DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

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Doing Healthy Deeds

Community Health Monitor 2007
DESERT HEALTHCARE DISTRICT REPORT
Produced August 2008

The Community Health Monitor report presented the results of a systematic survey of households in Eastern Riverside County (ERC) to determine the health and social well being of its adult and child residents. Telephone surveys were administered to individuals 18 years of age and older residing in randomly selected households in Eastern Riverside County between mid-February and early April, 2007. Surveys were conducted in English and Spanish.

Survey data were collected using random digit dialing (RDD) to ensure that listed, unlisted, old, and new phone numbers were included in the sampling frame. The homeless, and persons in institutions including penal facilities, hospitals, and military barracks, are excluded from the sampling frame. The survey instrument was programmed and administered using computer assisted telephone interviewing (CATI) software.

The survey process consisted of two independent random samples of households within the Desert Healthcare District. First, questions were developed for the adult population (18 years and older), which focused on their health and well being. For this survey, data were collected from 1,500 respondents. A second, independent survey, asked adults (18 and older) questions about a randomly selected child living in the household. For this survey, data were collected for 100 children 0 to 5 years of age, 74 children 6-11, and 109 children 12 to 17 years of age.

The survey instruments were modeled after the well-respected Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey (BRFSS). The questions focused on access to and utilization of health care, health status indicators, health insurance coverage, and health related behaviors.

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NOTES ON USING THIS REPORT

The following pages describe some of the images, tables, and terms you will see in this report. In addition to helping you understand our report, we hope this information will assist you to become a more informed consumer of research studies that have been conducted or are being planned.

Report Icons

Persons Who Are Obese

Healthy People 2010 Goal:
Reduce the proportion of

This reference box highlights Healthy People 2010 objectives related to the topic being discussed. The goals of Healthy People 2010 are to increase quality and years of healthy life and to eliminate health disparities.

Tables, Charts, and Text

This section provides examples of common tables and charts you will see throughout this report and explains what these charts and tables mean and how to interpret the information they contain.

Table Type 1: Response Table

Response tables show several things. First, the exact text of the question asked serves as the title of the table. Moving *from right to left*, the first column contains the "Actual Responses," which refers to the number of *survey* respondents. For example, in the table below, 789 interviewees answered yes to the survey question. The "Population Estimates" refer to the estimated number of people in the population represented by the "actual" number of survey respondents. In the table below, an estimated 145,004 Desert Healthcare District residents would have answered yes to the question if we were able to interview them all. The "Weighted Percent" is the proportion of people that the population estimates represent (the population estimates for the "Yes" and "No" responses are summed to arrive at the "Total" population; this is the figure that serves as the denominator for the Weighted Percent.) The percentages computed from the "Actual Responses" are not presented because they would reflect the survey respondents only and not the proportion estimated in the Desert Healthcare District. The first column, typically untitled, indicates the response options provided to respondents during survey administration.

Reflects the estimated percent in the Desert Healthcare District population.

Estimated number in the Desert Healthcare District population.

Actual number of survey responses to a question.

	Weighted Percent	*Population Estimates*	*Actual Responses*
Yes	45.9	145,004	789
No	54.1	170,942	707
Total	**100.0**	**315,946**	**1,496**

Chart Type 1: Within those Affected or Not Affected

Data can be presented and compared in different ways— in essence, from different points of view— depending on how percentages are computed. The charts throughout this report are named in subtle yet systematic ways, so that readers will be able to interpret and understand exactly which viewpoint the chart takes. For example, "pie charts" examine the number affected (e.g., those who have not had a flu shot) by a demographic variable; in this case, racial/ethnic background. Therefore, the chart is correctly read, "Of the adults who have not had a flu shot, 61.6% are White." It is important to note that this chart does not say that White adults are *more likely* not to have had a flu shot; larger populations in the county as a whole and within the DHCD will often have a larger piece of the pie, in part, because there are more of them.

SAMPLE CHART 1:
Race/Ethnicity of Adults Who Have Not Had a Flu Shot

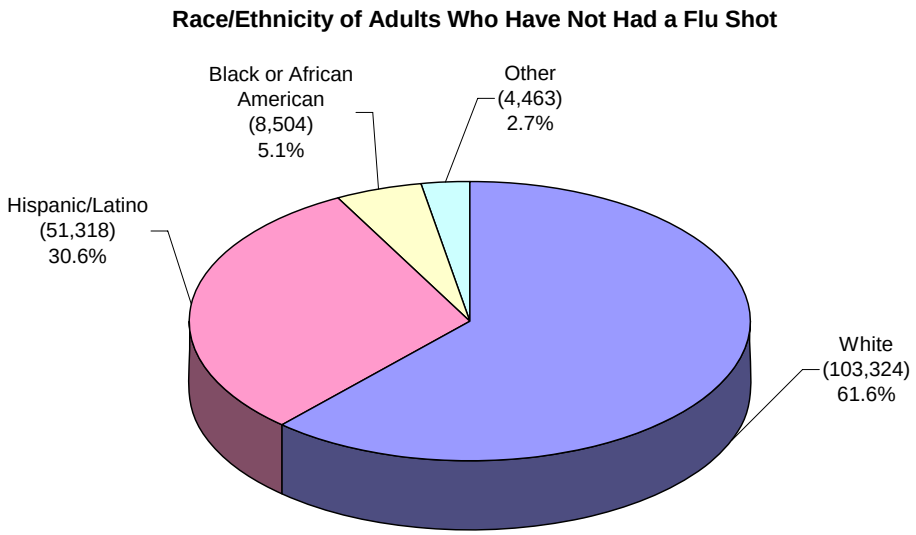
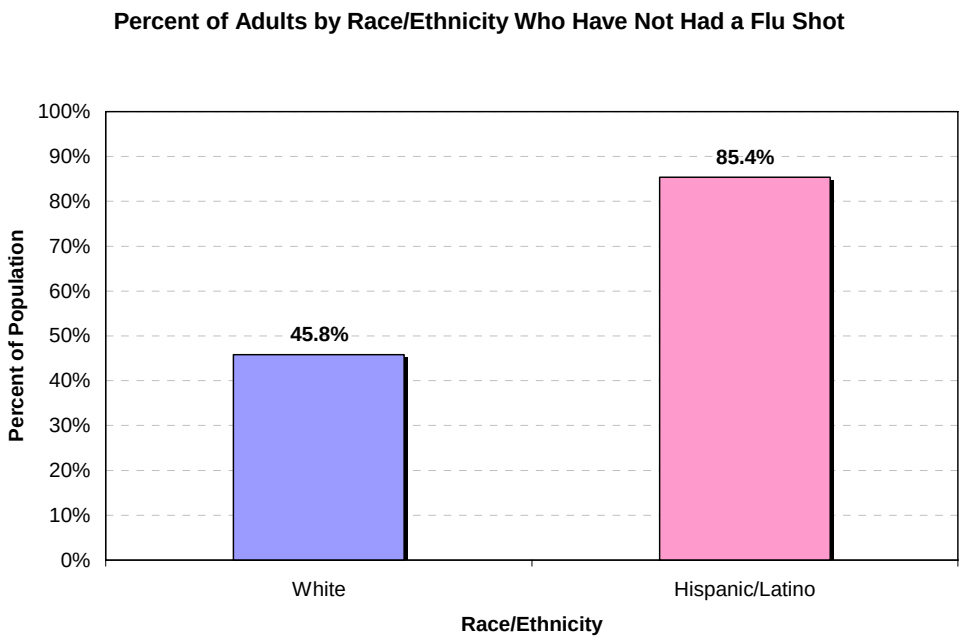


Chart Type 2: Within a Certain Population or Demographic Category

Other charts in this report look at the proportion of respondents within certain populations or with certain characteristics who are affected or not affected by a condition or circumstance. For example, the following "bar chart" looks at the proportion of Hispanic/Latinos and Whites who have not had a flu shot. Hence, the chart is correctly read, "Of White respondents, 45.8% have not had a flu shot, compared to 85.4% of Hispanic/Latinos who have not had a flu shot." These charts can tell us which persons from different demographic categories are more likely to be affected by the condition or circumstance in question. These charts will be helpful to those who are interested in examining differences among certain population characteristics (such as race/ethnicity, gender, household income, age, and education) and in comparing needs among populations in order to better target or serve a particular population.

SAMPLE CHART 2:
Percent of Adults by Race/Ethnicity Who Have Not Had a Flu Shot



Text:

Text descriptions that accompany the pie and bar charts often state something like, "Hispanic/Latinos are more likely than Whites <u>not to have had a flu shot</u>." Given these are self-reported data, it might be more appropriate to report, "Hispanic/Latinos are more likely than Whites <u>to report not having had a flu shot</u>." For parsimony and readability, we have often omitted reference to "reporting."

Q&A: Some Common Data Questions

Q: Where do the population estimates come from?

A: Population estimates were created using a complex statistical process that assigns a "weight" to each case to account for differential selection probabilities at both the household and respondent level of sampling, as well as to adjust for non-response via post-stratification to control totals. Detailed information about population estimates obtained from post-stratification population weighting is available in the methodology report in the appendix.

Q: Why does the sample size, the "N," fluctuate throughout the report?

A: Oftentimes, respondents refuse to answer an item or report they "do not know" the answer. When they refuse to answer an item, it is generally coded "99" to denote that data are missing for that person. If "do not know" is a response option, we code the data "98." Both of these examples result in "missing cases."

Missing cases (representing respondent data) are not included in <u>any</u> analyses using the item for which data are missing. Sometimes this results in a lot of missing data. For instance, of the adult survey respondents who answered questions about themselves, 357 (23.8% of all survey respondents) refused to provide their income. Therefore, any analyses conducted with income are missing those 357 respondents. Sometimes, only a few missing cases result; for instance, of the 531 respondents with arthritis, only 4 did not answer the follow up questions, "Has a doctor or other health care professional every suggested losing weight to help your arthritis or joint symptoms."

Ideally, the number of missing cases would be reported for each question; however, given the amount of data presented in this report, we felt it would make tedious reading to report these numbers for every table and graph. Therefore, we have focused on presenting and discussing only the valid cases—persons for whom information is available. It is possible, however, that respondents who did not answer a particular question are different in unknown ways from respondents who did. That said, non-response bias is a concern in all legitimate, scientific survey research concerned with upholding ethical standards. One of these standards is that survey respondents give voluntary consent to participate in research and therefore cannot be coerced in either overt or subtle ways to provide answers they do not wish to provide.

If you come up with any additional questions, please feel free to contact HARC at (760) 601-3663 or staff@harcdata.org.

Things to Keep in Mind When Reading this Report

- Report sections cover different populations, often determined by age. For instance, report sections may cover all adults, adults 55 and older, all children, or only children 0-5.

- Within a report section, particular questions may have been asked only to a subset of respondents; for instance, only adults with a child one year of age or older were asked how often their child drinks milk. However, this information is presented in the report section for children 0-17.

- These report data were collected in 2007, and are considered primary data. Some secondary data, such as 2000 Census data, are from many years ago. Most national, state and county data are two years behind, so a report done in 2004 will most likely be using data from 2002 or earlier.

- All data and data collection methods have strengths and weaknesses. The strengths of telephone surveys are that they typically have higher response rates than mailed surveys, can reach households with unlisted as well as listed phone numbers, allow interviewees to ask questions about the survey and obtain immediate answers, and allow interviewers to probe for additional information if survey responses are unclear. One weakness is that telephone surveys cannot reach households without telephones, homeless populations, those who are incarcerated, or the institutionalized.

- Pie charts (described above) contain proportions and population estimates for all racial/ethnic groups (White, Hispanic/Latino, African American, and Other); however, comparisons between persons of different racial/ethnic backgrounds are conducted only for Whites and Hispanic/Latinos due to the small number of African American and "other race/ethnicity" respondents included in the sample—due to their small proportion in Eastern Riverside County as a whole. Caution should be used when interpreting population estimates based on a small number of "actual" respondents.

- Technical school graduates are included in the "coursework beyond high school" category and are not considered to possess a college degree—that category is reserved for respondents who have obtained a bachelor's degree.

- We have done our best to ensure that source material is well documented and up-to-date. However, Internet web pages change frequently. If you visit a website outside the report and are unable to connect to the information you desire, please "back up" in the URL address until you arrive at the root website page. Once you arrive at the organization's "home page," search for the information or statistics you desire. For instance, a citation in the Major Diseases - Arthritis section is "http://www.healthpolicy.ucla.edu/pubs/publication." If this link does not work, try "http://www.healthpolicy.ucla.edu" or http://www.ucla.edu" and then search for publications/information about arthritis.

- Most of this report is based on original data collected solely for the HARC Community Health Monitor survey. Some sections, however, have come from reports produced by other agencies or organizations for other purposes; these are noted in our report.

HARC - We're Here to Help

We encourage the use of all data available to the public, but caution consumers to be aware of the population being represented, the sources for the data reported, and the methodology by which the data have been obtained.

We understand this is lot of information and HARC is here to help make this process easier. Different methods yield different results, which is why there can be many different statistics reported on what initially looks like the same population. Please feel free to contact us for questions pertaining to specific data reports or questions regarding sources of data, including HARC survey data.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Profiles

DHCD PROFILES

GEOGRAPHIC

ENVIRONMENTAL

DEMOGRAPHIC-OUTSIDE SOURCES

ADULT SURVEY RESPONDENTS

CHILDREN AND THEIR ADULT RESPONDENTS

PROFILE OF THE DESERT HEALTHCARE DISTRICT

INTRODUCTION

A profile of a study area is essential to understanding the health status and needs of a community. In this section we present a brief geographic description of the Desert Healthcare District. Next, we present a demographic profile with data obtained from outside sources followed by a demographic profile of DHCD residents from our survey data.

GEOGRAPHIC PROFILE

As shown in the map below, Interstate Highway 10, which connects Los Angeles with Arizona, runs through the center of the Desert Healthcare District. It includes Mountain Center, San Gorgonio, Thousand Palms, Cathedral City, Ranch Mirage, Desert Hot Springs, Palm Desert, and Palm Springs.

Source: http://www.dhcd.org/grantprogram/map.php District Boundaries of the Desert Healthcare District

ENVIRONMENTAL PROFILE

The environment of Eastern Riverside County has a significant effect on the health status of the community. Following is an environmental profile of the region and a summary of the important environmental issues facing the regional communities.

A number of environmental factors of Eastern Riverside County affect the health of our residents. Exposure to harmful elements in the environment, such as air and land pollutants, water contamination, and/or food contamination, can have both short and long term impacts on the health of communities.

- The climate of Eastern Riverside County is a continental, desert-type, with hot summers, mild winters and very little annual rainfall. Precipitation is less than six inches annually and occurs mostly in the winter months from active frontal systems and in the late summer months from thunderstorms.
- Temperatures exceed 100 degrees Fahrenheit, on the average, four months each year, with daily highs near 110 degrees Fahrenheit during July and August. Summer nights are very mild with minimum temperatures in the mid-70's. During the winter season, daytime highs are quite mild, with early morning lows around 40 degrees.
- The region is exposed to frequent gusty winds. The strongest and most persistent winds typically occur immediately to the east of the Banning Pass, which is noted as a wind power generation resource area. Aside from this locale, the wind conditions in the remainder of the valley are geographically distinct. Stronger winds tend to occur in the open mid-portion of the valley, while lighter winds tend to occur closer to the foothills. Less frequently, widespread gusty winds occur over all areas of the valley.

Air Pollution

The Clean Air Act requires the U.S. Environmental Protection Agency (EPA) to set national outdoor air quality standards for six “criteria pollutants” considered harmful to public health and the environment: carbon monoxide, nitrogen dioxide, particulate matter, ozone, sulfur dioxide, and lead. It also permits states to adopt additional or more protective air quality standards, if needed. California has set additional and more stringent standards for some pollutants identified above, such as particulate matter and ozone, and for some pollutants not addressed by federal standards.

- The South Coast Air Quality Management District (AQMD) is the agency responsible for attaining state and federal clean air standards in the South Coast Air Basin (SCAB). The SCAB includes portions of Los Angeles, San Bernardino, and Riverside counties and all of Orange County.

- Eastern Riverside County (ERC) is in three different air basins as defined by the California Air Resources Board. The San Gorgornio Pass area and the Coachella Valley are in the South Coast Air Basin (SCAB). Part of the Coachella Valley is located in the Salton Sea Air Basin. The eastern section of ERC is in the Mojave Desert Air Basin.[1]
- While the topography and climate of Southern California combine to make the SCAB an area of high air pollution potential; the demographics of the Coachella Valley, as it is bounded by the San Jacinto Mountains, serves as a buffer to many of the pollutants generated in Western Riverside County and the remainder of the SCAB. High and Low air pressure zones throughout the Coachella Valley also contribute to buffering transported pollutants. Protected by majestic mountains, the Coachella Valley is impacted by pollutant transport from the Basin, e.g., ozone, but to a much lesser degree than other areas in the district.
- The Coachella Valley's central pollutant is particulate matter known as PM. PM comes in a range of sizes. The Coachella Valley's pollutant is known as PM-10—particles less than 10 micrometers in diameter or about 1/7 the diameter of a human hair. The San Gorgornio Pass and Palo Verde Valley are less affected by PM-10 pollution because of their geography. PM-10 measurements are collected at a number of sites within the Coachella Valley.

Blowsand

In the Coachella Valley, there is a natural sand migration process that has direct and indirect effects on air quality.

- "Blowsand" produces PM-10 by direct particle erosion (natural PM-10). When the sand lands on road surfaces; it is ground into PM-10 by moving vehicles and re-suspended in the air (man-made PM-10). There are several blowsand areas throughout the Coachella Valley.
- The national PM-10 ambient air standard is 50 mgs/cubic meter of air on an annual average. A Coachella Valley State Implementation Plan (CVSIP) implemented in 1990 resulted in compliance until 1999. For the next three years, the Coachella Valley fell out of compliance.
- Because the Coachella Valley failed to maintain its federal PM-10 standard, the new CVSIP, initiated in 2002 and approved by the state and federal agencies, moved from best available control measures to more stringent control measures to bring the desert into federal compliance. These stronger measures include dust control ordinances adopted by the cities and county; dust certification classes for developers, and AQMD instruction for their employees in English and Spanish. Federal air quality funds were also allocated and managed by the Coachella Valley Association of Governments for PM-10 projects and used by cities to bring

[1] http://www.arb.ca.gov/knowzone/basin/basin.swf

the area into federal compliance. The deadline for compliance of the above plan was December 2006.[2]

- The chart below shows the progress of the Coachella Valley thus far in meeting the federal PM-10 standard. In order to determine compliance, the EPA reviews the last three years of the CVSIP's results. While the 2006 figure of 53.0 is over the federal standard, the Coachella Valley remains in compliance because the annual average is determined by the last three years. Given this, the annual average (using 2004 and 2005 figures), is 46.4 which is well under the 50.0 federal standard. For more information, please go to www.aqmd.gov or www.cvag.org.

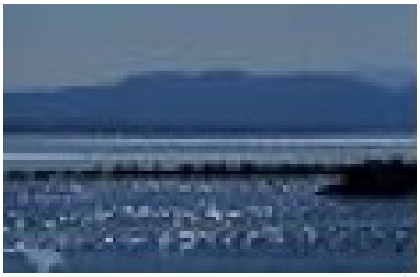
PM-10 ATTAINMENT FIGURES*		
Year	Coachella Valley	Federal PM-10 standard
2002	50.6	50.0
2003	51.8	50.0
2004	40.6	50.0
2005	45.7	50.0
2006	53.0	50.0

* The federal PM-10 standard is 50 mgs/cubic meter of air on an annual average.

- Failure to meet the federal PM-10 air quality standard may result in the EPA reassigning any and all federal transportation funds awarded to the Coachella Valley cities and county designated for roads, bridges, and/or freeways in the Coachella Valley to cover the expense of any and all air quality control measures initiated by EPA to bring the Coachella Valley into federal attainment.
- While our air quality has improved significantly overall in the SCAB, Southern California is still far from meeting all federal and state air quality standards and, in fact, is among the worst in the nation. The AQMD is currently drafting its Air Quality Management Plan (AQMP) for 2007. The draft plan employs up-to-date science and analytical tools to create a comprehensive strategy aimed at controlling pollution from all sources including stationary sources, on-road and off-road mobile sources, and area sources. More importantly, the AQMP calls upon the state air quality agency and the EPA to accelerate emission reduction programs particularly from mobile sources by implementing the AQMP measures that are within their respective authorities. For more information, please go to www.aqmd.gov or www.cvag.org for the CVSIP.

[2] http://www.aqmd.gov/aqmp/PM10Plans.htm

The Salton Sea - Ecosystem Restoration



The Salton Sea is located in a closed desert basin in Riverside and Imperial Counties, south of Indio and north of El Centro. It has been the focus of international water quality and ecosystem restoration efforts in Southern California.

- An important stop along the Pacific Flyway, the saline and eutrophic sea supports a productive fishery and more than 400 species of resident and migratory birds, of which more than 50 have status as threatened, endangered, or species of concern.
- The largest sources of the sea's inflow are
    1. The New River, which originates in, and conveys industrial and agricultural wastes from, Mexico into the United States;
    2. The Alamo River, which also originates south of the border and consists mainly of agricultural return flows from the Imperial Valley; and
    3. The Imperial Valley agricultural drains, which transmit pesticides, nutrients, selenium, and silt to the sea. Nutrient input to the sea can contribute to algal blooms and odors and lead to low dissolved oxygen conditions that are dangerous to fisheries.
- The basin is more than 200 feet below sea level and has no natural outlet. Although lakes have existed in this basin in the past, the current body of water formed in 1905 when a levee break along the Colorado River caused its flows to enter the basin for about 18 months into an area with an elevation second only to Death Valley as the lowest in the United States.
- Scientists predicted that the desert's intense heat would completely evaporate the sea in 8 to 14 years. But agricultural drainage of more than one million acre feet per year, mostly from Imperial County farms, and to a lesser extent from the Coachella and Mexicali valleys, sustained the Salton Sea.
- Since 1905, the Sea has fluctuated in size with varying inflow, and today is 34 miles long and between 9 and 10 miles wide with a surface area of about 365 square miles.
- A balance between inflowing water and evaporation sustains the Sea. With no outlet, any salts that are dissolved in the inflow are trapped. Salt concentrations in the Sea are currently about 48,000 milligrams per liter (mg/L), or about 30% higher than ocean water. Salinity will continue to rise under current conditions. However, under a recently approved Quantification Settlement Agreement, inflow to the Sea will be significantly reduced. The reduction in inflow will cause the Sea to shrink and cause salinity to rise faster than it would have without a reduction in inflow.

The Salton Sea Authority (SSA) is the Joint Powers Agency formed in 1993 by the State as the regional agency for identifying and implementing corrective measures to preserve the beneficial uses of the Sea. It is comprised of cooperating agencies that work with State agencies, federal agencies and the Republic of Mexico to develop programs that

would continue beneficial use of the Salton Sea. The SSA has made a concerted effort to collect all known suggestions for remediation of the Salton Sea and has subjected these proposals to formal review against specified criteria.

- In 2003, the California Legislature passed the Salton Sea Restoration Act, which directs the State to undertake the restoration of the Salton Sea ecosystem and to come up with a Restoration Study to be submitted to the Legislation by the end of 2006. This Restoration Study, called the "State's Preferred Alternative," has not yet been approved by the California Legislature. The Restoration Act also established the Advisory Committee to provide balanced representation of interests in the Salton Sea.
- The State is preparing a Programmatic Environmental Impact Report (PEIR), which includes 8 action alternatives or plans to be considered to restore the Salton Sea. Numerous public meetings have taken place to get feedback from the public on the alternatives. A preliminary recommendation released March 27, 2007 from California Secretary for Resources, Mike Chrisman, calls for a $6 billion hybrid plan partially based on elements from the Salton Sea Authority's restoration plan (as listed below).[3] The California Legislature has not yet approved final recommendations.
- The SSA has developed "A Salton Sea Authority Plan for Multi-Purpose Project" that will provide wildlife habitats, improve water quality, and protect air quality in the Coachella Valley as well as meet the needs of those living and working in the local communities.
- The Salton Sea Authority and the Coachella Valley communities support and believe that this Multi-Purpose Project Plan is superior to the other alternatives in that it offers the following:
    1. In-sea barrier and circulation channels to separate the current Sea into two separate bodies;
    2. Water treatment facilities to improve existing water and inflow water;
    3. Habitat enhancement features to meet the needs of fish and bird populations;
    4. A Colorado River water storage reservoir to enable water storage to balance supply and demand of water use;
    5. Preservation of park, open space, and wildlife areas;
    6. Cost estimate, financing plan and implementation; and,
    7. Dust control and air quality mitigation efforts.
- Under the other suggested alternatives, the Salton Sea would recede and some of the area that is currently underwater would be exposed. Over time, these areas may contribute to increased dust emissions from disturbance and wind erosion and result in negative impacts similar to the extensive long-term water diversions at the Mono Lake and basins of the Owens River, which is currently undergoing an ecosystem restoration.
- If a solution is not developed and implemented soon, the Salton Sea is likely to become too saline to support many of the current fish and bird populations. Also, PM-10 levels will likely increase impacting the health of residents throughout the communities. For more information, go to www.saltonsea.ca.gov.

[3] http://www.saltonsea.water.ca.gov/PEIR/

Water

A number of water agencies manage the water resources for Eastern Riverside County. Much of the water comes from locally replenished groundwater sources with additional water imported from the Colorado River through the Coachella Canal.

- The San Gorgornio Pass area has multiple water districts. The Yucaipa Valley Water District and the South Mesa Water Company provide water to Calimesa. Water for Beaumont is supplied by the Beaumont-Cherry Valley Water District. City of Banning Water Division supplies water to Banning.
- Moving towards the Coachella Valley, water is supplied to the Cabazon area by the Cabazon Water District.
- In the Coachella Valley, water is managed by the Desert Water Agency for Palm Springs, Desert Hot Springs, and Cathedral City. The Coachella Valley Water District manages water resources for the remainder of the Valley.
- Blythe and the surrounding area are served by the City of Blythe Public Works Department.

All drinking and other domestic water comes from a vast underground aquifer, a source usually referred to as groundwater. The snowcapped mountain ranges surrounding the Coachella Valley continually replenish water in the Coachella Valleys' natural groundwater basins.

- Were it not for the aquifer, much of Eastern Riverside County would have stayed raw desert, suitable only for a few drought-tolerant animals and plants.
- Our water is naturally pure and healthy and requires little treatment to meet state and federal water quality standards.

The Coachella Canal

- Initially constructed in the 1930s, the Coachella Canal carries water that has traveled several hundred miles, diverted from the Colorado River into the All-American Canal at Imperial Dam north of Yuma, Arizona.
- The use of canal water for non-potable purposes helps to conserve the valley's groundwater supply for domestic use.
    - The Coachella Valley would look much different today had the 122 hundred mile canal not been built. Without imported water, the aquifer would have been over-drafted to a point that it could no longer supply agriculture with irrigation. The canal is an engineering marvel where water travels through the canal entirely by gravity flow, thus eliminating electricity costs normally associated with pumping.

Lake Cahuilla

- Construction of this man-made lake was done in 1969. It is located between Avenues 56 and 58, west of Jefferson Street. It's three-quarters of a mile long, up to half that in width and 11-12 feet deep.
- The Lake has gained popularity as a great spot for fishing, camping and day-use recreation and gives the Coachella Valley Water District greater control over the flow of canal water into the valley.

Water conservation is key for Eastern Riverside County. As one of the fast growing areas in California, local government and the water districts within the region promote and have implemented plans to conserve and manage our water.

- For example, most Coachella Valley golf courses are irrigated using groundwater but increasing numbers are using recycled water to help preserve and extend the life of our aquifer. Additionally, the desert cities and local water districts promote drought tolerant landscaping.
- Relative to water supply reliability in the Coachella Valley, according to the 2005 California Water Update from the California Department of Water Resources:

  "One of the most significant challenges of this region will be adapting to requirements of the new Quantification Settlement Agreement (QSA) for distribution and use of California's legal entitlement of Colorado River water. Under this 2003 agreement California agencies must reduce total consumptive use of Colorado River water to 4.4 million acre-feet per year; whereas, past usage often exceeded 5.0 maf/year. The QSA also assists the transfer of water to meet urban needs in the South Coast region and provides water for the Salton Sea. Other regional issues include the potential impacts of Colorado River fish restoration programs on the availability of water for diversions and the development of solutions to groundwater overdraft problems in the upper (urbanized) and lower (agricultural) part of the Coachella Valley."[4]

- In 2002, one local district, the Coachella Valley Water District (CVWD) developed a 35 year blueprint for meeting water needs in the Coachella Valley. It involves a three point solution including conserving water, finding new sources, and converting groundwater to other uses. In existence since 1918, and with a territory of approximately 1,000 square miles, CVWD is considered one of the most "diverse and innovative" water agencies in California.

Water Contaminants

- The Riverside County Community Health Agency's Environmental Health Division is responsible for regulating the water quality of pools and spas and

4 http://www.crss.water.ca.gov/crqsa/index.cfm

selected drinking water systems. These are accomplished through a system of water quality monitoring inspections, postings, advisories, and closures.

- While the Eastern Riverside County domestic water supply meets current requirements, there are some areas—particularly in the Eastern Coachella Valley—where there are high naturally occurring minerals or elements that may pose some health risks. This includes low levels of arsenic, which is a mineral known to cause cancer in humans at high concentrations. Arsenic removal facilities have been established in several sites in this area.
- Nitrate plumes are also present in the Cove Communities. Nitrate in drinking water at levels above 45 milligrams per liter (mg/L) is a health risk for infants younger than six months old.
- However, these naturally occurring minerals or elements (including fluoride) are closely monitored for change by local water districts.

Coachella Valley Multiple Species Habitat Plan

The Coachella Valley is a rich natural landscape with blowing sand dunes, rugged canyons, and wildflower fields surrounded by high mountain peaks. This diverse landscape is home to many plants and animals found nowhere else—and the Coachella Valley is one of the fastest growing areas in the United States in terms of human population growth and urban development.

- With the habitat loss resulting from this rapid urbanization, eleven species of plants and animals in the region have already been listed as “threatened” or “endangered” under the state and federal Endangered Species Acts and the listing of other species is likely.
- To address the inevitable conflicts between conserving species and providing for development, a habitat conservation planning process has been developed. The Coachella Valley has been a leader in habitat conservation efforts, creating the first regional habitat conservation plan for the Coachella Valley fringe-toed lizard in 1986.
- The Coachella Valley Multiple Species Habitat Conservation Plan (CVMSHCP) builds on the success of that effort, expanding coverage to 27 individual species and 27 natural communities within the 1.2 million acre plan area. It will provide regulatory certainty to the development industry and local government for the next 75 years while creating a landscape level system of conservation lands that will protect, in perpetuity, native species and the natural processes on which they depend.
- From the beginning, the CVMSHCP has been a cooperative effort that has included landowners; local, state, and federal governments; and business and conservation interests - most notably our Building Industry Association and Sierra Club.
- Local scientists associated with the University of California developed the biological foundation of the plan. Rarely have stakeholders in a conservation plan

allowed academic scientists to play such a significant role. A review of the CVMSHCP by a panel of independent scientists concluded that the plan is sure to be one of the most scientifically defensible and thorough Habitat Conservation Plans or Natural Community Conservation Plans ever developed.

The CVMSHCP will replace project-by-project surveys, negotiations, and mitigations with a comprehensive plan where developers will receive permits from local jurisdictions by simply paying a fee. This fee will be used to acquire land from willing sellers for the reserve system.

- The CVMSHCP will cover private development under authority of local jurisdictions as well as public infrastructure such as roads, flood control, and water storage projects for the next 75 years.
- By providing comprehensive compliance with State and Federal endangered species laws, the CVMSHCP provides a level of certainty that will make the region more attractive to new businesses that can boost the local economy.
- The plan will preserve our quality of life by providing recreational opportunities and protecting open space.

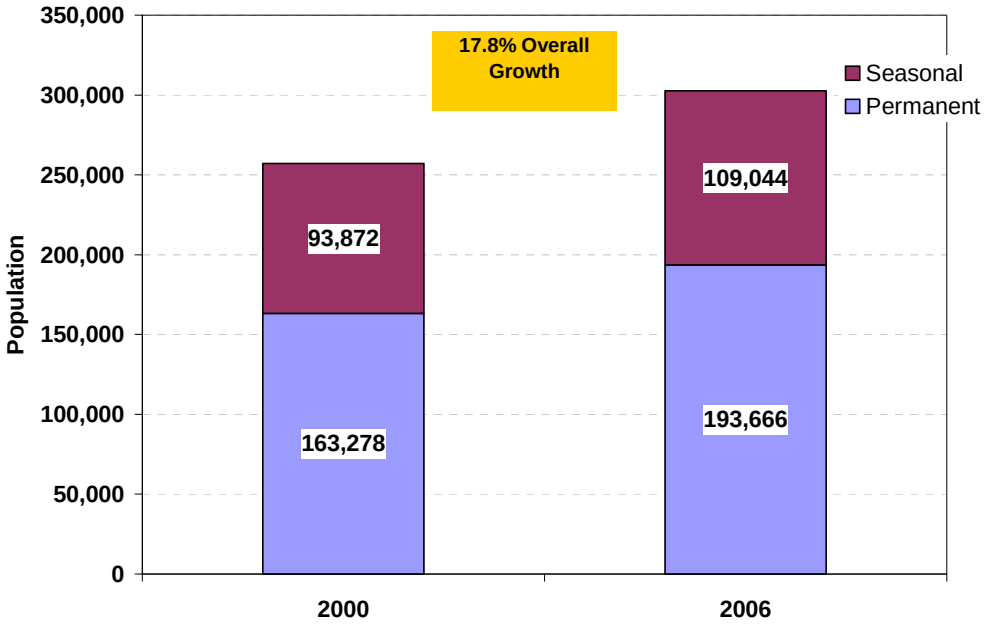
DEMOGRAPHIC PROFILE OUTSIDE SOURCES

A demographic profile of a study area is essential to understanding the health status and needs of that community. Historical and projected population growth within the area, and the extent of seasonal populations, provide a background upon which to report detailed characteristics such as race, age, gender, and income.

Population Growth

- Significant diversity and contrast exist in the region. However, growth is a constant throughout the eastern county. The population growth of permanent plus seasonal residents in all of Eastern Riverside County is about 26% (not shown). As depicted in the graph below, the estimated growth of the Desert Healthcare District from 2000 to 2006 was 17.8%.

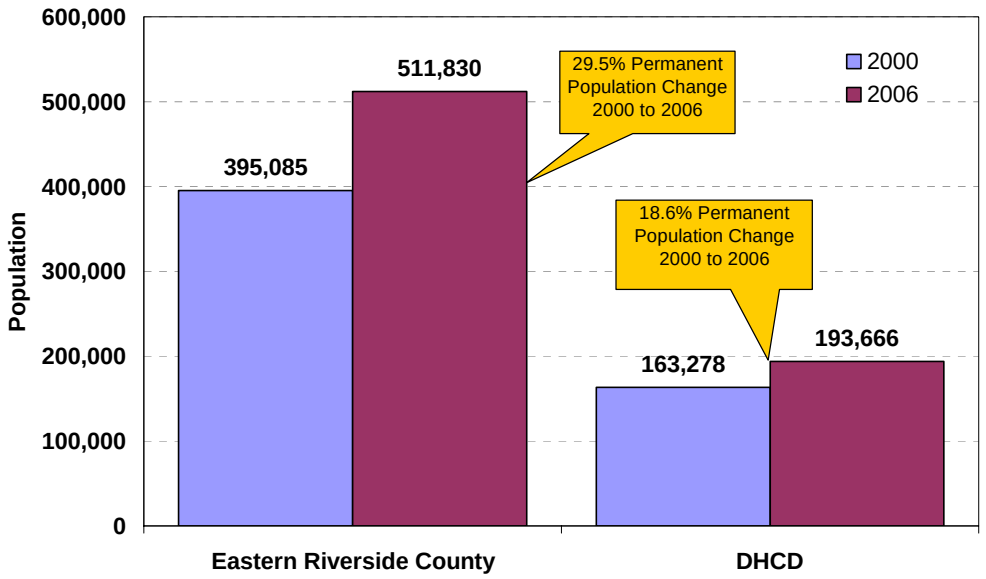
Desert Healthcare District Population Change 2000 to 2006 (Estimate)
Permanent and Seasonal



Source: Riverside County Progress Report, TLMA 2006
Wheeler Report, 2006

- The permanent population in the Desert Healthcare District went from about 163,300 to 193,700 during the six year period from 2000 to 2006. The seasonal population increased from 93,872 to 109,044 in the same time period.

Eastern Riverside County (ERC) and DHCD
Permanent Population Change 2000 to 2006 (Estimate)



Source: Riverside County Progress Report, TLMA 2006
Wheeler Report, 2006

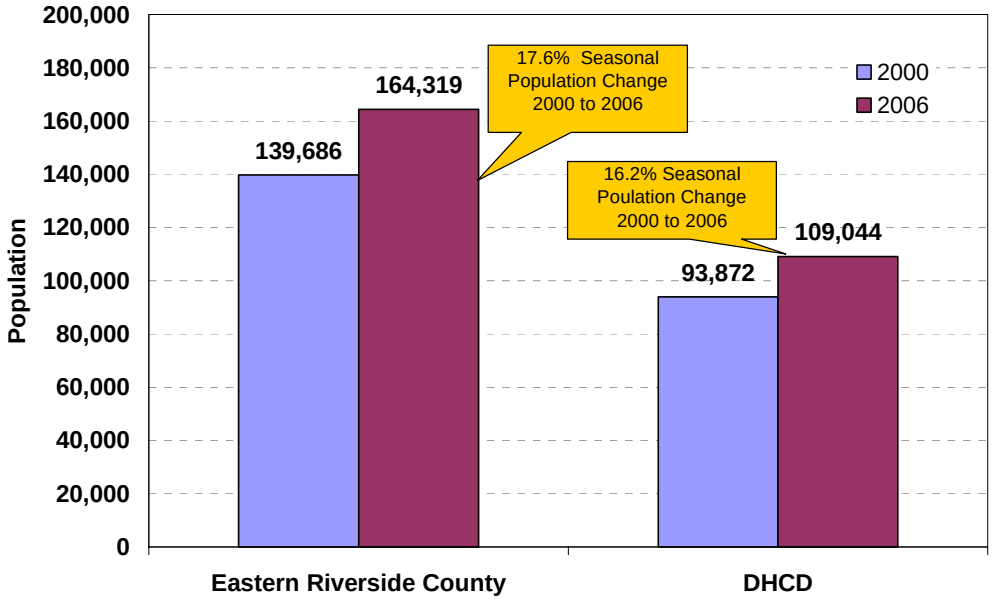
- Comparing Eastern Riverside County to the Desert Healthcare District, one notes that ERC increased its permanent population by 29.5% compared to an increase of 18.6% for the DHCD from 2000 and 2006. This is indicative of a change in perception about both areas as a year-round place to live rather than just a resort destination. Economic growth has also created new employment opportunities to support a larger permanent population.

- Because much of the area is considered a resort destination, the seasonal population adds significant numbers during the September to May winter season. The Desert Resorts Convention Bureau estimates there are over 3.5 million overnight visitors, in addition to those who stay for more extended periods, in the 8 cities in the center of Coachella Valley.[5]

- Because of seasonal residents and transient visitors, demand for social and health services increases significantly during the winter season. The continuing increase in permanent residents results in an increased demand for year-round services as well.

5 Impact Of Seasonal Population Variations On Frontier Communities: Maintenance Of The Healthcare Infrastructure, April 2006, U.S. Health and Human Services, Rural Health Policy

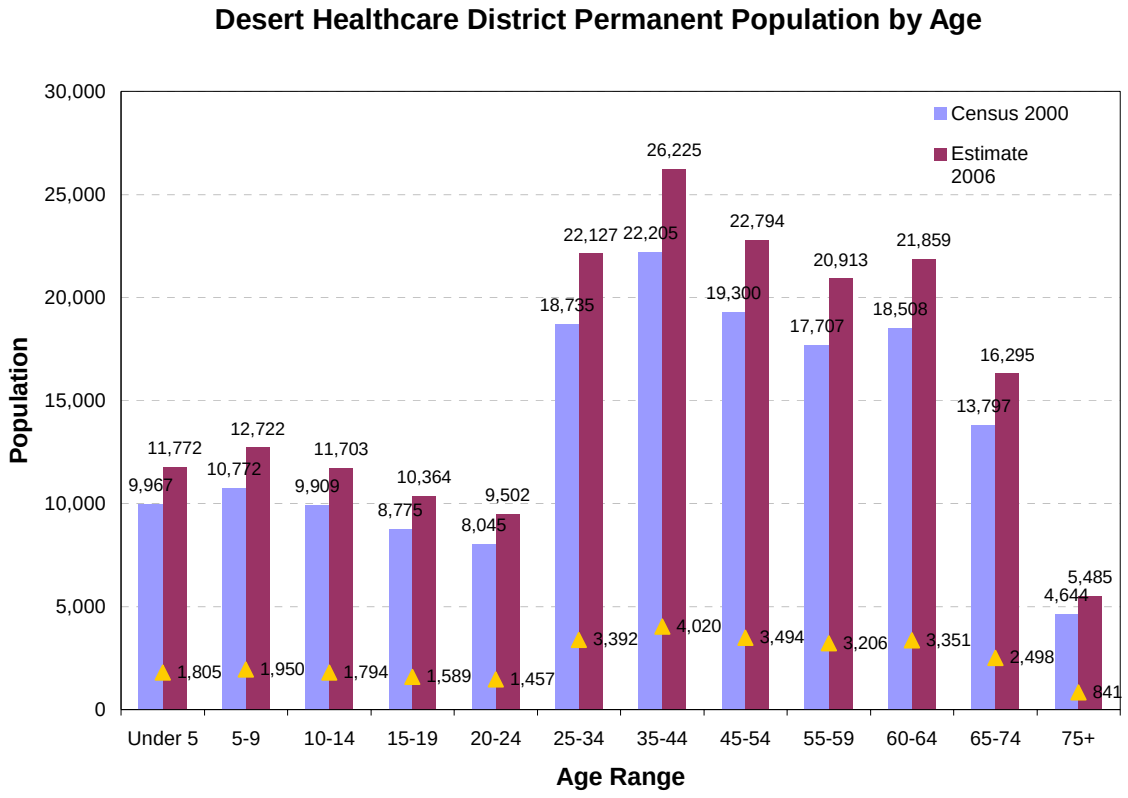
Eastern Riverside County (ERC) and DHCD
Seasonal Population Change 2000 to 2006 (Estimate)



Source: Riverside County Progress Report, TLMA 2006
Wheeler Report, 2006

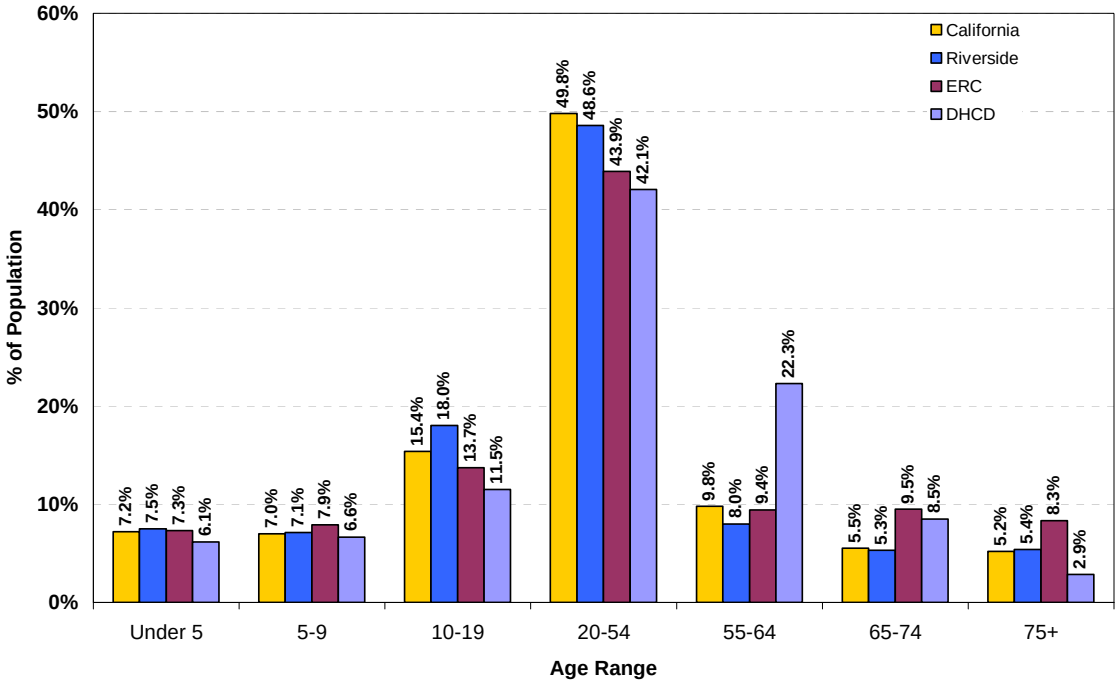
- Seasonal residents increased by almost 18% between 2000 and 2006 in Eastern Riverside County and by about 16% in the Desert Healthcare District. Although not as great an increase as in the permanent population, this increase shows a continuing interest in the area for wintertime or "snowbird" accommodations.

