	6.9%	7.5%	6.0%
Digestive System	6.4%	4.4%	7.9%
Endocrine Diseases	1.3%	0.7%	1.9%
Genitourinary System	6.5%	4.7%	6.3%
Infections	2.0%	0.6%	4.6%
Injuries/Poisonings	15.8%	12.4%	20.6%
Mental Disorders	5.6%	2.7%	6.3%
Musculoskeletal System	8.9%	14.5%	5.2%
Nervous System	8.3%	11.5%	7.8%
Perinatal Disorders	0.2%	0.1%	0.3%
Pregnancies	7.0%	1.6%	4.0%
Respiratory System	11.1%	11.0%	13.1%
Skin Disorders	3.9%	3.9%	2.9%
Symptoms	14.3%	22.7%	11.6%

Source: California Office of State Health Planning and Development (OSHPD). (2019). Total number of diagnosis for each hospital is as follows: Desert Regional Medical Center (63,314), Eisenhower Health (56,660), and JFK Memorial (50,020).

Appendix 7. Number of Licensed Healthcare Providers

Type of Provider License	California		Riverside County		Coachella Valley	
	Licenses	Rate per 100,000	Licenses	Rate per 100,000	Licenses	Rate per 100,000
Dental						
Additional Office Permit	2,618	6.7	231	9.6	33	7.7
Conscious Sedation	513	1.3	16	0.7	5	1.2
Dental Referral Services	7	0.0	-	-	-	-
Dental Sedation Assistant	20	0.1	2	0.1	-	-
Dentist	32,009	81.5	1,108	45.9	231	53.6
Dentist General Anesthesia	882	2.2	36	1.5	11	2.6
Elective Facial Cosmetic Surgery	29	0.1	2	0.1	2	0.5
Extramural Dental Facility	17	0.0	-	-	-	-
Fictitious Name Permit	7,033	17.9	454	18.8	268	62.2
Medical General Anesthesia	123	0.3	-	-	-	-
Mobile Dental Clinic	38	0.1	-	-	-	-
Oral Conscious Sedation	2,359	6.0	97	4.0	18	4.2
Oral Maxillofacial Surgery	88	0.2	2	0.1	2	0.5
Orthodontic Assistant	401	1.0	34	1.4		-
Registered Dental Assistant in Extended Functions	1,018	2.6	49	2.0	6	1.4
Registered Dental Hygienist Alternative Practice	487	1.2	23	1.0	4	0.9
Registered Dental Hygienist Extended Function	19	0.0	1	0.0	1	0.2
Registered CE Provider	780	2.0	34	1.4	7	1.6
Registered Dental Assistant	19,622	49.9	1,324	54.9	168	39.0
Registered Dental Fictitious Name Permit	98	0.2	10	0.4	2	0.5
Registered Dental Hygienist	14,595	37.2	723	30.0	99	23.0
Special Permit Faculty	35	0.1	1	0.0	1	0.2
Medical						
Clinical Nurse Specialist	3,019	7.7	113	4.7	13	3.0
Continuing Education Provider	1,498	3.8	63	2.6	15	3.5
Emergency RN Temp License	4	0.0	1	0.0		-
Fictitious Name Permit	13,359	34.0	680	28.2	268	62.2
Interim Permit	487	1.2	13	0.5	2	0.5
Licensed Midwife	423	1.1	13	0.5	2	0.5
Nurse Anesthetist	2,127	5.4	104	4.3	27	6.3
Nurse Midwife	1,216	3.1	39	1.6	1	0.2
Nurse Midwife Furnishing	984	2.5	33	1.4	-	-
Nurse Practitioner	25,538	65.0	1,097	45.5	195	45.3
Nurse Practitioner Furnishing	23,602	60.1	1,027	42.6	185	42.9
Osteopathic Physician and Surgeon 20A	8,754	22.3	551	22.8	159	36.9
PGM - Physician Assistant	14	0.0	1	0.0		-
Physician and Surgeon A	82,249	209.4	2,402	99.6	574	133.2
Physician and Surgeon C	8,453	21.5	310	12.9	160	37.1
Physician and Surgeon G	30,848	78.5	890	36.9	394	91.4
Physician Assistant	12,581	32.0	741	30.7	142	33.0

Type of Provider License	California		Riverside County		Coachella Valley	
	Licenses	Rate per 100,000	Licenses	Rate per 100,000	Licenses	Rate per 100,000
Polysomnographic Technician	135	0.3	11	0.5	2	0.5
Polysomnographic Technologist	570	1.5	31	1.3	8	1.9
Polysomnographic Trainee	48	0.1	1	0.0	-	-
Postgraduate Training License	6,188	15.8	445	18.5	134	31.1
Psychiatric Mental Health Nurse	190	0.5	7	0.3	4	0.9
Public Health Nurse	34,732	88.4	1,739	72.1	189	43.9
Registered Nurse	378,811	964.3	21,780	903.2	3,150	731.0
Research Psychoanalyst	63	0.2	1	0.0	1	0.2
Special Faculty Permit	24	0.1	-	-	-	-
Student Research Psychoanalyst	17	0.0	-	-	-	-
Temporary RN License	246	0.6	11	0.5	4	0.9
Mental/Behavioral Health						
Associate Professional Clinical Counselor	3,612	9.2	315	13.1	52	12.1
Associate Clinical Social Worker	13,694	34.9	629	26.1	72	16.7
Associate Marriage & Family Therapist	12,296	31.3	669	27.7	100	23.2
Licensed Clinical Social Worker	26,396	67.2	860	35.7	154	35.7
Licensed Educational Psychologist	1,434	3.7	64	2.7	10	2.3
Licensed Marriage and Family Therapist	40,083	102.0	1,550	64.3	328	76.1
Licensed Professional Clinical Counselor	2,084	5.3	100	4.1	18	4.2
MRF	25	0.1	-	-	-	-
Psychologist	17,409	44.3	342	14.2	114	26.5
Registered Psychological Assistant	1,350	3.4	39	1.6	8	1.9
Registered Psychologist	109	0.3	2	0.1	-	-
Physical Therapy						
Occupational Therapist	13,071	33.3	415	17.2	83	19.3
Occupational Therapist Limited Permit	8	0.0	-	-	-	-
Occupational Therapy Assistant	3,288	8.4	256	10.6	28	6.5
Occupational Therapy Asst Limited Permit	1	0.0	-	-	-	-
Physical Therapist (up to 6/30/2019)	24,878	63.3	896	37.2	N/A	N/A
Physical Therapist Assistant (up to 6/30/2019)	7,493	19.1	515	21.4	N/A	N/A