Age



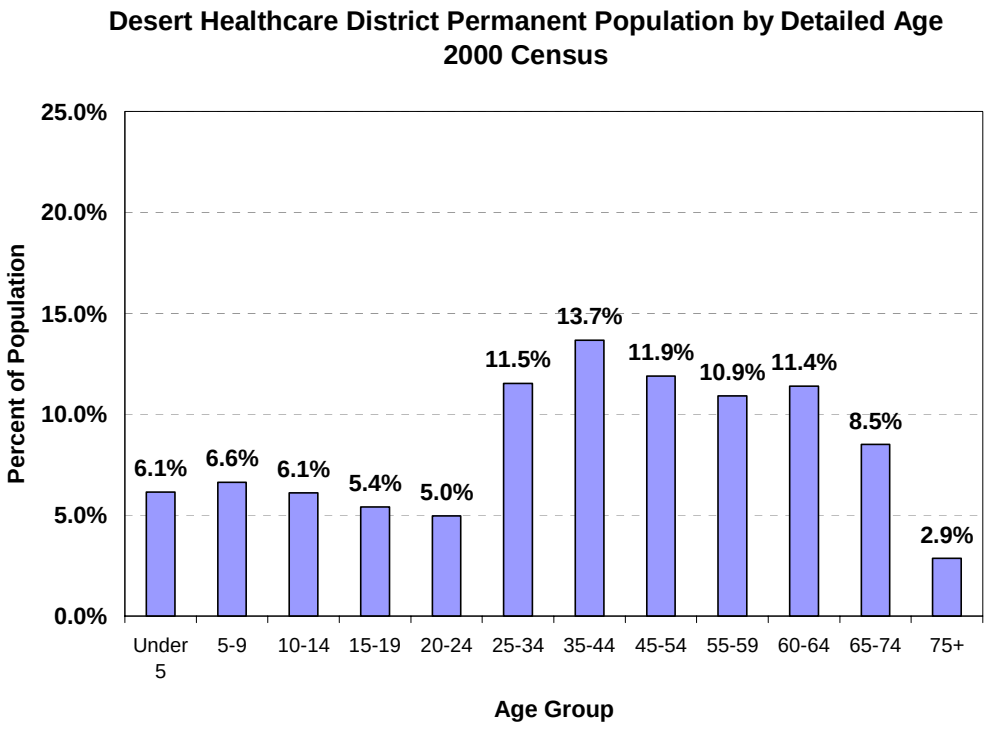
- According to estimates based on Census 2000 data, the largest population increase occurred in the 35-44 age group, who showed an increase of about 4,000. Fairly large increases are seen for residents 25 to 74.

Desert Healthcare District Age Compared to Califiornia, Riverside County, and Eastern Riverside County, 2006 Estimate



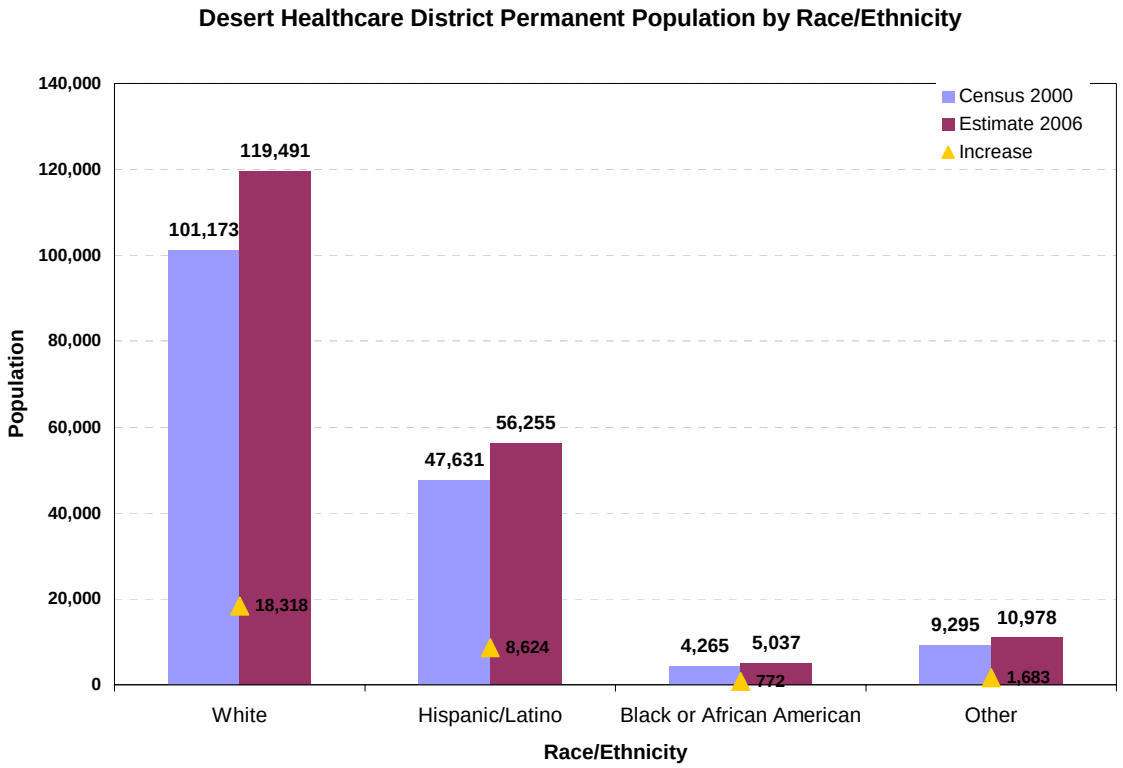
Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.

- Based on California Department of Finance Data the age profile of the Desert Healthcare District differs from that of Eastern Riverside County (ERC), Riverside County, and the State of California in that it has a lower proportion of younger residents and a higher proportion of older residents; this is especially true for residents 55-64. Note that both the Riverside and California data is not independent of the ERC data.



- Looking at age based on detailed age categories of the 2000 Census shows that the 35-44 age group constitutes the largest percent of the population at 13.7%, followed closely by residents 25-34 (11.5%), 45-54 (11.9%), 55-59 (10.9%), and 60-64 (11.4%).

Race

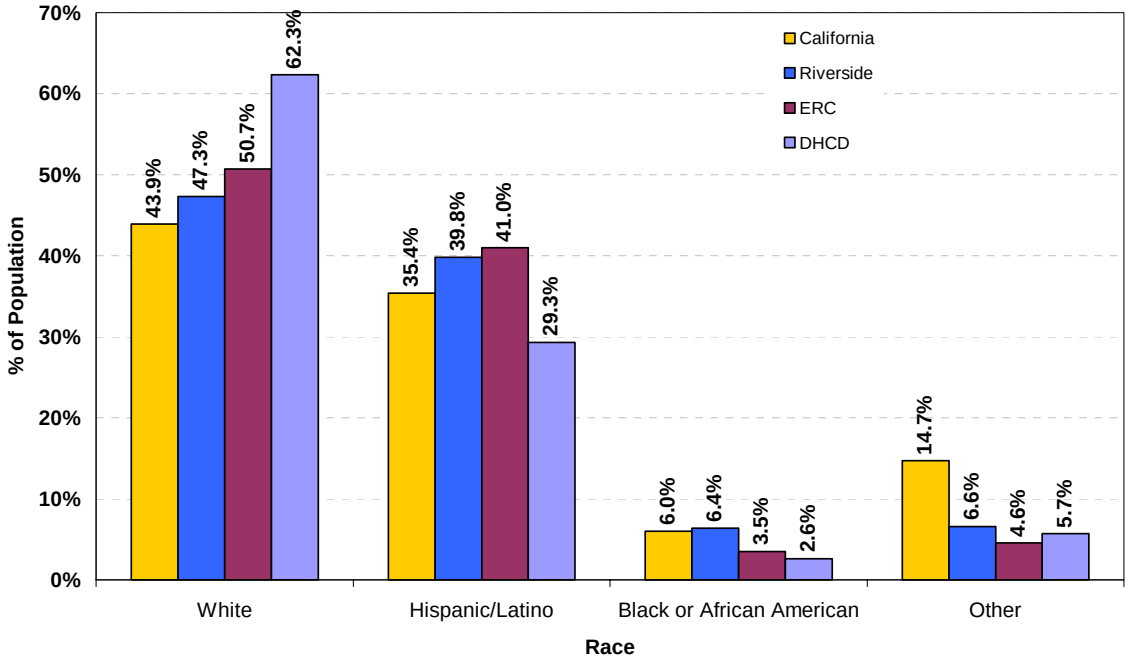


Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.

- Those of White and Hispanic/Latino race/ethnicity make up the two largest groups of people residing in the Desert Healthcare District. Whites are the largest group with an estimated 120,000 people in 2006. The Hispanic/Latino population grew to about 56,300 in 2006.

- The "other" group represents Asians, American Indians and Alaska Natives, Native Hawaiians or other Pacific Islanders, and Multi-racial people. It is estimated that this group increased by roughly 1,700 people from 2000 to 2006.

Desert Healthcare District Race Compared to Califiornia, Riverside County, and Eastern Riverside County, 2006 Estimate

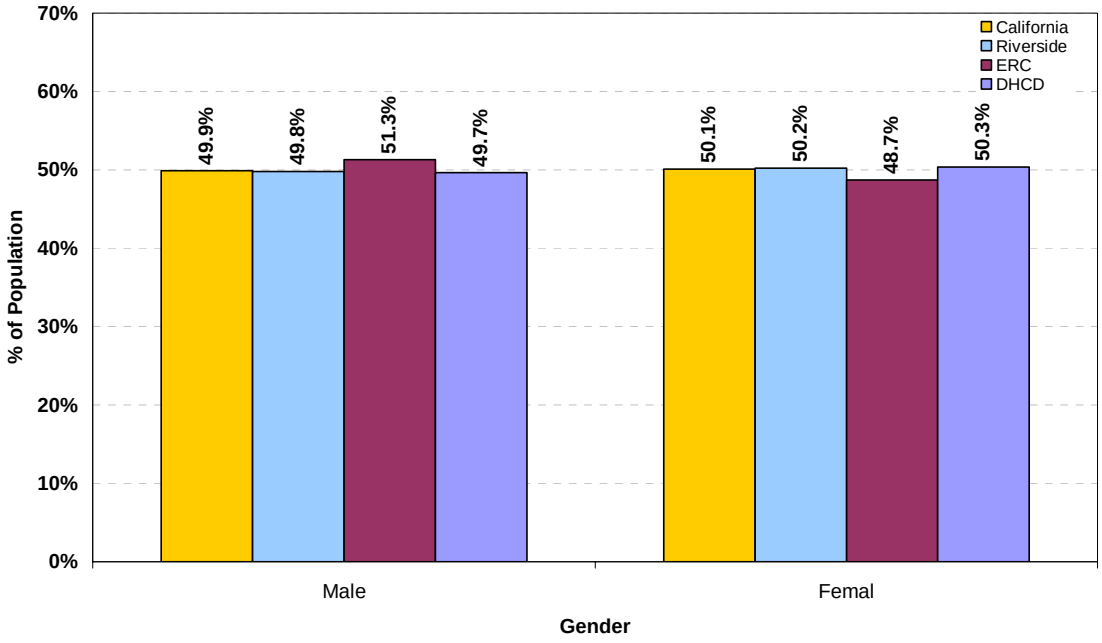


Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.

- When compared to all of the State of California, Riverside County, and Eastern Riverside County, the DHCD has a higher proportion of White residents and a lower proportion of Hispanic/Latino and Black or African American residents.

Gender

Desert Healthcare District Gender Compared to Califiornia, Riverside County, and Eastern Riverside County, 2006 Estimate



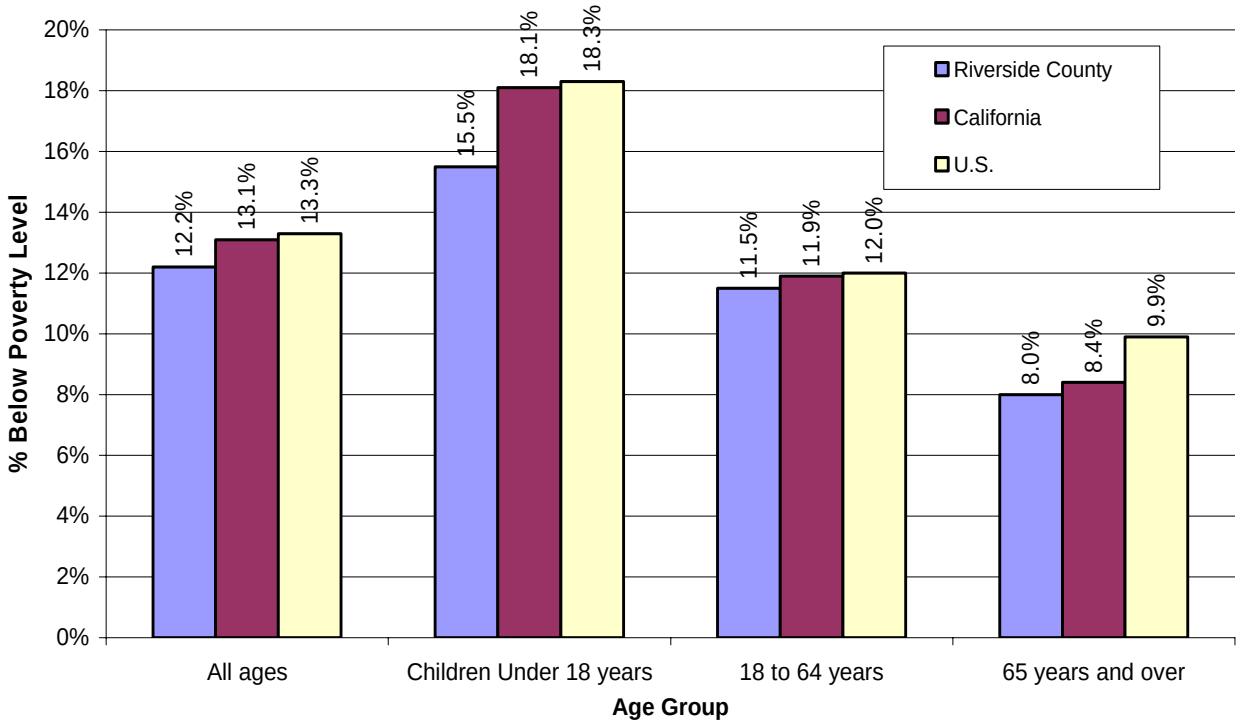
Source: State of California, Department of Finance, Race/Ethnic Population with Age and Sex Detail, 2000–2050. Sacramento, CA, July 2007.

- There are no discernable differences in the ratio of males to females when looking at the State of California, Riverside County, Eastern Riverside County, or the Desert Healthcare District.

Population below Poverty Level

- The U.S. Census American Community Survey (ACS) is completed each year. For 2006 the survey reported that 15.5% of the children under 18 in Riverside County were below the poverty level during the previous 12 months. In California and the U.S. the survey reported that 18.1% and 18.3%, respectively, of children were below the poverty level. The ACS results for all age groups are shown in the chart below.

- ACS results are also tabulated for other groups which are summarized in the table following the graph.



Source: U.S. Census, American Community Survey, 2006 Geographic Profile

Percentage of Families and People whose Income in the Past 12 Months is Below the Poverty Level

	Riverside County	California	U.S.
All families	9.1%	9.7%	9.8%
With related children under 18 years	12.6%	14.3%	15.0%
With related children under 5 years only	10.5%	12.8%	15.9%
Married couple families	5.8%	5.8%	4.7%
With related children under 18 years	7.7%	8.3%	6.5%
With related children under 5 years only	8.4%	6.6%	6.1%
Families with female householder, no husband present	23.9%	24.0%	28.6%
With related children under 18 years	30.7%	31.7%	36.9%
With related children under 5 years only	19.2%	35.2%	45.2%
All people	12.2%	13.1%	13.3%
Under 18 years	15.5%	18.1%	18.3%
Related children under 18 years	15.0%	17.7%	17.9%
Related children under 5 years	17.0%	19.2%	21.0%
Related children 5 to 17 years	14.3%	17.2%	16.7%
18 years and over	11.0%	11.4%	11.6%
18 to 64 years	11.5%	11.9%	12.0%
65 years and over	8.0%	8.4%	9.9%
People in families	10.0%	11.0%	10.8%
Unrelated individuals 15 years and over	25.1%	23.0%	24.4%

DEMOGRAPHICS OF ADULT SURVEY RESPONDENTS

This report section gives the general demographic characteristics of the 1,500 Desert Healthcare District adult survey respondents.

The tables show the weighted percent of responses for each question, the estimated population that those responses represent, and the actual number of respondents. Population estimates are derived using the most recent population numbers available for the region. They are calculated using a statistical weighting method that allows the survey data to more accurately reflect the entire population of Desert Healthcare District.

Q: Which one of these groups would you say best represents your race?

	Weighted Percent	Population Estimates	Actual Responses
White	72.2	225,648	1,285
Hispanic or Latino	19.2	60,094	122
African American or Black	4.0	12,427	32
Other	4.6	14,510	31
Total	**100.0**	**312,679**	**1,470**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (72.2%) of adult survey respondents classified themselves as White and about 1 in 5 (19.2%) identified as Hispanic/Latino. Other respondents (Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, or Multi-racial) make up about 4.6% of the population.

Q: Would you consider yourself to be...

	Weighted Percent	Population Estimates	Actual Responses
Mexican American, Chicano	85.7	63,021	109
Central American	6.0	4,408	13
South American	4.3	3,149	12
Puerto Rican	.07	500	4
Other	3.3	2,422	13
Total	**100.0**	**73,500**	**151**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (85.7%) of Hispanic/Latino respondents are of Mexican American origin.

Q: Language of interview (Coded by Interviewer)

	Weighted Percent	Population Estimate	Actual Responses
English	89.2	284,211	1,385
Spanish	10.8	34,499	115
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Interviewers indicated the language in which they conducted the survey; 10.8% were conducted in Spanish.

Q: Respondent sex (Coded by Interviewer)

	Weighted Percent	Population Estimate	Actual Responses
Male	47.2	150,504	689
Female	52.8	168,206	811
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- There were slightly more female (52.8%) than male (47.2%) survey respondents.

Q: What is your age?

	Weighted Percent	Population Estimates	Actual Responses
18-24	8.7	27,807	34
25-34	11.2	35,620	63
35-44	13.7	43,568	105
45-54	10.4	33,114	177
55-64	14.3	45,676	309
65-74	19.6	62,490	396
75 and over	22.1	70,437	416
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest group of respondents (22.1%) are 75 years of age or older; 19.6% are 65 to 74 years old.

Q: What is your marital status?

	Weighted Percent	Population Estimate	Actual Responses
Married	49.8	158,020	591
Single, Never Married	25.2	79,986	356
Divorced	11.1	35,244	207
Widowed	9.2	29,053	270
Cohabitating with a Partner	3.2	10,280	45
Separated	1.5	4,787	22
Other	0.0	57	1
Total	**100.0**	**317,426**	**1,492**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About half of the respondents (49.8%) reported being married and 1 in 4 (25.2%) are single, never having married.

Q: Do you consider yourself to be…

	Weighted Percent	Population Estimates	Actual Responses
Heterosexual	84.2	247,101	1,143
Homosexual	11.8	34,535	189
Bisexual	2.4	7,082	30
Transgender	0.3	883	1
Other	1.3	3.804	16
Total	**100.0**	**293,405**	**1,379**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

- Approximately 84% of respondents reported being heterosexual; 11.8% reported being homosexual and 2.4% identified as bisexual.

Q: Are you a citizen of the United States?

	Weighted Percent	Population Estimates	Actual Responses
Yes	86.7	274,136	1,409
No	13.3	41,946	84
Total	**100.0**	**316,082**	**1,493**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (86.7%) of Desert Healthcare District respondents reported they are U.S. citizens; while 13.3% are not.

Q: Are you a permanent resident with a Green Card?

	Weighted Percent	Population Estimates	Actual Responses
Yes	44.8	18,805	54
No	55.2	23,141	30
Total	**100.0**	**41,946**	**84**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

- Of the non-citizens, the majority (55.2%) does not have permanent resident status; 44.8% do have permanent resident status.

Q: Do you hold a temporary visa that permits you to stay in the United States?

	Weighted Percent	Population Estimates	Actual Responses
Yes	29.1	6,725	8
No	70.9	16,416	22
Total	**100.0**	**23,141**	**30**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the non-citizens without permanent status, 70.9% report they do not have a temporary visa that permits them to stay in the U.S; 29.1% do. These individuals may be seasonal residents.

Q: What is the highest grade or year of school you completed?

	Weighted Percent	Population Estimates	Actual Responses
Did not complete High School	13.8	43,851	118
Grade 12 or GED	22.9	72,697	329
Course Work beyond High School	28.3	90,040	453
College and Post Graduate Degree	35.0	35,7168	595
Total	**100.0**	**318,351**	**1,495**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 14% of Desert Healthcare District respondents have not completed high school, 22.9% have a high school diploma or GED, and 35.0% have a college degree or more education.

Q: What is your annual household income level before taxes?

	Weighted Percent	Population Estimates	Actual Responses
$0 - $24,999	16.1	38,430	228
$25,000 - $49,999	33.3	79,562	381
$50,000 - $74,999	22.6	54,052	257
$75,000 +	28.0	66,771	277
Total	**100.0**	**238,815**	**1,143**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 16% of respondents (38,430 residents) have annual household incomes of less than $25,000, while the largest proportion (33.3%) report incomes between $25,000 and $49,999; 28.0% indicate incomes of $75,000+.

Q: Are you currently employed for wages, self-employed, out of work, a homemaker, a student, retired, or unable to work?

	Weighted Percent	Population Estimates	Actual Responses
Employed For Wages	31.0	98,095	372
Self-employed	10.6	33,563	149
Homemaker	7.4	23,459	58
Out of Work More than 1 Year	3.1	9,834	32
Student	3.0	9,400	12
Out of Work Less Than 1 Year	1.2	3,822	24
Retired	39.1	123,853	762
Unable To Work	4.7	14,746	81
Total	**100.0**	**316,771**	**1,490**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Less than half of the Desert Healthcare District residents (41.6%) report themselves as employed for wages (31.0%) or self-employed (10.6%); 39.1% (or 123,853 residents) are retired.

Q: Would you describe yourself as employed full-time or part-time, in one or two or more jobs

	Weighted Percent	Population Estimates	Actual Responses
Full Time in 1 job	69.1	90,722	364
Part Time in 1 job	20.5	26,857	107
Full Time in 2 jobs	1.8	2,399	12
Part Time in 2 or more jobs	3.6	4,766	19
Other	4.9	6,491	14
Total	**100.0**	**131,234**	**517**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the employed survey respondents, 69.1% are employed full-time in one job and 20.5% are employed part-time in one job.

Q: Do you own or rent your current home

	Weighted Percent	Population Estimates	Actual Responses
Own	72.6	228,837	1,193
Rent	27.4	86,256	278
Total	**100.0**	**315,092**	**1,471**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (72.6%) of respondents reported they own their home while 27.4% rent.

Q: Do you consider yourself a full time resident of the Eastern Riverside County?

	Weighted Percent	Population Estimates	Actual Responses
Yes	72.6	231,373	1,357
No	27.4	87,337	143
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost three-quarters (72.6%) of respondents indicated they are full time residents of the area.

Q: In the year 2007, how many months do you plan to live at your current residence?

	Weighted Percent	Population Estimates	Actual Responses
1	2.9	2,524	5
2	6.3	5,465	7
3	4.9	4,290	10
4	10.4	9,052	17
5	26.0	22,722	38
6	28.7	25,104	42
7	6.9	6,007	10
8 or more	14.0	12,174	14
Total	**100.0**	**87,337**	**143**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those who do not live in the area full-time, 28.7% plan to live in the area for 6 months and 26% plan to live here for 5 months.

Q: How many members of your household, including yourself, are 18 years of age or older?

	Weighted Percent	Population Estimates	Actual Responses
1	29.2	92,907	731
2	57.4	182,786	682
3	7.5	23,861	52
4 or more	6.0	19,157	35
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 87% of households surveyed consist of 1 (29.2%) or 2 (57.4%) adults.

Q: How many children in this household are between the ages of 0 and 5 years old?

	Weighted Percent	Population Estimates	Actual Responses
None	82.1	234,572	1,333
1	8.8	25,187	27
2	4.7	13,387	12
3	0.7	1,985	2
4 or more	3.7	10,474	3
Total	**100.0**	**285,605**	**1,377**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 8 in 10 households surveyed reported having no children between 0 and 5 years of age; 8.8% have one child 0-5.

Q: How many children in this household are between the ages of 6 and 17 years old?

	Weighted Percent	Population Estimates	Actual Responses
None	74.9	214,183	1.307
1	5.8	16,683	29
2	10.1	28,953	29
3	5.7	16,309	8
4 or more	3.1	9,873	5
Total	**100.0**	**286,001**	**1,378**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 75% of households surveyed reported having no children between 6 and 17 years of age; 1 in 10 households report having two children between the ages of 6 and 17.

Q: How many children under the age of 18 presently reside in your household?

	Weighted Percent	Population Estimates	Actual Responses
None	73.1	231,975	1.382
1	5.0	15,780	41
2	8.3	26,386	37
3	6.4	20,534	18
4 or more	7.1	22,951	12
Total	**100.0**	**317,446**	**1,490**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately three-quarters (73.1%) of the households surveyed reported having no children under 18 residing in the household; 5.0% had one child, 8.3% had two children and 13.5% had three or more children presently residing in their household.

Q: How many people reside in your household? Please include adults and children.

	Weighted Percent	Population Estimates	Actual Responses
1	22.0	69,000	629
2	44.6	139,698	674
3	6.7	20,993	76
4	8.8	27,640	53
5	7.8	24,420	23
6 or more	10.0	31,463	24
Total	**100.0**	**313,215**	**1,479**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Average household size, including adults and children, is 2.47 (not shown in table above); the largest proportion (44.6%) of households consists of two members.

Q: How many bedrooms are in your home?

	Weighted Percent	Population Estimate	Actual Responses
1	9.8	30,982	185
2	36.7	116,445	621
3	36.4	115,709	537
4	13.8	43,980	123
5	3.0	9,651	19
6 or more	0.3	825	4
Total	**100.0**	**317,593**	**1,489**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Equal proportions of respondents reside in two-bedroom (36.7%) or three-bedroom (36.4%) homes.

SOCIOECONOMIC PROFILE

A socioeconomic profile of the community helps to provide a context for evaluating health status and needs. These data can help to establish barriers to and disparities in health care access, coverage, and utilization. Some of the socioeconomic indicators are collected regularly to meet the requirements of federal and state health and human services programs. Other indicators are provided through census or survey collection. At this time, the 2000 Census and the annual American Community Surveys are the most complete and officially recognized sources of these indicators.

Poverty

The household income and household size reported by each respondent was compared to the federal poverty guidelines for 2007.[6] Taking the poverty guideline and multiplying it by 2.0 provides the income at 200% above poverty, multiplying it by 2.5 provides the income for 250% above poverty, etc.

The Federal Poverty Guidelines are revised each year based on cost of living changes in the United States. Below are the guidelines for 2007 based on 2006 cost of living data.

2007 Health and Human Services Poverty Guidelines

Persons in Family or Household	48 Contiguous States and D.C.
1	$10,210
2	13,690
3	17,170
4	20,650
5	24,130
6	27,610
7	31,090
8	34,570
For each additional person, add	3,480

SOURCE: *Federal Register, Vol. 72, No. 15, January 24, 2007, pp. 3147–3148*

[6] United States Department of Health and Human Services 2007 HHS Poverty Guidelines http://aspe.hhs.gov/poverty/07poverty.shtml

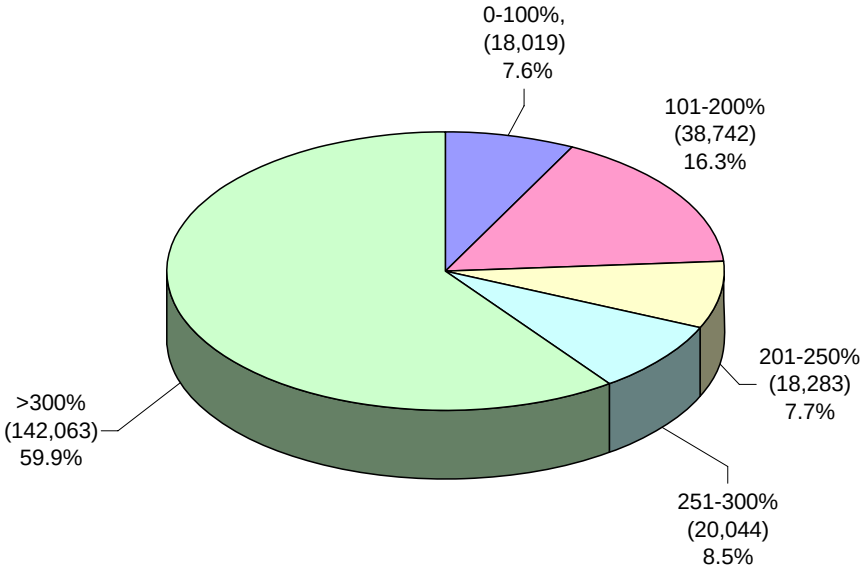
Desert Healthcare District Population at % of Poverty

% of Poverty Guidelines	Weighted Percent	Population Estimates	Actual Responses
0-100%	7.6	18,019	45
101-200%	16.3	38,742	159
201-250%	7.7	18,283	82
251-300%	8.5	20,044	113
>300%	59.9	142,063	731
Total	**100.0**	**237,150**	**1,130**

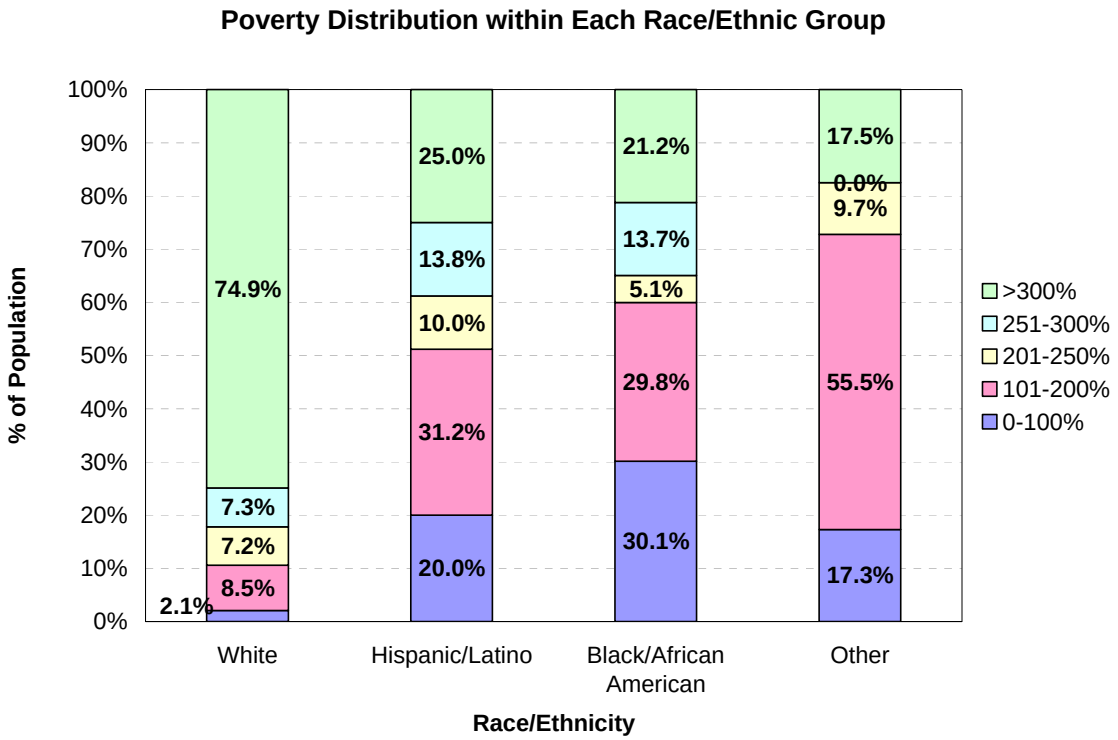
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3 in 5 Desert Healthcare District residents (59.9%) are above 300% of the federal poverty level; 31.6% earn 250% or less of the poverty level.

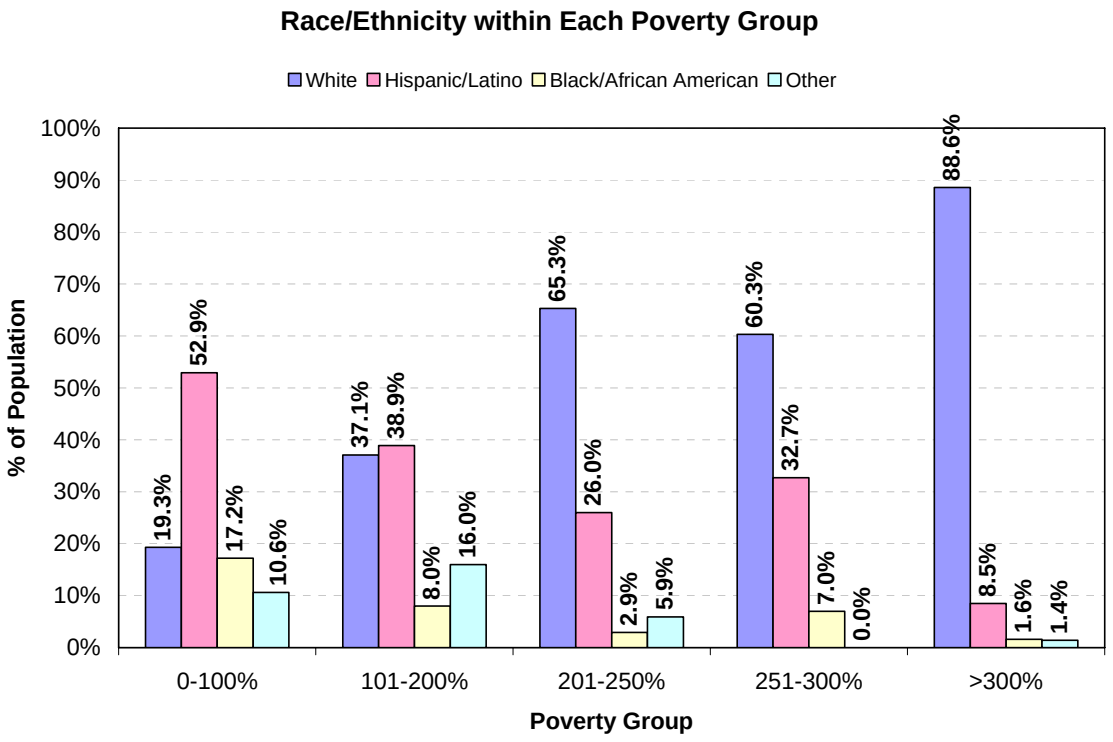
DHCD Population at Percent of Poverty



Poverty and Race/Ethnicity

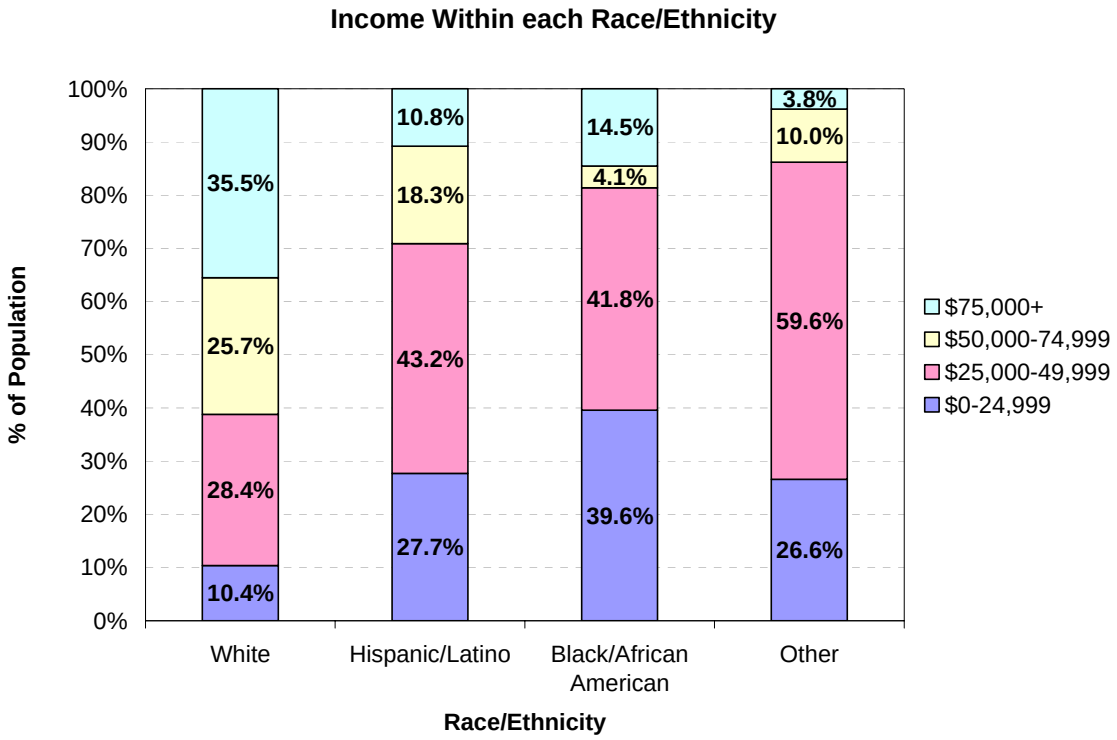


- About 75% of White respondents live at more than 300% of the FPL whereas only 25.0% of the Hispanic/Latino respondents reported having a household income over 300% of the FPL.



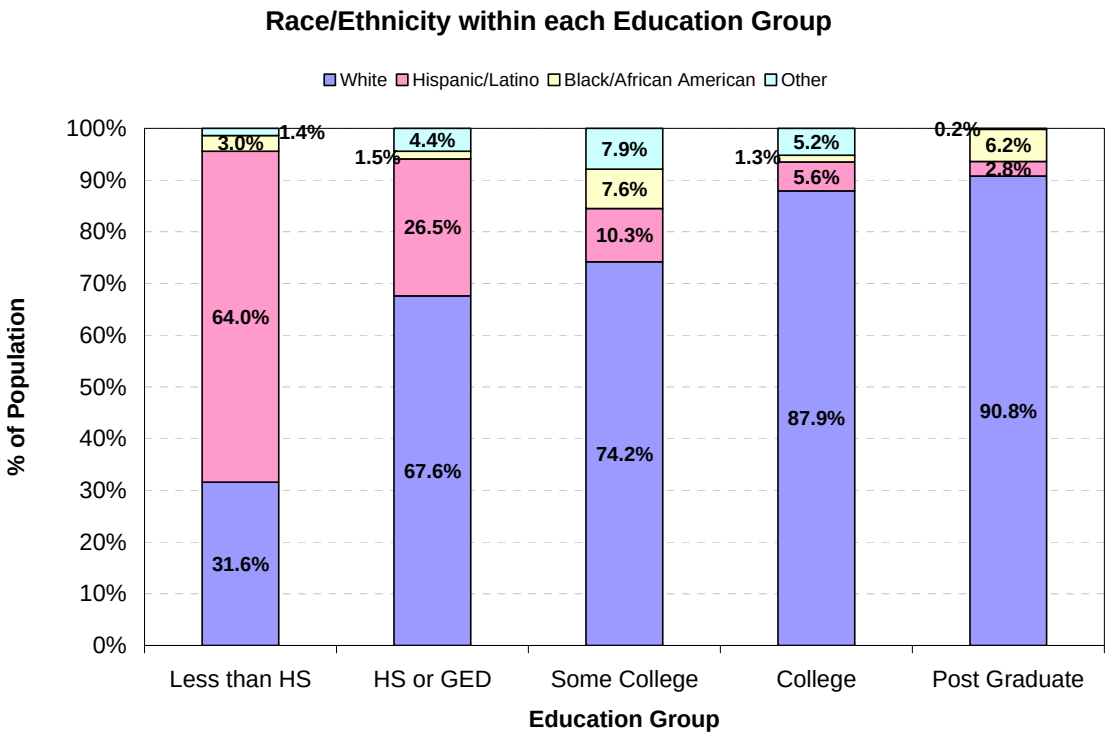
- Over one-half (52.9%) of those living at or below poverty (100% of the poverty guideline) are Hispanic; 19.3% are White. Of those living between 101 and 200% of poverty, about equal proportions are White (37.1%) and Hispanic/Latino (38.9%).

Household Income and Race/Ethnicity

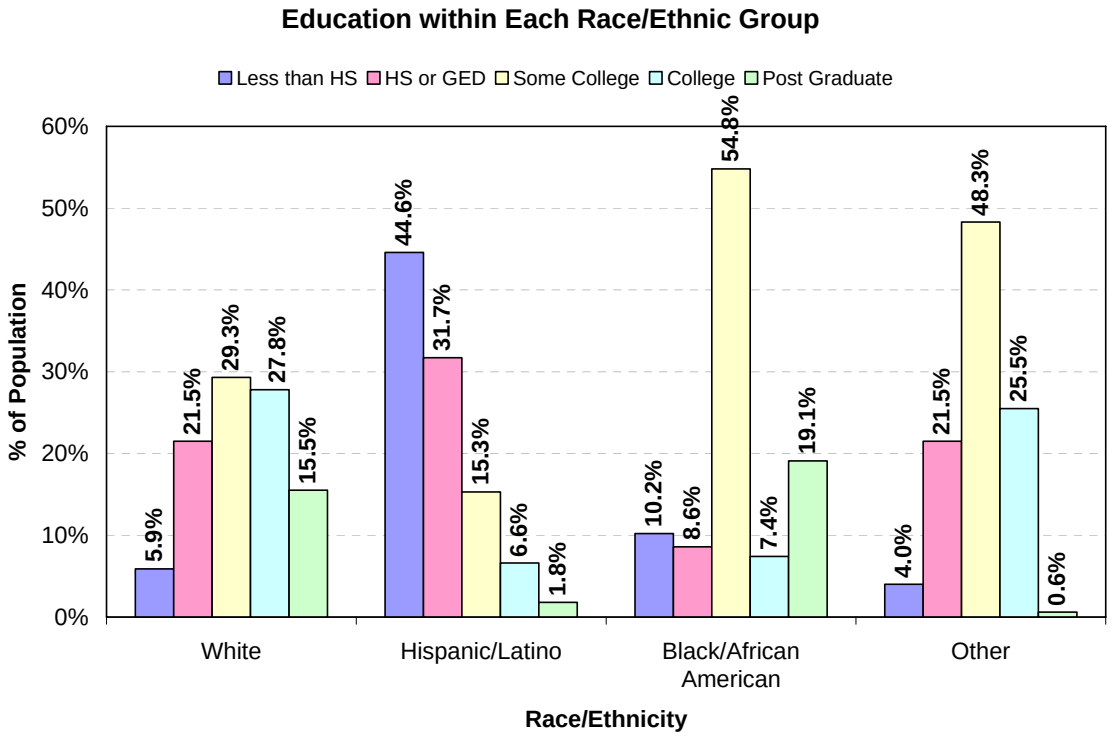


- Over 60% of Whites (61.2%) reported household incomes of $50,000 or more per year; 29.1% of Hispanic/Latino residents reported incomes in this range.

Education and Race/Ethnicity

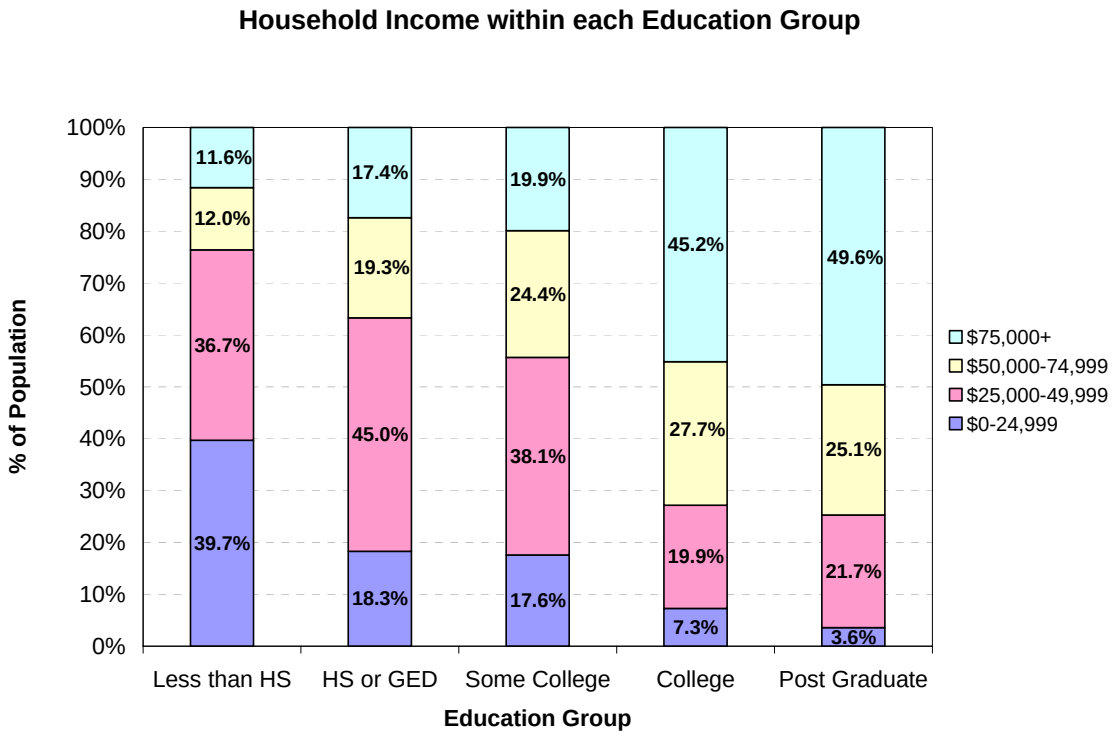


- Nearly two-thirds (64.0%) of DHCD residents with less than a high school degree are Hispanic/Latino.

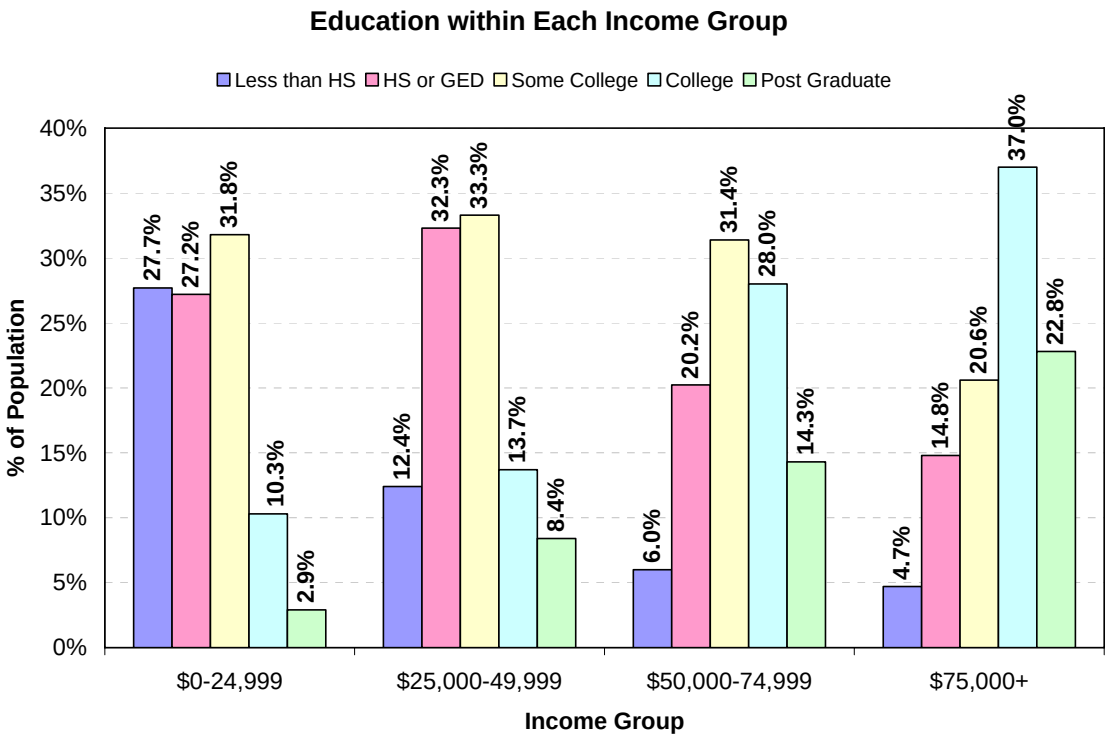


- Hispanic/Latino residents are at least 4 times more likely than other residents to report they have less than a high school education (44.6% compared to 5.9% for Whites, for instance).

Income and Education



- As is shown, there is a positive relationship between years of education and income. For instance, nearly 40% of those not completing high school have a household income of less than $25,000 per year. On the other hand, 49.6% of those with a post-graduate degree report an annual income of $75,000 or more.



- The proportion of residents in each income category with less than a high school degree decreases from 27.7% of respondents earning less than $25,000 annually, to 12.4% of respondents with incomes between $25,000 and $49,999, to 6.0% and again to 4.7% for the two highest income categories.

- The largest proportion of residents in all but the highest income category report having completed some college; the largest proportion (37.0%) of respondents earning $75,000 or more annually report being college graduates.

What Programs use the Poverty Guidelines?[7]

The HHS poverty guidelines, or percent multiples of them (such as 125 percent, 150 percent, or 185 percent), are used as an eligibility criterion by a number of federal programs, including those listed below. Examples of major means-tested programs that do not use the poverty guidelines are listed in the next section.

PROGRAMS BASED ON HHS POVERTY GUIDELINES

Department of Health and Human Services:

- Community Services Block Grant
- Head Start
- Low-Income Home Energy Assistance Program (LIHEAP)
- Community Food and Nutrition Program
- Parts of Medicaid (31 percent of eligibles in Fiscal Year 2004)
- Hill-Burton Uncompensated Services Program
- AIDS Drug Assistance Program
- State Children's Health Insurance Program
- Medicare – Prescription Drug Coverage (subsidized portion only)
- Community Health Centers
- Migrant Health Centers
- Family Planning Services
- Health Professions Student Loans — Loans for Disadvantaged Students
- Health Careers Opportunity Program
- Scholarships for Health Professions Students from Disadvantaged Backgrounds
- Job Opportunities for Low-Income Individuals
- Assets for Independence Demonstration Program

Department of Agriculture:

- Food Stamp Program
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- National School Lunch Program (for free and reduced-price meals only)
- School Breakfast Program (for free and reduced-price meals only)
- Child and Adult Care Food Program (for free and reduced-price meals only)
- Expanded Food and Nutrition Education Program

Department of Energy:

- Weatherization Assistance for Low-Income Persons

Department of Labor:

- Job Corps
- National Farm worker Jobs Program
- Senior Community Service Employment Program
- Workforce Investment Act Youth Activities

Department of the Treasury:

- Low-Income Taxpayer Clinics

Corporation for National and Community Service:

- Foster Grandparent Program
- Senior Companion Program

Legal Services Corporation:

- Legal Services for the Poor

[7] Frequently Asked Questions Related to the Poverty Guidelines and Poverty, U.S. Health and Human Services http://aspe.hhs.gov/poverty/faq.shtml#programs

Most of these programs are non-open-ended programs — that is, programs for which a fixed amount of money is appropriated each year. The only open-ended or "entitlement" programs that use the poverty guidelines for eligibility are Food Stamps, the National School Lunch Program, certain parts of Medicaid, and the subsidized portion of Medicare – Prescription Drug Coverage.

Some state and local governments have chosen to use the federal poverty guidelines in some of their own programs and activities. Examples include financial guidelines for child support enforcement and determination of legal indigence for court purposes. Some private companies (such as utilities, telephone companies, and pharmaceutical companies) and some charitable agencies also use the guidelines in setting eligibility for their services to low-income persons.

PROGRAMS NOT BASED ON HHS POVERTY GUIDELINES

Major means-tested programs that do not use the poverty guidelines in determining eligibility include the following:

- Temporary Assistance for Needy Families (TANF) and its predecessor, Aid to Families with Dependent Children (AFDC) (in most cases)
- Supplemental Security Income (SSI)
- Earned Income Tax Credit (EITC)
- State/local-funded General Assistance (in most cases)
- Large parts of Medicaid (69 percent of eligibles in Fiscal Year 2004)
- Section 8 low-income housing assistance
- Low-rent public housing

School Meal Programs

One measure of how many families are living close to the poverty level in Eastern Riverside County is the number of children eligible for free or reduced price meals at school. Eligibility is determined at 185% of the Federal Poverty Guidelines.

- There is significant variation between school districts in the percentage of children eligible for the two programs. Coachella Valley Joint Unified district has the highest eligibility at over 89%. The largest district, Desert Sand Unified, has a rate of 50%.

Percentage of Children Eligible for Free or Reduced Price School Meals for Eastern Riverside County School Districts

	Public Enrollment	Free Meals	Reduced Price Meals	Free/ Reduced Price Meals	% Free/ Reduced Price Meals
Coachella Valley Joint Unified	16,531	12,710	2,040	14,750	89.2%
Banning Unified	4,953	2,934	854	3,788	76.5%
Palm Springs Unified	23,689	13,200	4,009	17,209	72.6%
Palo Verde Unified	3,704	1,868	241	2,109	56.9%
Beaumont Unified	5,913	2,268	1,024	3,292	55.7%
Desert Sand Unified	25,304	9,909	2,734	12,643	50.0%
Desert Center Unified[a]	25	6	5	11	44.0%
Eastern Riverside County	***80,119***	***42,895***	***10,907***	***53,802***	***67.2%***
Riverside County	**393,227**	**146,038**	**51,609**	**197,647**	**50.3%**
California	**6,156,300**	**2,532,029**	**595,641**	**3,127,670**	**50.8%**

Source: State of California Department of Education
2005-2006 Free/Reduced-Price Meal Data
http://www.cde.ca.gov/ds/sh/sn/freereduced0506.asp Accessed 11/07/07
[a] Comprised of only one elementary school

Food Stamp & CalWorks Programs

Another measure of poverty in Eastern Riverside County is the enrollment in Food Stamp and California Work Opportunity and Responsibility to Kids (CalWORKs) programs.

- Food Stamp programs assist low-income households to obtain sufficient and healthier foods for their families.[8] Benefits are determined by the income, expenses, and number of persons in the household. Only essential food items can be purchased with food stamps. Alcoholic beverages, paper products, pet food, tobacco products, prepared hot foods, and cleaning products are excluded. Eligibility requirements include residence in the county, U.S. citizenship, income and resources below the allowable limit, and provision of social security numbers for all members of the household.

[8] http://www.fns.usda.gov/fsp/

Total Food Stamp Enrollment Eastern Riverside County as of September 2006

	All Food Stamp Programs	Non-Assistance Food Stamps	Public Assistance Food Stamps	Transitional Food Stamps
ERC Total	**7,975**	**3,789**	**3,170**	**1,016**

Source: September 2006 Caseload Summary data set.
Planning and Evaluation, County of Riverside, Department of Public Social Services

- CalWORKs provides temporary cash assistance, employment focused services and other supportive services to needy families with children.[9] Limits on income, property, and resources determine eligibility for the program. Most able-bodied aided parents are also required to participate in the CalWORKs Greater Avenues for Independence (GAIN) employment services program. There is also a time limit as to how long adults can receive CalWORKs. CalWORKs supportive services include child care, counseling, mental health services, bus fare, substance abuse treatment, and job retention services in addition to cash grants. Many families receiving CalWORKs also receive Food Stamp benefits.

- Homeless persons may be eligible to receive CalWORKs and/or food stamps.

Total CalWORKs Enrollment Eastern Riverside County as of September 2006

	Adoption Assist.	Child Care	Cash Assist. Program for Immigrants	CalWORKs	Diversion	Foster Care	Food Stamps (All)	Gen Relief/ Assist.	Cal WORKs Homeless Perm.	CalWORKs Homeless Temp.	In-Home Supportive Services	Immediate Need	Welfare To Work (GAIN)
ERC Total	**652**	**858**	**22**	**5,323**	**57**	**763**	**7,975**	**23**	**17**	**31**	**3,751**	**49**	**2,048**

Source: September 2006 Caseload Summary data set.
Planning and Evaluation, County of Riverside, Department of Public Social Services

[9] http://www.cdss.ca.gov/cdssweb/PG85.htm

Medi-Cal & Indigent Programs

Medi-Cal is California's Medicaid program. It is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care children, pregnant women, and low income people with specific diseases such as tuberculosis, breast cancer, or HIV/AIDS. Medi-Cal is financed equally by the State and Federal Governments.[10]

Total Medi-Cal Enrollment by Age Category Eastern Riverside County 2005

	Total Enrolled	Total < Age 6 Enrolled	Total Age 6 - 17 Enrolled
Region Total	**79,398**	**19,213**	**24,147**

Source: State of California Medical Care Statistics Section: Medi-Cal Beneficiaries by Zip Code, 2005
Compiled: Epidemiology and Program Evaluation Branch, Department of Public Health
Community Health Agency, County of Riverside

Medically Indigent Services Program (MISP)

The Medically Indigent Services Program (MISP), developed in Riverside County in 1983, was designed to provide assistance for the health needs of adults between the ages of 21 and 64; specifically, it was designed to cover acute illnesses and medical care to prevent disability. The goal of the program is to reduce costly hospitalization and increase the ability to work. County of Riverside residents, who may not otherwise qualify for Medi-Cal, might be able to qualify for the County of Riverside MISP program. The MISP program provides primary care (outpatient) through the county network of clinics.

[10] http://www.dhcs.ca.gov/services/medi-cal/Pages/Default.aspx

DEMOGRAPHICS OF CHILDREN AND THEIR ADULT SURVEY RESPONDENTS

This section gives the general demographic characteristics of the Desert Healthcare District child survey respondents. There were 283 surveys completed for households reporting having a child under 18.

The tables show the weighted percentage of responses for each question, the estimated population that those responses represent, and the actual number of respondents. Population estimates are derived using the most recent population numbers available for the region. They are calculated using a statistical weighting method that allows the survey data to more accurately reflect the entire population of the Desert Healthcare District.
The following questions were asked of adults being interviewed about a randomly selected child under 18 in their household.

Q: Which one of these groups would you say best represents your child's race?

	Weighted Percent	Population Estimate	Actual Responses
Hispanic or Latino	59.0	21,596	130
White	30.3	42,032	120
Black or African American	7.2	5,124	14
Other	3.5	2,506	13
Total	**100.0**	**71,258**	**277**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of children (59.0%) in the survey data are Hispanic/Latino; about 1 in 3 children (30.3%) is White, 7.2% are Black, and the remainder are classified as other (includes Asian, American Indian or Alaska Native, Native Hawaiian or other Pacific Islander, and Multi-racial).

Q: Would you consider your child to be... ?

	Weighted Percent	Population Estimate	Actual Responses
Mexican American, Chicano	87.8	41,928	131
Central American	8.6	4,111	10
Other	3.5	1,201	8
Total	**100.0**	**47,741**	**149**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those whose child is Hispanic/Latino, or of Spanish origin, 87.8% are of Mexican American/Chicano descent.

Q: How old is your child?

	Weighted Percent	Population Estimate	Actual Responses
0-5	33.3	24,137	100
6-11	22.8	16,528	74
12-17	44.0	31,910	109
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Children 0-5 comprise 33.3% and children 6-11 make up 22.8%; the largest proportion (44.0%) of children is between 12 and 17 years of age.

Q: What is your child's gender/sex?

	Weighted Percent	Population Estimate	Actual Responses
Male	57.6	41,405	158
Female	42.4	30,464	124
Total	**100.0**	**71,869**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (57.6%) of respondents indicated their randomly selected child was male.

Q: What is the marital status of the child's parents or guardians?

	Weighted Percent	Population Estimate	Actual Responses
Married	62.3	45,084	177
Separated	11.6	8,390	20
Single, Never Married	10.0	7,248	30
Divorced	8.3	6,041	31
Cohabitating with a Partner	6.1	4,381	18
Widowed	1.0	727	5
Other	0.7	481	1
Total	**100.0**	**72,354**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- More than 3 in 5 (62.3%) of adult respondents to the child survey reported the child's parents as married; approximately equal proportions reported the child's parents are separated (11.6%) and single, having never married (10.0%).

Q: What is your relationship to the child?

	Weighted Percent	Population Estimate	Actual Responses
Birth Mother	67.3	47,576	188
Birth Father	22.9	16,193	67
Grandparent	4.5	3.202	11
Other	5.4	3,757	13
Total	**100.0**	**70,727**	**279**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (67.3%) of adults responding to the child survey self-identified as the child's birth mother, while more than one-fifth (22.9%) self-identified as the child's birth father.

Q: Which one of these groups would you say best represents your race?

	Weighted Percent	Population Estimate	Actual Responses
Hispanic or Latino	56.7	40,651	128
White	33.5	23,990	129
Black or African American	7.4	5,301	15
Other	2.4	1,697	7
Total	**100.0**	**71,638**	**279**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- For households participating in the child survey, 56.7% of adults reported being Hispanic or Latino; one-third (33.5%) reported their race as White.

Q: Would you consider yourself to be…

	Weighted Percent	Population Estimate	Actual Responses
Mexican American, Chicano	89.3	37,878	120
Central American	7.8	3,291	9
Other	2.9	1,242	8
Total	**100.0**	**42.411**	**137**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of adults reporting being Hispanic/Latino, or of Spanish origin, 89.3% are of Mexican American or Chicano descent.

Q: Language of interview (Coded by Interviewer)

	Weighted Percent	Population Estimates	Actual Responses
Spanish	33.1	24,057	80
English	66.9	48,518	203
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 66.9% of the interviews were conducted in English and 33.1% in Spanish.

Q: Sex of respondent (Coded by Interviewer)

	Weighted Percent	Population Estimates	Actual Responses
Male	31.0	22,484	90
Female	69.0	50,091	193
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- A larger proportion of female (69.0%) respondents participated in the child survey.

Q: What is your age?

	Weighted Percent	Population Estimate	Actual Responses
18-24	8.4	6,092	23
25-34	30.3	21,831	74
35-44	37.7	27,170	106
45-54	17.7	12,741	56
55+	5.9	4,278	20
Total	**100.0**	**72,111**	**279**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (37.7%) of adults participating in the child survey reported being between 35 and 44, while 30.3% were between 25 and 34.

Q: Are you a citizen of the United States?

	Weighted Percent	Population Estimate	Actual Responses
Yes	69.0	49,471	207
No	31.0	22,241	72
Total	**100.0**	**71,713**	**279**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost one-third (31.0%) of adult respondents to the child survey reported they are not US citizens.

Q: Are you a permanent resident with a green card?

	Weighted Percent	Population Estimate	Actual Responses
Yes	49.8	11.076	37
No	50.2	11,166	35
Total	**100.0**	**22,241**	**72**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the non-citizens, 49.8% indicated they have permanent residency status while half (50.2%, representing 11,166 residents) do not.

Q: Do you hold a temporary visa that permits you to stay in the United States?

	Weighted Percent	Population Estimate	Actual Responses
Yes	13.5	1,506	6
No	86.5	9,660	29
Total	**100.0**	**11,166**	**35**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the non-citizens without permanent residency status, 13.5% reported they hold a temporary visa to stay in the U.S. and 86.5% do not.

Q: What is the highest grade or year of school you completed?

	Weighted Percent	Population Estimate	Actual Responses
Did not complete High School	35.0	25,109	80
Grade 12 or GED	26.2	18,757	64
Course Work beyond High School	21.5	15,400	68
College and Post Graduate Degree	17.3	12,424	69
Total	**100.0**	**71,690**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the adults answering questions about their child, more than one-third (35.0%) reported not completing high school; 26.2% have completed high school or obtained their GED, while 21.5% have completed course work beyond high school. The smallest proportion (17.3%) have completed a college degree or obtained more education.

Q: What is your annual household income level before taxes?

	Weighted Percent	Population Estimates	Actual Responses
$0 - $24,999	31.8	19,548	70
$25,000 - $49,999	47.0	28,867	95
$50,000 - $74,999	6.9	4,220	27
$75,000 +	14.4	8,821	45
Total	**100.0**	**61,457**	**237**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (78.8%) of adult respondents to the child survey reported making under $50,000 per year; 14.4% earn $75,000 or more annually.

Q: Are you currently employed for wages, self-employed, out of work, a homemaker, a student, retired, or unable to work?

	Weighted Percent	Population Estimates	Actual Responses
Employed or Self-employed	56.7	32,563	169
Homemaker	26.1	18,691	67
Out Of Work	10.9	7,804	23
Unable To Work	4.6	3,287	13
Retired	1.3	939	6
Student	0.4	288	3
Total	**100.0**	**71,586**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 57% of adults who answered questions about a randomly selected child in their household are employed or self-employed; one-quarter (26.1%) are homemakers.

Q: Would you describe yourself as employed full-time or part-time, in one or two or more jobs

	Weighted Percent	Population Estimates	Actual Responses
Full-time in 1 job	77.0	31,070	124
Part-time in 1 job	15.5	6,274	29
Full-time in 2 jobs	2.4	975	5
Part-time in 2 or more jobs	2.4	951	5
Other	2.7	1.085	5
Total	**100.0**	**40.355**	**168**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those reporting they are employed or self-employed, 77.0% have 1 full-time job and 15.5% have 1 part time job.

Q: Do you own or rent your current home

	Weighted Percent	Population Estimates	Actual Responses
Own	46.0	32,969	143
Rent	54.0	38,780	138
Total	**100.0**	**71,748**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost half (46.0%) of the adult respondents in the child survey report owning their home; 54.0% report renting their home.

Q: Do you consider yourself a full time resident of the Eastern Riverside County?

	Weighted Percent	Population Estimate	Actual Responses
Yes	92.6	67,208	279
No	7.4	5,367	4
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly all adults who participated in the child survey (92.6%) consider themselves full time residents of the area.

Q: How many members of your household, including yourself, are 18 years of age or older?

	Weighted Percent	Population Estimate	Actual Responses
1	12.2	8.852	46
2	58.8	42.641	170
3	14.3	10.394	42
4 or more	14.8	10,688	25
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the adults selected to answer questions about a child in their household, the majority (58.8%) have two adult members in their household.

Q: How many children under the age of 18 presently reside in your household?

	Weighted Percent	Population Estimates	Actual Responses
1	18.0	13,076	107
2	32.3	23,435	88
3	26.1	18,895	54
4	13.6	9,820	21
5 or more	10.0	7,222	11
Total	**100.0**	**72,448**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Households with 2 children were reported 32.3% of the time, followed by 26.1% reporting 3 children in their household.

Q: How many children in this household are between the ages of 0 to 5 years old?

	Weighted Percent	Population Estimate	Actual Responses
None	40.1	29,126	144
1	29.6	21,482	90
2	19.4	14,050	33
3	8.2	5,959	12
4 or more	2.7	1,958	4
Total	**100.0**	**72.575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion of respondents (40.1%) reported no children between 0 and 5 years of age in the household. Approximately 3 in 10 (29.6%) reported one child between 0 and 5 and 19.4% reported two children in this age range. Less than 3% had 4 or more children 5 years old or younger in their household.

Q: How many children in this household are between the ages of 6 to 17 years old?

	Weighted Percent	Population Estimate	Actual Responses
None	11.6	8,442	56
1	27.4	19,853	102
2	33.5	24,345	81
3	14.3	10,353	28
4 or more	13.2	9,583	16
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About one-tenth (11.6%) of households reported having no children between 6 and 17, while 27.4% reported 1 child and 33.5% reported having 2 children in this age range.

Q: How many people reside in your household? Please include adults and children.

	Weighted Percent	Population Estimates	Actual Responses
2	2.8	2,022	21
3	11.0	7,993	68
4	26.8	19,442	83
5	27.3	19,799	63
6	12.8	9,280	26
7 or more	19.3	14,038	22
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About equal proportions of respondents report having four (26.8%) or five (27.3%) adults and children within their household.

Q: How many bedrooms are in your home?

	Weighted Percent	Population Estimate	Actual Responses
1 bedroom	5.2	3,775	17
2 bedrooms	20.2	14,606	62
3 bedrooms	45.0	32,589	130
4 bedrooms	24.8	17,973	57
5 or more bedrooms	4.8	3,445	15
Total	**100.0**	**72.388**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly half (45.0%) of respondents reported having three-bedroom homes and 24.8% reported having four bedrooms in their home.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Adult Access

HEALTH CARE COVERAGE

PRESCRIPTION COVERAGE

DENTAL COVERAGE

HEALTH CARE COVERAGE

Health Care Coverage

Healthy People 2010 Goal: Increase the proportion of persons with health insurance to 100%

Most Americans have health insurance through their employers; however, employment does not guarantee health insurance coverage. As America continues to move from a manufacturing-based economy to a service economy, and employee working patterns continue to evolve, health insurance coverage is becoming less stable. The service sector offers less access to health insurance than its manufacturing counterparts do. Further, an increasing reliance on part-time and contract workers not eligible for coverage means fewer workers have access to employer-sponsored health insurance.

Some companies that offer health insurance often require employees to contribute a fairly large share toward their coverage. As a result, an increasing number of Americans cannot take advantage of job-based health insurance because they cannot afford it. Additionally, due to rising health insurance premiums, many small employers cannot afford to offer health benefits.

Lack of insurance compromises the health of the uninsured because they receive less preventive care, are diagnosed at more advanced disease stages, and once diagnosed, tend to receive less therapeutic care and have higher mortality rates than insured individuals.

Important Statistics about Health Care Coverage

- According to the U.S. Census Bureau, both the proportion and the number of people without health insurance increased in 2006. The proportion without health insurance increased from 15.3% in 2005 to 15.8% in 2006 and the number of uninsured increased from 44.8 million to 47.0 million.[11]
- The proportion of people covered by employment-based health insurance decreased from 60.2% in 2005 to 59.7% in 2006.[12]
- The proportion of people covered by government health programs decreased from 27.3% in 2005 to 27.0% in 2006. The percentage and the number of people covered by Medicaid were statistically unchanged at 12.9% and 38.3 million, respectively, in 2006.[13]

11 Health Insurance Coverage 2006: Highlights. U.S. Census Bureau. http://www.census.gov/hhes/www/hlthins/hlthin06/hlth06asc.html
12 Ibid.
13 Ibid.

Health Care Insurance Coverage

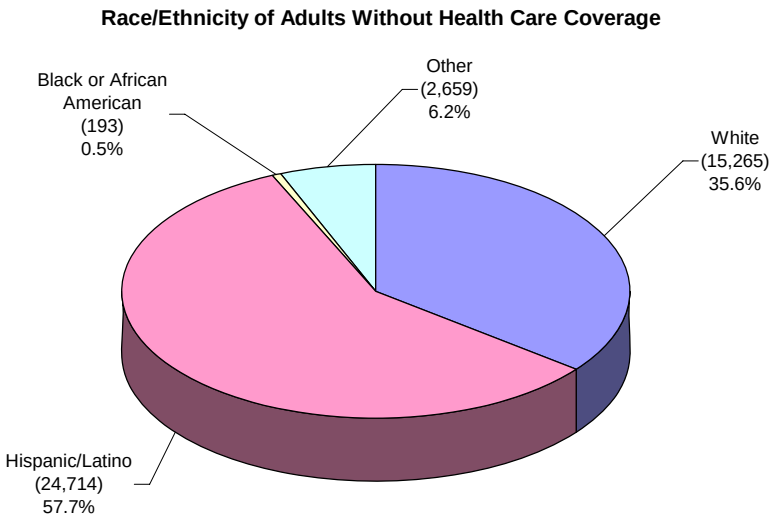
Q: Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMO's or government plans such as Medicare, Medi-Cal (IEHP) or the VA (CHAMP-VA)?

	Weighted Percent	Population Estimates	Actual Responses
Yes	85.6	269,637	1,364
No	14.4	45,221	129
Total	**100.0**	**314,858**	**1,493**

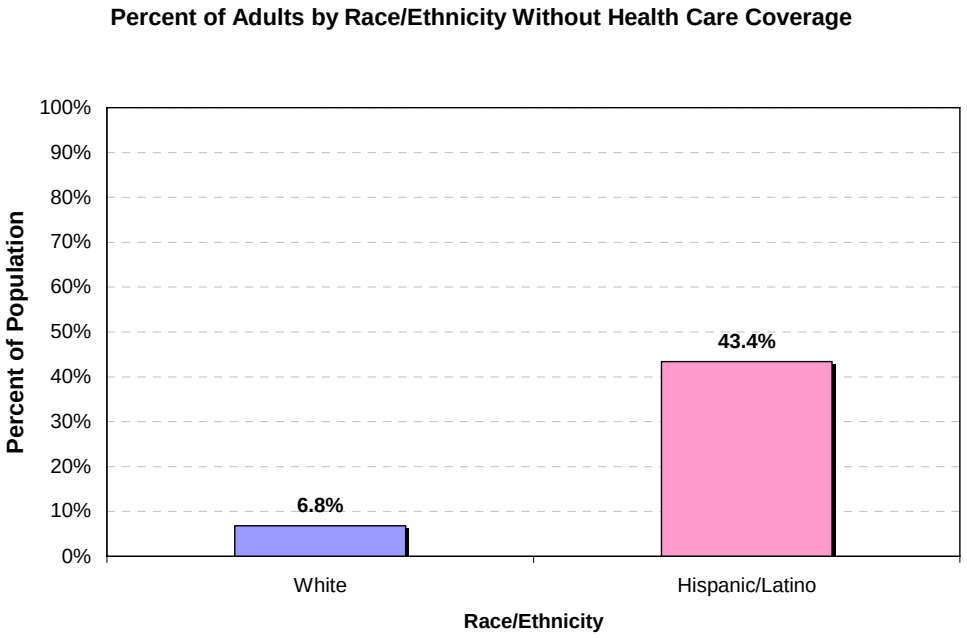
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 14% of respondents reported they do not have any kind of health care coverage; they represent about 45,000 Desert Healthcare District residents.

Race/Ethnicity Analyses for Adults Without Health Care Coverage

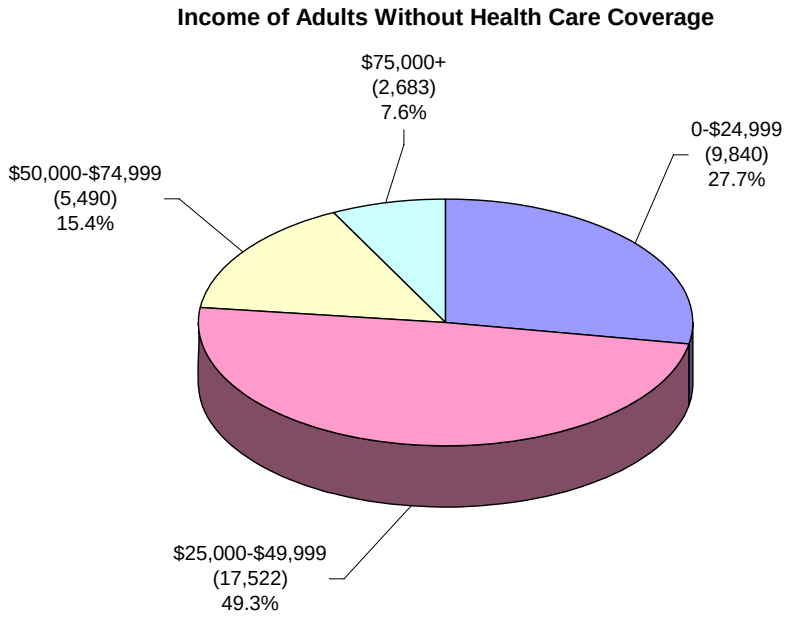


- Slightly more than half (57.7%) of respondents without health care coverage identified as Hispanic/Latino; about one-third (35.6%) are White.

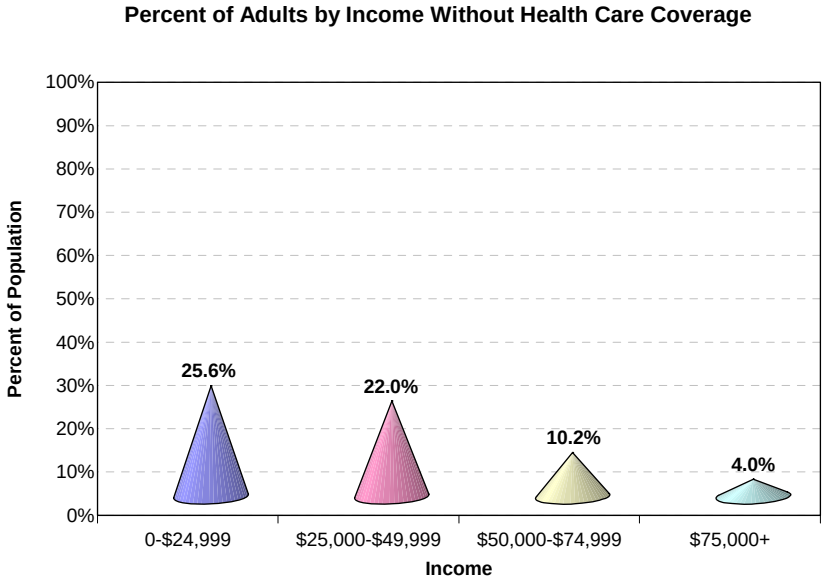


- Over six times as many Hispanic/Latino respondents as White respondents do not have health insurance (43.4% compared to 6.8%).

Income Analyses for Adults Without Health Care Coverage

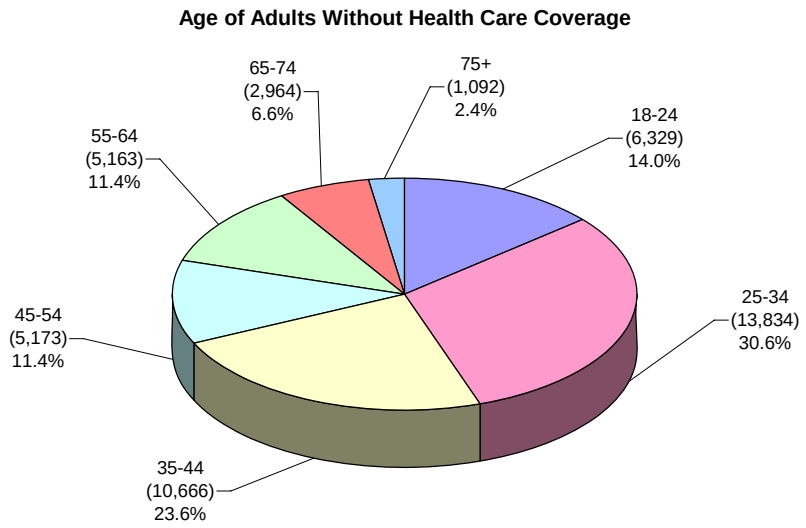


- Over three-fourths of respondents without health care coverage reported incomes below $50,000 (representing 27,362 Desert Healthcare District residents).

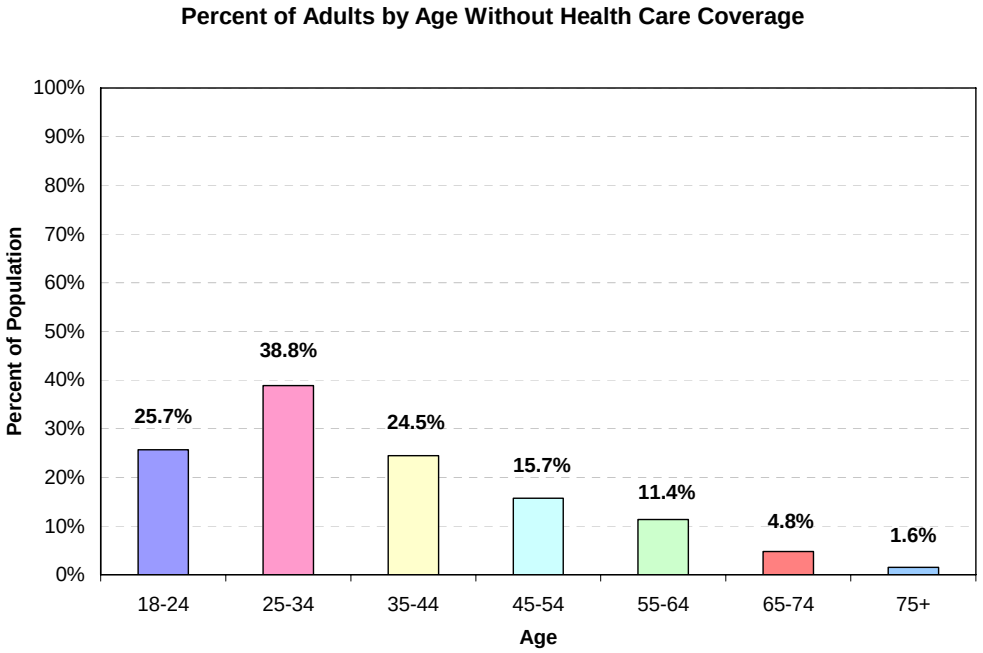


- A quarter of respondents (25.6%) earning less than $25,000 reported they do not have health care coverage; this is about equal to those who earned $25,000-$49,999 (22.0%). Respondents with higher incomes are more likely to have coverage.

Age Analyses
For Adults without Health Care Coverage



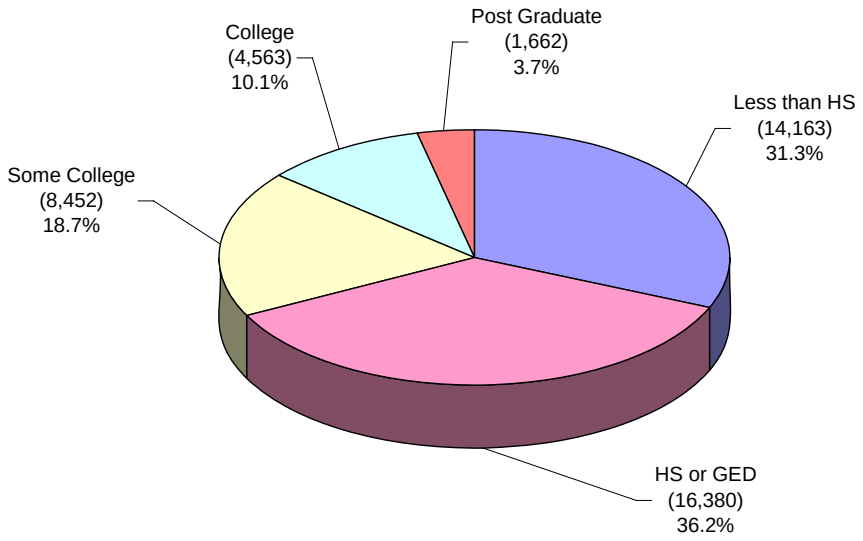
- Approximately half (53.6%) of adults without health care coverage are between 25 and 44 years of age. Respondents age 45-54 and 55-64 are equally represented (11.4%), while respondents 65 and older comprise less than 10% of Desert Healthcare District residents without health insurance.



- Nearly one-quarter (25.7%) of residents 18-24 are without health insurance; nearly 2 in 5 respondents (38.8%) 25 to 34 years old do not have coverage. The proportion of respondents without health care coverage decreases as respondents' ages increase thereafter.

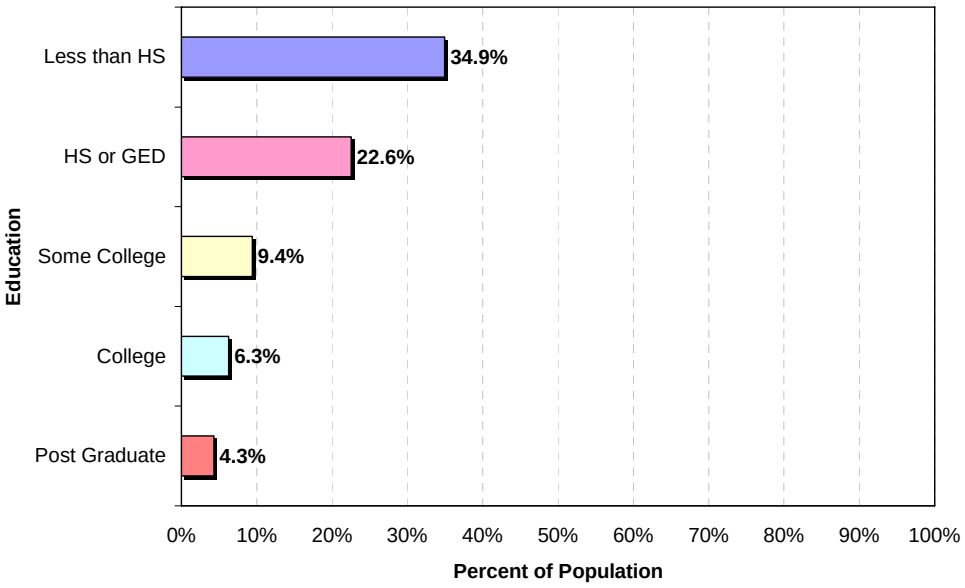
Education Analyses
For Adults without Health Care Coverage

Education of Adults Without Health Care Coverage



- Over 65% of respondents without health care coverage report a high school/GED degree or less education.

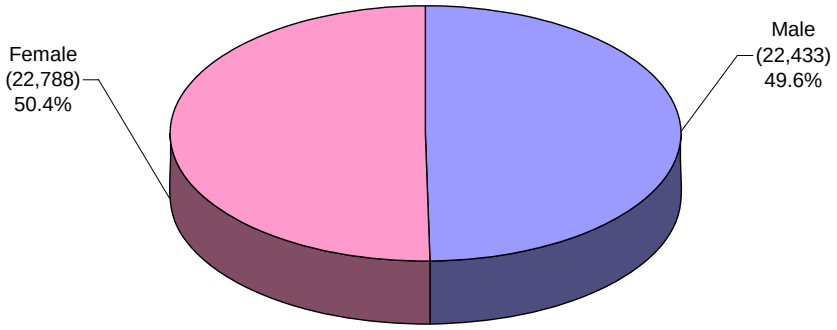
Percent of Adults by Education Without Health Care Coverage



- Over one-third (34.9%) of respondents with less than a high school education do not have health care coverage; the proportion of respondents without health care coverage decreases with each categorical advancement in education.

Gender Analyses
For Adults without Health Care Coverage

Gender of Adults Without Health Care Coverage



- Of those without health care coverage, 50.4% are female and 49.6% are male.
- Roughly equal proportions of males (14.9%) and females (13.8%) are without health care coverage (graph not included).

Summary of Analyses
For Adults without Health Care Coverage

- Hispanic/Latinos are over six times more likely than Whites to be without health care coverage.
- Respondents who report earning less income are more likely to be without health care coverage.
- In general, as age increases health care coverage increases as well.
- Health care coverage is less prevalent among those with less education.
- Nearly equal proportions of males and females are without health care coverage.

Type of Coverage

Q. What type of coverage do you use to pay for MOST of your medical care?

Type of Coverage	*Weighted Percent*	*Population Estimates*	*Actual Responses*
Medicare	38.4	97,251	568
My Employer	21.0	53,260	275
Some Other Source	17.2	43,418	181
MediCal IEHP	8.6	21,782	68
A Plan that you or Someone Else Buys	7.4	18,635	102
Someone Else's Employer	3.1	7,939	42
Military Champus or VA	2.1	5,370	41
Paying with Own Money	1.9	4,734	26
MSI (Medical Services for the Indigent)	.2	553	4
AIM	.0	111	2
Total	**100.0**	**253,051**	**1309**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Those with insurance were asked for the type of coverage they carry. About 38% of these respondents indicated they have insurance through Medicare and approximately one-fifth (21.0%) have insurance through their employer.

Why Without Health Care Coverage

Q: What is the MAIN reason you are without health care coverage?

Reasons	Weighted Percent	Population Estimates	Actual Responses
Can't Afford to Pay Premiums	29.0	12,027	39
Lost or Changed Job	10.1	4,201	16
Don't Need it	8.0	3,331	12
Applying for Health Care Coverage	4.6	1,916	5
Employer Does Not Offer	3.8	1,588	8
Lack of Documentation to Prove Legal Residency	3.7	1,526	3
Refused by Insurance Co.	3.5	1,444	5
Lost Medi-Cal or Medical Assistance Eligibility (Medicaid)	3.1	1,272	1
Benefits from Employer or Former Employer Ran Out	2.2	931	1
Became Divorced or Separated	1.7	693	2
Spouse or Parent Died	.3	117	1
Some Other Reason	29.9	12,378	18
Total	**100.0**	**41,423**	**111**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Respondents without any health care coverage were asked to indicate the main reason they lacked such coverage. The largest proportion of respondents whose answer was coded (29.0%) indicated they cannot afford to pay the premiums. One in ten (10.1%) indicated they lost or recently changed jobs.

Without Health Insurance in the Past 12 Months

Q: During the past 12 months, was there any time when you had no health insurance at all?

	Weighted Percent	Population Estimates	Actual Responses
Yes	6.3	17,181	58
No	93.7	255,474	1,307
Total	**100.0**	**272,655**	**1,365**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Around 6% of respondents indicated they did not have health insurance some time during the past 12 months; they represent about 17,000 residents within the Desert Healthcare District.

PRESCRIPTION COVERAGE

Advancements in prescription drug therapy have tremendously improved longevity and the quality of life. However, the costs of prescription medications have skyrocketed and are increasing faster than any other area of health care. Access to the benefits of prescription drug therapy can be negatively affected by the lack of prescription coverage.

Important Statistics about Prescription Usage and Coverage

- Spending for prescription drugs was $179.2 billion in 2003, almost 4.5 times greater than the $40.3 billion spent in 1990. Although 2003 prescription drug spending was 11% of GDP, it was one of the fastest growing components.[14]
- Nearly all (98%) covered workers in employer-sponsored plans had a prescription drug benefit in 2005.[15]
- Lack of prescription insurance can have adverse effects. A recent survey found that uninsured adults are twice as likely as insured adults to say that they or a family member cut pills, did not fill a prescription, or skipped medical treatment in the past year because of the cost. For seniors age 65+, the survey found that those with no drug coverage were more likely than those with drug coverage not to fill a prescription or to skip or take a smaller dose due to costs.[16]

Q: Do you have any kind of health coverage that covers some or all of the cost of your prescription drugs?