Note: Data are from Department of Consumer Affairs (DCA), (February 2021). DCA data are updated once a month. Population data are from ACS 5-year estimates, 2015-2019. Rates calculated by HARC.

Appendix 8. Physician FTE Calculations by Specialty based on Patient Hours

Primary Area of Practice	Hours of Patient Care by Category						Calculations	
	1-9 hours	10-19 hours	20-29 hours	30-39 hours	40+ hours	Est. Total Patient Hours	Estimated FTEs	Estimated FTE Ratio Per 100,000
All Other Specialties	10	10	12	30	69	4,310	107.8	25.1
Anesthesiology	3	1	0	7	32	1,555	38.9	9.0
Cardiology	1	0	3	6	25	1,290	32.3	7.5
Dermatology	1	1	1	4	9	545	13.6	3.2
Emergency Medicine	4	5	7	10	25	1,620	40.5	9.4
Endocrinology	0	0	1	1	2	140	3.5	0.8
Family Medicine	8	11	15	30	71	4,470	111.8	26.0
Gastroenterology	1	0	0	1	13	560	14.00	3.3
General Practice	5	2	1	6	7	570	14.3	3.3
General Surgery	3	0	1	0	20	840	21.0	4.9
Infectious Disease	0	1	3	1	7	405	10.1	2.4
Internal Medicine	9	4	13	24	91	4,910	122.8	28.6
Nephrology	0	0	0	1	8	355	8.9	2.1
Neurology	0	0	3	1	15	710	17.8	4.1
Obstetrics & Gynecology	6	0	2	7	14	885	22.1	5.1
Oncology	0	1	0	2	10	485	12.1	2.8
Ophthalmology	1	2	4	10	13	1,005	25.1	5.8
Orthopedic Surgery	3	1	3	3	14	770	19.3	4.5
Otolaryngology	1	1	1	2	7	395	9.9	2.3
Pathology	2	0	1	0	6	275	6.9	1.6
Pediatrics	0	0	0	10	17	1,030	25.8	6.0
Physical Medicine & Rehab	2	0	1	1	4	230	5.8	1.3
Plastic Surgery	0	1	1	2	11	550	13.8	3.2
Psychiatry	6	6	9	13	17	1,480	37.0	8.6
Pulmonary	0	1	1	3	5	345	8.6	2.0
Radiology	5	7	1	3	20	1,060	26.5	6.2
Urology	0	1	1	1	6	315	7.9	1.8
Coachella Valley Total	**86**	**62**	**101**	**213**	**599**	**35,300**	**882.5**	**205.3**

Source: California Office of State Health Planning and Development (OSHPD). Data from 2020. Calculations by HARC. Est. total patient hours = (# of "1-9 hours" x 5) + (# of "10-19 hours" x 15) + (# of "20-29 hours" x 25) + (# of "30-39 hours" x 35) + (# of "40+ hours" x 40). Estimated FTEs = (Est. total patient hours) / (40).

Appendix 9. Adults (19 to 64) Health Insurance by City/CDP

City/CDP	Uninsured	Insured
Bermuda Dunes	12.8%	87.2%

Cathedral City	18.3%	81.7%
Coachella	19.7%	80.3
Desert Edge	27.4%	72.6%
Desert Hot Springs	20.4%	79.6%
Desert Palms	13.4%	86.6%
Garnet	30.3%	69.7%
Indian Wells	4.1%	95.9%
Indio	12.5%	87.5%
Indio Hills	31.9%	68.1%
La Quinta	9.8%	90.2%
Mecca	25.4%	74.6%
North Shore	23.9%	76.1%
Oasis	31.9%	68.1%
Palm Desert	10.8%	89.2%
Palm Springs	12.3%	87.7%
Rancho Mirage	7.5%	92.5%
Sky Valley	23.4%	76.6%
Thermal	30.3%	69.7%
Thousand Palms	14.5%	85.5%
Vista Santa Rosa	13.4%	86.6%
Coachella Valley Total	**15.0%**	**85.0%**
Comparison: Riverside County	12.8%	87.2%
Comparison: California	10.7%	89.3%
Comparison: United States	12.4%	87.6%

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

Appendix 10. Child (Under 19 Years of Age) Health Insurance by City/CDP

City/CDP	Not Insured	Insured
Bermuda Dunes	0.0%	100.0%
Cathedral City	6.8%	93.2%
Coachella	5.1%	94.9%
Desert Edge	0.0%	100.0%
Desert Hot Springs	3.5%	96.5%
Desert Palms	-	-
Garnet	7.9%	92.1%
Indian Wells	0.0%	100.0%
Indio	2.2%	97.8%
Indio Hills	23.9%	76.1%
La Quinta	2.8%	97.2%
Mecca	3.3%	96.7%
North Shore	5.5%	94.5%
Oasis	3.2%	96.8%
Palm Desert	3.5%	96.5%
Palm Springs	1.8%	98.2%
Rancho Mirage	2.5%	97.5%
Sky Valley	16.6%	83.4%
Thermal	2.5%	97.5%
Thousand Palms	0.0%	100.0%
Vista Santa Rosa	1.6%	98.4%
Coachella Valley Total	**3.7%**	**96.3%**
Comparison: Riverside County	4.0%	96.0%
Comparison: California	3.3%	96.7%
Comparison: United States	5.1%	94.9%

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

Appendix 11. People in Poverty Who Are Uninsured by City/CDP

City/CDP	Number of People in Poverty Who are Uninsured	Percent of People in Poverty Who Are Uninsured
Bermuda Dunes	89	10.8%
Cathedral City	2,091	19.2%
Coachella	1,493	15.2%
Desert Edge	75	10.9%
Desert Hot Springs	1,530	17.3%
Desert Palms	0	0.0%
Garnet	426	30.9%
Indian Wells	0	0.0%
Indio	1,931	13.2%
Indio Hills	30	31.6%
La Quinta	361	7.9%
Mecca	651	24.9%
North Shore	290	35.5%
Oasis	281	19.0%
Palm Desert	770	11.2%
Palm Springs	852	10.3%
Rancho Mirage	162	7.7%
Sky Valley	75	21.7%
Thermal	65	14.9%
Thousand Palms	178	20.5%
Vista Santa Rosa	80	14.4%
Coachella Valley Total	**11,430**	**14.9%**
Comparison: Riverside County	44,025	13.5%
Comparison: California	627,126	12.2%
Comparison: United States	6,873,704	16.2%

Source: American Community Survey – Five Year Estimates. (2015-2019). Indicator: “In Poverty” is defined as those at or below 100% of the Federal Poverty Line (FPL).

Appendix 12. Working Adults who are Uninsured by City/CDP

City/CDP	Number of Working Adults (Ages 19 to 64) Who Are Uninsured	Percent of Working Adults (Ages 19 to 64) Who Are Uninsured
Bermuda Dunes	297	13.3%
Cathedral City	2,603	17.8%
Coachella	2,915	19.1%
Desert Edge	131	28.9%
Desert Hot Springs	1,726	25.8%
Desert Palms	0	0.0%
Garnet	377	29.4%
Indian Wells	29	3.3%
Indio	2,477	10.0%
Indio Hills	126	62.1%
La Quinta	811	7.9%
Mecca	360	27.6%
North Shore	213	31.1%
Oasis	116	23.5%
Palm Desert	1,112	9.2%
Palm Springs	1,156	10.4%
Rancho Mirage	210	6.8%
Sky Valley	158	31.6%
Thermal	108	35.9%
Thousand Palms	264	15.3%
Vista Santa Rosa	71	12.5%
Coachella Valley Total	**15,260**	**14.0%**
Comparison: Riverside County	72,985	10.7%
Comparison: California	1,073,531	8.8%
Comparison: United States	9,962,101	9.5%

Source: American Community Survey – Five Year Estimates. (2015-2019). “Working” is considered working full-time, year-round.

Appendix 13. Medicare Coverage by City/CDP

City/CDP	Number on Medicare Coverage (alone or in combination)	Percent on Medicare Coverage (alone or in combination)
Bermuda Dunes	1,267	18.9%
Cathedral City	11,244	48.3%
Coachella	4,273	9.5%
Desert Edge	2,005	60.4%
Desert Hot Springs	4,982	17.4%
Desert Palms	19,144	84.4%
Garnet	687	13.1%
Indian Wells	3,116	58.0%
Indio	18,832	21.2%
Indio Hills	186	23.8%
La Quinta	10,822	26.4%
Mecca	594	9.0%
North Shore	291	10.6%
Oasis	235	8.2%
Palm Desert	19,144	36.5%
Palm Springs	16,584	34.8%
Rancho Mirage	9,324	51.5%
Sky Valley	725	32.7%
Thermal	1,611	23.4%
Thousand Palms	1,995	9.4%
Vista Santa Rosa	441	16.1%
Coachella Valley Total	**112,575**	**26.1%**
Comparison: Riverside County	367,619	15.4%
Comparison: California	5,826,106	15.0%
Comparison: United States	55,288,072	17.3%

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

Appendix 14. Medicaid/Medi-Cal by City/CDP

City/CDP	Number of People on Medicaid (alone or in combination)	Percent of People on Medicaid (alone or in combination)
Bermuda Dunes	1,109	16.5%
Cathedral City	18,140	33.4%
Coachella	23,360	51.7%
Desert Edge	765	23.0%
Desert Hot Springs	14,201	49.7%
Desert Palms	384	5.7%
Garnet	2,499	47.5%
Indian Wells	319	5.9%
Indio	30,841	34.7%
Indio Hills	349	44.6%
La Quinta	8,894	21.7%
Mecca	4,792	72.2%
North Shore	1,545	56.1%
Oasis	1,866	65.3%
Palm Desert	10,273	19.6%
Palm Springs	11,661	24.5%
Rancho Mirage	2,332	12.9%
Sky Valley	638	28.8%
Thermal	756	56.7%
Thousand Palms	2,334	34.4%
Vista Santa Rosa	1,501	54.8%
Coachella Valley Total	**138,559**	**32.2%**
Comparison: Riverside County	687,634	28.8%
Comparison: California	10,137,605	26.1%
Comparison: United States	64,716,091	20.2%

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

Appendix 15. Ever had a Colonoscopy or Sigmoidoscopy (Ages 50+) by City/CDP

City/CDP	Yes	No
Cathedral City	74.8%	25.2%
Coachella	51.0%	49.0%
Desert Hot Springs	58.0%	42.0%
Indio	68.0%	32.0%
La Quinta	82.2%	17.8%
Mecca	50.5%	49.5%
Palm Desert	85.2%	14.8%
Palm Springs	83.0%	17.0%
Rancho Mirage	78.3%	21.7%
Thermal	49.4%	50.6%