	Weighted Percent	Population Estimates	Actual Responses
Yes	77.7	244,643	1,234
No	22.3	70,286	245
Total	**100.0**	**314,929**	**1,479**

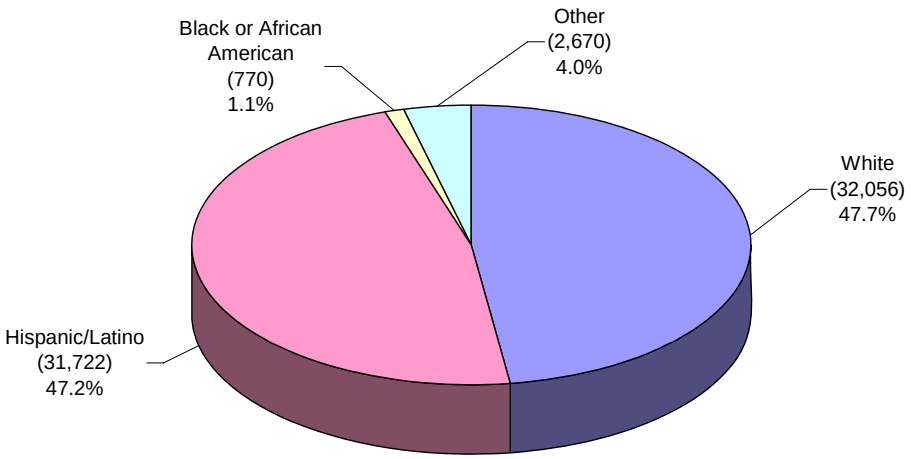
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Slightly more than one-fifth (22.3%) of respondents reported they do not have any kind of health care coverage that covers some or all of the cost of their prescription drugs.

[14] *Prescription Drug Trends*. Kaiser Family Foundation. http://www.kff.org/insurance/upload/3057-04.pdf
[15] Ibid.
[16] Ibid.

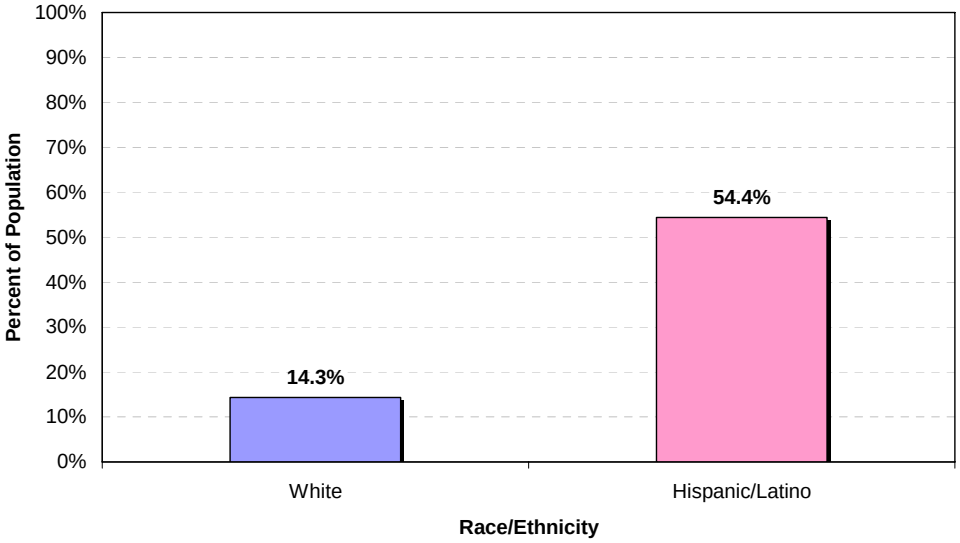
Race/Ethnicity Analyses
For Adults without Prescription Coverage

Race/Ethnicity of Adults Without Prescription Coverage



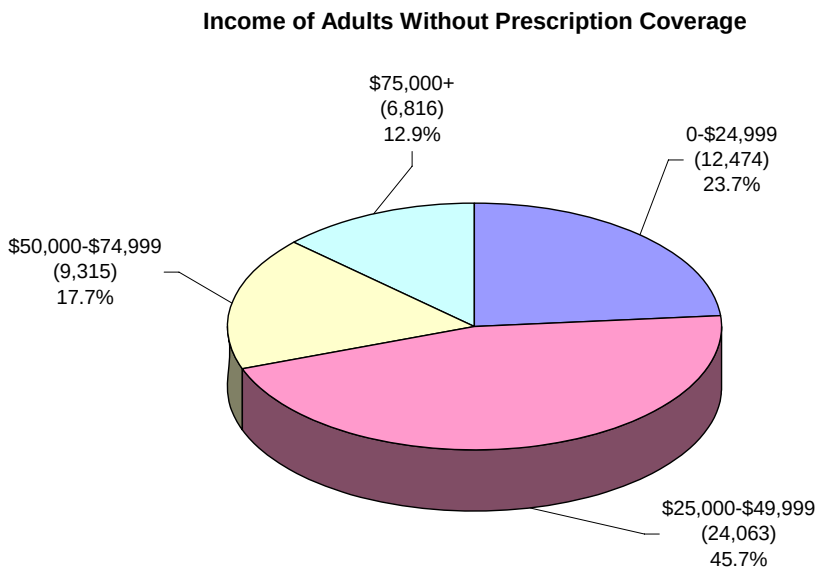
- Of those without prescription coverage, Whites (47.7%) and Hispanic/Latinos (47.2%) represent relatively equal proportions.

Percent of Adults by Race/Ethnicity Without Prescription Coverage

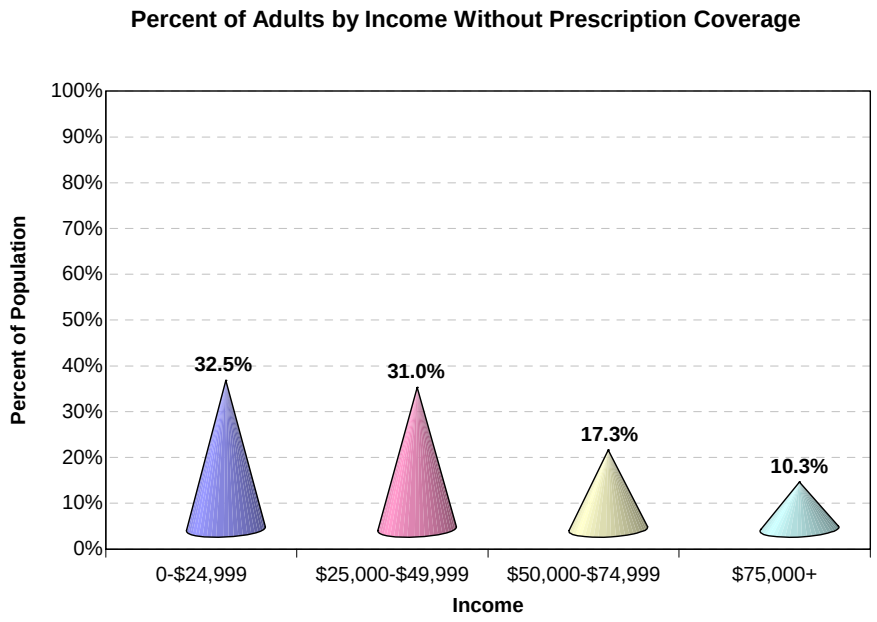


- Over half (54.4%) of Hispanic/Latino Desert Healthcare District respondents do not have prescription coverage; less than 15% of White respondents do not have coverage.

Income Analyses for Adults without Prescription Coverage



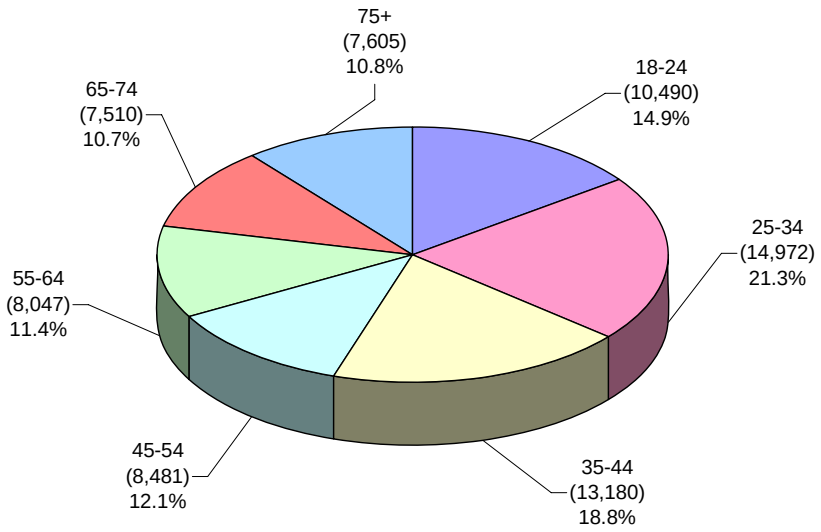
- Of those without prescription coverage, more than two-thirds (69.4%) report annual earnings of less than $50,000.



- Nearly 1 in 3 respondents (32.5%) earning less than $25,000 and 31.0% of those earning between $25,000 and $49,999 lack health care coverage.

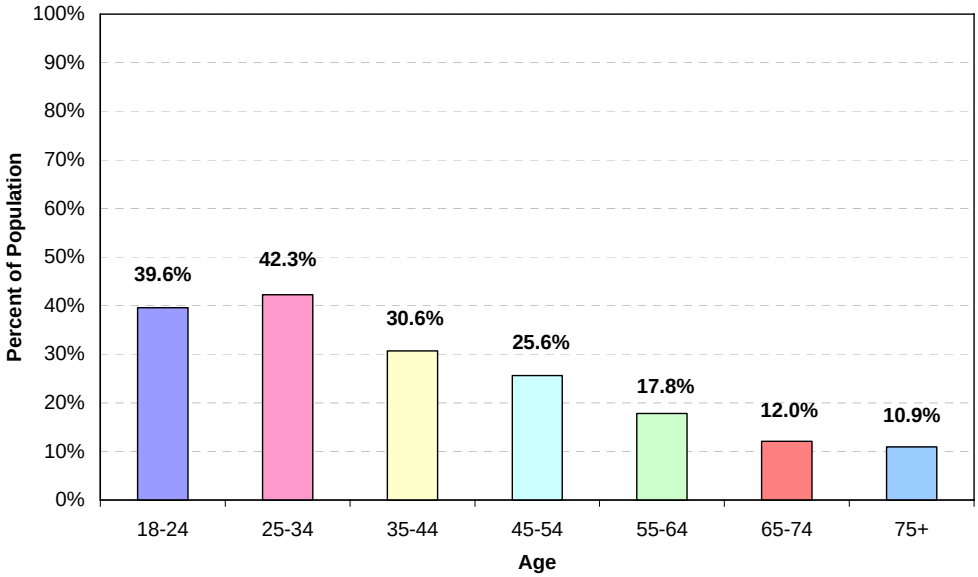
Age Analyses for Adults without Prescription Coverage

Age of Adults Without Prescription Coverage



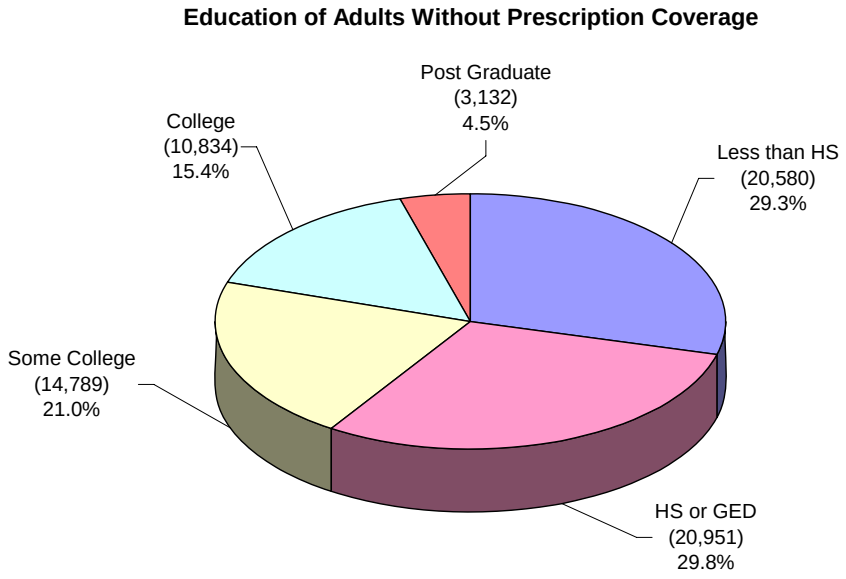
- Two-thirds (67.1%) of adults without prescription coverage are under 55 years of age; all other age categories comprise roughly equal proportions of those without prescription coverage.

Percent of Adults by Age Without Prescription Coverage

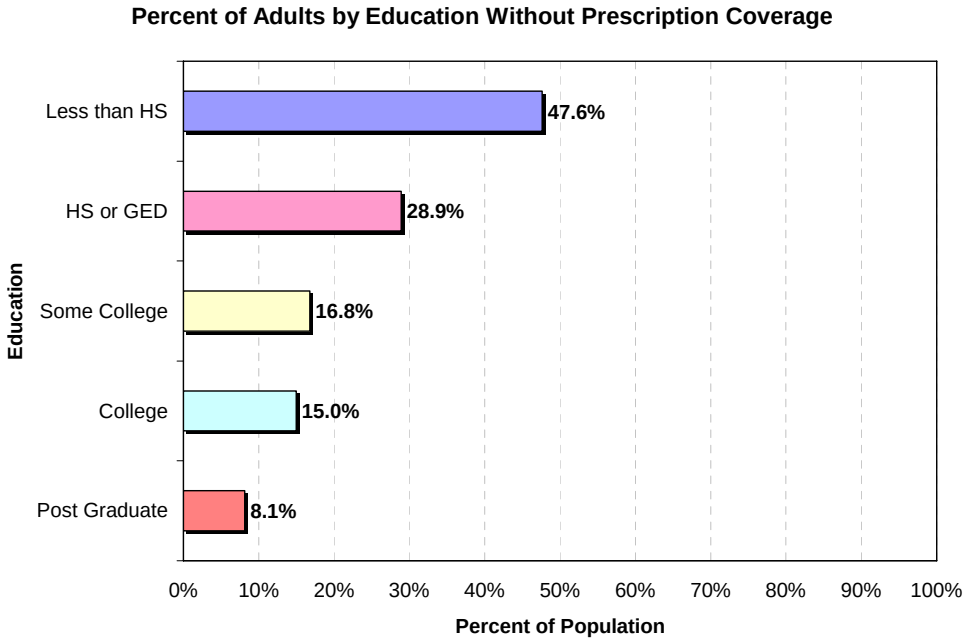


- Two of five (39.6%) respondents 18-24 are without prescription coverage; this increases for respondents 25-34 years old to 42.3%, then decreases as age increases for older adults and seniors.

Education Analyses for Adults without Prescription Coverage



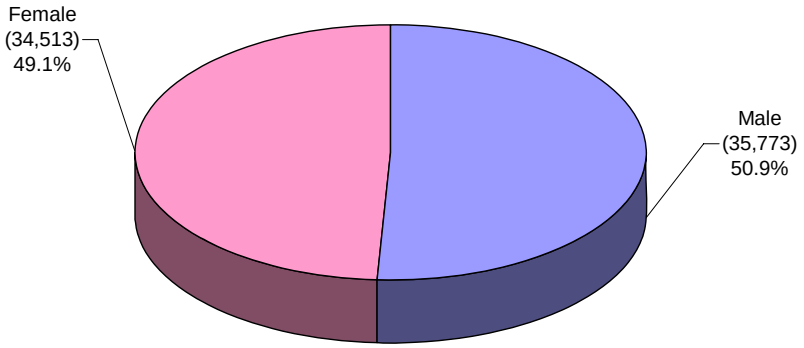
- About 60% of those without prescription coverage have a high school/GED or less education; 1 in 5 respondents (21.0%) report completing some college.



- About half of the respondents with less than a high school education (47.6%) are without prescription coverage; the proportion without coverage declines with advanced education.

Gender Analyses for Adults without Prescription Coverage

Gender of Adults Without Prescription Coverage



- Half of those without prescription coverage are males (50.9%); 49.1% are females.
- Nearly a quarter of males (24.2%) and one-fifth of females (20.6%) do not have prescription coverage (graph not included).

Summary of Analyses for Adults without Prescription Coverage

- Younger adults (under 35 years of age), compared to older adults and seniors, are more likely to lack prescription coverage.
- Respondents with incomes less than $50,000 are more likely to be without prescription coverage.
- Generally, the proportion of respondents without prescription coverage decreases as age increases.
- The proportion of residents without prescription coverage decreases with advanced education.
- Relatively equal proportions of males and females are without prescription coverage.

DENTAL COVERAGE

Oral and dental health is an important, but often neglected, component of overall health care. Unfortunately, many adults do not receive essential dental services because of difficulties encountered in accessing dental care. Access to regular dental care provides an opportunity for routine cleanings and early diagnosis, prevention, and treatment of dental problems. It also provides the individual with an opportunity to learn about the importance of good dental habits such as brushing and flossing regularly. Two major barriers to regular dental care are a lack of dental insurance coverage and concerns about the costs of dental care.

Important Statistics about Dental Care and Coverage

- According to the Centers for Disease Control and Prevention, 44% of adults do not have dental insurance.[17]
- The two most common reasons for not seeking needed dental care are cost and not perceiving a dental problem.[18]
- About 49% of adults (45-64 year olds – mostly boomers) and 43% of older adults (age 65 and over) had at least one dental visit during 2004.[19]

Q: Do you have any kind of health coverage that pays for some or all of your routine dental care?

	Weighted Percent	Population Estimates	Actual Responses
Yes	49.8	155,560	723
No	50.2	156,770	756
Total	**100.0**	**312,330**	**1,479**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

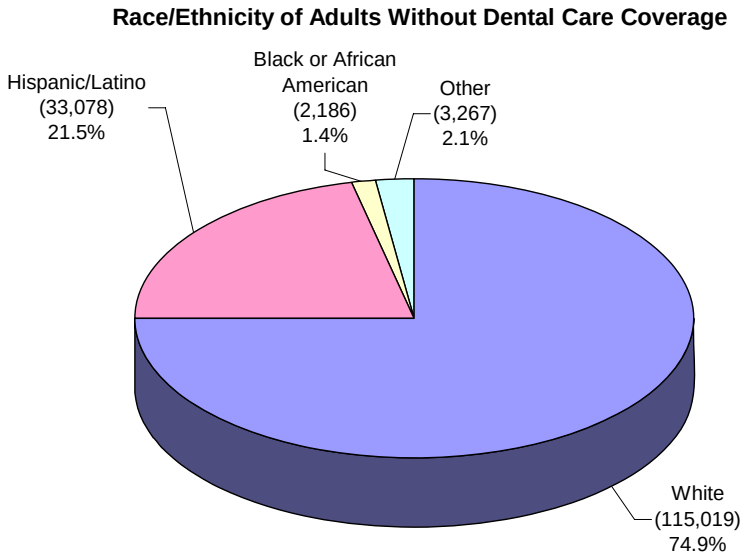
- Half (50.2%) of Desert Healthcare District residents reported they do not have health care coverage that pays for some or all of their routine dental care.

17 Dental Service Use and Dental Insurance Coverage – U.S. Behavioral Risk Factor Surveillance System, 1995. Center for Disease Control and Prevention. http://www.cdc.gov/MMWR/preview/mmwrhtml/00050448.htm.

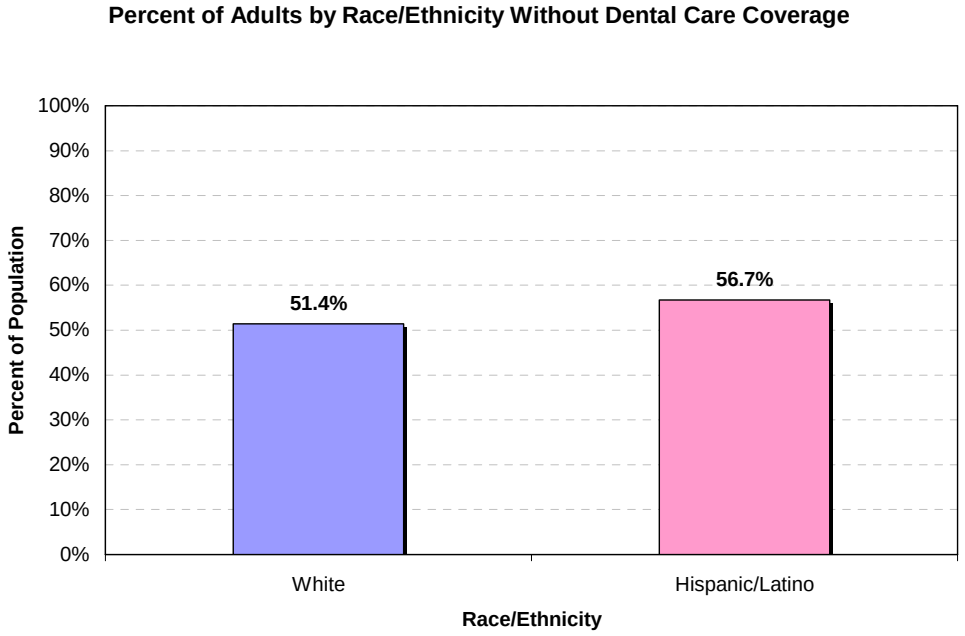
18 Ibid.

19 Senior Journal: New Report Shows Fewer Senior Citizens Visit Dentist Than Do Baby Boomers. http://seniorjournal.com/NEWS/Health/2007/7-11-09-NewReportShows.htm

Race/Ethnicity Analyses for Adults without Dental Care Coverage

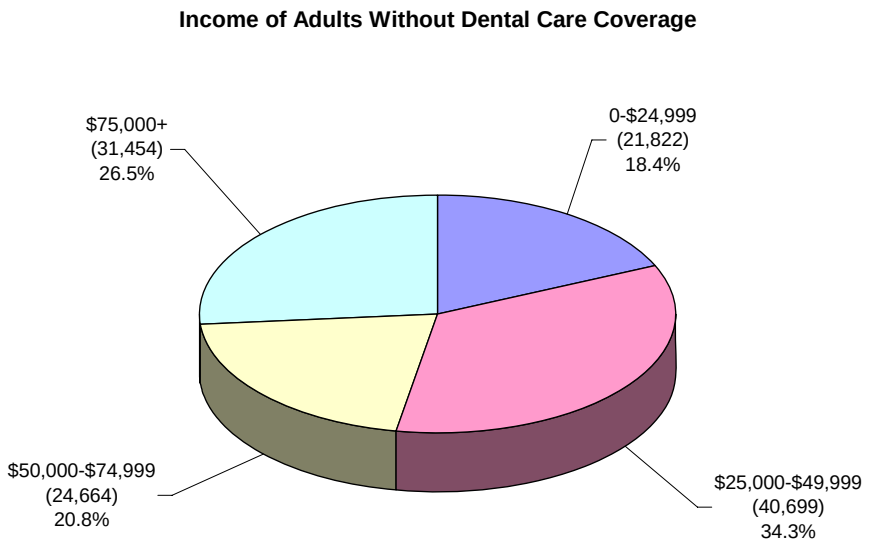


- Three-quarters of those without dental care coverage are White and about 1 in 5 (21.5%) are Hispanic/Latino.

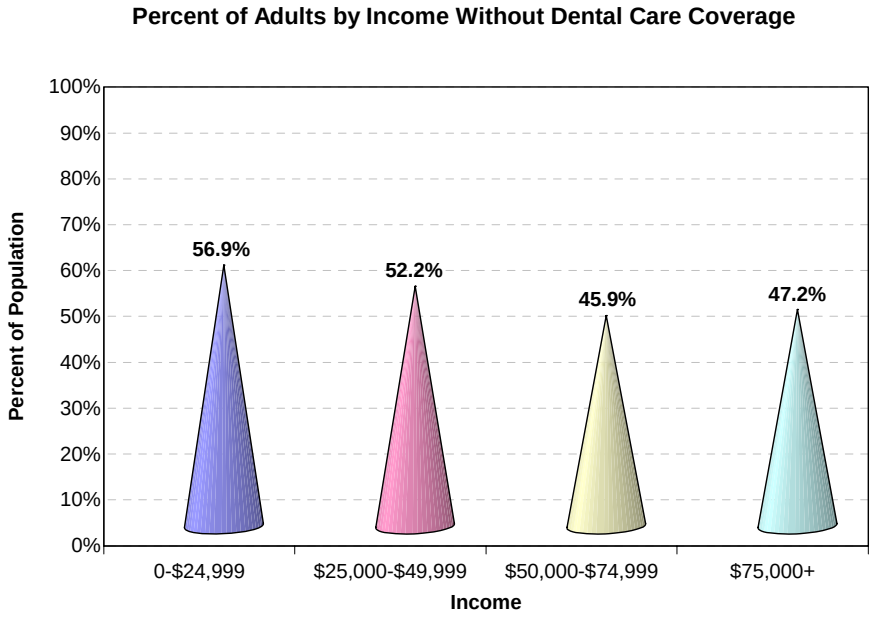


- About equal proportions of White (51.4%) and Hispanic/Latino residents (56.7%) currently lack dental care coverage.

Income Analyses for Adults without Dental Care Coverage

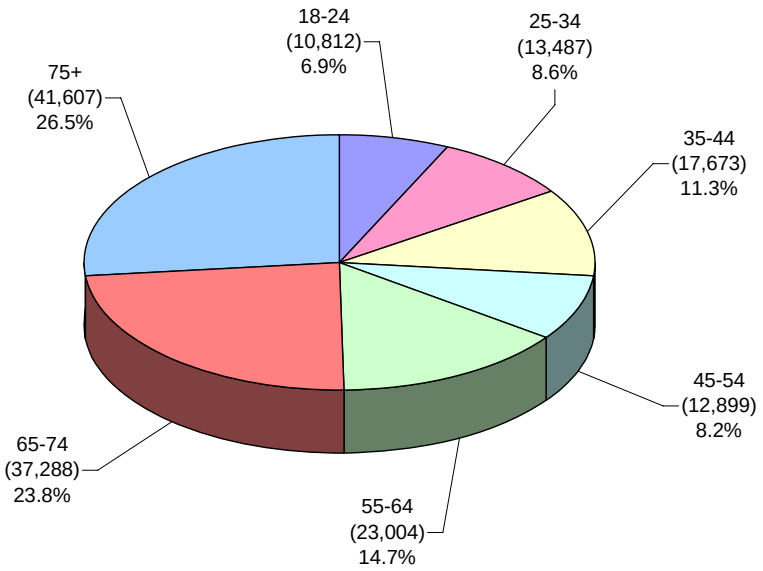


- Respondents reporting annual incomes of $25,000-$49,999 were the largest portion of those without dental care coverage (34.3%); roughly equal proportions of those earning less than $24,999 and $50,000-$74,999 do not have dental care coverage (18.4% and 20.8%, respectively).

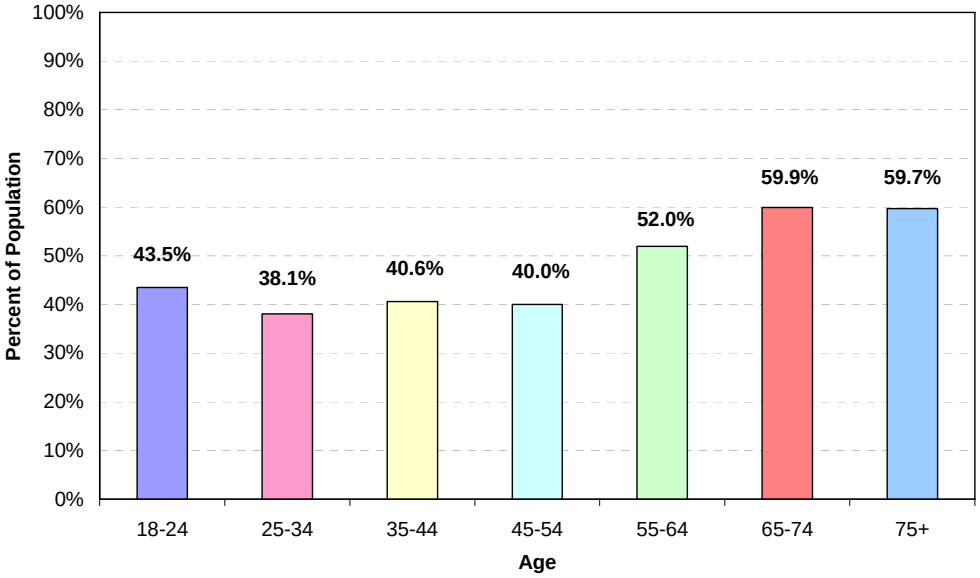


- At least 45% of DHCD residents in each income category report they do not have dental insurance.

Age Analyses for Adults without Dental Care Coverage

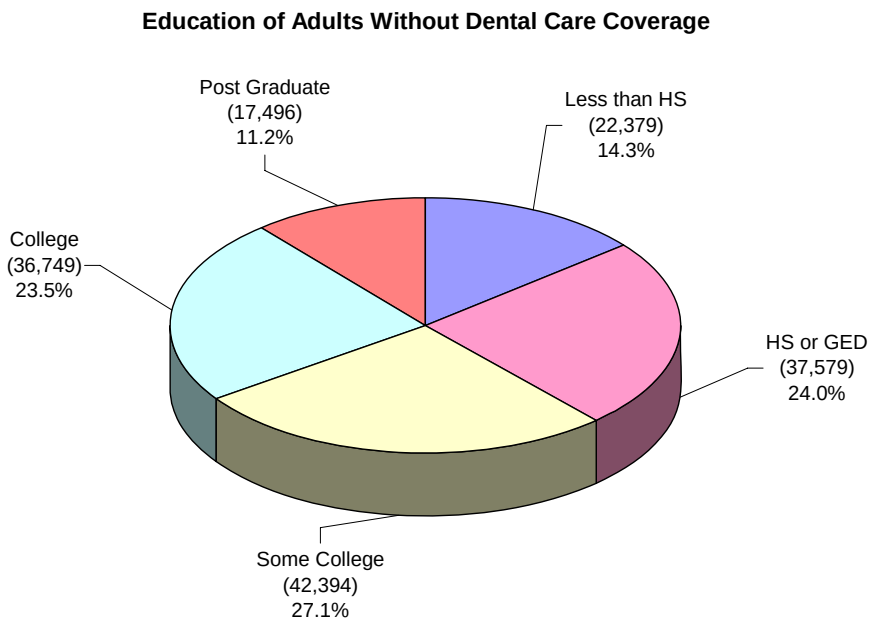


- Nearly two-thirds of respondents (65.0%) without dental care coverage are 55 years or older; young adults (18-24) represent less than 7%.

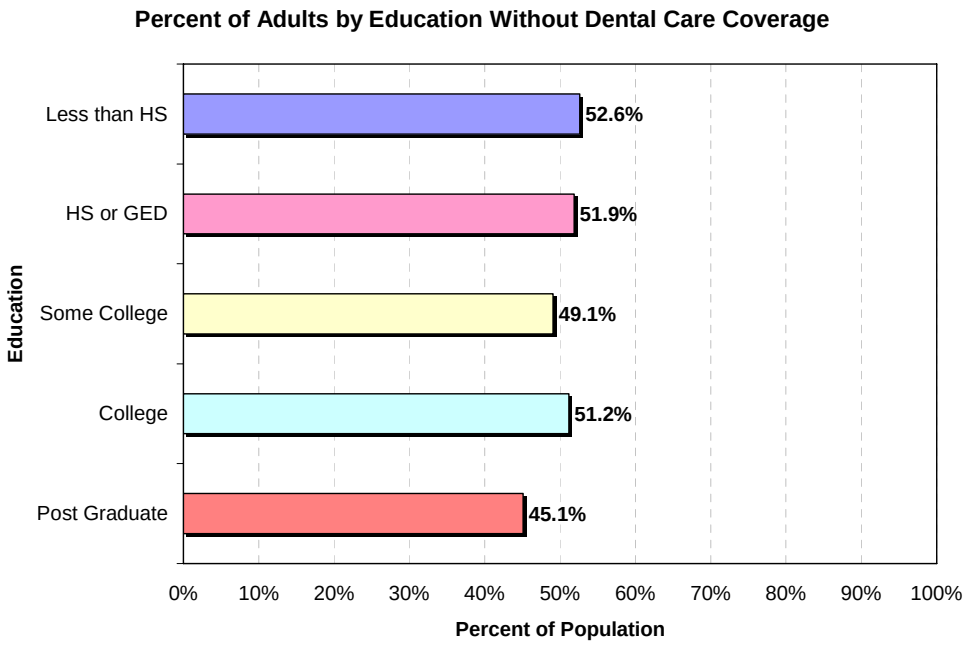


- Around 3 in 5 Desert Healthcare District respondents 65-74 years of age (59.9%) and 75+ (59.7%) do not have dental care coverage; 38% or more respondents in the other age categories lack coverage.

Education Analyses for Adults without Dental Care Coverage



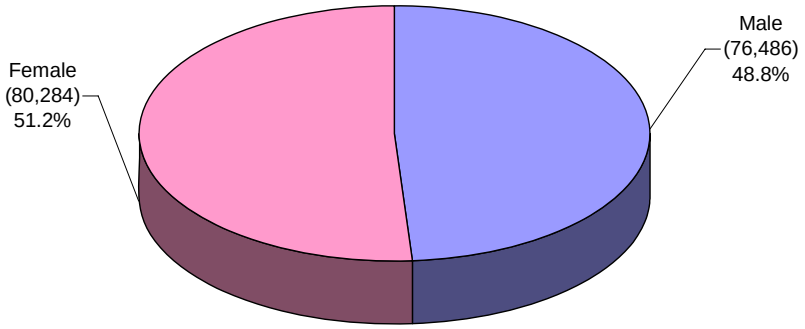
- Roughly equal proportions of respondents without dental care coverage report a high school or GED (24.0%), some college (27.1%), or college education (23.5%).



- Roughly similar proportions of respondents from all education categories lack dental care coverage.

Gender Analyses for Adults without Dental Care Coverage

Gender of Adults Without Dental Care Coverage



- Of the respondents without dental care coverage, 51.2% are female and 48.8% are male.
- A slightly larger proportion of males (52.3%) than females (48.4%) are without dental care coverage (graph not included).

Summary Analyses for Adults without Dental Care Coverage

- Hispanics/Latinos are six times more likely to be without dental care coverage than Whites.
- Generally, lacking dental care coverage is equally likely among all income levels.
- Across the age categories, similar proportions do not have dental care coverage, although seniors are slightly more likely to lack dental care coverage.
- Roughly equal proportions of respondents in each education category lack dental care coverage.
- Roughly equal proportions of males and females lack dental care coverage.

Cost of Dental Care

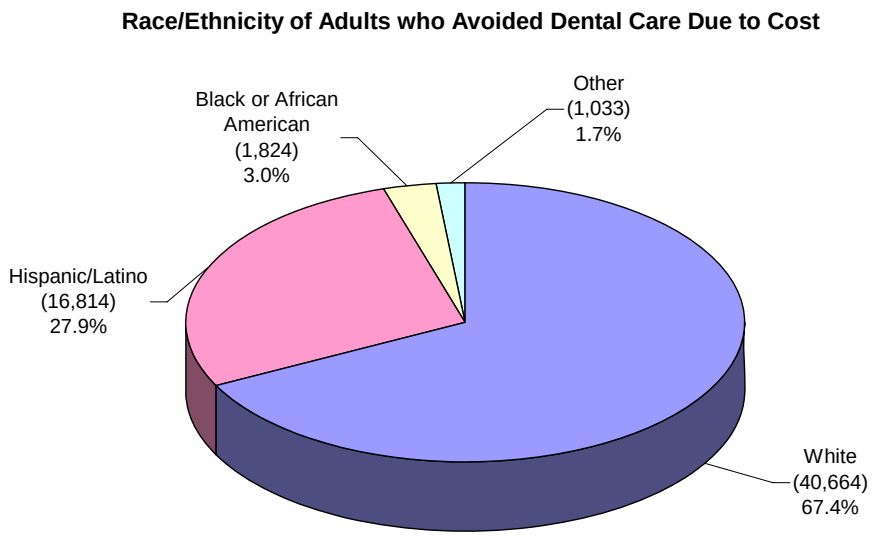
Q: Have you avoided getting needed dental work done because of the cost?

	Weighted Percent	Population Estimates	Actual Responses
Yes	19.5	60,954	340
No	80.5	251,859	1,147
Total	**100.0**	**312,813**	**1,487**

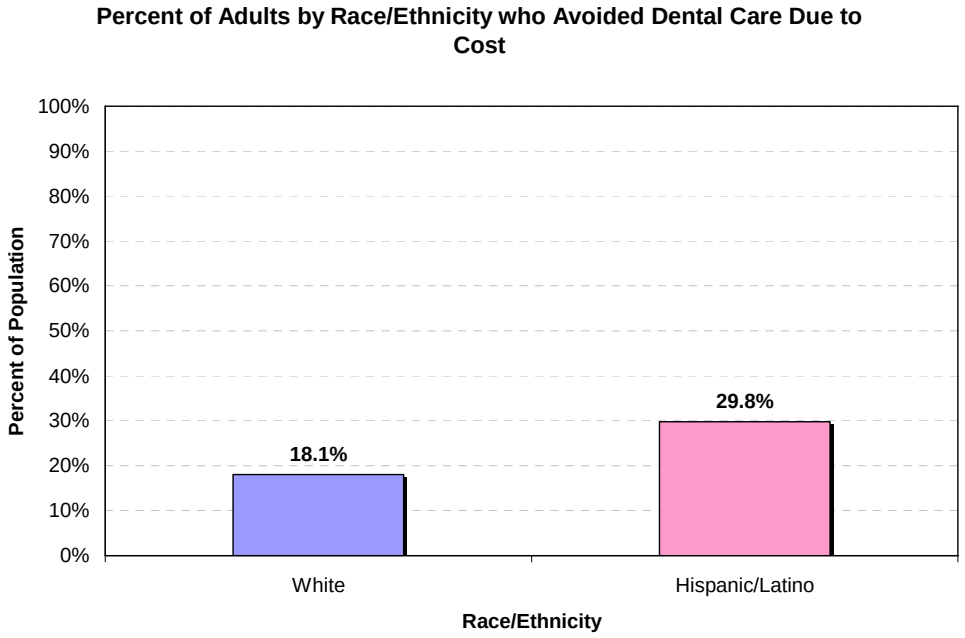
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 20% of respondents, representing about 61,000 residents within the Desert Healthcare District, reported they have avoided getting needed dental care because of cost concerns.

Race/Ethnicity Analyses for Adults who Avoided Dental Care Due to Cost

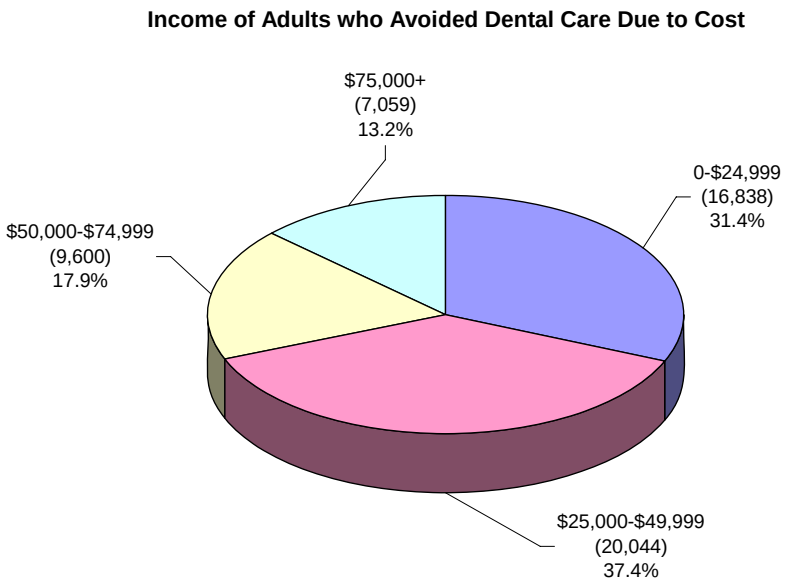


- Of those who avoided dental care due to the cost, 67.4% are White; less than 30% are Hispanic/Latino.

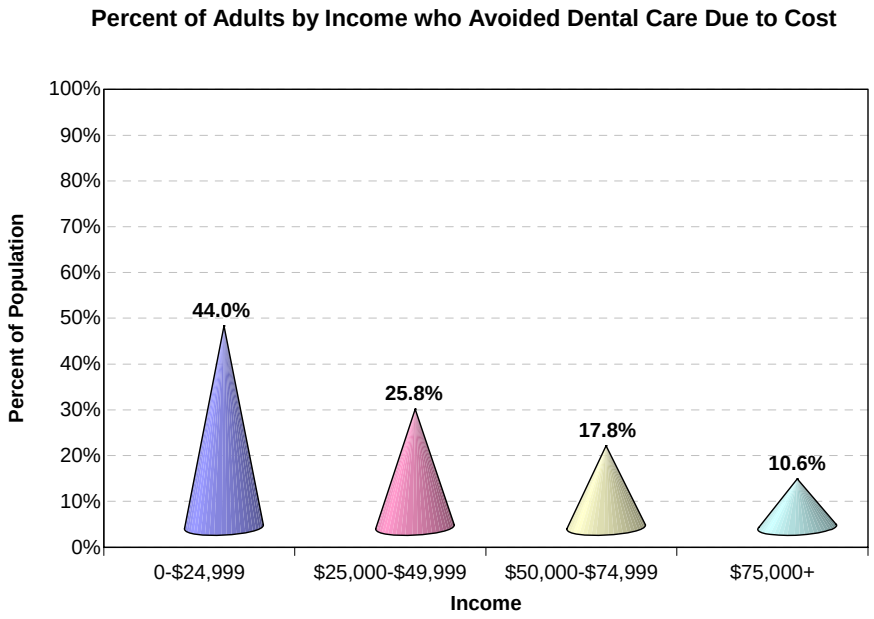


- Almost a third (29.8%) of Hispanic/Latinos avoided dental care due to cost; less than 20% of White respondents did so.

Income Analyses for Adults who Avoided Dental Care Due to Cost

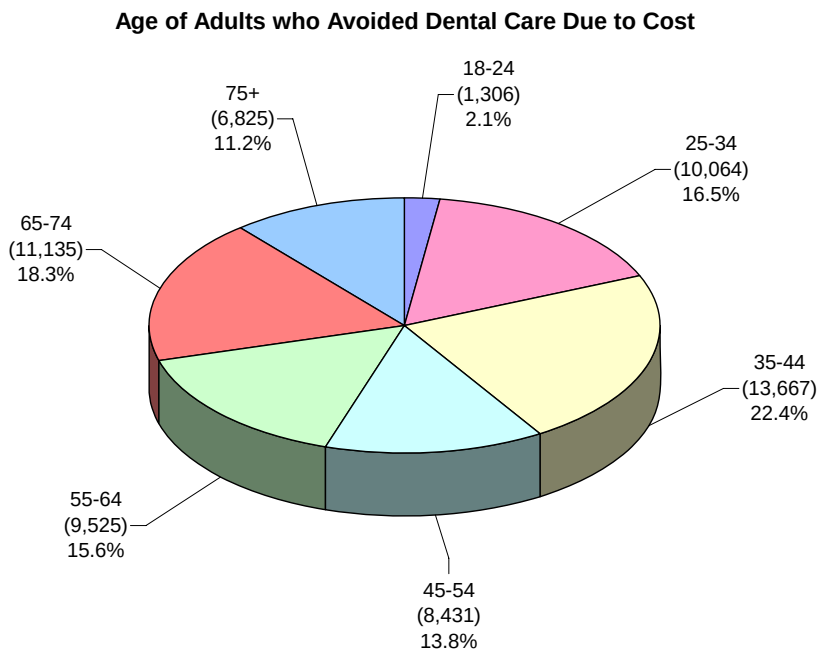


- Over two-thirds (68.8%) of respondents who avoided dental care because of the cost made less than $50,000; only 13.2% of those who avoided dental care due to cost reported annually earning $75,000 or more.

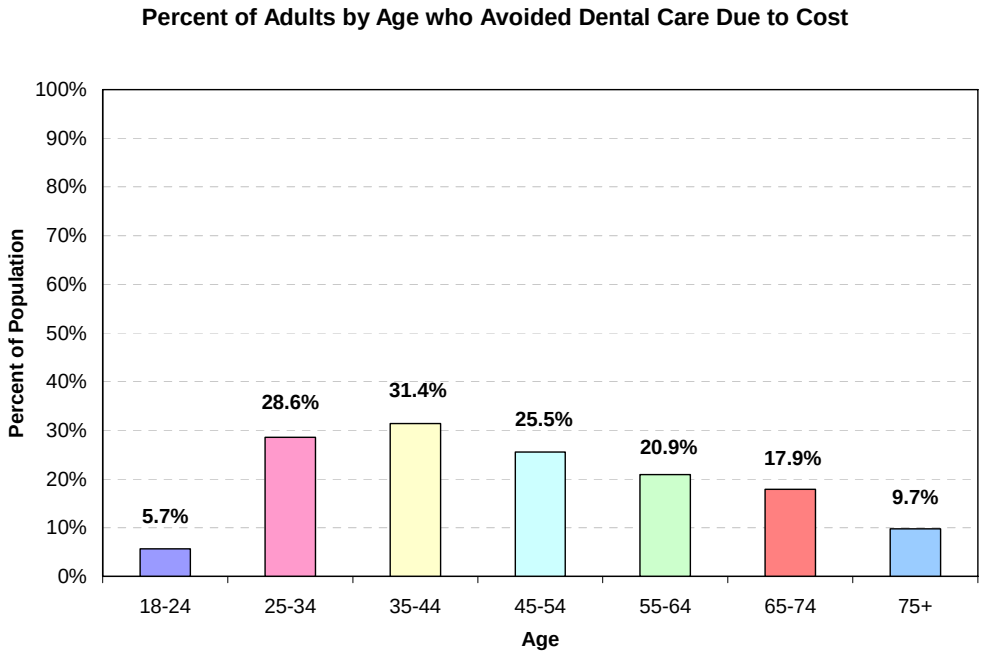


- More than 2 in 5 respondents (44.0%) reporting less than $25,000 in annual income avoided dental care because of the cost. With each categorical increase in income, a smaller proportion avoided dental care because of the cost.