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

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 16. Adverse Childhood Experiences (ACEs) among Children by City/CDP

City/CDP	None of 4 ACEs	1 of 4 or more ACEs
Cathedral City	53.1%	46.9%
Coachella	65.6%	34.4%
Desert Hot Springs	60.7%	39.3%
Indio	63.3%	36.7%
La Quinta	68.4%	31.6%
Mecca	72.8%	27.2%
Palm Desert	53.6%	46.4%
Palm Springs	38.0%	62.0%
Rancho Mirage	50.2%	49.8%
Thermal	41.3%	58.7%
Coachella Valley Total	**58.6%**	**41.4%**

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

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 17. Educational Attainment (Ages 25+) by City/CDP

City/CDP	Less than high school	High school graduate	Some college, no degree	Associate degree	Bachelor's degree	Graduate or professional degree
Bermuda Dunes	7.9%	29.5%	25.6%	9.0%	18.6%	9.3%
Cathedral City	21.7%	28.4%	21.2%	7.1%	13.9%	7.7%
Coachella	41.8%	40.6%	11.9%	2.1%	2.8%	0.9%
Desert Edge	21.5%	26.0%	25.6%	10.3%	10.0%	6.7%
Desert Hot Springs	24.8%	34.2%	22.2%	6.4%	8.1%	4.2%
Desert Palms	1.8%	19.8%	27.0%	9.2%	25.8%	16.4%
Garnet	38.4%	30.0%	17.0%	3.8%	5.6%	5.3%
Indian Wells	2.9%	13.6%	23.0%	4.9%	32.4%	23.1%
Indio	19.8%	35.1%	22.0%	6.0%	10.9%	6.2%
Indio Hills	44.8%	23.4%	25.0%	2.4%	4.4%	0.0%
La Quinta	9.3%	20.1%	26.5%	7.9%	22.7%	13.5%
Mecca	75.6%	19.4%	3.0%	1.1%	0.8%	0.0%
North Shore	62.8%	31.5%	2.8%	0.7%	2.2%	0.0%
Oasis	71.9%	18.1%	6.7%	0.3%	1.6%	1.4%
Palm Desert	7.8%	20.0%	27.3%	8.1%	22.5%	14.4%
Palm Springs	9.2%	18.9%	24.1%	8.0%	22.7%	17.2%
Rancho Mirage	4.3%	16.8%	28.1%	5.8%	25.0%	20.0%
Sky Valley	13.6%	29.3%	32.5%	8.1%	10.7%	5.7%
Thermal	62.2%	24.1%	12.9%	0.8%	0.0%	0.0%
Thousand Palms	16.8%	39.9%	24.0%	7.0%	6.8%	5.5%
Vista Santa Rosa	39.4%	39.1%	11.8%	2.7%	3.7%	3.3%
Coachella Valley Total	**18.4%**	**27.2%**	**22.4%**	**6.4%**	**15.5%**	**10.0%**
Comparison: Riverside County	9.1%	26.9%	24.8%	8.1%	14.2%	8.1%
Comparison: California	16.7%	20.5%	21.1%	7.8%	21.2%	12.8%
Comparison: United States	12.0%	27.0%	20.4%	8.5%	19.8%	12.4%

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

Appendix 18. Walkability by City

City	Walk Score
Cathedral City	36
Coachella	38
Desert Hot Springs	34
Indio	31
La Quinta	22
Palm Desert	27
Palm Springs	35
Rancho Mirage	16

Source: 2020 Walkscore.

Appendix 19. Park Access by City/CDP

City/CDP	Percentage of residents within a 10-minute walk of a park
Bermuda Dunes	5%
Cathedral City	31%
Coachella	63%
Desert Edge	0%
Desert Hot Springs	32%
Desert Palms	26%
Garnet	0%
Indian Wells	10%
Indio	32%
La Quinta	54%
Mecca	70%
North Shore	0%
Oasis	0%
Palm Desert	28%
Palm Springs	32%
Rancho Mirage	13%
Sky Valley	36%
Thermal	6%
Thousand Palms	12%
Vista Santa Rosa	0%

Source: The Trust for Public Land (2019.)

Appendix 20. Asthma Diagnoses among Adults and Children

City/CDP	Has Asthma	Does not Have Asthma
Cathedral City	11.4%	88.6%
Coachella	10.5%	89.5%
Desert Hot Springs	16.8%	83.2%
Indio	12.7%	87.3%
La Quinta	16.0%	84.0%
Palm Desert	13.0%	87.0%
Palm Springs	9.3%	90.7%
Rancho Mirage	16.8%	83.2%
Coachella Valley Total	**12.2%**	**87.8%**
Comparison: Riverside County	11.1%	88.9%
Comparison: California	15.2%	84.8%

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Riverside County and California data are from the 2019 California Health Interview Survey.