Age Analyses for Adults who Avoided Dental Care Due to Cost

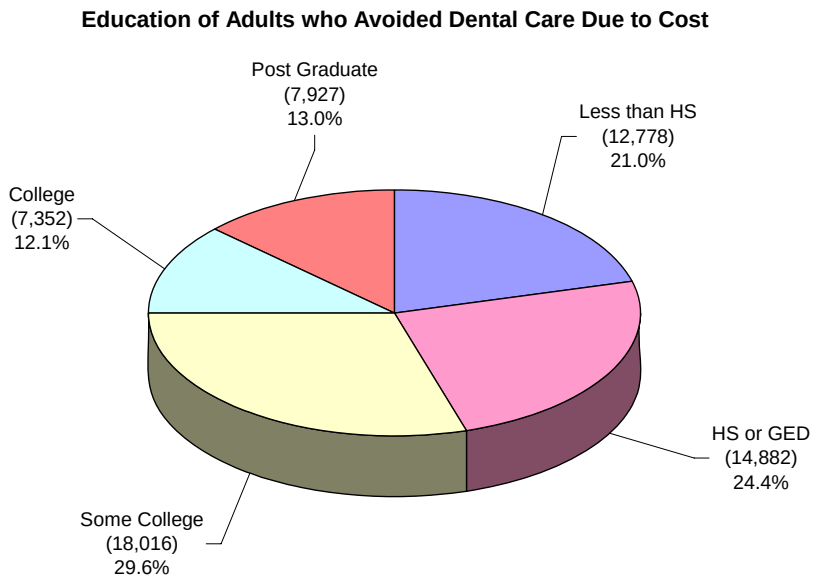


- Roughly half of the respondents who avoided dental care due to cost are under 55 years of age; 45.1% are seniors, age 55 and older.

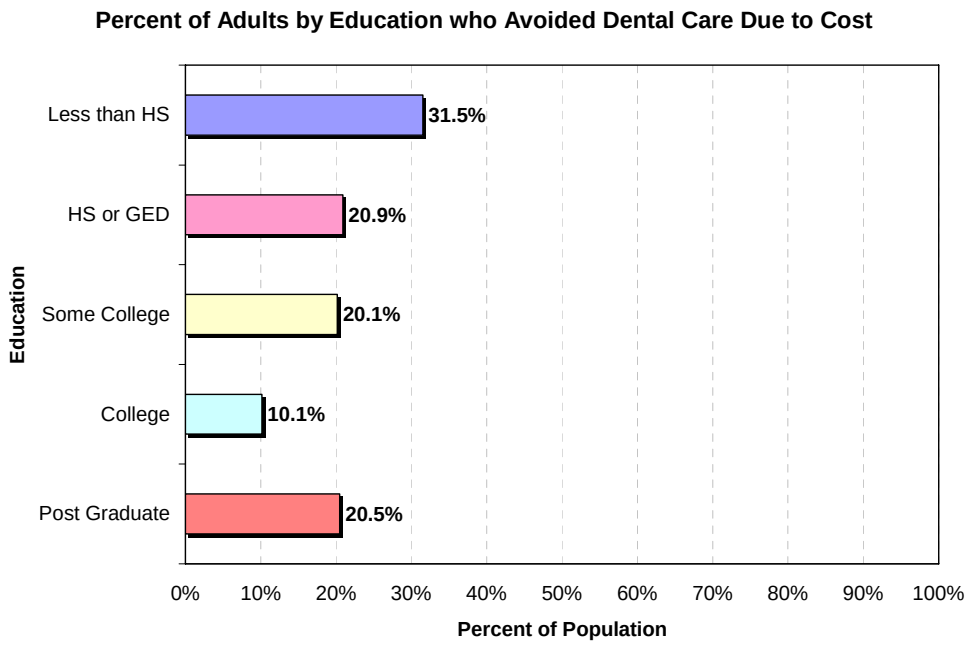


- Aside from the small proportion of residents 18-24 (5.7%) and 75+ (9.7%), avoiding dental care due to cost is quite common for residents in all age brackets.

Education Analyses for Adults who Avoided Dental Care Due to Cost



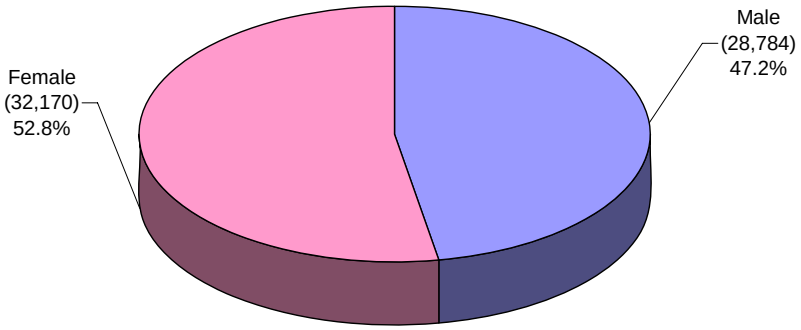
- Almost 30% of those who avoided dental care due to cost reported some college education; 45.4% had a high school/GED or less education.



- No clear pattern emerges when examining the relationship between education and avoidance of dental care due to cost. Those with less than a high school education are more likely to have avoided dental care; about 1 in 5 residents with a high school/GED diploma, some college, and a post graduate degree have also done so.

Gender Analyses for Adults who Avoided Dental Care Due to Cost

Gender of Adults who Avoided Dental Care Due to Cost



- Females represent a slightly greater share (52.8%) of adults who avoided dental care due to cost.
- Equal proportions of males (19.3%) and females (19.6%) have avoided dental care due to the cost.

Summary Analyses for Adults who Avoided Dental Care Due to Cost

- Slightly more Hispanic/Latinos avoided dental care due to cost compared to Whites.
- As reported income increases, the proportion of respondents avoiding dental care coverage due to cost decreases.
- Avoiding dental care due to cost is fairly common for DHD resident regardless of age, although the youngest and oldest are less likely to report doing so.
- Those with less than a high school education are more likely to have avoided dental care due to cost.
- Around 1 in 5 men and women avoided dental care due to cost.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Adult Utilization of Health Services

UTILIZATION OF HEALTH SERVICES

LAST VISIT TO DOCTOR

ROUTINE CARE

USUAL SOURCE OF CARE

USE OF EMERGENCY ROOM

BARRIERS

UTILIZATION OF HEALTH SERVICES

Source of Ongoing Care

Healthy People 2010 Goal: Increase the proportion of persons receiving ongoing care to 96%

The degree to which all types of health care services are used depends on a number of environmental, social, cultural, and economic factors that exist within a community. These factors include the availability and accessibility of medical services, the organizational structure of the health care delivery system, the type of health insurance coverage possessed by the individual, and individual and/or community beliefs and attitudes about accessing and utilizing health services.

The quality and length of life for the insured and uninsured population are distinctly different. Having health insurance not only increases access in times of needed care, but also facilitates the use of essential screening and preventive services and chronic disease care. Uninsured adults are less likely than insured adults to receive recommended health screening services. When the uninsured do receive preventive and health screening services, it is often not as often as recommended by the U.S. Preventive Services Task Force.

Access to care depends in part on access to an ongoing source of care. Most people with insurance have a regular medical provider who looks out for their health. Having health insurance coverage increases a person's chances of fostering an ongoing relationship with a doctor and/or other health care provider who will coordinate comprehensive health care services and oversee the patient's overall health. While good health is the primary objective of health care utilization, these interactions between patient and provider are an integral part of the overall process of accessing health services.

Important Statistics about Utilization of Health Services

- Nearly one in five U.S. adults—more than 40 million people—report they do not have adequate access to the health care they need, according to the annual report on the nation's health released by the Centers for Disease Control and Prevention. [20]
- According to a recent survey, 1 in 10 adults aged 45-64 did not have a usual source of health care, and more than 5% of adults in this age group who had been diagnosed with high blood pressure, serious heart conditions, or diabetes reported not having a usual source of medical care.[21]
- In 2005, 1 out of 5 people under the age of 65 reported being uninsured for at least part of the 12 months prior to being interviewed. The majority of this group reported being uninsured for more than 12 months.[22]

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[20] Press Release, December 3, 2007 *Nearly One in Five Americans Say They Can't Afford Needed Health Care*. Center for Disease Control and Prevention. http://www.cdc.gov/od/oc/media/pressrel/2007/r071203.htm
[21] Ibid.
[22] Ibid.

Last Visit to Doctor or Other Health Care Provider

Q: About how long has it been since you last visited a doctor, family doctor, or nurse practitioner or other health care provider such as specialists?

	Weighted Percent	Population Estimates	Actual Responses
Less than 6 months	76.4	241,290	1,224
Six months to less than one year	10.3	32,587	133
One year to less than two years	4.9	15,392	56
Two years to less than five years	4.4	13,975	38
Five years or more	3.6	11,466	39
Never been for treatment	0.3	958	3
Total	**100.0**	**315,667**	**1,493**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (76.4%) of Desert Healthcare District residents report they had visited a doctor or other healthcare provider in the past six months; 10.3% have visited a healthcare provider between six months and one year ago.

Routine Care

Q: Some people visit a doctor for a routine check-up, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine check up?

	Weighted Percent	Population Estimates	Actual Responses
Within the past year	76.0	236,601	1,193
Within the past 2 years	9.0	27,870	114
Within the past 5 years	4.8	14,948	42
Five or more years ago	5.2	16,111	56
Never been for treatment	5.1	15,816	65
Total	**100.0**	**311,345**	**1,470**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of DHCD residents (76.0%) had visited a doctor for a routine check-up in the past year; about 5% (representing about 15,800 residents) have never been to a doctor for a routine check-up.

Usual Source of Care

Q: When you are sick or in need of health care, where do you usually go?

	Weighted Percent	Population Estimates	Actual Responses
Doctor's office	57.2	172,219	927
Urgent care	13.9	41,933	169
Emergency room/Hospital	12.7	38,112	156
Clinic	8.9	26,817	57
No usual place	5.0	14,930	68
Health Center	1.3	3,934	17
VA (Unspecified)	0.2	648	6
Other	0.8	2,270	13
Total	**100.0**	**300,863**	**1,413**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of respondents (57.2%) visit a doctor's office when they are in need of health care; approximately equal proportions visit an urgent care facility (13.9%) or a emergency room/hospital (12.7%).

Use of Hospital Emergency Room for Medical Care

Q: How many times have you gone to a hospital emergency room for medical treatment for yourself during the last 12 months?

	Weighted Percent	Population Estimates	Actual Responses
0 visits	70.9	225,402	1,033
1 visit	18.6	59,164	286
2 visits	5.1	16,083	84
3 or more visits	5.5	17,377	94
Total	**100.0**	**318,026**	**1,497**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 71% of those surveyed (representing 225,402 residents) reported they have not been to the emergency room in the past 12 months. About 18% have been once, 5.1% have been twice, and 5.5% have visited the emergency department 3 or more times.

Barriers to Receiving Health Care

Q: I'm going to read a list of things that make it difficult for some people to receive care. Please tell me if any of the following have consistently made it very difficult or prevented you from receiving health care when you needed it in the past 12 months?

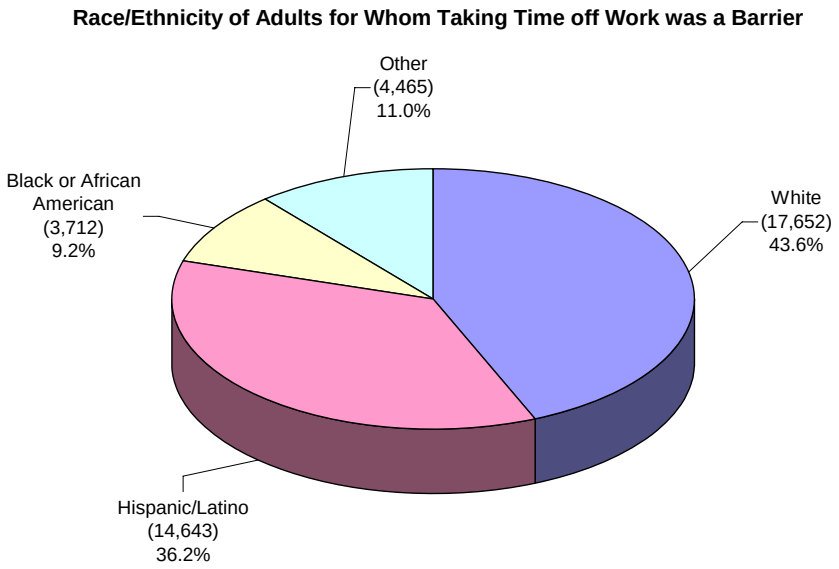
	Weighted Percent	Population Estimates	Actual Responses
Taking time off work	13.6	43,167	122
Hours the health care provider is open to see patients	13.1	41,140	176
Finding a doctor whose sex/ age/ ethnicity I'm comfortable with	9.2	29,254	138
Language barriers/problems	8.4	26,723	63
Not having authorization from HMO	7.6	23,331	125
Transportation	6.9	21,887	97
Child care	3.3	10,594	15
Elder care	1.1	3,542	25

Note: "Population Estimate" may not reflect actual population due to non-responses
Note: Respondents could select more than one answer so a total percent is not included.

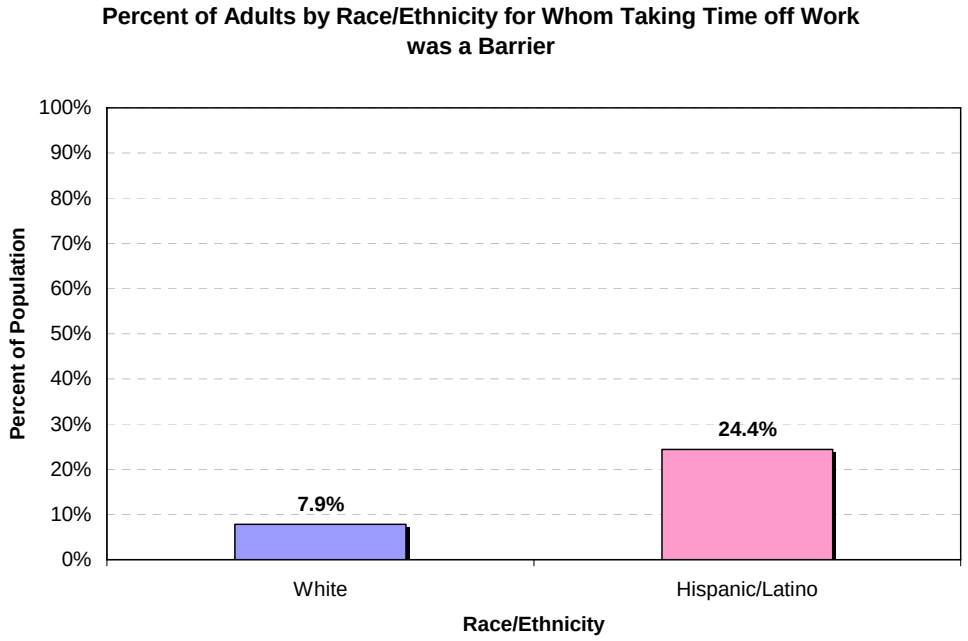
- Of the list read to respondents, taking time off from work (13.6%) and the hours the healthcare provider is open to see patients (13.1%) were the top two barriers to health care encountered by respondents in the past 12 months. Respondents reported finding a doctor with whom whose sex/age/ethnicity they were comfortable (9.2%) as the third most common barrier to health care.

Taking time off work

Race/Ethnicity Analysis for the 13.6% of Adults for Whom Taking Time off Work was a Barrier

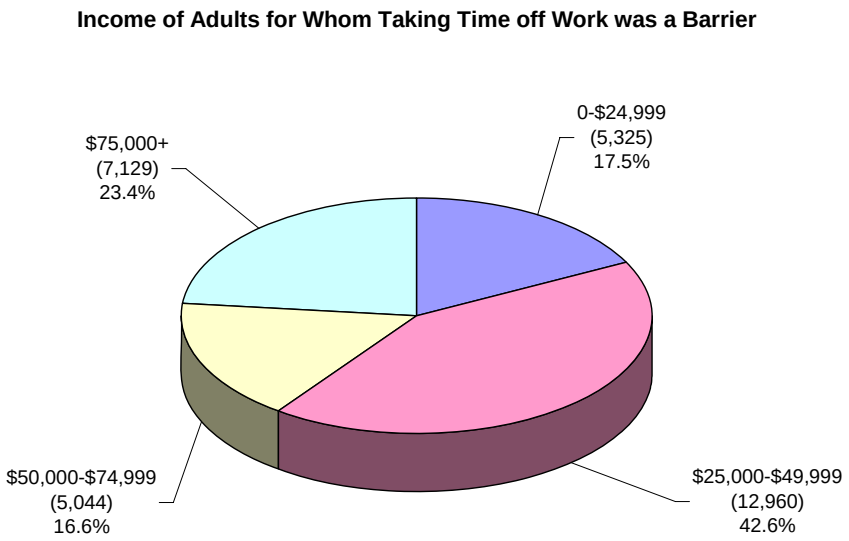


- Of those adults for whom taking time off work was a barrier to obtaining health care services the largest proportion are White (43.6%); 36.2% are Hispanic/Latino.

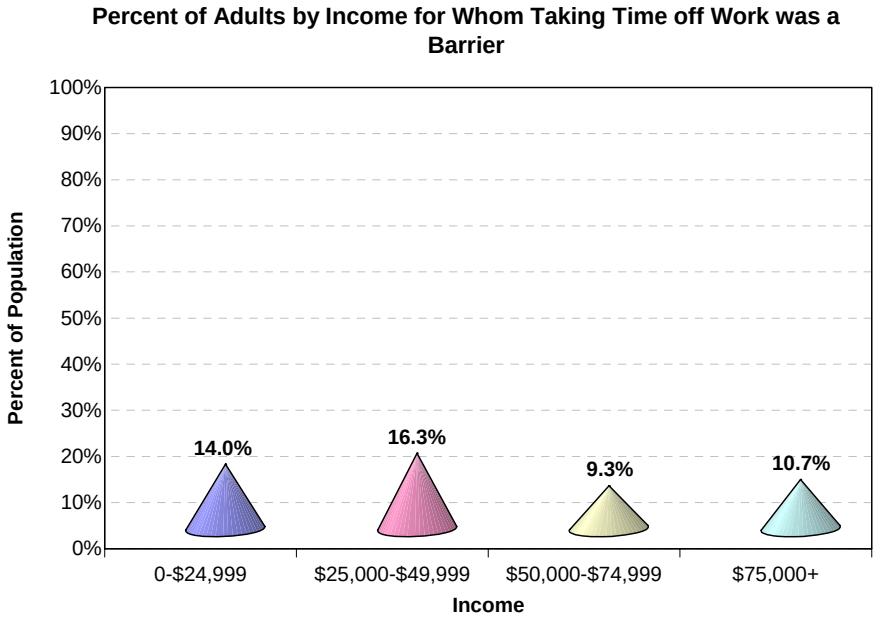


- Hispanic/Latino respondents (24.4%) were 3 times more likely than Whites (7.9%) to report taking time off work as a barrier to obtaining health care services.

Income Analysis for the 13.6% of Adults for Whom Taking Time off Work was a Barrier

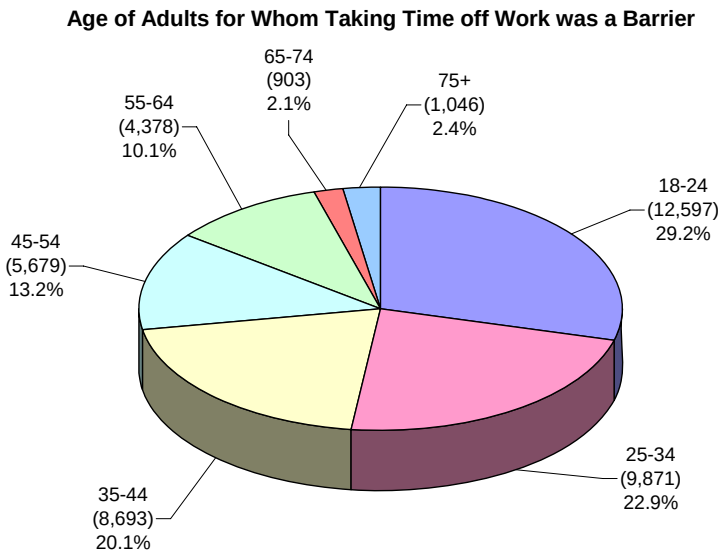


- Three in five respondents for whom taking time off work was a barrier reported incomes below $50,000 (60.1%); nearly one-quarter (23.4%) reported income of $75,000+.

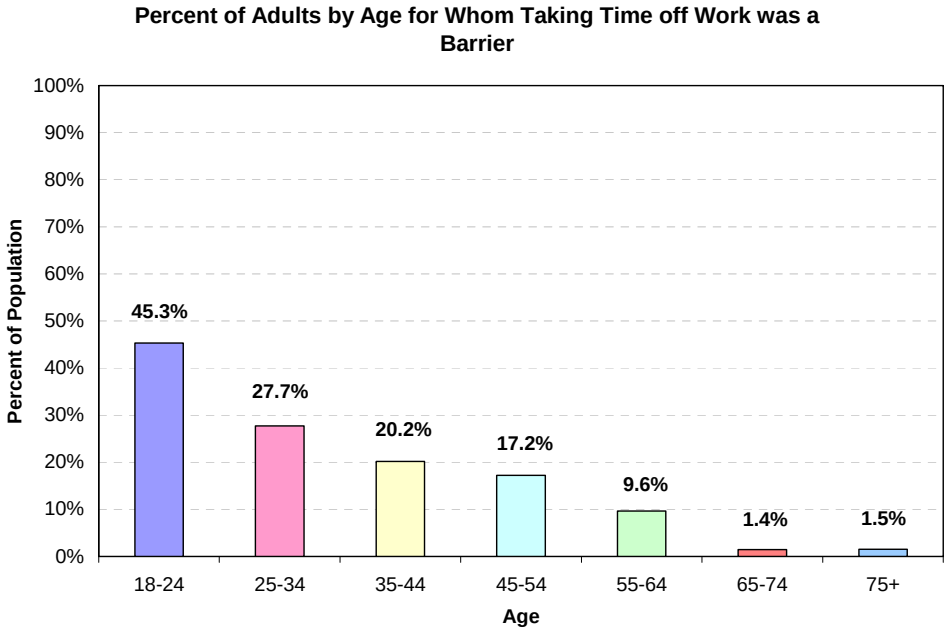


- Adults making $25,000 to $49,999 (16.3%) were most likely to identify taking time off work as a barrier to obtaining health care services; 14.0% of those earning less than $25,000 did so as well.

Age Analysis for the 13.6% of Adults for Whom Taking Time off Work was a Barrier



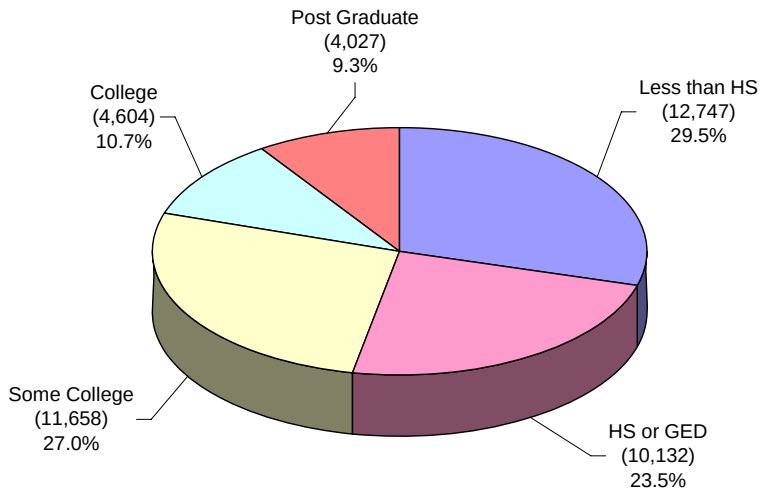
- Nearly three-quarters (72.2%) of adults for whom taking time off work was a barrier to health care services were under 45 years of age; less than 1 in 20 (4.6%) were 65 years old or older.



- Eighteen to twenty-four year olds (45.3%) were most likely to report taking time off work as a barrier to obtaining health care. Generally, the proportion of respondents reporting taking time off as a barrier to health care services steadily decreases with each categorical increase in age.

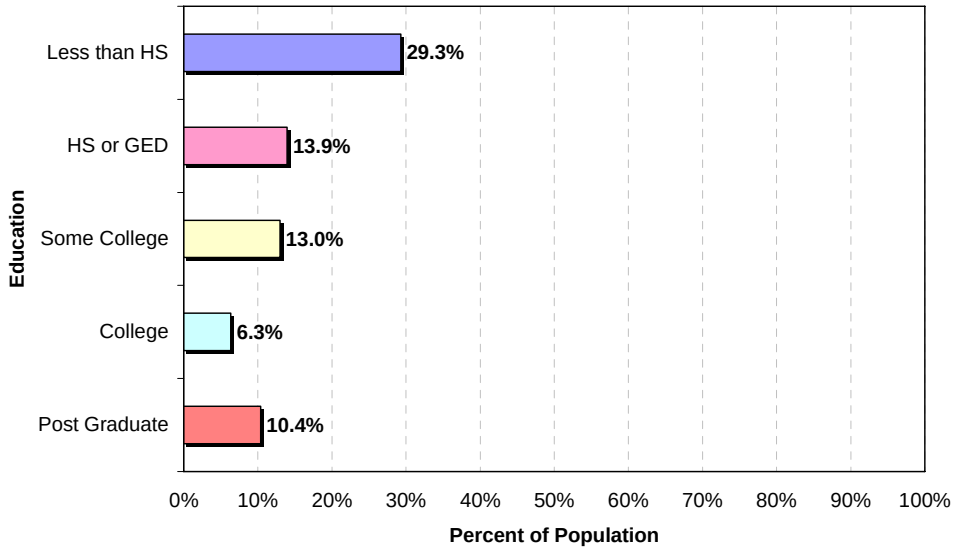
Education Analysis for the 13.6% of Adults for Whom Taking Time off Work was a Barrier

Education of Adults for Whom Taking Time off Work was a Barrier



- Four out of five respondents who reported taking time off as a barrier to obtaining health care services had some college or less education (80.0%); 53.0% had a high school or GED education or less education.

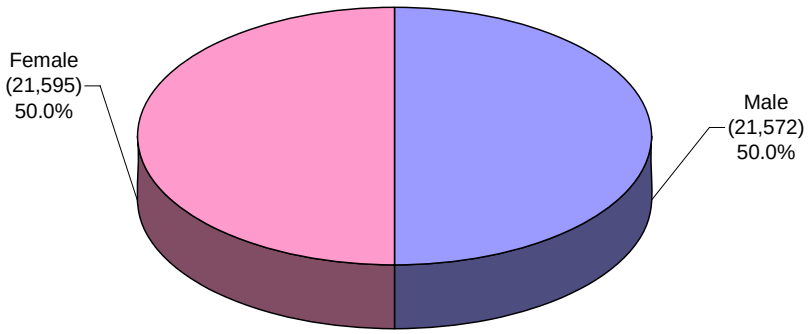
Percent of Adults by Education for Whom Taking Time off Work was a Barrier



- Adults with less than a high school education (29.3%) were at least 2 times more likely than better-educated respondents to report taking time off work as a barrier to receiving health care.

Gender Analysis for the 13.6% of Adults for Whom Taking Time off Work was a Barrier

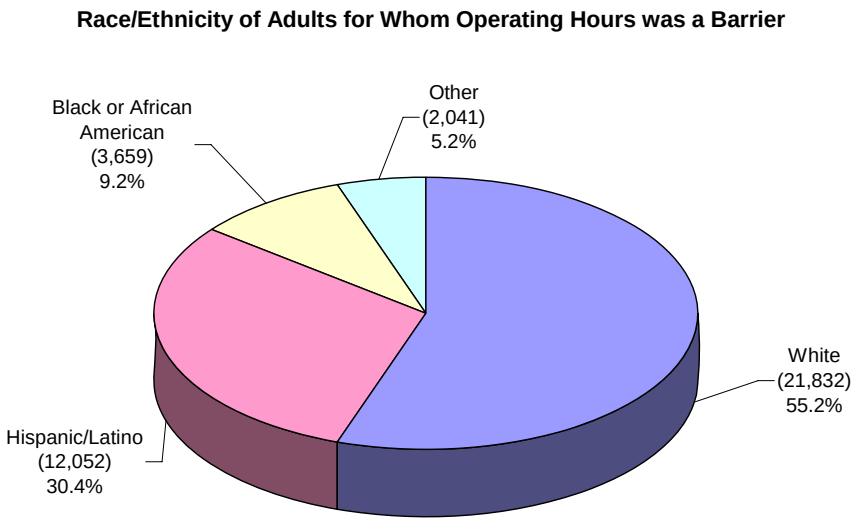
Gender of Adults for Whom Taking Time off Work was a Barrier



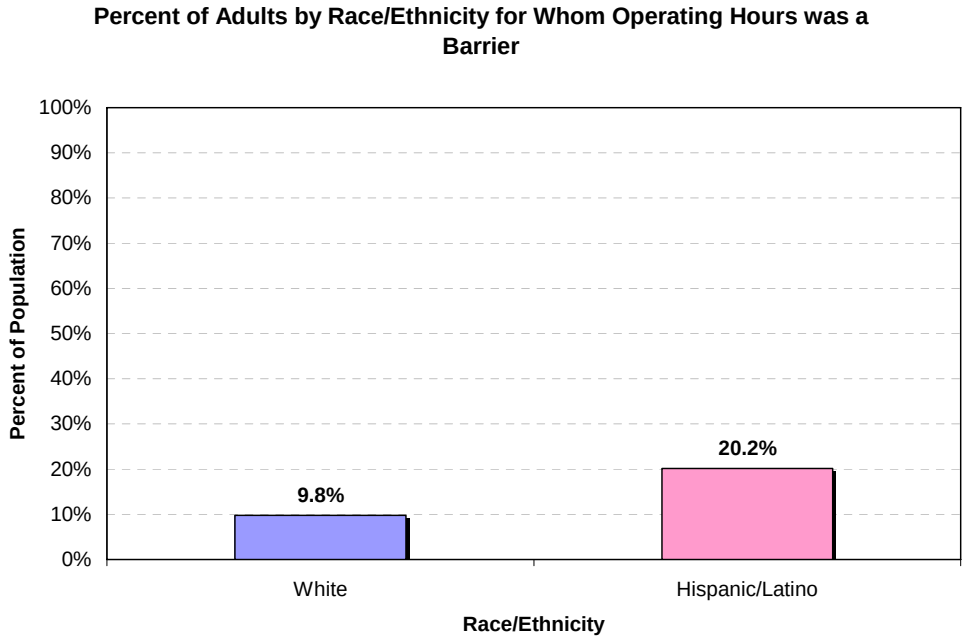
- Males and females were equal proportions (50.0%) of adults for whom taking time off work was a barrier to receiving health care services.
- Similar proportions of males (14.4%) and females (12.9%) reported taking time off as a barrier to getting health care services (graph not included).

Operating hours

Race/Ethnicity Analysis for the 13.1% of Adults for Whom Operating Hours was a Barrier



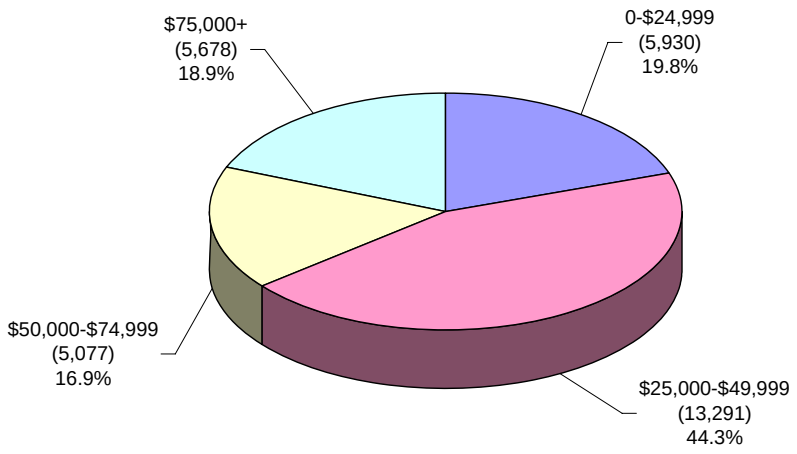
- Whites are over half (55.2%) of adults for whom operating hours was a barrier to receiving health care services; 30.4% were Hispanic/Latino.



- Hispanic/Latino respondents (20.2%) are two times more likely than Whites (9.8%) are to report operating hours as a barrier to health care services.

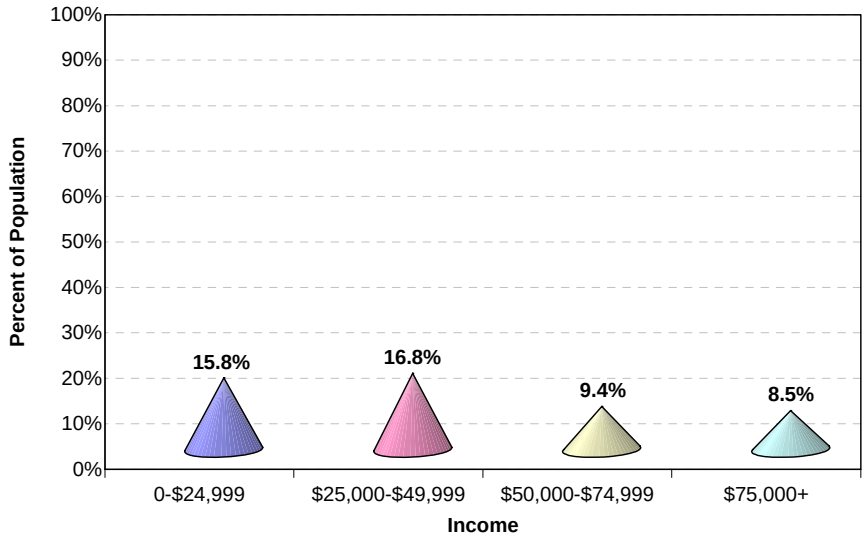
Income Analysis for the 13.1% of Adults for Whom Operating Hours was a Barrier

Income of Adults for Whom Operating Hours was a Barrier



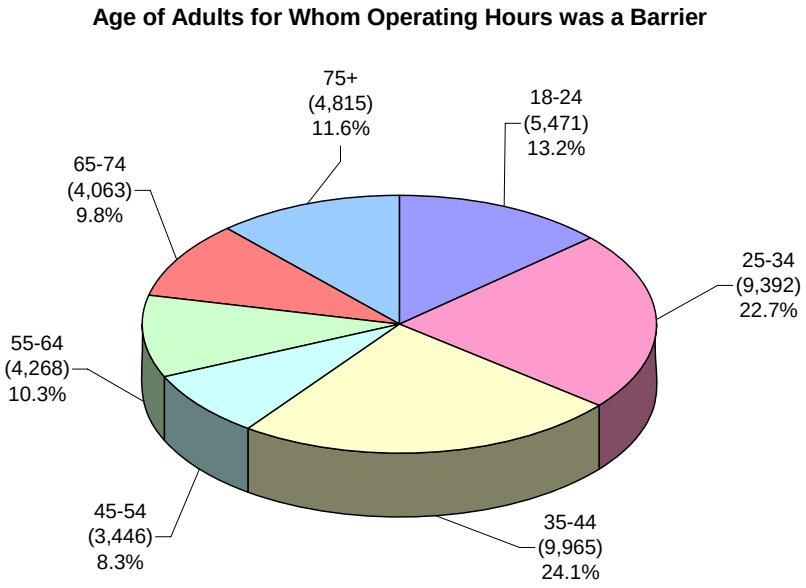
- Respondents earning $25,000 to $49,999 (44.3%) comprised the largest portion of adults reporting operating hours as a barrier to health care services.

Percent of Adults by Income for Whom Operating Hours was a Barrier

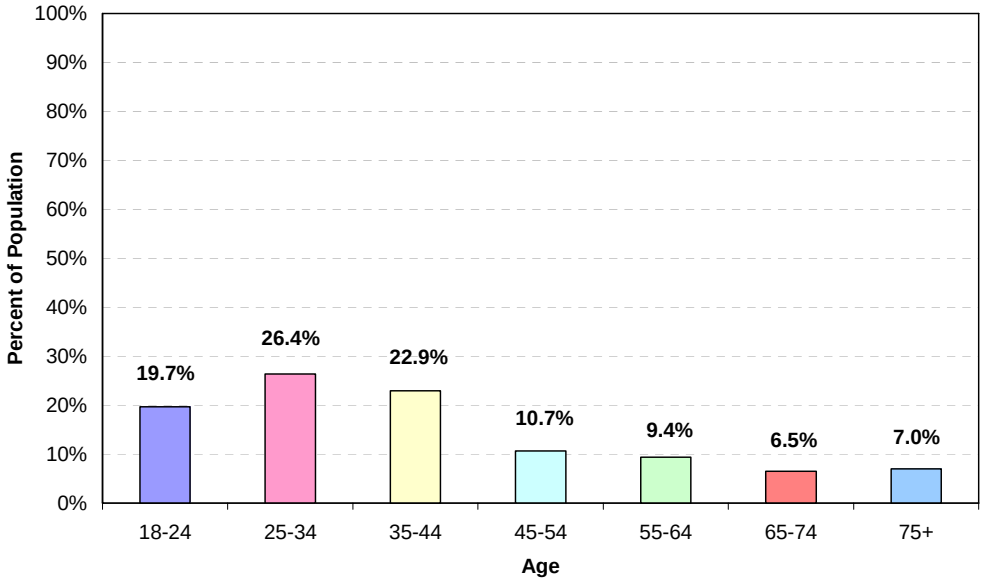


- Respondents earning $25,000 to $49,999 (16.8%) and less than $25,000 (15.8%) were equally likely to report operating hours as a barrier to getting health care services; less than 1 in 10 respondents with incomes of $50,000 to $74,999 (9.4%) and $75,000+ (8.5%) reported the same.

Age Analysis for the 13.1% of Adults for Whom Operating Hours was a Barrier

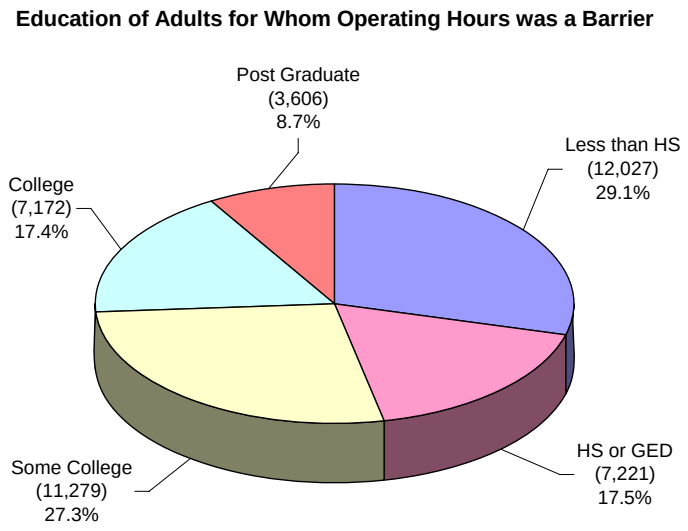


- Two-thirds of respondents (68.3%) for whom operating hours was a barrier were under 55 years of age.

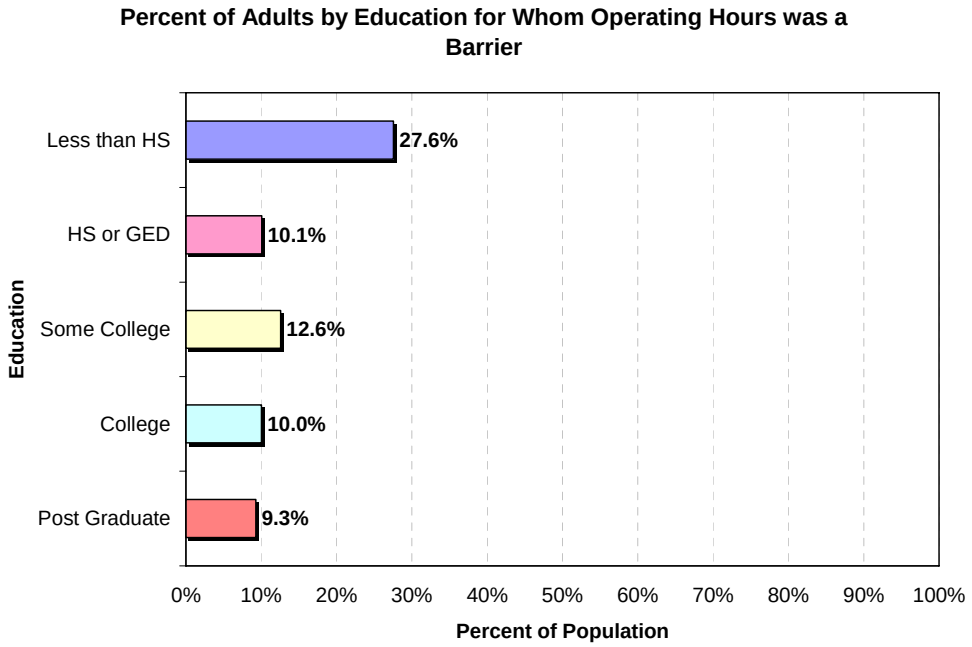


- Over one-quarter of 25 to 34 year old respondents (26.4%) cited operating hours as a barrier to health care services; generally, with each categorical increase in age, respondents reporting operating hours as a barrier decreased.

Education Analysis for the 13.1% of Adults for Whom Operating Hours was a Barrier



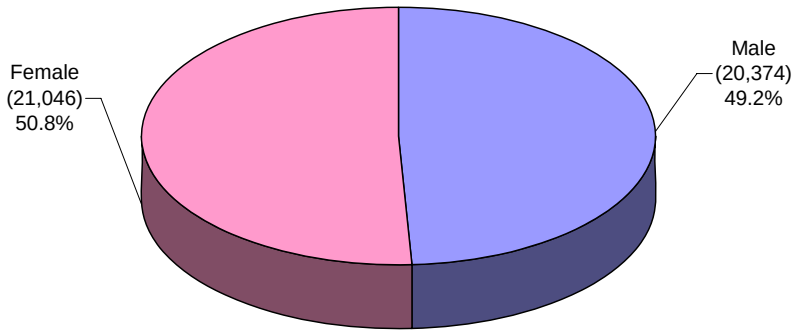
- Of adults for whom operating hours were a barrier, 29.1% report less than a high school education and 27.3% report some college education; post graduates (8.7%) represent less than 1 in 10 respondents.



- Respondents with less than a high school education (27.6%) are at least two times more likely than any other education category to report operating hours as a barrier to receiving health care.

Gender Analysis for the 13.1% of Adults for Whom Operating Hours was a Barrier

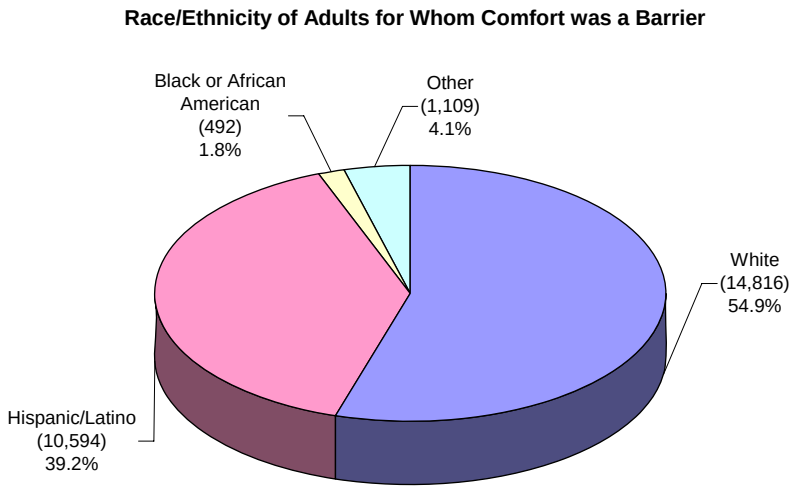
Gender of Adults for Whom Operating Hours was a Barrier



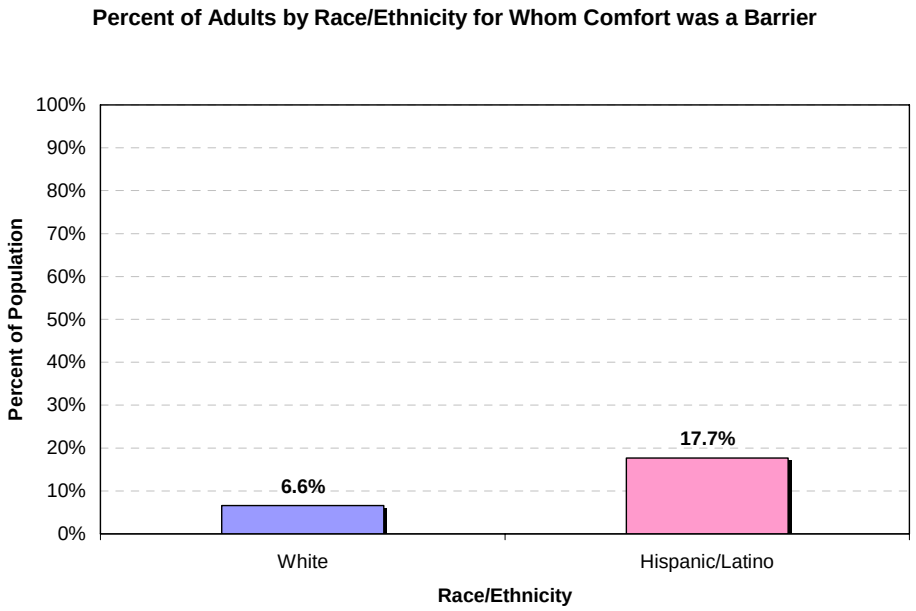
- Approximately half of the adults for whom operating hours was a barrier to health care are female (50.8%); 49.2% are male.
- Equal proportions of males (13.7%) and females (12.6%) reported operating hours as a barrier to health care services (graph not included).

Comfort

Race/Ethnicity Analysis for the 9.2% of Adults for Whom Comfort was a Barrier

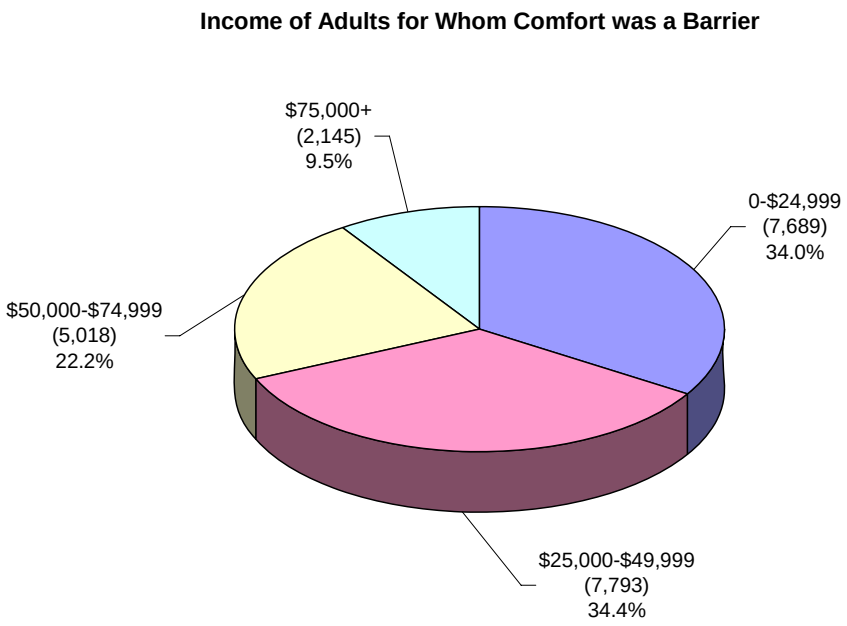


- The majority of respondents (54.9%) who report finding a doctor with whom they are comfortable with their sex, age, and/or ethnicity as a barrier to obtaining health care service are White; 39.2% are Hispanic/Latino.

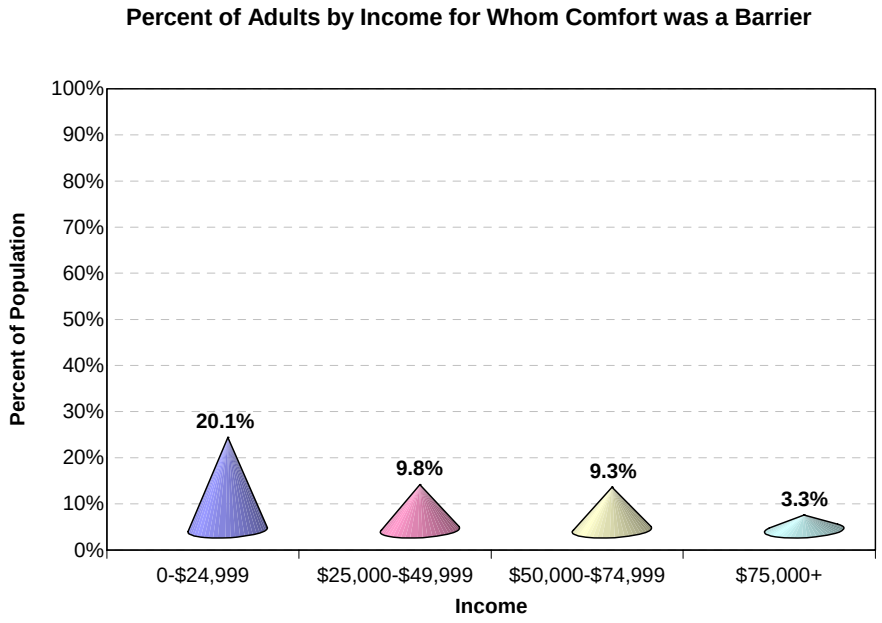


- Hispanic/Latino respondents (17.7%) were nearly three times more likely than Whites (6.6%) to cite comfort with their doctor's age, sex, and/or ethnicity as a barrier to obtaining health care services.

Income Analysis for the 9.2% of Adults for Whom Comfort was a Barrier

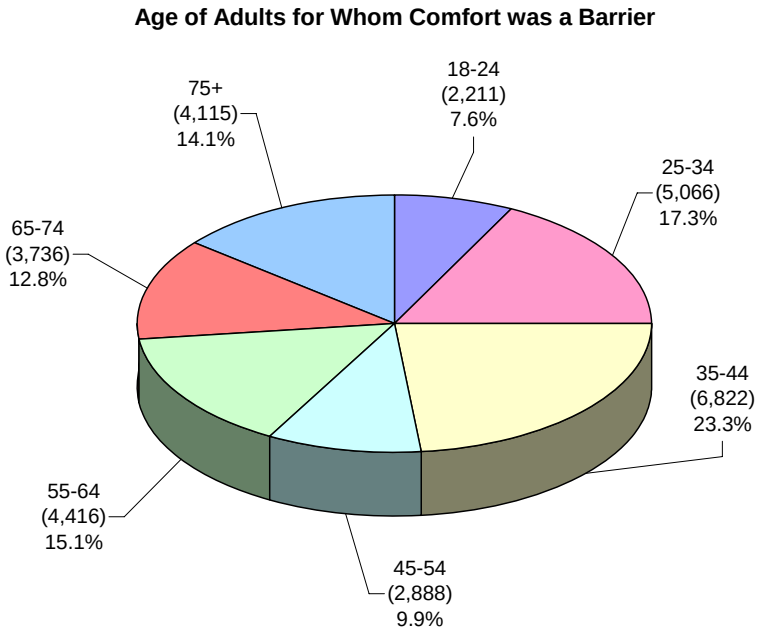


- Of respondents reporting their comfort level with their physician as a barrier to obtaining health care, 68.4% earn less than $50,000.

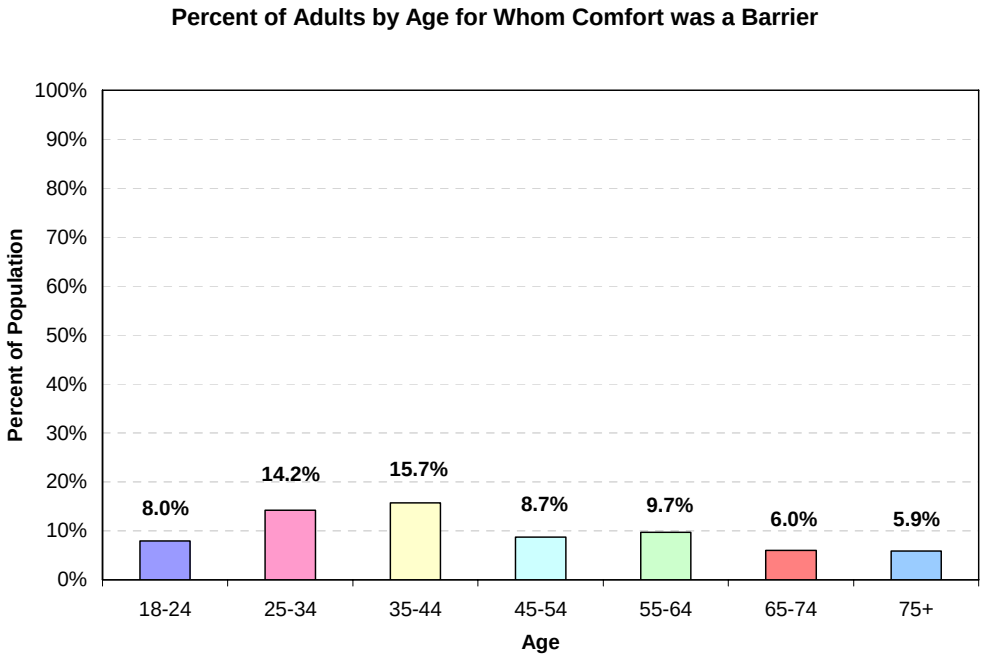


- Desert Healthcare District residents earning less than $25,000 were most likely (20.1%) to report comfort with their health care provider as a barrier to obtaining services.

Age Analysis for the 9.2% of Adults for Whom Comfort was a Barrier

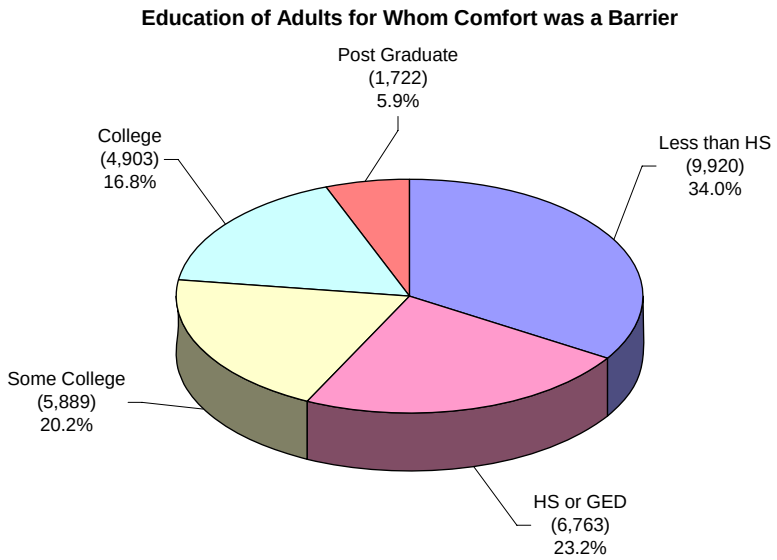


- More than half (58.1%) of adults for whom comfort with their doctor was a barrier to receiving health care are less than 55 years old; 14.1% are 75+ years old

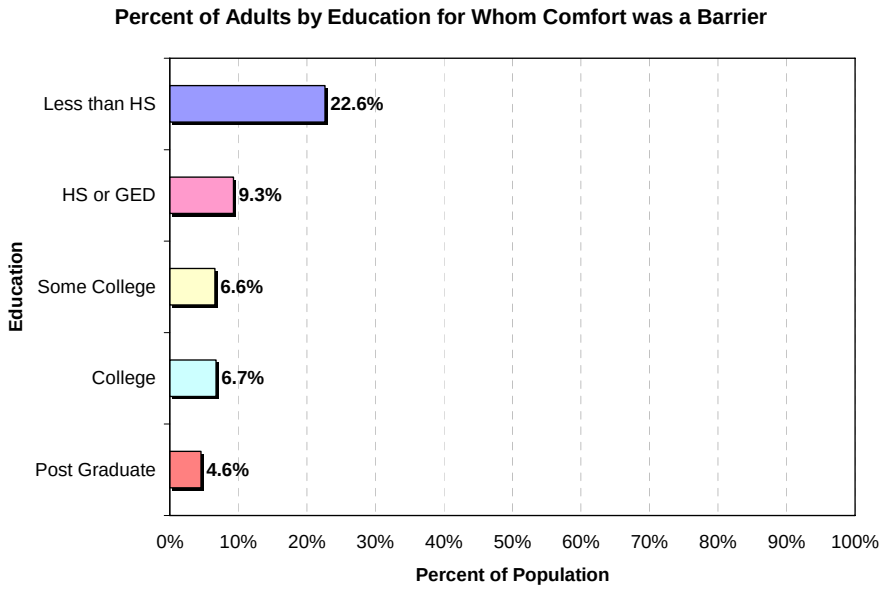


- Between 5.9% and 15.7% of respondents in each age category indicated their ability to find a doctor with whom they are comfortable as a barrier to obtaining health care services; the proportions are higher for adults 25 to 44 years old.

Education Analysis for the 9.2% of Adults for Whom Comfort was a Barrier



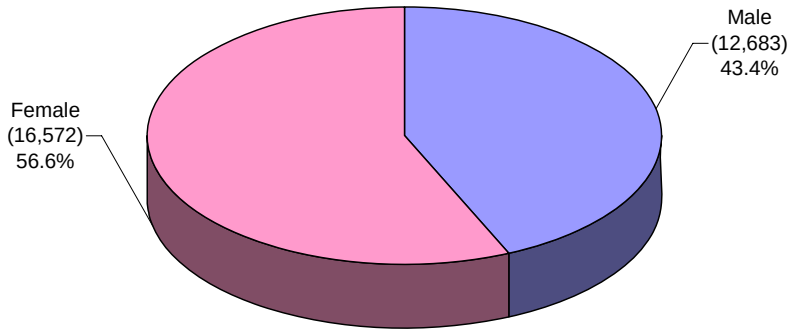
- Less than one-quarter (22.7%) of respondents who cite finding a physician with whom they are comfortable as a barrier to health care services have a college degree or higher education; 1 in 3 respondents (34.0%) have less than a high school education.



- More than one-fifth of Desert Healthcare District residents (22.6%) with less than a high school education reported finding a doctor with whom they are comfortable with their age, sex, and/or ethnicity as a barrier to health care service; this is at least twice the proportion of any other education category.

Gender Analysis for the 9.2% of Adults for Whom Comfort was a Barrier

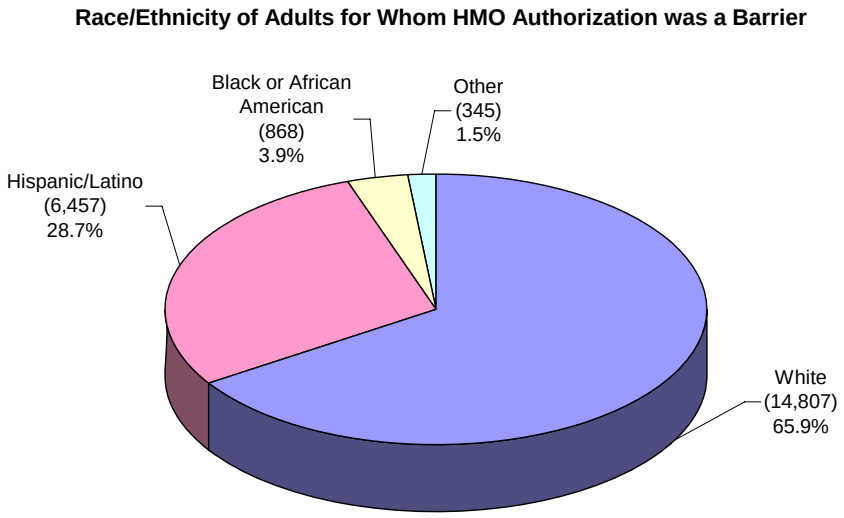
Gender of Adults for Whom Comfort was a Barrier



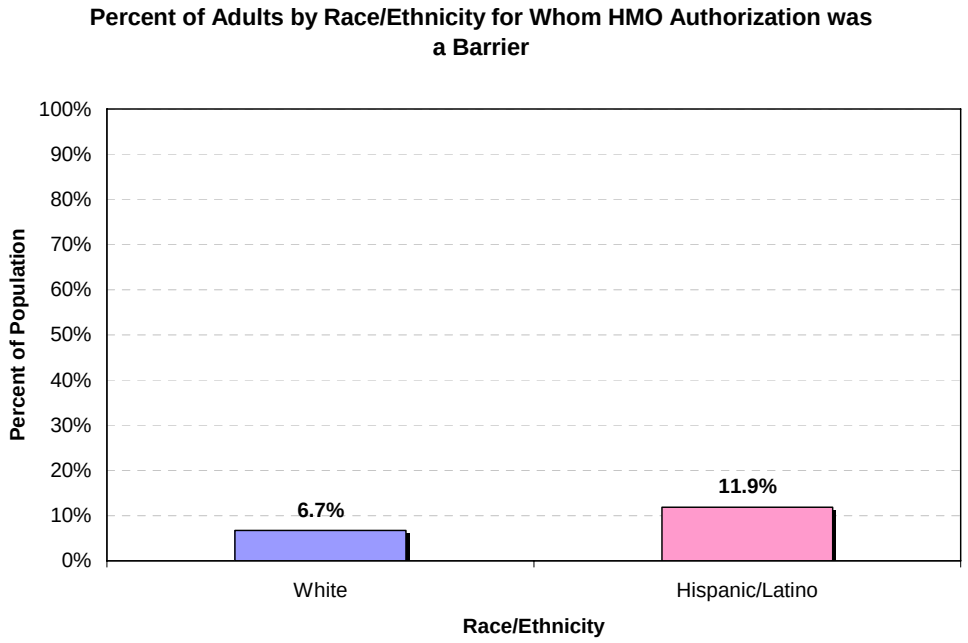
- Of adults for whom finding comfort with their doctor's age, sex, and/or ethnicity was a barrier to receiving health care, 56.6% are female.
- Males (8.5%) and females (9.9%) equally report comfort with their physician as a barrier to health care services (graph not included).

HMO Authorization

Race/Ethnicity Analysis for the 7.6% of Adults for Whom HMO Authorization was a Barrier

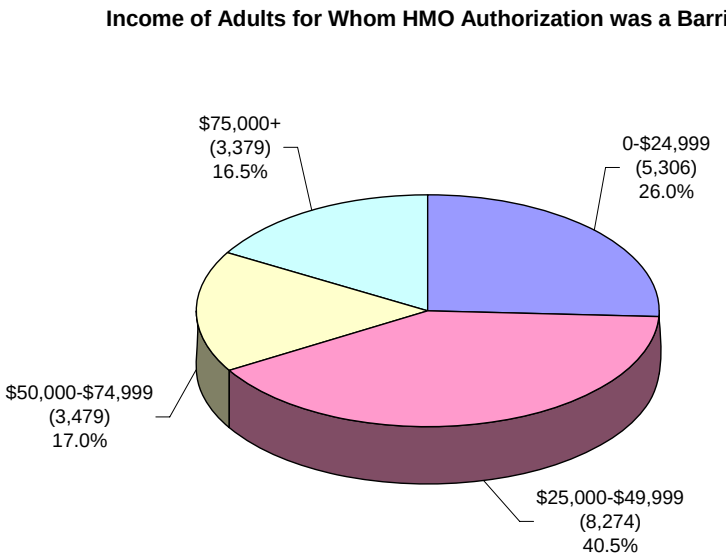


- Of adults who indicate not having HMO authorization as a barrier to health care services, about two-thirds (65.9%) are White and 28.7% are Hispanic/Latino.

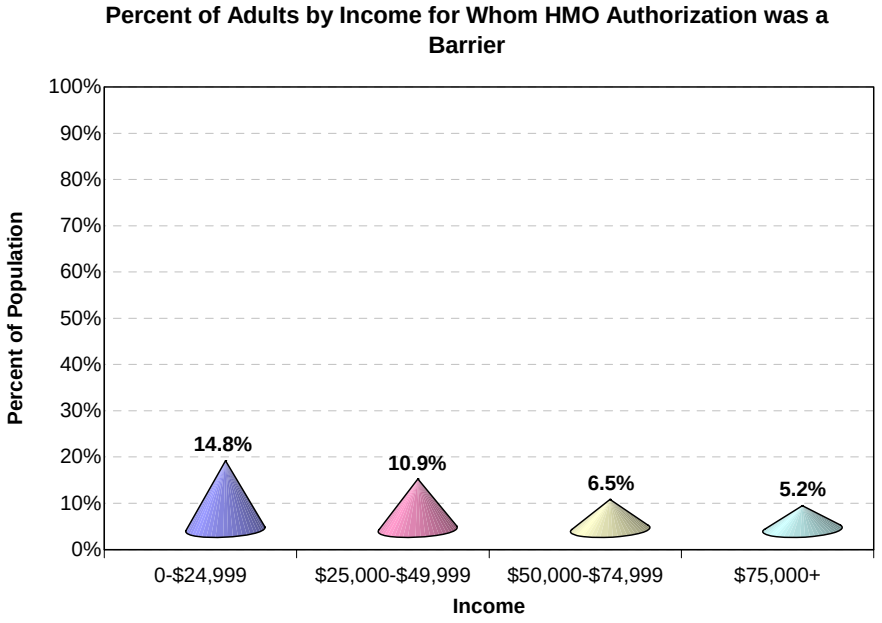


- Hispanic/Latinos (11.9%) are slightly more likely than Whites (6.7%) to report not having HMO authorization as a barrier to health care services.

Income Analysis for the 7.6% of Adults for Whom HMO Authorization was a Barrier

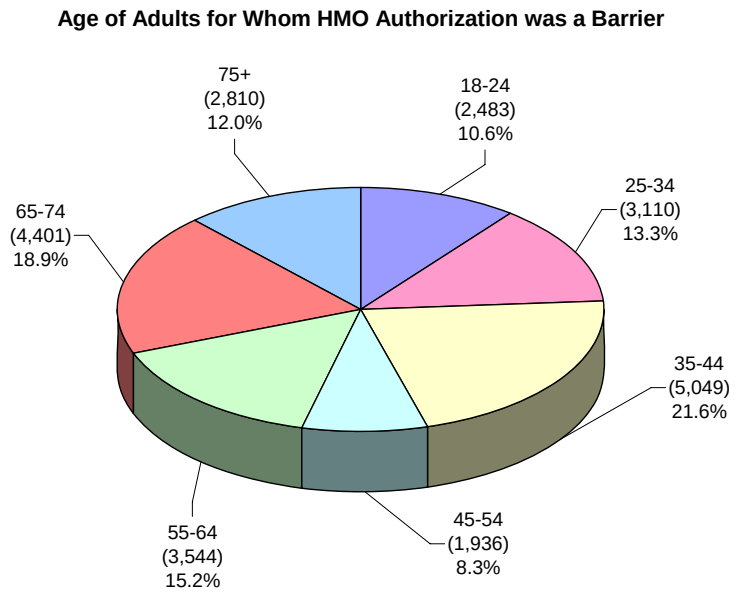


- Two out of three respondents (66.5%) for whom HMO authorization was a barrier to receiving health care services reported incomes less than $50,000.

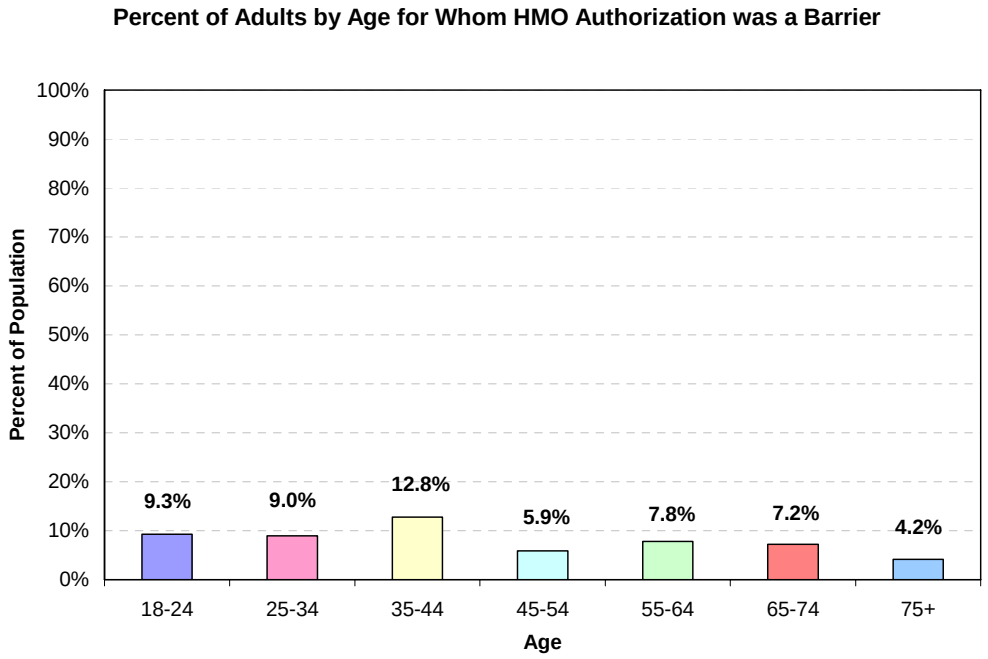


- Respondents earning less than $25,000 were most likely (14.8%) to report not having HMO authorization as a barrier to obtaining health care; with each categorical increase in income, fewer respondents report lacking HMO authorization as a barrier.

Age Analysis for the 7.6% of Adults for Whom HMO Authorization was a Barrier



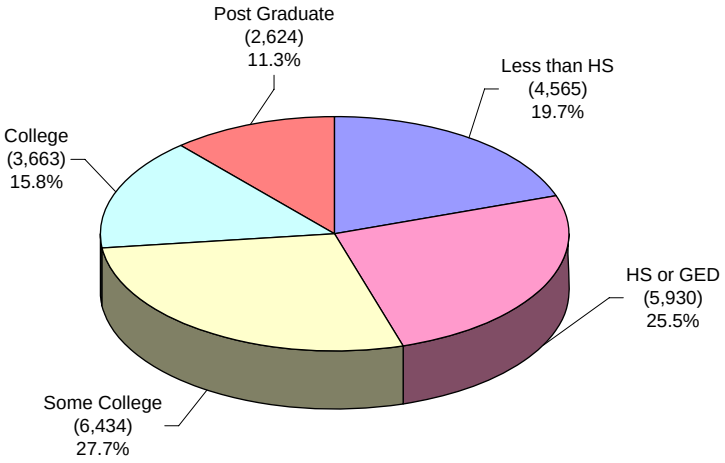
- Of those reporting HMO authorization as a problem in obtaining health care services, slightly less than half (46.1%) are older adults—age 55 or older.



- Approximately 1 in 8 Desert Healthcare District residents age 35 to 44 years old (12.8%) report not having HMO authorization as a barrier to health care services; younger adults (those less than 45 years of age) are slightly more likely to report lacking HMO authorization as a barrier.

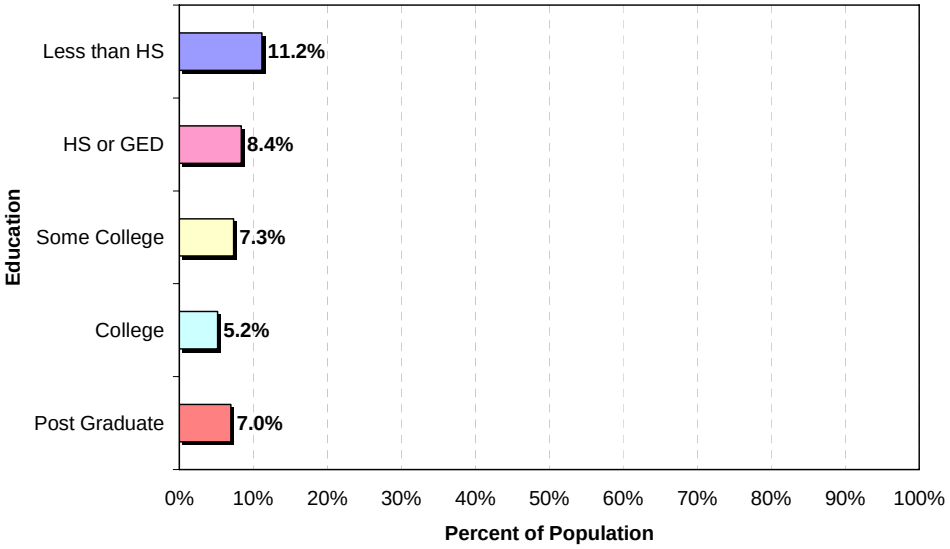
Education Analysis for the 7.6% of Adults for Whom HMO Authorization was a Barrier

Education of Adults for Whom HMO Authorization was a Barrier



- Almost three-quarters of respondents (72.9%) who cite lacking HMO authorization as a barrier have some college or less education; 11.3% have a post graduate education.

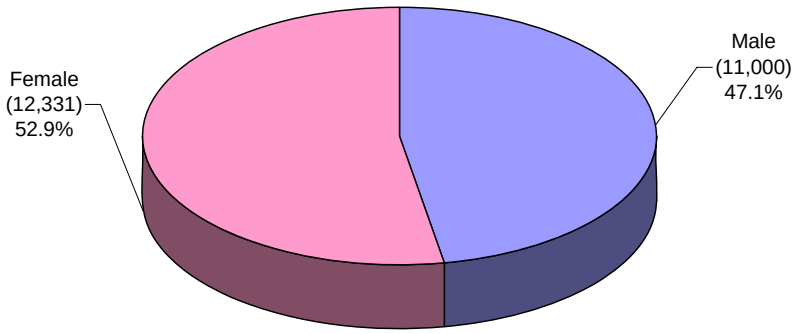
Percent of Adults by Education for Whom HMO Authorization was a Barrier



- Approximately 1 in 10 adults with less than a high school education (11.2%) report lacking HMO authorization as a barrier to obtaining health care services; in general, with each categorical increase in education level, respondents reporting not having HMO authorization as a barrier decreases.

Gender Analysis for the 7.6% of Adults for Whom HMO Authorization was a Barrier

Gender of Adults for Whom HMO Authorization was a Barrier



- Females (52.9%) comprise a slightly greater proportion of adults who claim not having HMO authorization as a barrier to obtaining health care services.
- Equal proportions of males (7.5%) and females (7.6%) report not having HMO authorization as a barrier (graph not included).

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

General Health and Prevention

GENERAL HEALTH STATUS

Self perceived health is a powerful predictor of outcomes. There is a belief that we should feel healthy to actually live healthy.

Q: Would you say, in general, that your health is excellent, very good, good, fair, or poor?

	Weighted Percent	Population Estimates	Actual Responses
Excellent	24.6	78,345	360
Very Good	34.0	108,450	492
Good	24.7	78,567	372
Fair	12.4	39,468	182
Poor	4.2	13,371	87
Total	**100.0**	**318,201**	**1,493**

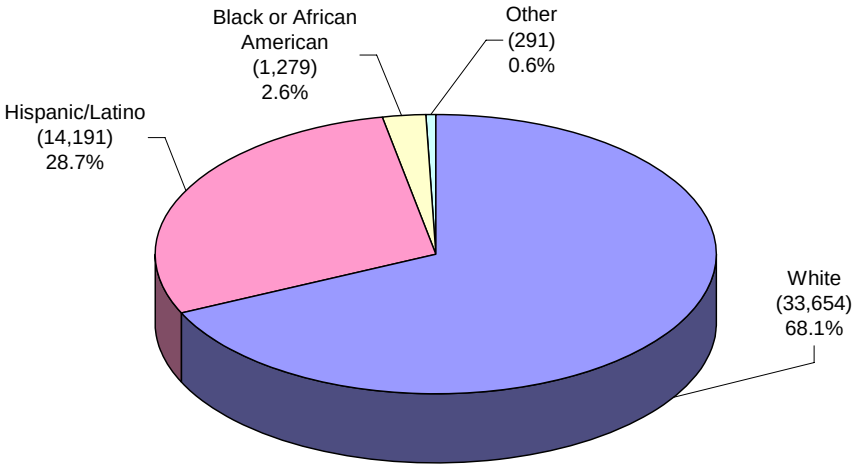
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (58.6%) of adults said their health was "excellent" or "very good;" about 1 in 4 (24.7%) indicated their health was "good" and 16.6% indicated their health was either "fair" or "poor."

Note: Analyses that follow were performed by combining respondents who indicated their health was "fair" or "poor" into one category while leaving the other response options unchanged.

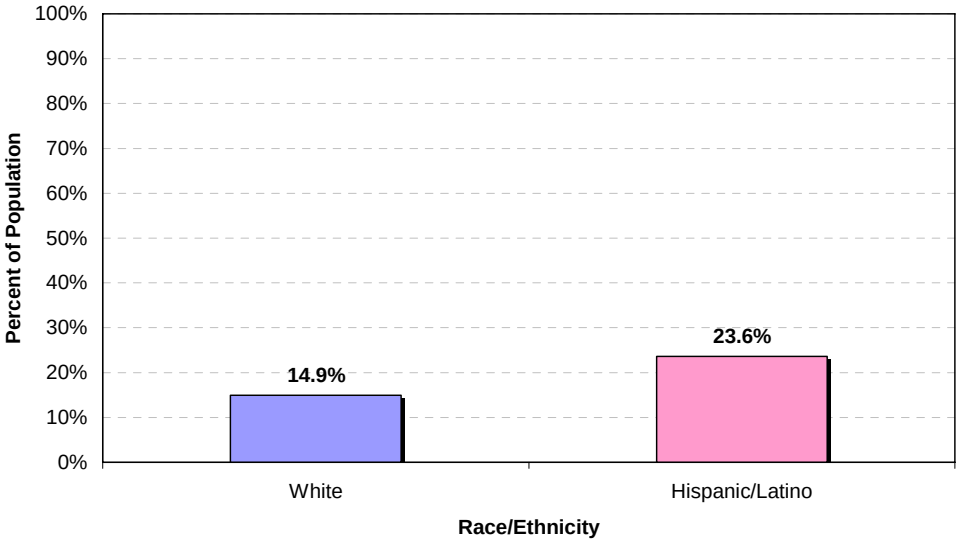
Race/Ethnicity Analyses for the 16.6% of Adults Whose Health is Fair or Poor

Race/Ethnicity of Adults Whose Health is Fair or Poor



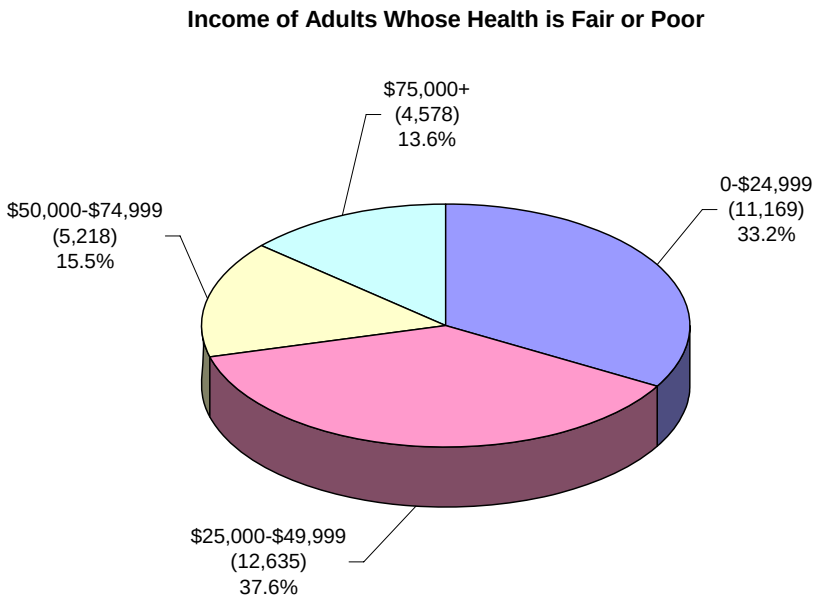
- The majority (68.1%) of respondents whose health is fair or poor is White; 28.7% are Hispanic/Latino.

Percent of Adults by Race/Ethnicity Whose Health is Fair or Poor

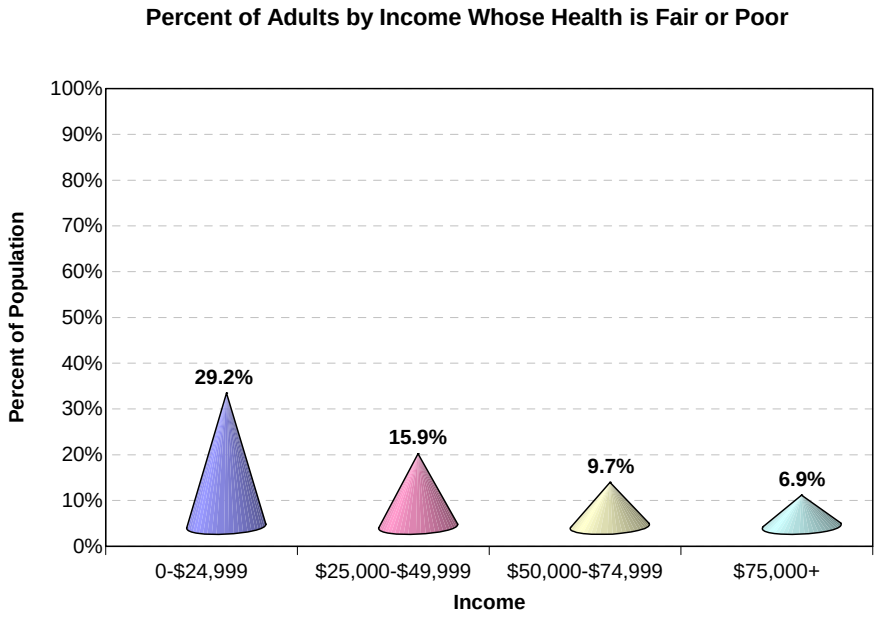


- Nearly one-quarter of Hispanic/Latinos (23.6%) rated their health as fair or poor; 14.9% of Whites did.

Income Analyses for the 16.6% of Adults Whose Health is Fair or Poor



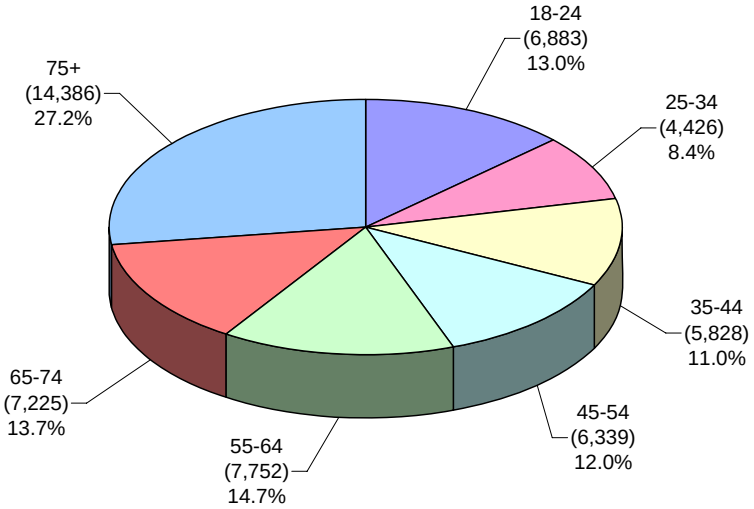
- Approximately 7 in 10 respondents (70.8%) who reported their health as fair or poor earned less than $50,000 in annual income.



- Residents earning less than $25,000 are the most likely to report their health as fair or poor; as income increases, the proportion whose health is fair/poor decreases.

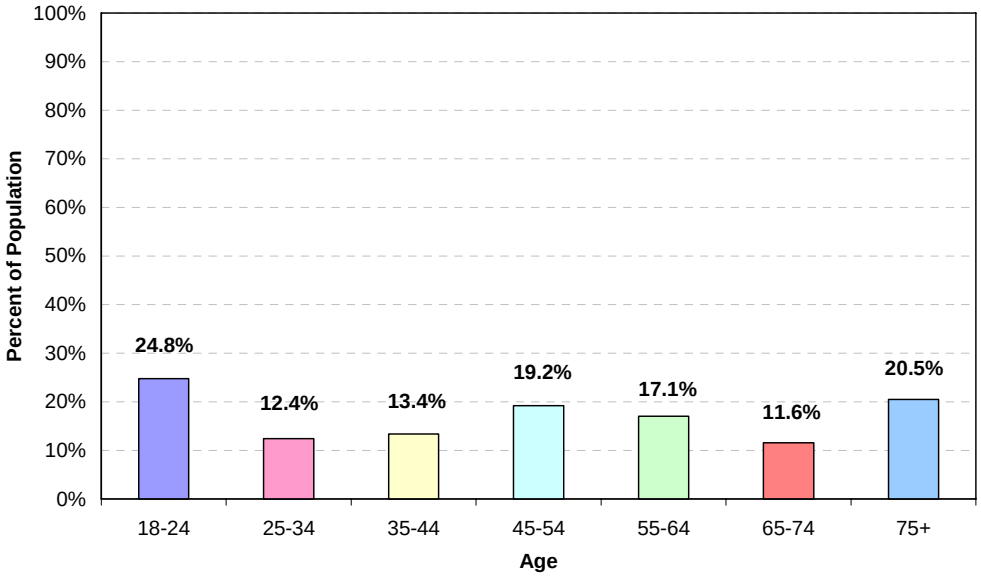
Age Analyses for the 16.6% of Adults Whose Health is Fair or Poor

Age of Adults Whose Health is Fair or Poor



- Of those who reported their health as fair or poor, 27.2% are 75+ years old; 28.4% are 55 to 74.

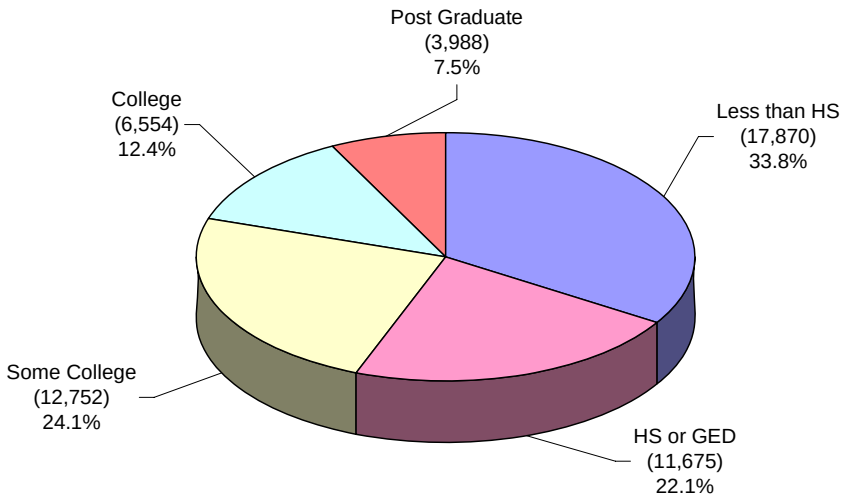
Percent of Adults by Age Whose Health is Fair or Poor



- One-quarter of 18 to 24 year olds (24.8%) reported their health as fair or poor; 1 in 5 respondents 45 to 54 years old (19.2%) and 75+ (20.5%) also reported their health as fair or poor.

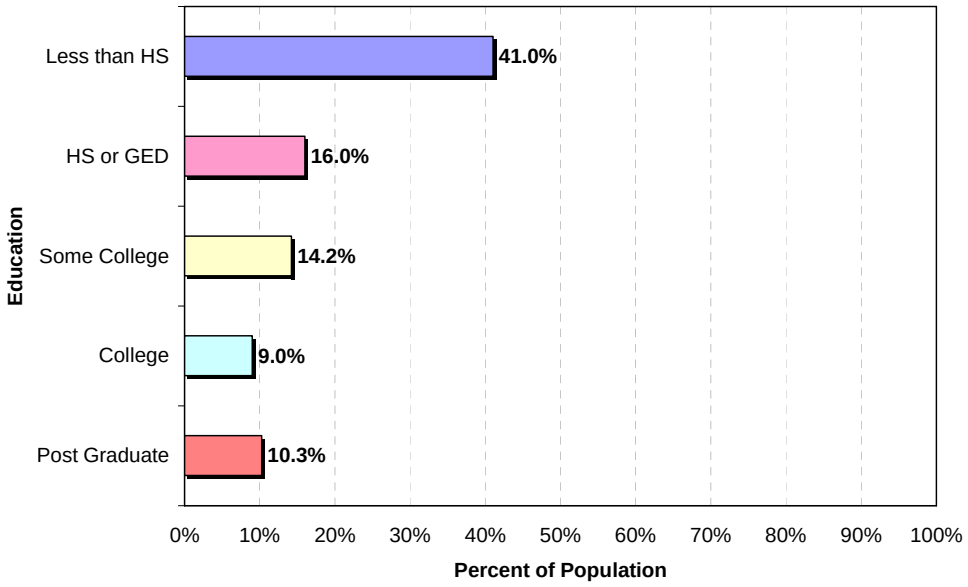
Education Analyses for the 16.6% of Adults Whose Health is Fair or Poor

Education of Adults Whose Health is Fair or Poor



- Of respondents who rated their health as fair or poor, the largest proportion (33.8%) did not complete high school.