Appendix 21. Respiratory Disease among Adults

City/CDP	Has Respiratory Disease	Does Not Have Respiratory Disease
Cathedral City	6.9%	93.1%
Desert Hot Springs	6.9%	93.1%
Indio	5.0%	95.0%
La Quinta	4.2%	95.8%
Palm Desert	7.4%	92.6%
Palm Springs	6.3%	93.7%
Rancho Mirage	6.0%	94.0%
Coachella Valley Total	**5.5%**	**94.5%**

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

Appendix 22. Unemployment Rate by City/CDP

City/CDP	Unemployment Rate
Bermuda Dunes	2.8%
Cathedral City	3.8%
Coachella	10.1%
Desert Hot Springs	5.7%
Indian Wells	5.6%
Indio	5.2%
La Quinta	4.2%
Mecca	4.5%
Palm Desert	4.2%
Palm Springs	3.7%
Rancho Mirage	3.1%
Thousand Palms	3.4%
Coachella Valley Total	**5.6%**
Comparison: Riverside County	4.2%
Comparison: California	4.0%

Source: California Employment Development Department. (2019 Annual Average) Local Area Unemployment Statistics (LAUS)

Appendix 23. Unemployment Rate by City/CDP During COVID-19

City/CDP	Unemployment Rate
Bermuda Dunes	14.3%
Cathedral City	20.5%
Coachella	22.6%
Desert Hot Springs	23.5%
Indian Wells	13.4%
Indio	19.4%
La Quinta	17.8%
Mecca	17.0%
Palm Desert	19.0%
Palm Springs	18.0%
Rancho Mirage	12.3%
Thousand Palms	11.3%
Coachella Valley Total	**19.2%**
Comparison: Riverside County	15.8%

Source: (2020) California Employment Development Department. Monthly Labor Force Data for Cities and Census Designated Places (CDP).

Appendix 24. Median Household Income and Poverty Rate by City/CDP

City/CDP	Median Household Income	Poverty Rate
Bermuda Dunes	$59,860	12.4%
Cathedral City	$46,521	20.1%
Coachella	$34,224	21.8%
Desert Edge	$31,604	20.7%
Desert Hot Springs	$33,046	31.1%
Desert Palms	$60,221	7.0%
Garnet	$38,654	26.4%
Indian Wells	$107,500	6.7%
Indio	$53,669	16.5%
Indio Hills	$45,729	12.2%
La Quinta	$77,839	11.2%
Mecca	$23,600	39.3%
North Shore	$22,000	29.6%
Oasis	$19,457	51.8%
Palm Desert	$59,977	13.1%
Palm Springs	$53,441	17.3%
Rancho Mirage	$78,682	11.6%
Sky Valley	$32,367	15.5%
Thermal	$30,433	32.6%
Thousand Palms	$52,697	12.8%
Vista Santa Rosa	$39,805	20.3%
Coachella Valley Total	-	**18.0%**
Comparison: Riverside County	$67,005	13.7%
Comparison: California	$75,235	13.4%
Comparison United States	$62,843	13.4%

Source: American Community Survey – Five Year Estimates. (2015-2019). Indicator: "Poverty Rate" is the percent of households with an income at or below 100% of the Federal Poverty Line (FPL).

Appendix 25. Children in Poverty by City /CDP

City/CDP	Children in Poverty (Under 18 years old)
Bermuda Dunes	18.7%
Cathedral City	29.1%
Coachella	30.0%
Desert Edge	62.1%
Desert Hot Springs	42.2%
Desert Palms	-
Garnet	28.3%
Indian Wells	0.0%
Indio	24.0%
Indio Hills	0.0%
La Quinta	16.6%
Mecca	45.2%
North Shore	31.2%
Oasis	68.4%
Palm Desert	18.8%
Palm Springs	32.2%
Rancho Mirage	24.1%
Sky Valley	9.9%
Thermal	52.3%
Thousand Palms	20.2%
Vista Santa Rosa	45.6%
Coachella Valley Total	**27.8%**
Comparison: Riverside County	18.2%
Comparison: California	18.1%
Comparison United States	18.5%

Source: American Community Survey – Five Year Estimates. (2015-2019). "Poverty Rate" is the percent of households with an income at or below 100% of the Federal Poverty Line (FPL).

Appendix 26. Internet Access by City/CDP

City/CDP	Have Internet Subscription	Without Internet Subscription
Bermuda Dunes	91.9%	8.1%
Cathedral City	82.9%	17.1%
Coachella	73.3%	26.7%
Desert Edge	76.7%	23.3%
Desert Hot Springs	76.2%	23.8%
Desert Palms	93.3%	6.7%
Garnet	74.3%	25.7%
Indian Wells	88.8%	11.2%
Indio	82.8%	17.2%
Indio Hills	66.7%	33.3%
La Quinta	90.6%	9.4%
Mecca	66.7%	33.3%
North Shore	64.7%	35.3%
Oasis	47.3%	52.7%
Palm Desert	85.2%	14.8%
Palm Springs	86.3%	13.7%
Rancho Mirage	90.0%	10.0%
Sky Valley	81.7%	18.3%
Thermal	56.9%	43.1%
Thousand Palms	76.1%	23.9%
Vista Santa Rosa	68.6%	31.4
Coachella Valley Total	**83.1%**	**16.9%**
Riverside County	86.9%	13.1%
California	86.9%	13.1%
United States	83.0%	17.0%

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

Appendix 27. Smartphone Ownership by City/CDP

City/CDP	Have a Smartphone	Do Not Have a Smartphone
Bermuda Dunes	91.2%	8.8%
Cathedral City	70.6%	29.4%
Coachella	79.1%	20.9%
Desert Edge	56.6%	43.4%
Desert Hot Springs	69.2%	30.8%
Desert Palms	75.3%	24.7%
Garnet	78.5%	21.5%
Indian Wells	83.7%	16.3%
Indio	81.7%	18.3%
Indio Hills	58.5%	41.5%
La Quinta	84.7%	15.3%
Mecca	66.2%	33.8%
North Shore	74.2%	25.8%
Oasis	59.9%	40.1%
Palm Desert	78.0%	22.0%
Palm Springs	77.9%	22.1%
Rancho Mirage	80.0%	20.0%
Sky Valley	70.5%	29.5%
Thermal	64.3%	35.7%
Thousand Palms	65.2%	34.8%
Vista Santa Rosa	77.1%	22.9%
Coachella Valley Total	**77.6%**	**22.4%**
Riverside County	83.5%	16.5%
California	84.6%	15.4%
United States	79.9%	20.1%