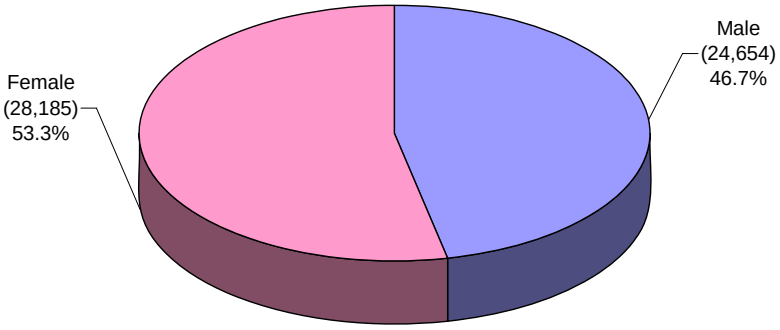
Percent of Adults by Education Whose Health is Fair or Poor



- Adults with less than a high school education (41.0%) are at least 2.5 times more likely than respondents with greater education to report their health as fair or poor.

Gender Analyses for the 16.6% of Adults Whose Health is Fair or Poor

Gender of Adults Whose Health is Fair or Poor



- Females (53.3%) comprise a slightly higher proportion than males (46.7%) in the Desert Healthcare District that reported their health as fair or poor.
- Equal proportions of males (16.4%) and females (16.8%) reported their health as fair or poor (graph not included).

Summary Analyses for the 16.6% of Adults Whose Health is Fair or Poor

- Hispanic/Latinos are more likely to rate their health as fair or poor compared to Whites.
- With each categorical increase in income, respondents decreasingly report their health as fair or poor.
- Young adults (age 18 to 24 years old) are most likely to report their health as fair or poor; the majority of respondents feel their health is good or better.
- Respondents decreasingly report fair or poor health with each categorical increase in education.
- Males and females are equally likely to report fair or poor health.

Q: What is the main reason you think your health is fair or poor?

	Weighted Percent	Population Estimates	Actual Responses
Chronic Illnesses	31.0	13,650	93
Physical Disabilities	25.8	11,375	55
Severe Illnesses	24.1	10,627	58
Mental Or Emotional Health Problems	5.2	2,296	10
Old Age	0.4	1,412	18
Other	1.5	4,715	11
Total	**100.0**	**44,075**	**245**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 30% of those who reported their health as "fair" or "poor" stated it was due to chronic illnesses, while 25.8% reported their "fair" or "poor" health was due to physical disabilities and 24.1% reported having severe illnesses.

DISABILITY

Disabilities make it harder to take part in normal daily activities. They may limit what a person can do physically or mentally, or they can affect an individual's senses. Disability doesn't mean unable, and it isn't a sickness. Most people with disabilities can—and do—work play, learn, and enjoy full healthy lives.

Important Statistics about Disabilities

- About one in every five people in the United States has a disability; almost all of us will have a disability at some point.[23]
- Some people are born with a disability; others get sick or have an accident that results in a disability; still others develop disabilities as they age.[24]

Q: During the last 30 days have any of the following kept you from doing your normal daily activities? Severe headache, joint pain, trouble breathing, chest pain, blurred vision, dental pain, or other?

	Weighted Percent	Population Estimates	Actual Responses
Joint Pain	7.7	24,461	149
Severe Headache	5.2	16,538	64
Trouble Breathing	3.2	10,053	49
Blurred Vision	2.1	6,546	23

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Survey items were omitted from this table if fewer than 2% of respondents, using weighted data, reported experiencing the health issue.

- Approximately 5.3% of adults surveyed, representing 16,911 residents, reported at least one health issue in the past 30 days that kept them from their normal daily activities (not shown).
- Looking at the first health issue respondents reported, joint pain (reported by 7.7% of respondents) was the most common. This was followed by severe headaches (5.2%), trouble breathing (3.2%) and blurred vision (2.1%) as reasons people's lives were interrupted due to health related problems.

[23] National Library of Medicine http://www.nlm.nih.gov/medlineplus/disabilities.html
[24] Ibid.

Use of Special Equipment

Q: Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

	Weighted Percent	Population Estimates	Actual Responses
Yes	11.6	36,842	198
No	88.4	281,753	1,300
Total	**100.0**	**318,595**	**1,498**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 12% of respondents, representing 36,842 Desert Healthcare District residents, indicated they currently require special equipment.

IMMUNIZATIONS

Influenza

Influenza, also called the flu, is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness and can even lead to death. The best way to prevent the flu is by getting a flu vaccination each year.

There are two types of flu vaccines. The "flu shot" is an inactivated vaccine (containing killed virus) given by needle. It is approved for both healthy people and people with chronic medical conditions who are at least 6 months of age.

The nasal-spray flu vaccine, also called FluMist, is made with live, weakened flu viruses that do not cause the flu. It is approved for use in healthy people 5 to 49 years of age. It is not recommended for pregnant women.

Important Statistics about Influenza

- Every year in the United States, on average, 5% to 20% of the population gets the flu, more than 200,000 people are hospitalized from flu complications, and about 36,000 people die from the flu.[25]

Flu Shots

Q: During the past 12 months have you had a flu shot? A flu shot is an influenza vaccine injected into your arm.

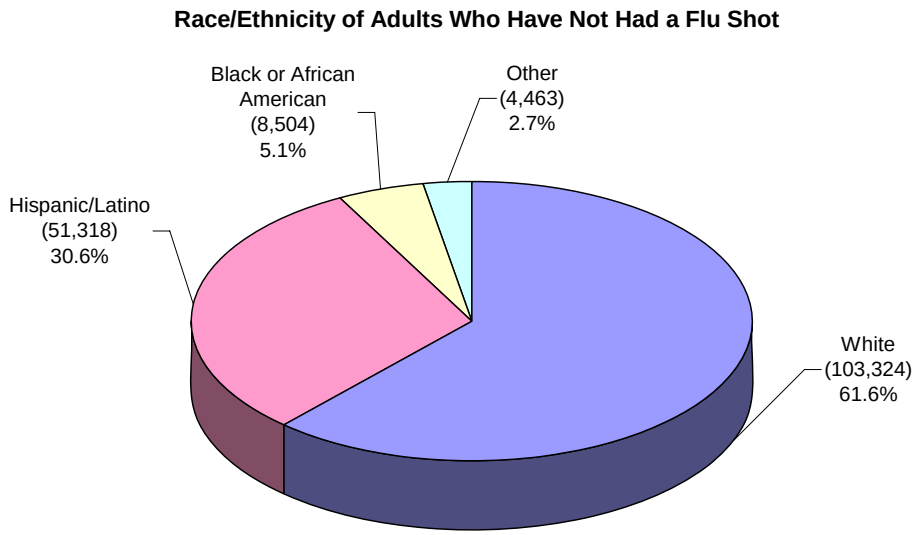
	Weighted Percent	Population Estimates	Actual Responses
Yes	45.9	145,004	789
No	54.1	170,942	707
Total	**100.0**	**315,946**	**1,496**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

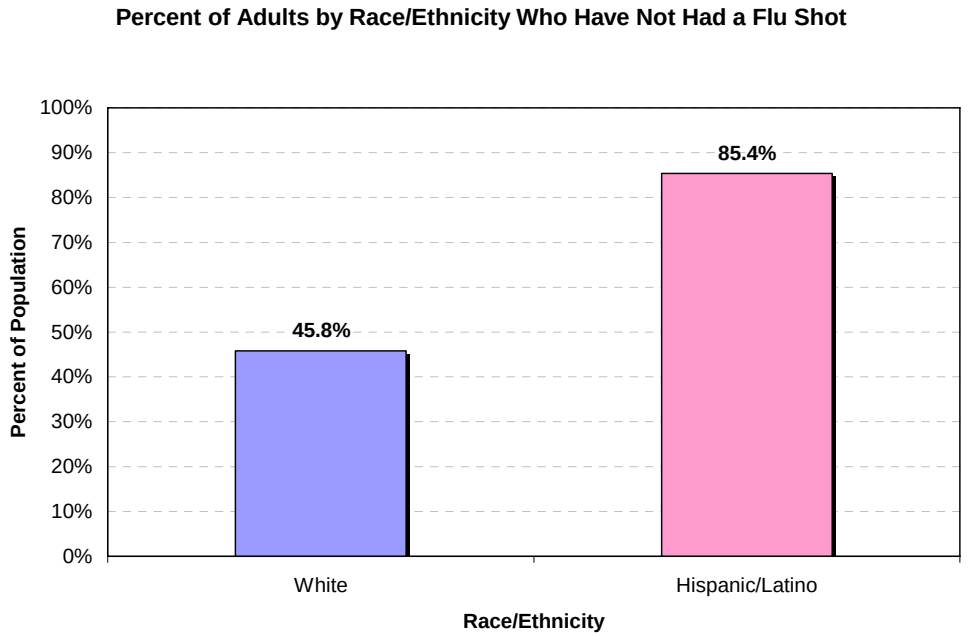
- About half (54.1%) of respondents reported they had not had a flu shot within the past 12 months.

[25] Centers for Disease Control and Prevention http://www.cdc.gov/flu/keyfacts.htm

Race/Ethnicity Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot

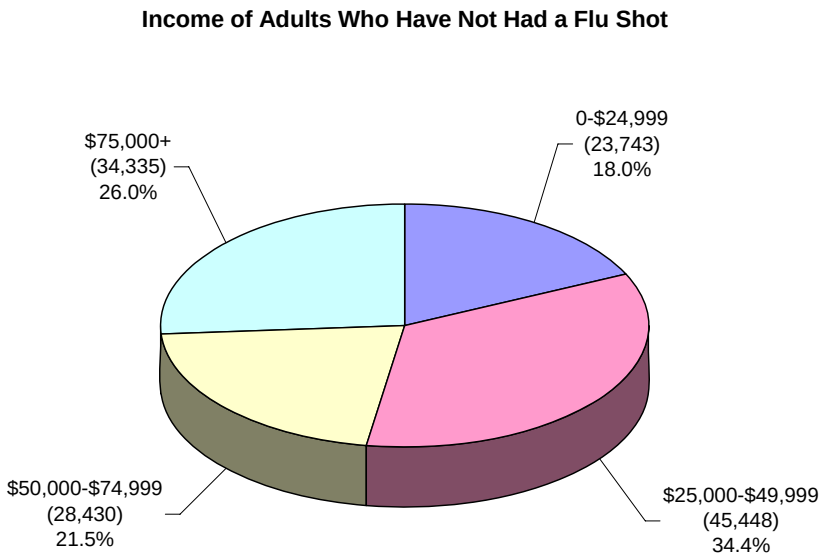


- Of the adults who have not had a flu shot, the majority (61.6%) are White; 30.6% are Hispanic/Latino.

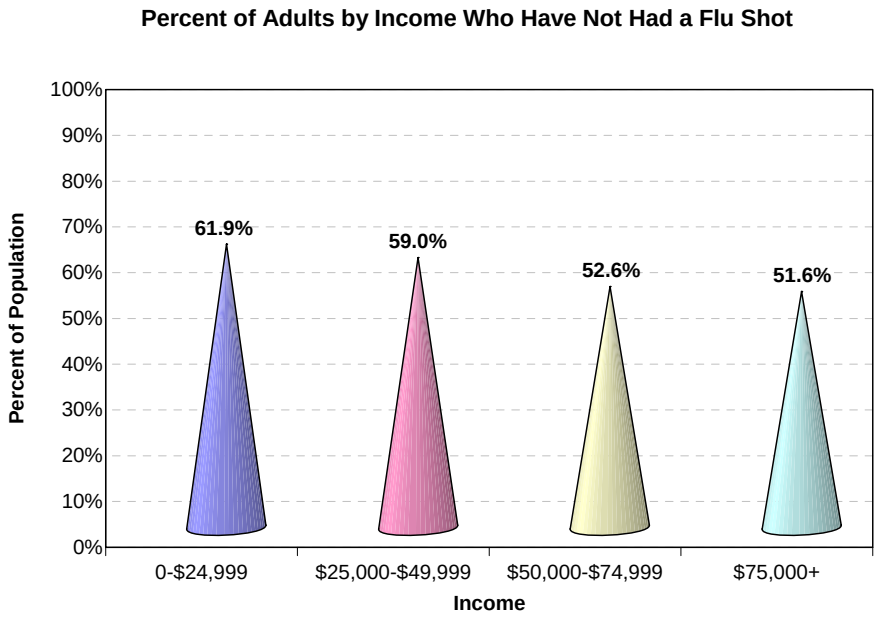


- Hispanic/Latinos (85.4%) are almost twice as likely as Whites (45.8%) to report not having a flu shot in the past year.

Income Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot

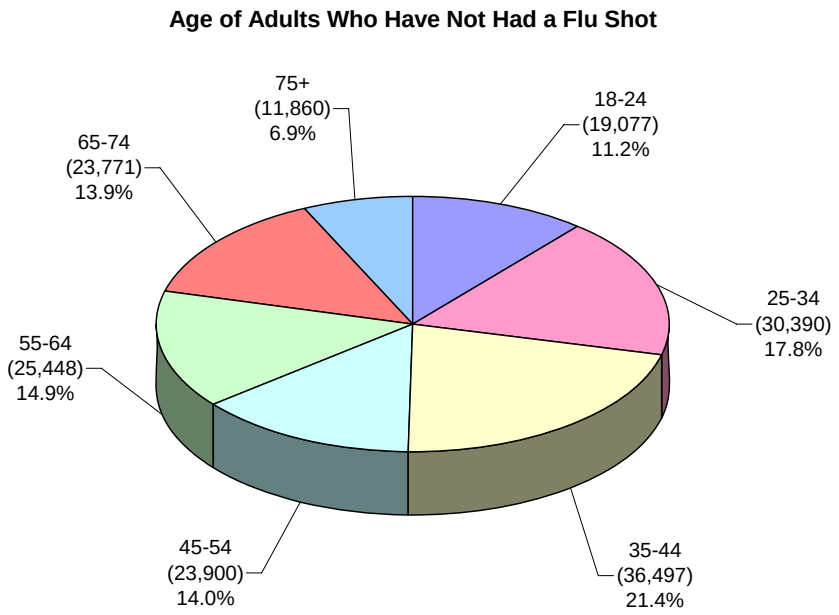


- Of DHCD residents who have not had a flu shot, 52.4% earn less than $50,000 annually over one-third earns $25,000-$49,999 per year.

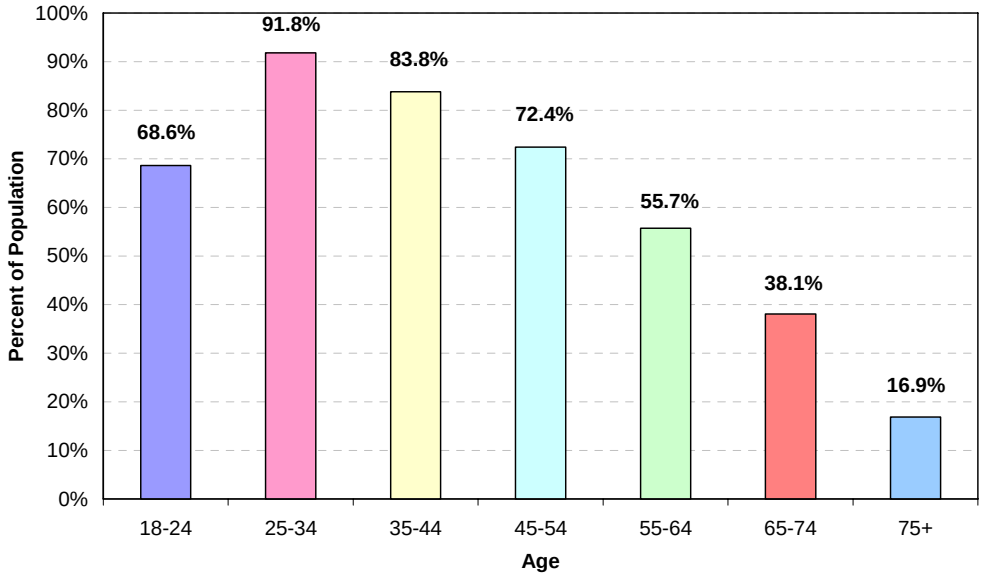


- The majority of adults in every income category have not had a flu shot in the past year.

Age Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot



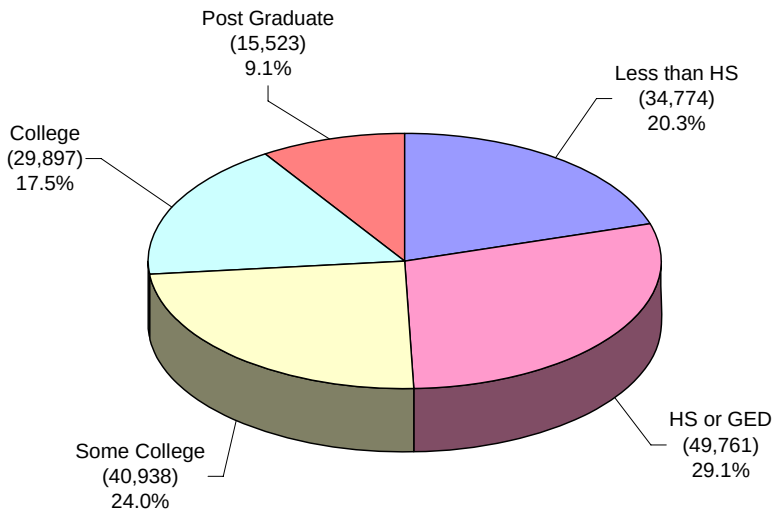
- Of adults who have not had a flu shot, the largest proportion (21.4%) is 35 to 44 years of age while the smallest proportion is adults age 75+ (6.9%).



- Twenty-five to thirty-four year olds are most likely (91.8%) to report they have not received a flu shot in the past 12 months; generally, with each categorical increase in age, fewer respondents report <u>not</u> having a flu shot.

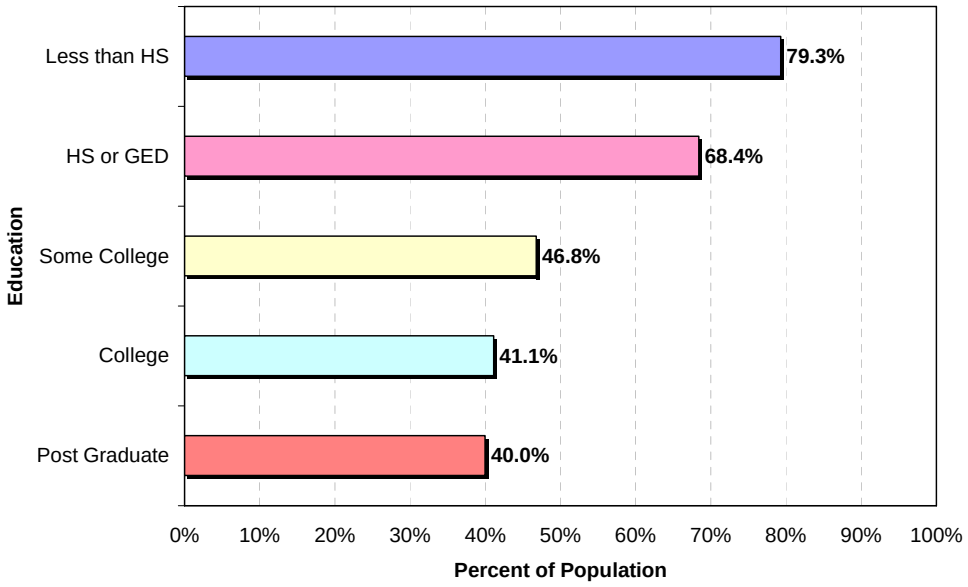
Education Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot

Education of Adults Who Have Not Had a Flu Shot



- Nearly half (49.4%) of those who have not had a flu shot have a high school/GED, or less, education; 24.0% have completed some college.

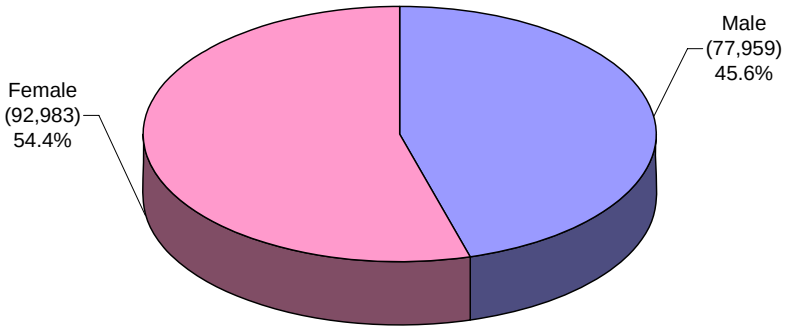
Percent of Adults by Education Who Have Not Had a Flu Shot



- Adults with less than a high school education are the most likely (79.3%) to report not receiving a flu shot; residents with more education are less likely to report they have not received a flu shot.

Gender Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot

Gender of Adults Who Have Not Had a Flu Shot



- A little more than half (54.4%) of the respondents who have not had a flu shot are female.
- Equal proportions of males (52.7%) and females (55.3%) have not had a flu shot (graph not included).

Summary Analyses for the 54.1% of Adults Who Have Not Had a Flu Shot

- Hispanic/Latino residents are almost twice as likely as Whites not to have received a flu shot.
- At least half of all residents in each income category have not had a flu shot.
- With every categorical increase in age, respondents decreasingly report not having a flu shot.
- Residents with the least amount of formal education are the most likely not to get a flu shot.
- The proportions of males and females not receiving a flu shot is about equal.

Flu Mist

Q: During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist.

	Weighted Percent	Population Estimates	Actual Responses
Yes	0.7	2,382	15
No	99.3	315,382	1,478
Total	**100.0**	**317,764**	**1,493**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Very few adults (0.7%) have received a flu vaccine sprayed in their nose in the past 12 months.

Pneumonia Shot

Q: A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

	Weighted Percent	Population Estimates	Actual Responses
Yes	34.9	104,960	576
No	65.1	196,036	869
Total	**100.0**	**300,996**	**1,445**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 35% of adults have received a pneumonia shot in their lifetime.

COLORECTAL CANCER SCREENING

Colorectal Cancer Screening

Healthy People 2010 Goal: Increase the proportion of adults 50+ years who receive the test to 50%

Colorectal cancer is a term used to refer to cancer that develops in the colon or the rectum. The colon and rectum are parts of the digestive system, which is also called the gastrointestinal, or GI, system. The digestive system processes food for energy and rids the body of solid waste matter (fecal matter or stool).

Screening tests are used to look for disease in people who do not have any symptoms. In many cases, these tests can find colorectal cancers at an early stage and greatly improve the chances of successful treatment. Screening tests can also help prevent some cancers by allowing doctors to find and remove polyps that might become cancerous.

Important Statistics about Colorectal Cancer

- Excluding skin cancers, colorectal cancer is the third most common cancer diagnosed in men and women in the United States.[26]
- The American Cancer Society estimates that about 112,340 new cases of colon cancer and 41,420 new cases of rectal cancer will be diagnosed in 2007.[27]
- Colorectal cancer is the second leading cause of cancer-related death in the United States and is expected to cause about 52,180 deaths during 2007.[28]
- Beginning at age 50, both men and women should be screened for colon cancer.[29]

Q: Have you ever had a blood stool test to check for colon cancer (Asked only to adults 50 years of age or older)?

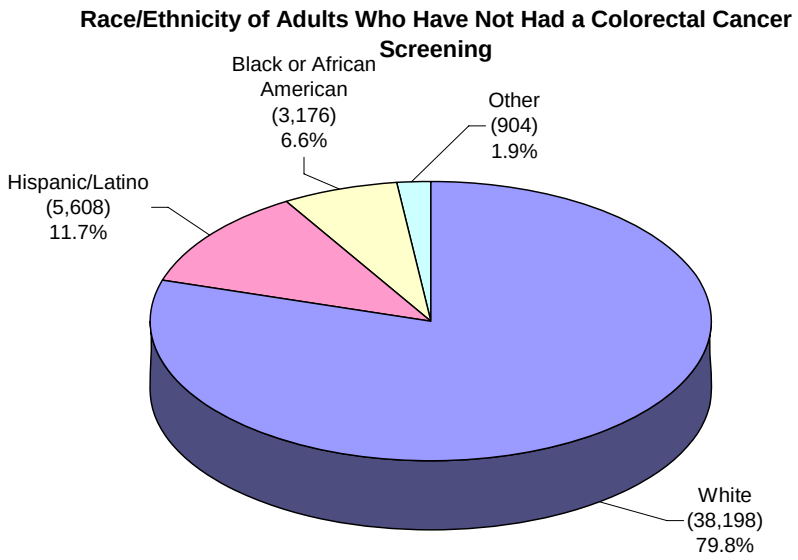
	Weighted Percent	Population Estimates	Actual Responses
Yes	73.6	138,728	845
No	26.4	49,639	314
Total	**100.0**	**188,367**	**1,159**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

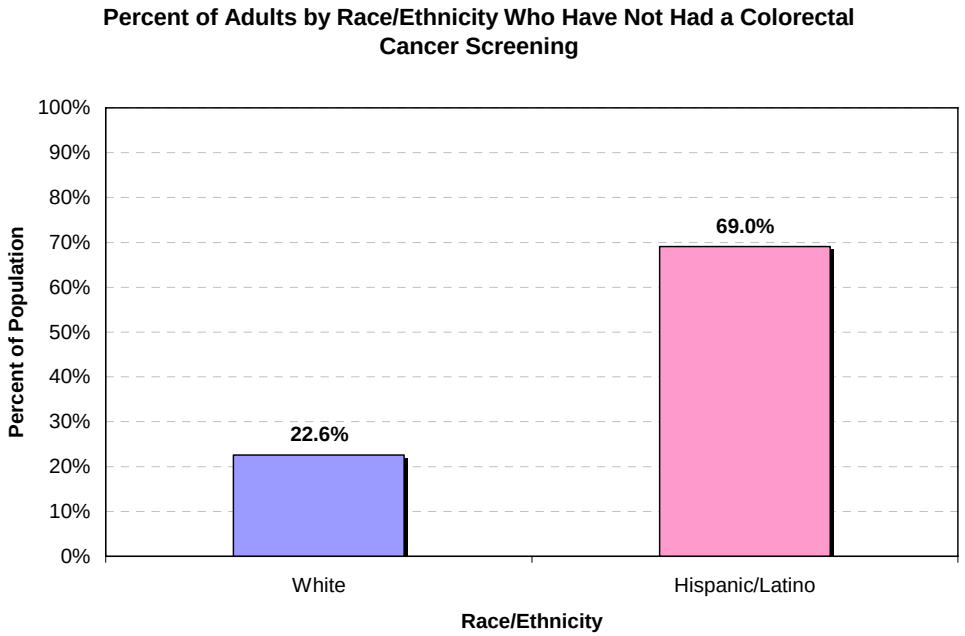
- Of the Desert Healthcare District residents 50 or older, the majority (73.6%) reported they have had a blood stool test to check for colon cancer; 26.4%, representing about 49,639 residents, have not had the test.

[26] American Cancer Society, 2007 http://www.cancer.org/downloads/PRO/ColorectalCancer.pdf
[27] Ibid.
[28] Ibid.
[29] Ibid.

Race/Ethnicity Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening

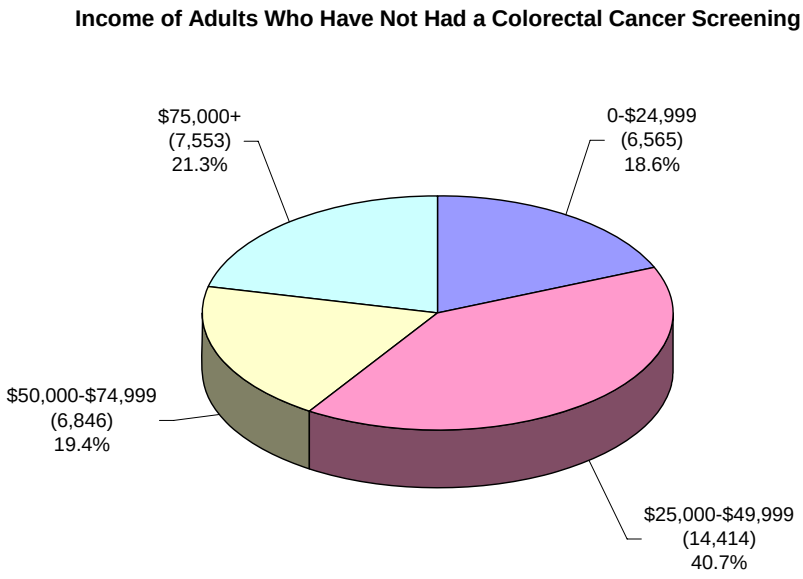


- The majority of 50+ adults (79.8%), who have not had a colorectal cancer screening are White; 11.7% are Hispanic/Latino.

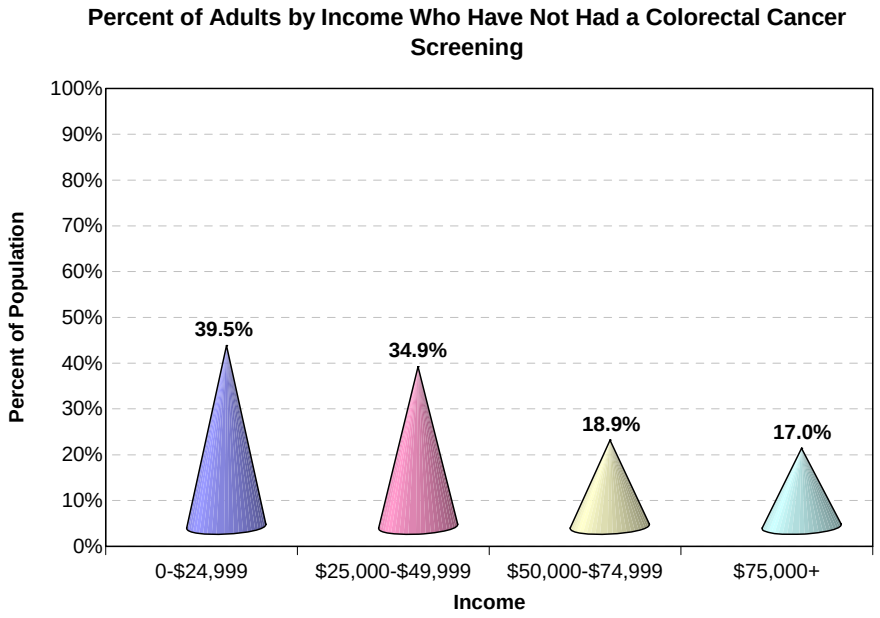


- Hispanic/Latino residents are over 3 times more likely than Whites (69.0% compared to 22.6%) <u>not</u> to have had a colorectal cancer screening.

Income Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening



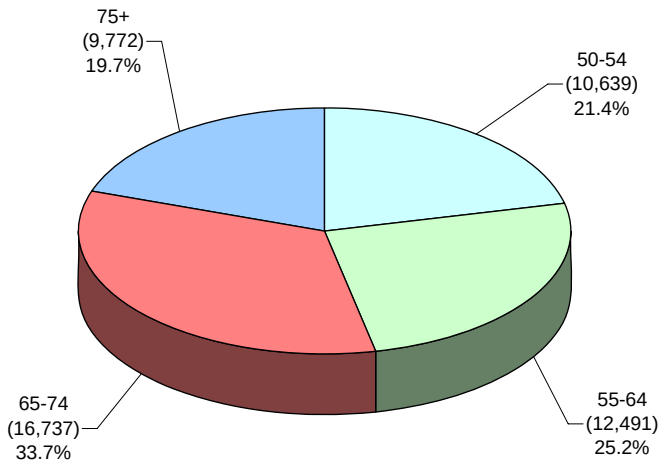
- The largest proportion of residents 50 and older (40.7%) who have not had a colorectal cancer screening earn between $25,000 and $49,999 annually.



- Nearly equal proportions of adults earning less than $25,000 (39.5%) and those earning $25,000 to $49,999 (34.9%) have not had a colorectal cancer screening; adults with higher annual incomes are more likely (the proportions in the graph are smaller) to have had a colorectal cancer screening.

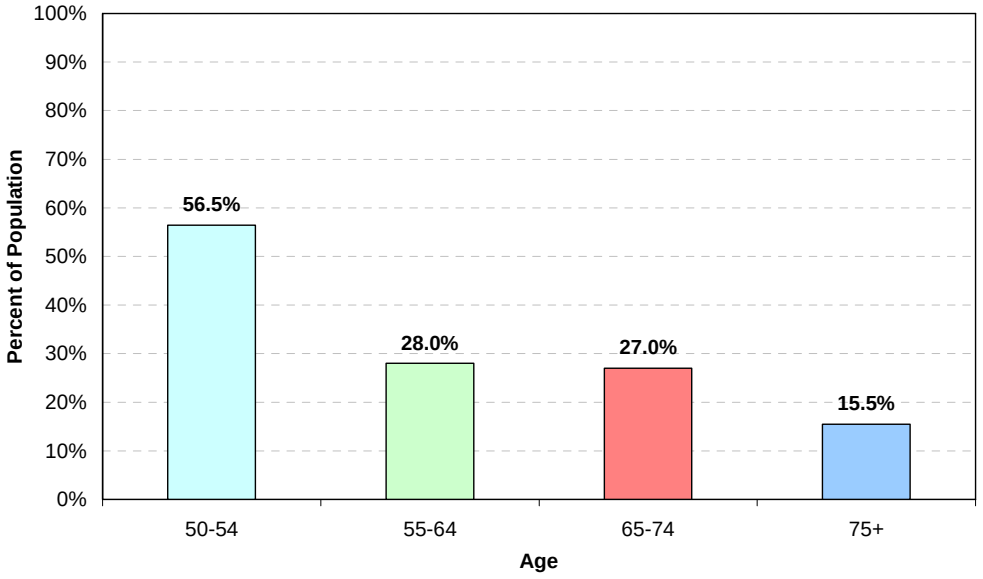
Age Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening

Age of Adults Who Have Not Had a Colorectal Cancer Screening



- Of the adults 50 and older who have not had a colorectal cancer screening, 33.7% are 65 to 74; nearly half (46.6%) are between 50 and 64 years old.

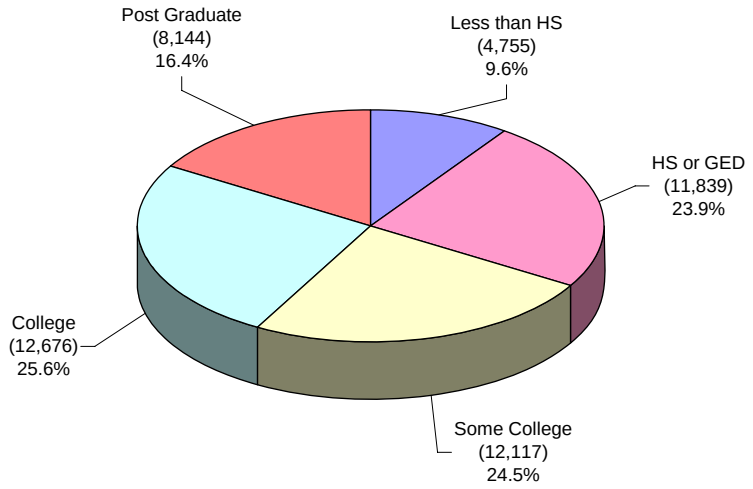
Percent of Adults by Age Who Have Not Had a Colorectal Cancer Screening



- Respondents between 50 and 54 years of age (56.5%) are at least twice as likely as respondents in the other age groups to report they have not had a colorectal cancer screening; only 15.5% of adults 75+ years of age have not had a colorectal screening.

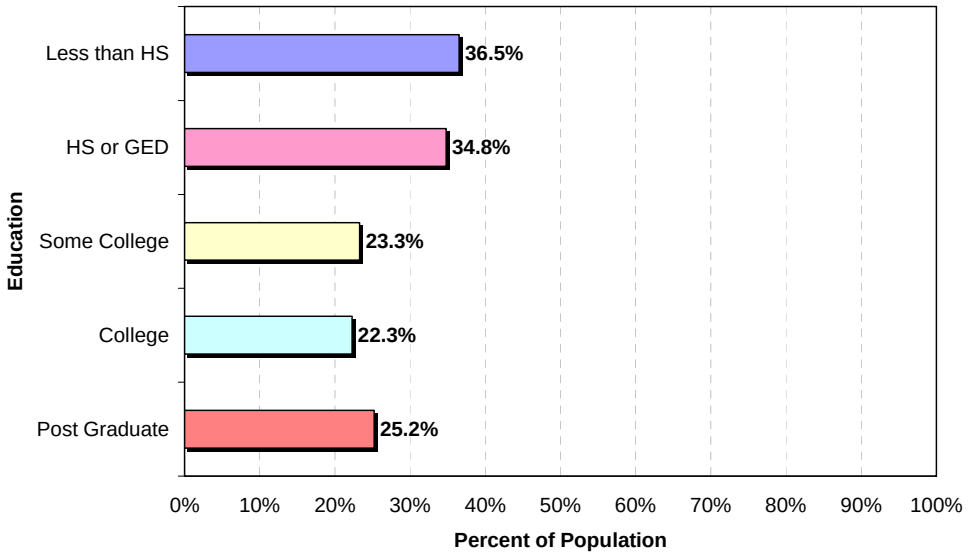
Education Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening

Education of Adults Who Have Not Had a Colorectal Cancer Screening



- Of those who have not had a colorectal cancer screening, nearly equal proportions report a college education (25.6%), some college education (24.5%) or a high school or GED education (23.9%).

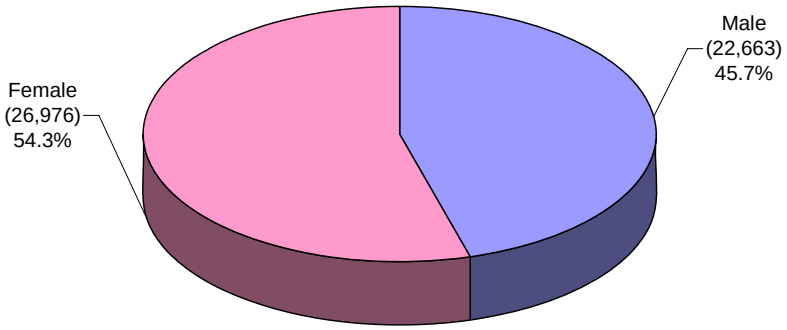
Percent of Adults by Education Who Have Not Had a Colorectal Cancer Screening



- About equal proportions of residents in the two lowest educational attainment groups (36.5% and 34.8%) report not having received a colorectal cancer screening; proportions are lower for better educated residents, but at least 22% in each category have not received this screening.

Gender Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening

Gender of Adults Who Have Not Had a Colorectal Cancer Screening



- Of those not receiving a colorectal cancer screening, 54.3% are female and 45.7% are male.
- Equal proportions of males (26.4%) and females (26.3%) have not had a colorectal cancer screening (graph not included).

Summary Analyses for the 26.4% of Adults Who Have Not Had a Colorectal Cancer Screening

- Hispanic/Latinos are three times more likely than Whites not to have a colorectal cancer screening.
- Adults with income below $50,000 are twice as likely as those with greater income not to have had a colorectal cancer screening.
- As age increases, the likelihood of not having a colorectal cancer screening decreases.
- Respondents with some college education or more are less likely not to have had a colorectal cancer screening.
- Males and females are equally likely not to have obtained a colorectal cancer screening.

Home Blood Stool Testing

Q: A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

	Weighted Percent	Population Estimates	Actual Responses
Yes	51.4	97,222	578
No	48.6	92,101	602
Total	**100.0**	**189,323**	**1,180**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately one-half of respondents (51.4%) have used a home kit to check for blood in their stool; 48.6%, about 92,000 residents, have not.

Q: How long has it been since you had your last blood stool test using a home kit?

	Weighted Percent	Population Estimates	Actual Responses
Within Past Year (Anytime Less Than 12 Months Ago)	47.1	43,311	288
Within Past 2 Years (1 Year But Less Than 2 Years Ago)	22.5	20,683	103
Within The Past 5 Years (2 Years But Less Than 5 Yrs Ago)	18.4	16,909	86
5 Or More Years Ago	12.0	11,060	78
Total	**100.0**	**91,963**	**555**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents who have used a home kit, 47.1% have done so within the past year.

GYNECOLOGICAL HEALTH

Persons With Breast Cancer

Healthy People 2010 Goal:
Reduce to 21.3 deaths per 100,000 females

Breast Health

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk.) The most common type of breast cancer is ductal carcinoma, which begins in the cells of the ducts. Cancer that begins in the lobes or lobules is called lobular carcinoma and is more often found in both breasts than are other types of breast cancer. Inflammatory breast cancer is an uncommon type of breast cancer in which the breast is warm, red, and swollen.

Risk factors for developing breast cancer include older age, early age of menarche (menstruation), family history, obesity, and hormone therapy. It is not yet known exactly why some of these risk factors cause cells to become cancerous.

A mammogram is an x-ray exam of the breast that is used to detect and evaluate breast abnormalities. A screening that finds small breast cancers early greatly improves a woman's chance for successful treatment. The National Cancer Institute recommends that women 40 and older have mammograms every 1 to 2 years. Women who are at higher than average risk of breast cancer should talk with their health care providers about whether to have mammograms before age 40 and how often to have them.

A clinical breast examination by a health professional (such as a doctor, nurse, nurse practitioner, or physician's assistant) is an important part of routine physical checkups. Clinical breast examinations, best performed soon after a menstrual period ends, are an important method of early breast cancer detection and should be performed along with mammography. A woman should have a clinical exam at least every three years starting at age 20 and every year starting at age 40. A clinical breast exam may be recommended more frequently if there is a strong family history of breast cancer.

Important Statistics about Breast Cancer:

- It is estimated there will be 1,010 new breast cancer cases, and 220 deaths, in Riverside County in 2007.[30]
- Breast Cancer is the second leading cause of death in the United States. It is also second only to lung cancer as a cause of cancer death in women.[31]
- Women in the United States get breast cancer more than any other type of cancer except for skin cancer.[32] The lifetime chance of having breast cancer is 1 in 8. The chance of dying from breast cancer is about 1 in 35 [33]

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[30] American Cancer Society – California Cancer Facts & Figures 2007
http://www.ccrcal.org/PDF/ACS2007.pdf
[31] American Cancer Society Overview: Breast Cancer 2007
http://www.cancer.org/docroot/CRI/content/CRI_2_2_1X_How_many_people_get_breast_cancer_5.asp?sitearea=
[32] Ibid.
[33] Ibid.

Mammogram Screening (40+)

Q: A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

	Weighted Percent	Population Estimates	Actual Responses
Yes	94.1	111,632	674
No	5.9	7,049	48
Total	**100.0**	**118,681**	**722**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the Desert Healthcare District adult female population 40 years of age or older, approximately 6% reported they had not had a mammogram, thus not meeting the recommendation of yearly mammograms for women 40 of older.

Q: How long has it been since you had your last mammogram?

	Weighted Percent	Population Estimates	Actual Responses
Within Past Year (Anytime Less Than 12 Months Ago)	73.6	81,971	511
Within Past 2 Years (1 Year But Less Than 2 Years Ago)	15.4	17,166	83
Within the Past 3 Years (2 Years but Less Than 3 Years Ago)	3.8	4,276	23
Within The Past 5 Years (3 Years But Less Than 5 Yrs Ago)	1.6	1,815	17
5 Or More Years Ago	5.6	6,195	37
Total	**100.0**	**111,423**	**671**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the women 40 years and older who reported they have had a mammogram, 73.6% were tested within the last year.

Clinical Breast Exam (18+)

Note: The Clinical Breast Exam section includes women 18 years of age or older.

Q. Have you ever had a clinical breast exam?

	Weighted Percent	Population Estimates	Actual Responses
Yes	79.1	132,344	705
No	20.9	34,916	101
Total	**100.0**	**167,260**	**806**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 80% of female respondents indicated they have had a clinical breast exam to screen for breast cancer; approximately 21% have not.

Q: How long has it been since your last clinical breast exam?

	Weighted Percent	Population Estimates	Actual Responses
Within Past Year (Anytime Less Than 12 Months Ago)	74.2	97,835	516
Within Past 2 Years (1 Year but Less Than 2 Years Ago)	15.8	20,860	94
Within the Past 3 Years (2 Years but Less Than 3 Years Ago)	4.1	5,416	32
Within The Past 5 Years (3 Years but Less Than 5 Yrs Ago)	2.0	2,660	12
5 Or More Years Ago	3.9	5,098	44
Total	**100.0**	**131,869**	**698**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of women having had a clinical breast exam, nearly three-quarters (74.2%) have had an exam within the last year.

Hysterectomy

A hysterectomy is an operation to remove a woman's uterus (womb). Hysterectomies are performed on women with uterine fibroids, extremely heavy bleeding, endometriosis, uterine cancer, pelvic inflammatory disease or other conditions that affect the female reproductive system. The procedures can either be performed abdominally or vaginally.