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

Appendix 28. Percent of Households Spending More than 30% of Income on Housing by City/CDP

City/CDP	Renters	Homeowners	Combined
Bermuda Dunes	46.3%	47.7%	47.0%
Cathedral City	64.8%	45.9%	55.3%
Coachella	73.6%	62.2%	66.2%
Desert Edge	75.9%	46.3%	66.5%
Desert Hot Springs	70.0%	51.0%	63.5%
Desert Palms	63.0%	43.9%	48.6%
Garnet	63.0%	57.3%	59.8%
Indian Wells	81.9%	41.1%	53.2%
Indio	59.9%	48.4%	52.7%
Indio Hills	100%	68.1%	72.6%
La Quinta	48.0%	48.0%	45.7%
Mecca	52.2%	54.8%	52.9%
North Shore	36.4%	69.8%	65.6%
Oasis	55.2%	87.5%	61.4%
Palm Desert	54.1%	44.4%	49.3%
Palm Springs	58.9%	42.8%	51.3%
Rancho Mirage	57.5%	49.5%	51.8%
Sky Valley	87.5%	39.1%	60.0%
Thermal	35.2%	48.7%	40.7%
Thousand Palms	44.7%	36.3%	39.5%
Vista Santa Rosa	73.9%	57.5%	61.5%
Coachella Valley Total	**60.4%**	**48.2%**	**53.6%**
Comparison: Riverside County	58.6%	39.9%	47.5%
Comparison: California	54.8%	38.2%	47.0%
Comparison: United States	49.6%	27.8%	37.7%

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

Appendix 29. Homelessness Among School-Aged Children

School District	Total Student Enrollment	# of Homeless Students	% of Homeless Students
CVUSD	17,887	428	2.4%
DSUSD	99,311	4,298	0.9%
PSUSD	22,433	1,445	6.4%
Coachella Valley Total	**139,631**	**6,171**	**4.4%**

Source: California Department of Education (2019-2020). California Longitudinal Pupil Achievement Data System (CALPADS) UPC Source File for grades K–12.

Appendix 30. Housing Instability by City/CDP

City/CDP	Unstable Housing	Stable Housing
Bermuda Dunes	8.0%	92.0%
Cathedral City	6.3%	93.7%
Coachella	6.1%	93.9%
Desert Hot Springs	9.1%	90.9%
Indio	10.0%	90.0%
Thousand Palms	1.9%	98.1%
Palm Springs	8.0%	92.0%
Rancho Mirage	2.8%	97.2%
Sky Valley	38.6%	61.4%
Thermal	1.9%	98.1%
Vista Santa Rosa	0.0%	100.0%
Coachella Valley Total	**6.8%**	**93.2%**

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

"Unstable Housing" is calculated by those who responded to the question, "What is your living situation today?" with either "I have a place to live today but I am worried about losing it in the future" or "I do not have a steady place to live". "Stable Housing" are those people who responded to the question with "I have a steady place to live."

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 31. Substandard Housing by City/CDP

City/CDP	Lacking Plumbing Facilities	Lacking Kitchen Facilities
Bermuda Dunes	0.0%	0.0%
Cathedral City	0.2%	0.2%
Coachella	0.1%	0.3%
Desert Edge	0.0%	0.0%
Desert Hot Springs	0.0%	0.5%
Desert Palms	0.0%	0.0%
Garnet	0.0%	0.0%
Indian Wells	0.0%	0.0%
Indio	0.1%	0.3%
Indio Hills	0.0%	0.0%
La Quinta	0.1%	0.2%
Mecca	0.0%	0.0%
North Shore	3.6%	5.3%
Oasis	4.6%	0.7%
Palm Desert	0.1%	0.8%
Palm Springs	0.2%	1.2%
Rancho Mirage	0.2%	1.6%
Sky Valley	2.3%	1.8%
Thermal	6.1%	0.0%
Thousand Palms	0.6%	0.4%
Vista Santa Rosa	1.1%	0.0%
Coachella Valley Total	**0.2%**	**0.5%**
Comparison: Riverside County	0.4%	0.7%
Comparison: California	0.4%	1.1%
Comparison United States	0.4%	0.8%

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

Appendix 32. Number of Vehicles by City/CDP

City/CDP	No vehicle	1 vehicle	2 vehicles	3 or more vehicles
Bermuda Dunes	2.9%	38.7%	37.9%	20.4%
Cathedral City	5.6%	36.9%	35.6%	21.9%
Coachella	2.1%	23.6%	40.8%	33.5%
Desert Edge	7.3%	59.7%	26.5%	6.6%
Desert Hot Springs	8.0%	42.7%	31.2%	18.1%
Desert Palms	3.9%	54.8%	36.4%	4.9%
Garnet	6.1%	26.6%	35.1%	32.3%
Indian Wells	1.1%	45.6%	41.8%	11.4%
Indio	4.0%	32.6%	41.3%	22.2%
Indio Hills	0.0%	15.0%	53.8%	31.2%
La Quinta	3.3%	31.0%	47.8%	17.9%
Mecca	3.4%	32.5%	45.1%	19.0%
North Shore	6.8%	16.1%	41.6%	35.5%
Oasis	1.2%	37.3%	48.5%	13.0%
Palm Desert	5.0%	49.8%	33.8%	11.5%
Palm Springs	7.1%	51.6%	31.5%	9.8%
Rancho Mirage	5.1%	43.5%	38.2%	13.2%
Sky Valley	2.9%	42.7%	28.6%	25.9%
Thermal	7.0%	47.3%	21.9%	23.8%
Thousand Palms	3.8%	45.1%	30.7%	20.3%
Vista Santa Rosa	1.1%	28.0%	28.1%	42.9%
Coachella Valley Total	4.8%	39.6%	37.4%	18.2%
Comparison: Riverside County	4.2%	28.2%	37.6%	30.0%
Comparison: California	7.1%	30.4%	37.2%	25.3%

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

Appendix 33. Total Crime Index by City/CDP

City/CDP	2019 Crimes Per 100,000
Bermuda Dunes	84
Cathedral City	95
Coachella	128
Desert Edge	51
Desert Hot Springs	136
Desert Palms	56
Garnet	92
Indian Wells	134
Indio	111
Indio Hills	77
La Quinta	111
Mecca	97
North Shore	70
Oasis	68
Palm Desert	145
Palm Springs	186
Rancho Mirage	128
Sky Valley	60
Thermal	162
Thousand Palms	124
Vista Santa Rosa	144

Source: Data pulled from Applied Geographic Solutions which utilizes data from Uniform Crime Report. (2019)

Appendix 34. Preterm Births by City/CDP

City/CDP	Number of Preterm Births	Number of Total Births	Percent of Births that are Preterm
Bermuda Dunes	6	69	8.7%
Cathedral City	47	513	9.2%
Coachella	56	672	8.3%
Desert Hot Springs	51	590	8.6%
Indian Wells	1	6	16.7%
Indio	80	974	8.2%
La Quinta	17	267	6.4%
Mecca	19	191	9.9%
North Shore	1	19	5.3%
Palm Desert	18	322	5.6%
Palm Springs	25	186	13.4%
Rancho Mirage	2	43	4.7%
Thermal	25	281	8.9%
Thousand Palms	8	67	11.9%

Source. Riverside County Public Health (2019). "Preterm births" is defined as those less than 37 weeks.

Appendix 35. Infant Mortality Rate by City/CDP

City/CDP	Infant Deaths	Infant Births	Infant Mortality Rate
Cathedral City	5	513	9.75
Coachella	3	672	4.46
Desert Hot Springs	4	590	6.78
Indio	6	974	6.16
La Quinta	1	267	3.75
Palm Springs	2	186	10.75
Thermal	3	281	10.68
Thousand Palms	1	67	14.92

Source. Riverside County Public Health (2019).

Appendix 36. Suicide Data by City/CDP

City/CDP	Death by Suicide	Total Population	Suicide Rate per 100,000 People
Bermuda Dunes	1	7,960	12.6
Cathedral City	9	54,453	16.5
Coachella	6	45,020	13.3
Desert Hot Springs	8	29,457	27.2
Indio	9	89,863	10.0
La Quinta	5	40,872	12.2
Palm Desert	12	53,035	22.6
Palm Springs	17	48,358	35.2
Rancho Mirage	8	18,313	43.7
Coachella Valley Total	75	387,331	19.4
Riverside County	272	2,383,286	11.4
California	4,312	39,148,760	11.0
United States	47,173	322,903,030	14.6

Source: Riverside Public Health (2019).

Appendix 37. Any Mental Health Diagnosis Among Adults by City/CDP

City/CDP	Percentage	Weighted Estimate
Thermal	41.0%	3,760
Cathedral City	33.2%	12,617
Desert Hot Springs	32.6%	10,160
La Quinta	29.8%	9,362
Palm Springs	28.5%	12,414
Palm Desert	28.4%	13,482
Rancho Mirage	25.7%	3,877
Coachella	25.2%	7,663
Indio	24.7%	15,827
Coachella Valley Total	**28.6%**	**97,340**

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

Appendix 38. Walking (18+) by City/CDP

City/CDP	Percent of adults who walked at least 150 minutes in past week
Bermuda Dunes	37.8%
Cathedral City	36.9%
Coachella	39.4%
Desert Edge	36.8%
Desert Hot Springs	37.5%
Desert Palms	36.5%
Garnet	34.0%
Indian Wells	40.2%
Indio	36.9%
Indio Hills	37.9%
La Quinta	37.8%
Oasis	42.6%
Palm Desert	37.6%
Palm Springs	38.1%
Rancho Mirage	39.1%
Sky Valley	37.5%
Thermal	39.3%
Thousand Palms	35.4%
Vista Santa Rosa	39.0%
Coachella Valley Total	**37.7%**
Comparison: Riverside County	36.9%
Comparison: California	38.9%

Source: CHIS Neighborhood Edition. (2016).

Appendix 39. Children (2 to 17) who are Overweight or Obese by City/CDP

City/CDP	Children Age 2 to 17 who are Overweight or Obese for Age
Cathedral City	56.4%
Coachella	62.2%
Desert Hot Springs	54.6%
Indio	43.6%
La Quinta	20.1%
Mecca	69.1%
Palm Desert	31.9%
Palm Springs	32.6%
Coachella Valley Total	**46.1%**

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 40. Adults (18+) who are Overweight or Obese by City/CDP

City/CDP	Adults who are Obese or Overweight
Bermuda Dunes	54.2%
Cathedral City	65.6%
Coachella	76.8%
Desert Hot Springs	73.3%
Indian Wells	57.6%
Indio	68.0%
La Quinta	65.7%
Mecca	86.7%
Palm Desert	62.1%
Palm Springs	59.3%
Thermal	54.9%
Coachella Valley Total	**65.9%**

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 41. Utilized Emergency Food Resources by City/CDP

City/CDP	Yes	No
Bermuda Dunes	7.5%	92.%
Cathedral City	8.2%	91.8%
Coachella	10.6%	89.4%
Desert Hot Springs	17.4%	82.6%
Indian Wells	20.2%	79.8%
Indio	11.7%	88.3%
La Quinta	7.5%	92.5%
Mecca	16.2%	83.8%
Palm Desert	3.3%	96.7%
Palm Springs	8.5%	91.5%
Rancho Mirage	1.6%	98.4%
Thermal	15.6%	84.4%
Thousand Palms	6.2%	93.8%
Vista Santa Rosa	100.0%	0.0%
Coachella Valley Total	**9.8%**	**90.2%**

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Indicator: Adults who received food from an emergency food program in past year.
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 42. CalFresh/SNAP/Food Stamps by City/CDP

City/CDP	Number of Households Receiving SNAP	Percent of Households Receiving SNAP
Bermuda Dunes	107	3.8%
Cathedral City	1,687	9.0%
Coachella	1,658	10.7%
Desert Edge	167	9.3%
Desert Hot Springs	1,868	17.8%
Desert Palms	31	0.8%
Garnet	174	10.5%
Indian Wells	46	1.7%
Indio city	2,549	7.9%
Indio Hills	56	23.9%
La Quinta	587	3.7%
Mecca	301	16.2%
North Shore	64	6.8%
Oasis	174	17.5%
Palm Desert	1,273	5.2%
Palm Springs	1,840	7.6%
Rancho Mirage	336	3.6%
Sky Valley	60	6.2%
Thermal	68	15.9%
Thousand Palms	368	14.1%
Vista Santa Rosa	79	9.8%
Coachella Valley Total	**13,493**	**7.8%**
Riverside County	67,436	9.3%
California	1,164,713	8.9%
United States	14,171,567	11.7%

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

Appendix 43. CalFresh/SNAP/Food Stamps for Children by City/CDP

City/CDP	Number of Households with Children Under 18 Receiving SNAP Benefits	Percent of Households with Children Under 18 Receiving SNAP Benefits
Bermuda Dunes	107	100.0%
Cathedral City	973	57.7%
Coachella	1,215	73.3%
Desert Edge	34	20.4%
Desert Hot Springs	1,129	60.4%
Desert Palms	0	0.0%
Garnet	133	76.4%
Indian Wells	0	0.0%
Indio	1,691	66.3%
Indio Hills	47	83.9%
La Quinta	420	71.6%
Mecca	270	89.7%
North Shore	0	0.0%
Oasis	160	92.0%
Palm Desert	691	54.3%
Palm Springs	655	35.6%
Rancho Mirage	132	39.3%
Sky Valley	0	0.0%
Thermal	45	66.2%
Thousand Palms	179	48.6%
Vista Santa Rosa	69	87.3%
Coachella Valley Total	**7,950**	**20.9%**
Comparison: Riverside County	44,904	66.6%
Comparison: California	747,180	64.2%
Comparison: United States	7,105,912	50.1%

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

Appendix 44. Adult Dental Visit in Past 6 Months by City/CDP

City/CDP	Less than 6 months ago
Bermuda Dunes	50.2%
Cathedral City	40.4%
Coachella	30.4%
Desert Hot Springs	33.4%
Indian Wells	67.1%
Indio	49.1%
La Quinta	47.6%
Palm Desert	65.6%
Palm Springs	49.9%
Rancho Mirage	66.4%
Thermal	40.3%
Thousand Palms	36.2%
Coachella Valley Total	**47.2%**

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

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 45. Child Dental Visit in Past 6 Months by City/CDP

City/CDP	Less than 6 months ago
Cathedral City	46.0%
Coachella	33.7%
Desert Hot Springs	54.0%
Indio	69.4%
La Quinta	72.5%
Mecca	78.0%
Palm Desert	61.8%
Palm Springs	59.9%
Thermal	59.2%
Coachella Valley Total	

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

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 46. Sexual Activity Data by City/CDP

City	Yes	No
Bermuda Dunes	65.2%	34.8%
Cathedral City	64.3%	35.7%
Coachella	66.4%	33.6%
Desert Hot Springs	59.3%	40.7%
Indian Wells	46.7%	53.3%
Indio	63.1%	36.9%
La Quinta	70.1%	29.9%
Mecca	76.7%	23.3%
North Shore	32.8%	67.2%
Palm Desert	53.6%	46.4%
Palm Springs	65.0%	35.0%
Rancho Mirage	60.9%	39.1%
Thermal	77.3%	22.7%
Thousand Palms	58.4%	41.6%
Coachella Valley Total	**62.9%**	**37.1%**

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Indicator: During the past 12 months, have you been sexually active? Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 47. Adult Alcohol Consumption by City/CDP

City	Does not Drink	Drank at least once
Bermuda Dunes	48.1%	51.9%
Cathedral City	44.0%	56.0%
Coachella	58.8%	41.2%
Desert Hot Springs	51.3%	48.7%
Desert Palms	40.9%	59.1%
Indio	48.8%	51.2%
La Quinta	28.5%	71.5%
Mecca	58.8%	41.2%
Palm Desert	35.6%	64.4%
Palm Springs	33.9%	66.1%
Rancho Mirage	41.6%	58.4%
Sky Valley	44.4%	55.6%
Thermal	58.3%	41.7%
Thousand Palms	42.5%	57.5%
Coachella Valley Total	**44.2%**	**55.8%**

Source: HARC, Inc. (2020). 2019 Coachella Valley Community Health Survey. Available online at www.HARCdata.org
Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.

Appendix 48. Current Marijuana Use by City/CDP

City	Did not use in marijuana in past month	Used once or more in the past month
Cathedral City	83.0%	17.0%
Coachella	81.8%	18.2%
Desert Hot Springs	78.1%	21.9%
Indio	77.3%	22.7%
La Quinta	81.5%	18.5%
Palm Desert	77.7%	22.3%
Palm Springs	75.8%	24.2%
Rancho Mirage	82.3%	17.7%
Thermal	73.4%	26.6%
Coachella Valley Total	**79.1%**	**20.9%**

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

Note that some cities/CDPs were not included in this analysis because they had an insufficient sample size.