Important Statistics about Hysterectomies

- A hysterectomy is the second most common surgery among women in the United States. The most common is cesarean section delivery.[34]
- Over 600,000 hysterectomies are performed yearly in the United States.[35]
- One in three women undergoes a hysterectomy by age 60.[36]

Q. Have you had a hysterectomy – an operation to remove the uterus/womb?

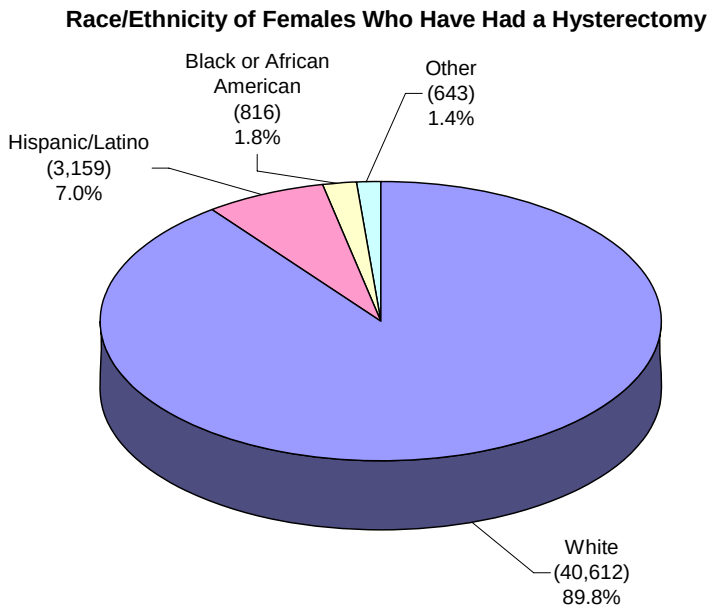
	Weighted Percent	Population Estimates	Actual Responses
Yes	28.1	46,162	323
No	71.9	117,907	481
Total	**100.0**	**164,068**	**804**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

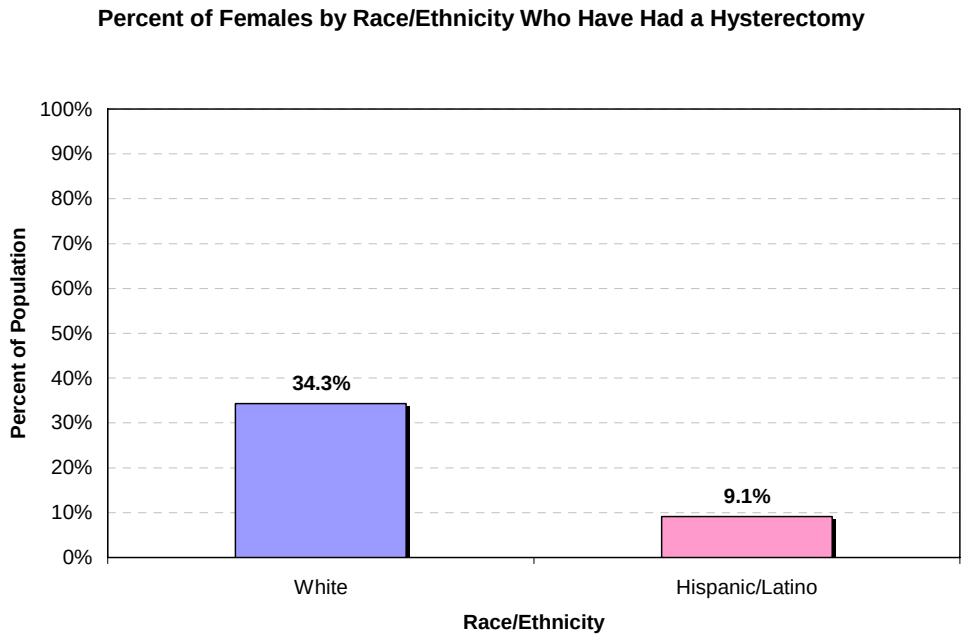
- About 28% of female respondents, representing approximately 46,162 residents, have had a hysterectomy.

[34] National Women's Health Information Center. http://www.4women.gov/faq/hysterectomy.htm#a
[35] Ibid.
[36] Ibid.

Race/Ethnicity Analyses for the 28.1% of Females Who Have Had a Hysterectomy



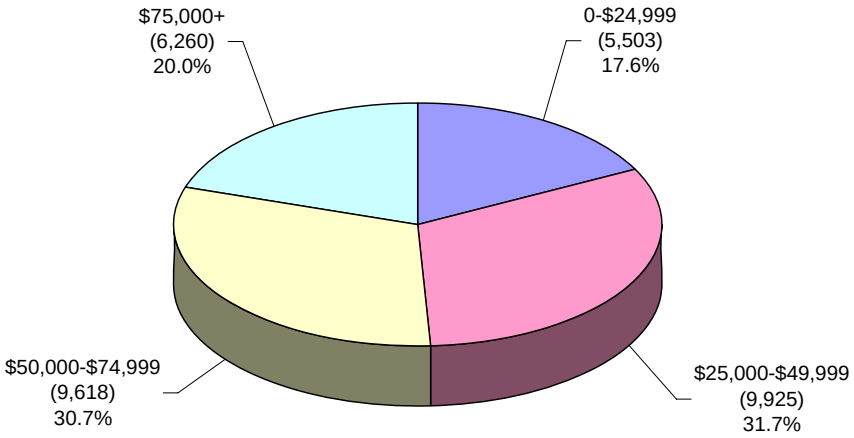
- The majority (89.8%) of females who have had a hysterectomy are White.



- White females (34.3%) are nearly four times more likely than Hispanic/Latino (9.1%) females to have had a hysterectomy.

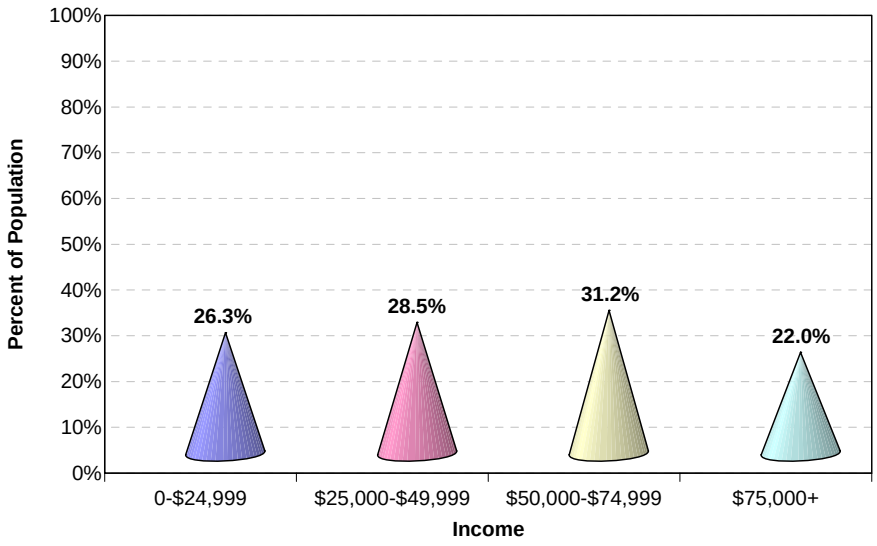
Income Analyses for the 28.1% of Females Who Have Had a Hysterectomy

Income of Females Who Have Had a Hysterectomy



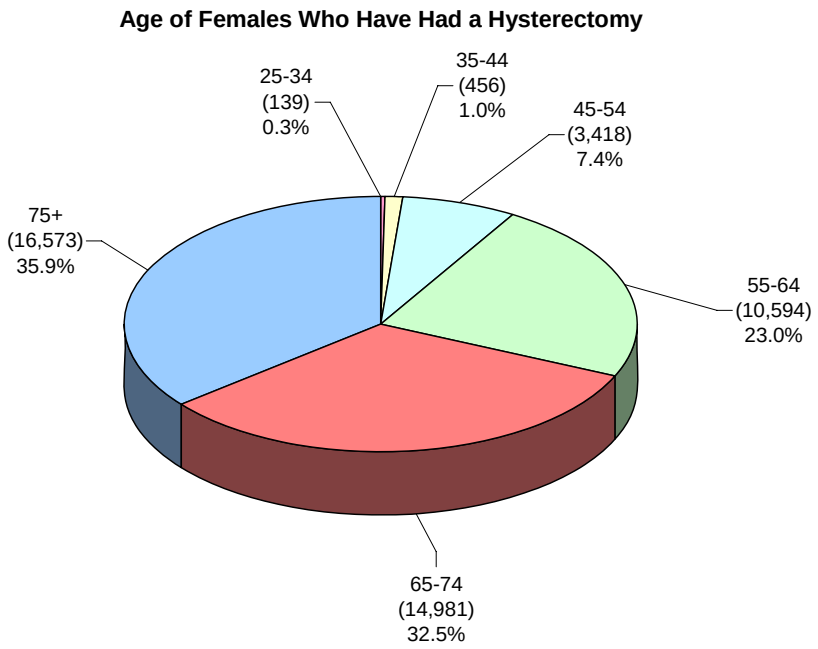
- Of females who received a hysterectomy, 31.7% earn $25,000 to $49,999; 30.7% earn $50,000 to $74,999 per year; women earning 0-$24,999 comprise the smallest proportion.

Percent of Females by Income Who Have Had a Hysterectomy

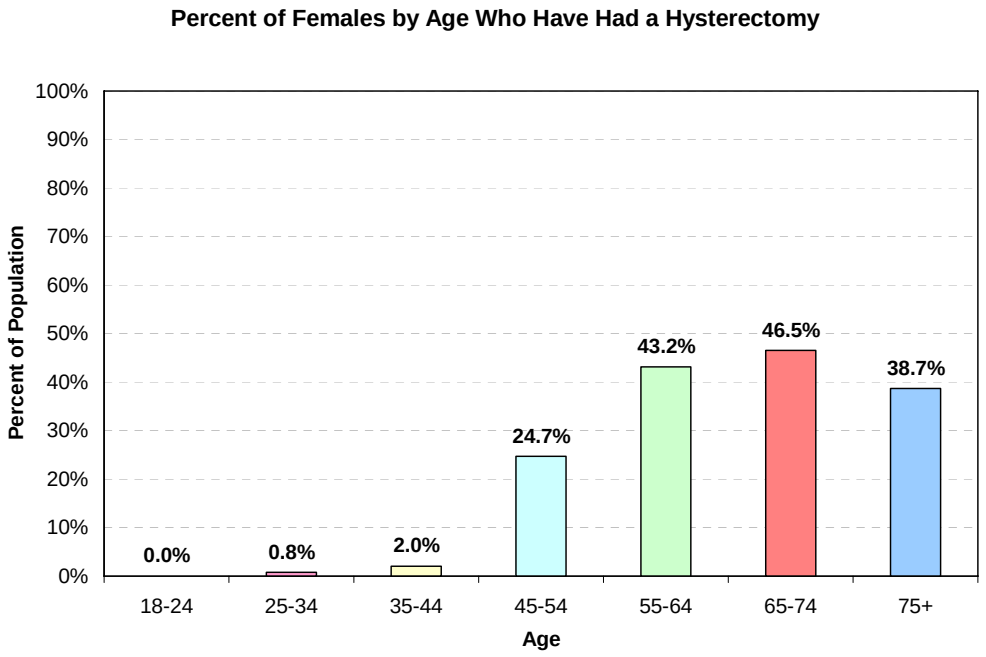


- Between 22.0% and 31.2% of females from each age category have had a hysterectomy.

Age Analyses for the 28.1% of Females Who Have Had a Hysterectomy



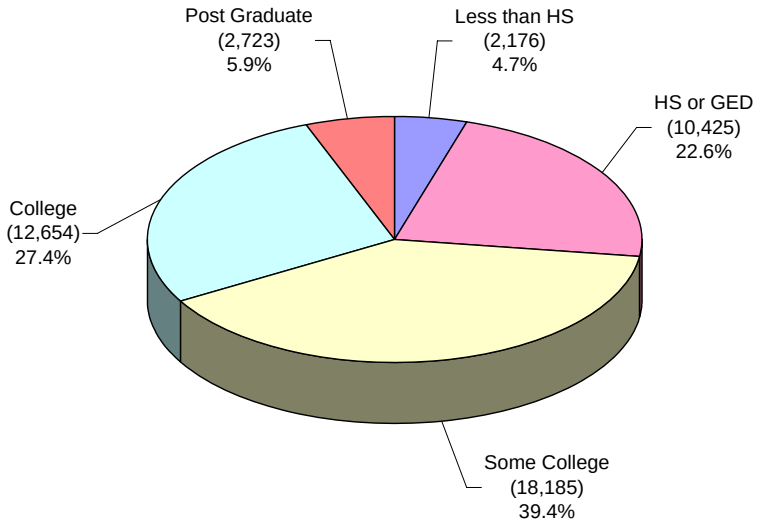
- More than two-thirds (68.4%) of those who have had a hysterectomy are 65 years of age or older; none of the respondents age 18-24 have had a hysterectomy.



- Hysterectomies are more commonly reported by women 55-64 (43.2%), 65-74 (46.5%), and 75 and older (38.7%).

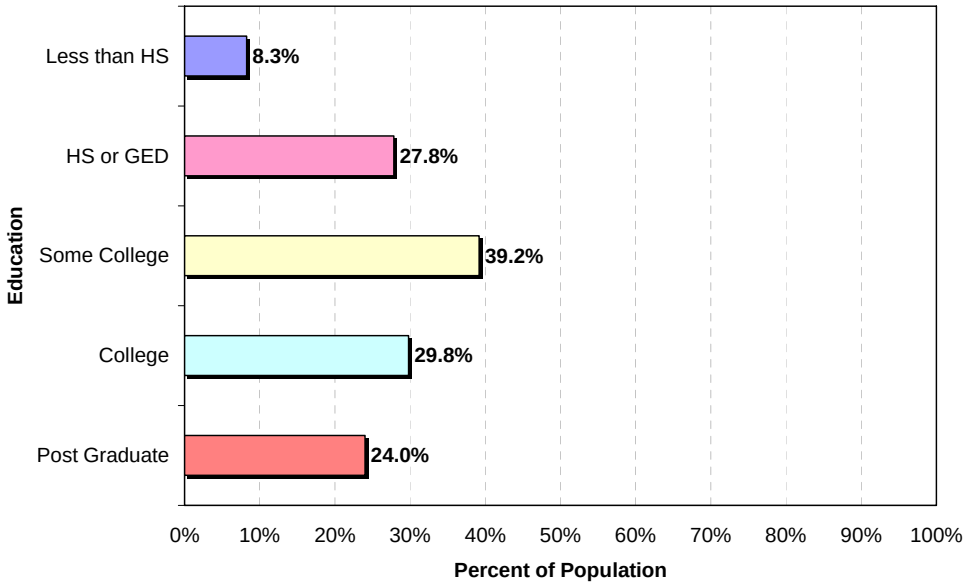
Education Analyses for the 28.1% of Females Who Have Had a Hysterectomy

Education of Females Who Have Had a Hysterectomy



- Of Desert Healthcare District female residents who have had a hysterectomy, the largest proportion (39.4%) have completed some college, followed by 27.4% who have a college degree.

Percent of Females by Education Who Have Had a Hysterectomy



- Almost 2 in 5 respondents with some college education (39.2%) have had a hysterectomy; 8.3% of those with less than a high school education have had this procedure.

Summary Analyses for the 28.1% of Females Who Have Had a Hysterectomy

- White females are four times more likely than Hispanic/Latino females to have had a hysterectomy.
- Females from every income category are roughly equally likely to have had a hysterectomy.
- Generally, older females are more likely to report they have had a hysterectomy than are younger females.
- Females with lower education are less likely to have had a hysterectomy.

Pap Smear Test

The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. It can also find non-cancerous conditions, such as infection and inflammation.

Pap Smear Tests

Healthy People 2010 Goal: Increase the proportion of women 18 years of age and older who have a pap smear test to 97%

Important Statistics about Pap Tests:

- Women should have a Pap test at least once every 3 years, beginning about 3 years after they begin to have sexual intercourse, but no later than age 21.[37]
- Pap tests and pelvic exams detect abnormal cells that may lead to cancer.[38]
- Women ages 65 and older should talk with their doctor about whether a pap test is still needed.[39]

Pap Smear Test

Q: A Pap Smear is a test for cancer of the cervix. Have you ever had a Pap Smear?

	Weighted Percent	Population Estimates	Actual Responses
Yes	89.4	148,826	747
No	10.6	17,652	60
Total	**100.0**	**166,478**	**807**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 90% of women surveyed have had a pap smear; approximately 11% (about 17,652 female residents) have not.

[37] National Cancer Institute. http://www.cancer.gov/cancertopics/factsheet/Detection/Pap-test
[38] Ibid.
[39] National Cancer Institute http://www.cancer.gov/cancertopics/pap-tests-older-women

Time Since Pap Test

Q: How long has it been since you had your last Pap Smear?

	Weighted Percent	*Population Estimates*	*Actual Responses*
Within Past Year (Anytime Less Than 12 Months Ago)	61.1	86,429	399
Within Past 2 Years (1 Year But Less Than 2 Years Ago)	18.8	26,601	115
Within the Past 3 Years (2 Years but Less Than 3 Years Ago)	4.6	6,515	47
Within The Past 5 Years (3 Years But Less Than 5 Yrs Ago)	4.3	6,119	32
5 Or More Years Ago	11.2	15,875	125
Total	**100.0**	**141,539**	**718**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of women who have had a pap smear, the majority (61.1%) have had one within the past year.

PROSTATE CANCER SCREENING

Prostate cancer can often be found early by testing the amount of prostate-specific antigen (PSA), in the blood. PSA tests alone do not give doctors enough information to distinguish between benign prostate problems and cancer, but higher levels of PSA indicate a probability of cancer.

Prostate cancer may also be found on a digital rectal exam (DRE). The DRE is less effective than the PSA blood test in finding prostate cancer, but it can sometimes find cancers in men with normal PSA levels. For this reason, American Cancer Society (ACS) guidelines recommend that when prostate cancer screening is done, both the DRE and the PSA should be used. This section covers both PSA testing, presented first, and DRE testing, presented second, for men 40 years of age and older.

Important Statistics about Prostrate Cancer Screening

- Health care professionals should offer the PSA blood test and digital rectal exam yearly, beginning at age 50, to men who have at least a 10-year life expectancy.[40]
- Men at high risk, such as African Americans and men who have a first-degree relative (father, brother, or son) diagnosed with prostate cancer at an early age (younger than age 65), should begin testing at age 45.[41]
- Men at even higher risk (because they have several first-degree relatives who had prostate cancer at an early age could begin testing at age 40. depending on the results of this initial test, further testing might not be needed until age 45.[42]
- Since the use of early detection tests for prostate cancer became fairly common (about 1990), the prostate cancer death rate has dropped.[43]

PSA Testing

Q: A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test (Asked only to males 40 years of age or older)?

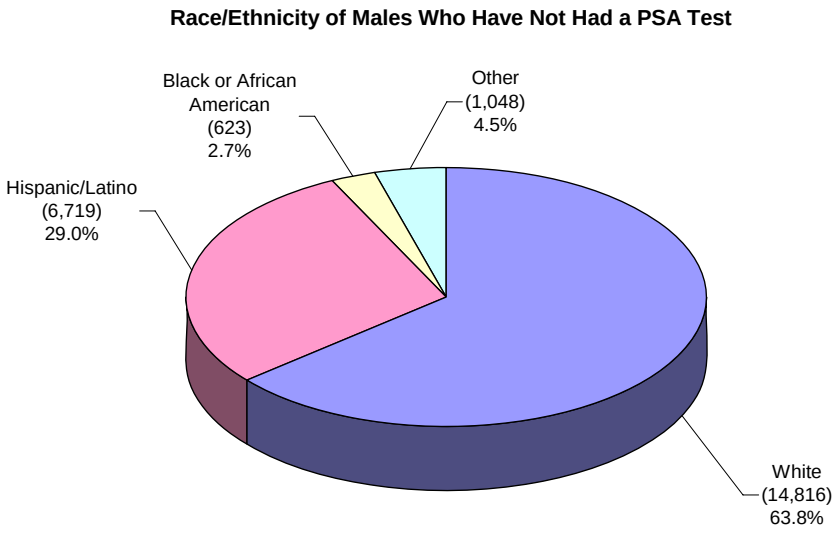
	Weighted Percent	Population Estimates	Actual Responses
Yes	75.9	79,735	470
No	24.1	25,367	114
Total	**100.0**	**105,102**	**584**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

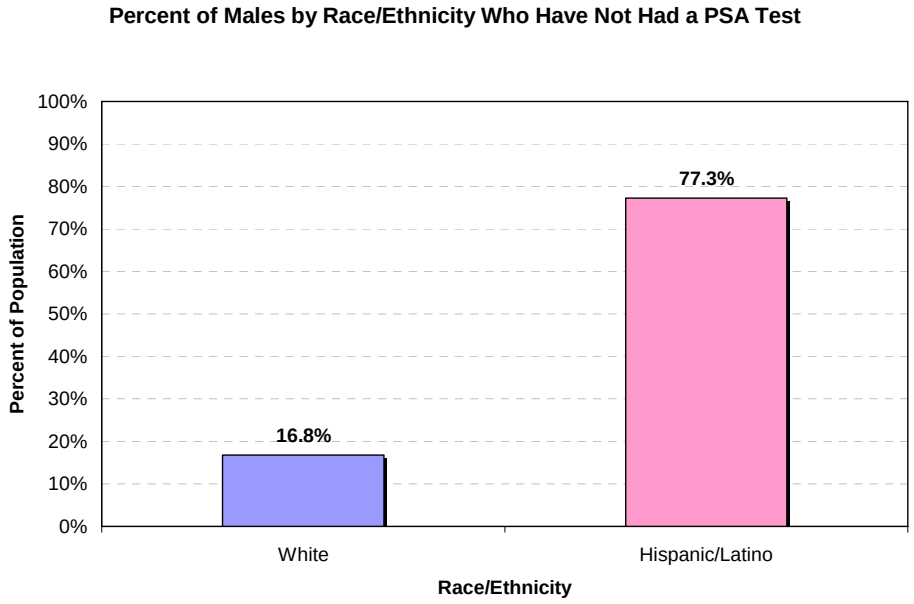
[40] www.cancer.org/docroot/CRI/content/CRI_2_2_3X_How_is_prostate_cancer_found_36.asp
[41] Ibid.
[42] Ibid.
[43] Ibid.

- Approximately 24% of male respondents 40 or older have not had a PSA test; this represents over 25,367 Desert Healthcare District residents.

Race/Ethnicity Analyses for the 24.1% of Males Who Have Not Had a PSA Test

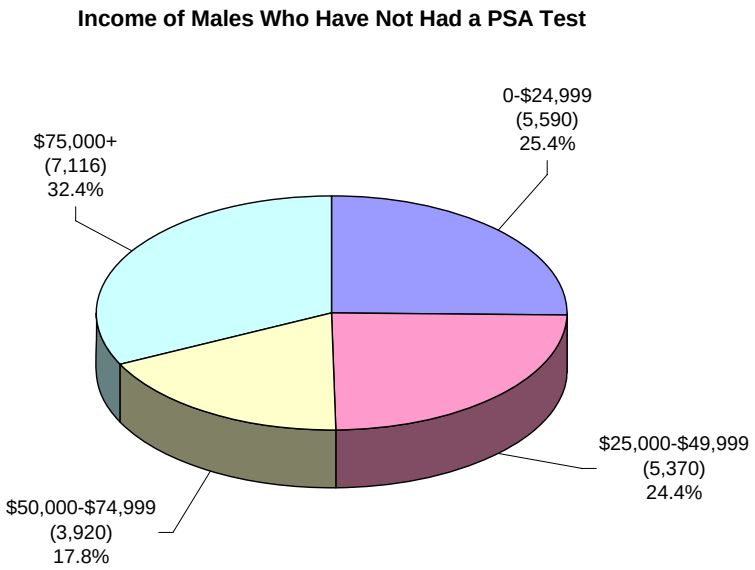


- Nearly one-third (29.0%) of males who have not had a PSA test are Hispanic/Latino; 63.8% are White.

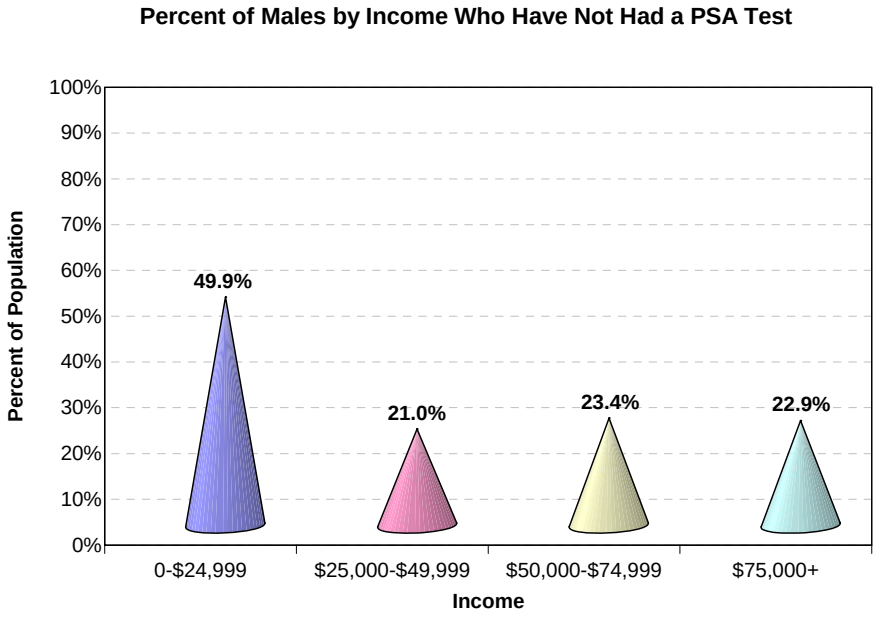


- More than three-quarters of Hispanic/Latino males (77.3%) have not had a PSA test; this is over 4 ½ times the proportions of Whites (16.8%).

Income Analyses for the 24.1% of Males Who Have Not Had a PSA Test

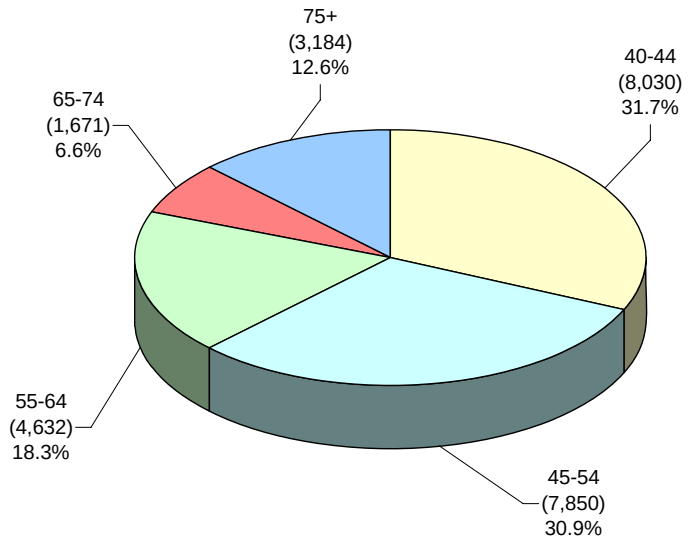


- Almost 1 in 3 males 40 and older who have not had a PSA test earn $75,000+ per year; about one-quarter earn less than $25,000 and between $25,000 and $49,999 (25.4% and 24.4%, respectively).

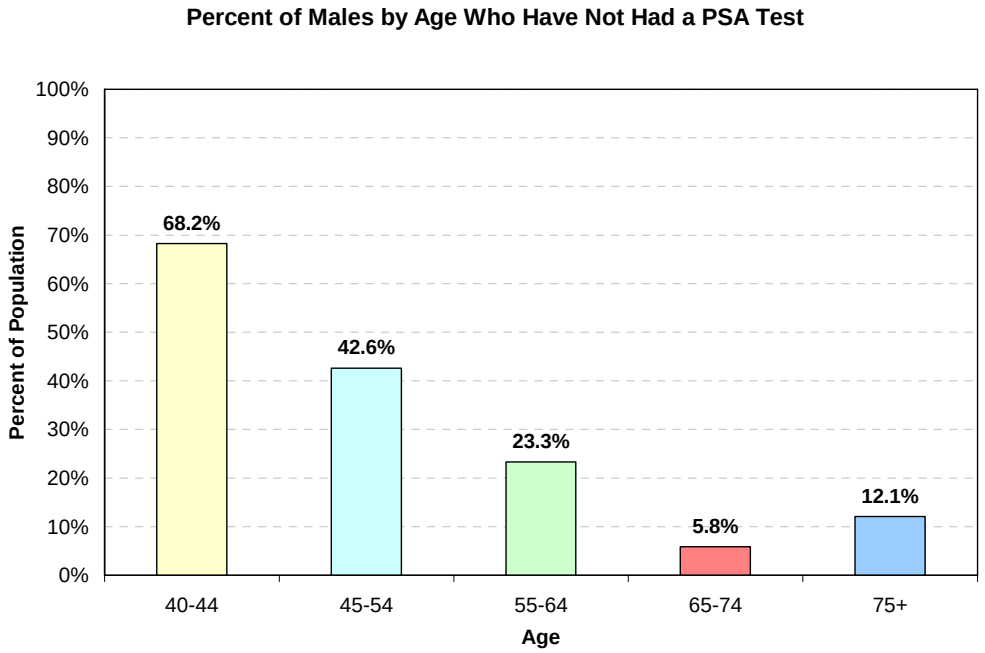


- Males who earn less than $25,000 (49.9%) are at least twice as likely as males from all other income categories not to have had a PSA test to check for prostate cancer.

Age Analyses for the 24.1% of Males Who Have Not Had a PSA Test

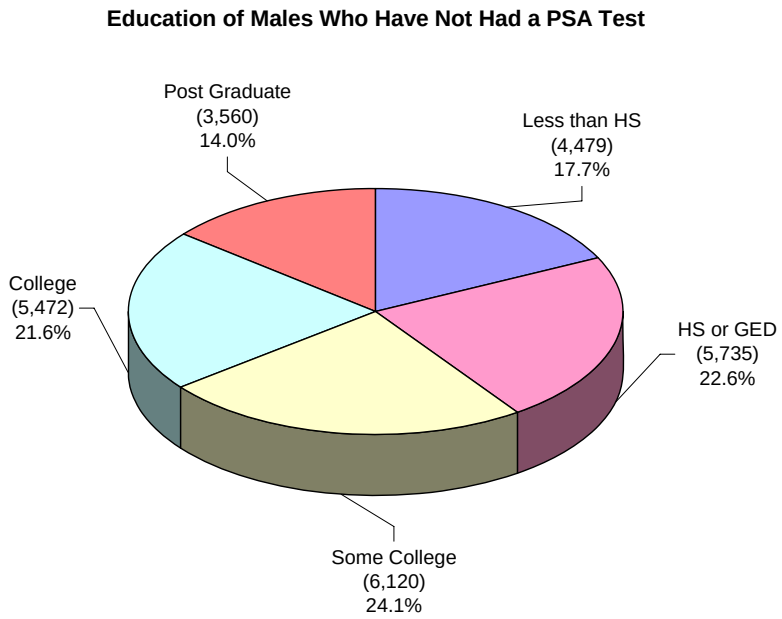


- Almost 2 in 5 respondents (37.5%) who have not had a PSA test are 55 years of age or older.

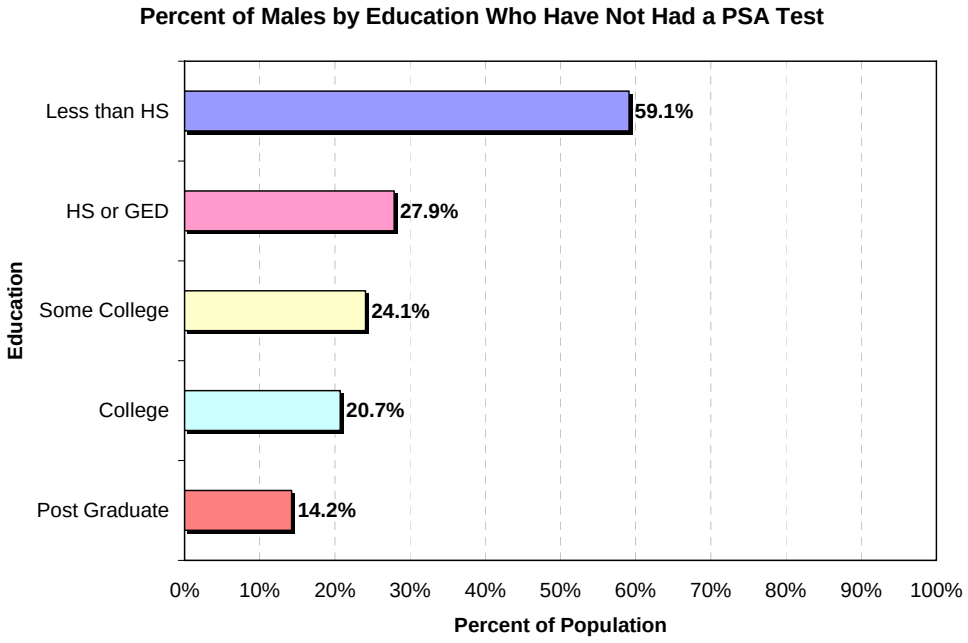


- Males between 40 and 44 (68.2%) are the most likely <u>not</u> to have had a PSA test to check for prostate cancer; except for residents 75+, as respondents age, they are less likely to report not having had a PSA test.

Education Analyses for the 24.1% of Males Who Have Not Had a PSA Test



- Near equal proportions of males who have not had a PSA test have a high school or GED education (22.6%), some college education (24.1%), or a college degree (21.6%).



- About 3 in 5 males with less than a high school education (59.1%) have not had a PSA test; proportions decline with each categorical increase in education, meaning that better educated males are more likely to have had a PSA test.

Summary Analyses for the 24.1% of Males Who Have Not Had a PSA Test

- Hispanic/Latino males are five times as likely as White males not to have a PSA test to check for prostate cancer.
- Males with the lowest incomes are twice as likely as males with greater incomes to report not having had a PSA test.
- Younger male adults are more likely not to have had a PSA test to check for prostate cancer.
- As education increases, fewer males report not having a PSA test.

Time Since PSA Testing

Q: When did you have your last blood test to check for prostate cancer (Asked only to males 40 years of age or older)?

	Weighted Percent	*Population Estimates*	*Actual Responses*
Within last year	79.8	62,974	375
Within 1 and 2 years	14.6	11,531	53
Within 2 to 5 years	3.1	2,428	23
More than 5 years ago	2.5	1,990	10
Total	**100.0**	**78,923**	**461**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- For those respondents having had a PSA test, about 80% have had it within the last year.

Digital Rectal Exam Testing

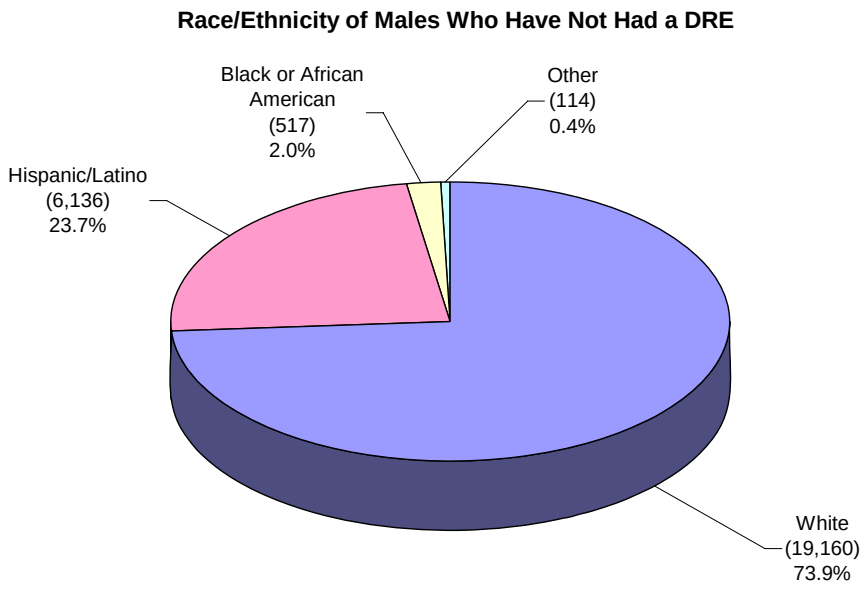
Q: A digital rectal exam is an exam in which a doctor places a gloved finger into the rectum. Have you ever had a digital rectal exam (Asked only to males 40 years of age or older)?

	Weighted Percent	*Population Estimates*	*Actual Responses*
Yes	74.3	81,282	487
No	25.7	28,089	123
Total	**100.0**	**109,371**	**610**

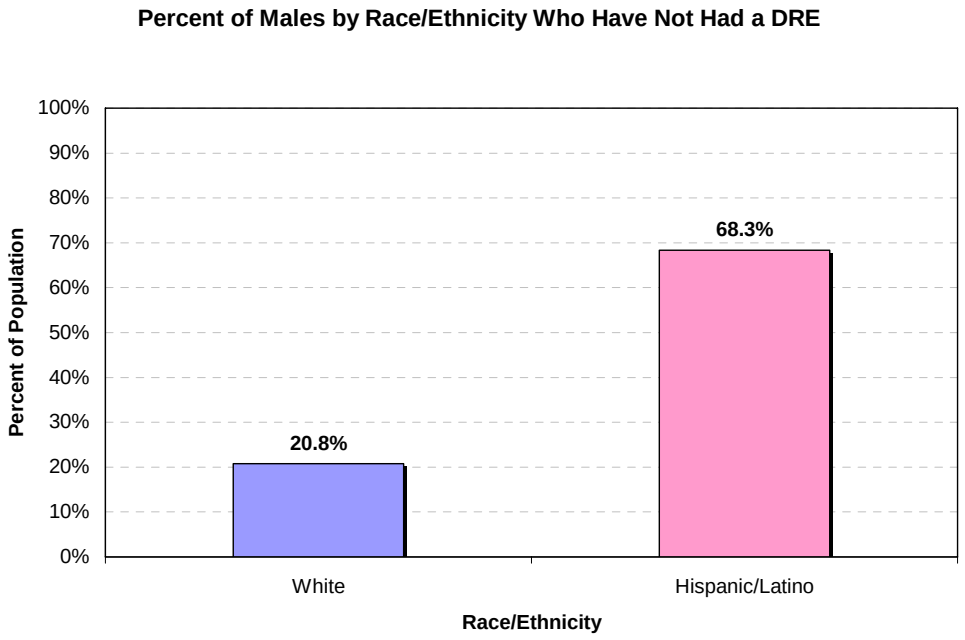
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Three-quarters (74.3%) of the men 40 and over have had a digital rectal exam (DRE), while one-quarter (25.7%, representing approximately 28,100 males) have not.

Race/Ethnicity Analyses for the 25.7% of Males Who Have Not Had a DRE



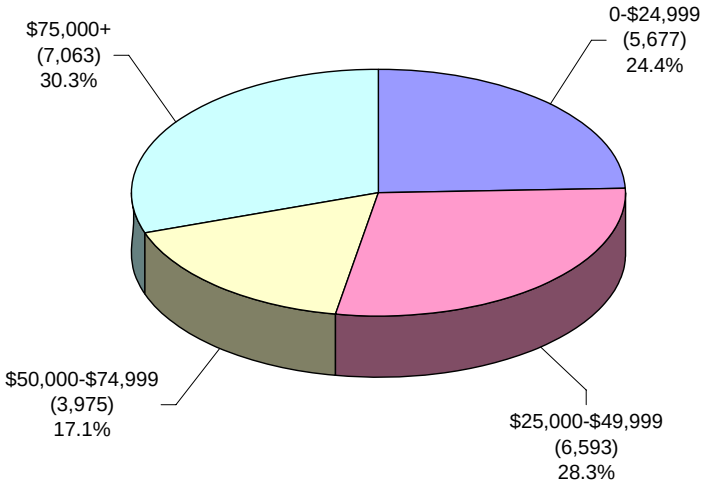
- Nearly three-quarters of males 40+ (73.9%) who have not had a digital rectal exam (DRE) are White; 23.7% are Hispanic/Latino.



- Nearly 7 in 10 Hispanic/Latino males 40 and older (68.3%) have not had a DRE to check for prostate cancer; about 1 in 5 White males (20.8%) have not.

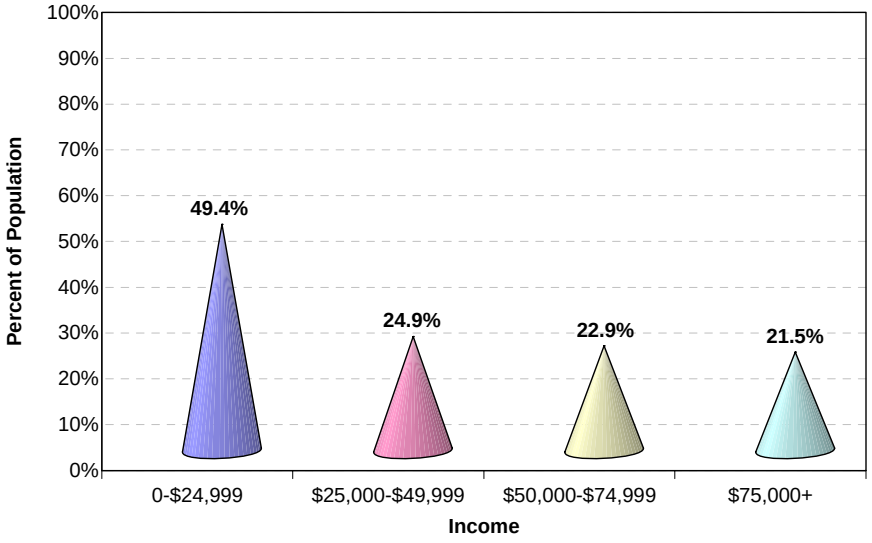
Income Analyses for the 25.7% of Males Who Have Not Had a DRE

Income of Males Who Have Not Had a DRE



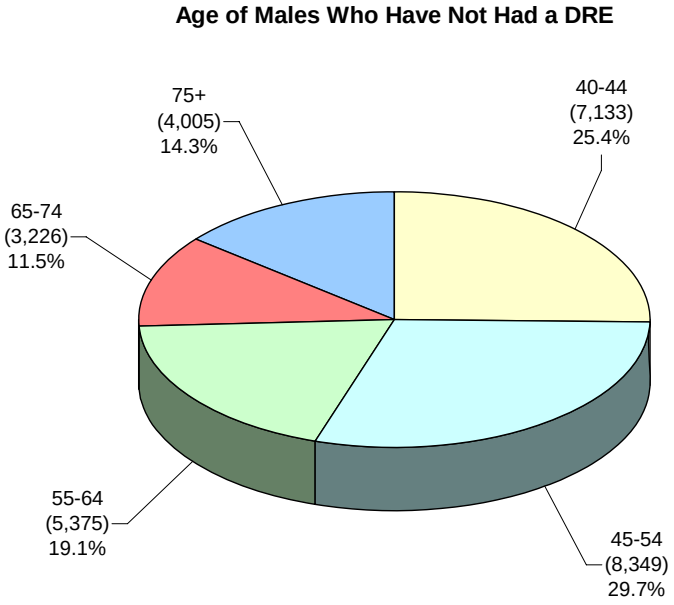
- Of males who have not received a DRE, 30.3% earn $75,000+ in annual income, followed by 28.3% who earn between $25,000 and $49,999 annually.

Percent of Males by Income Who Have Not Had a DRE

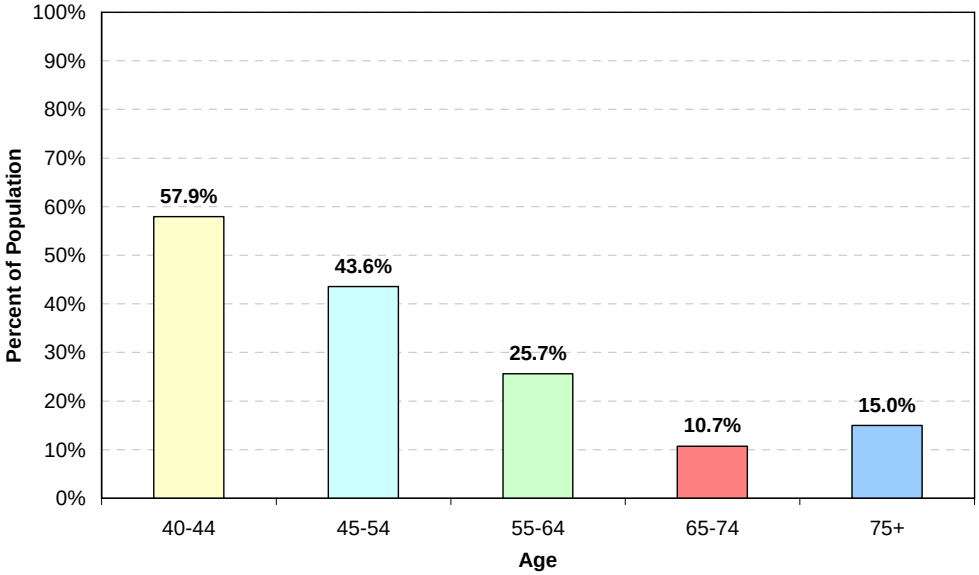


- Almost half (49.4%) of the males 40 and older earning less than $25,000 per year have not had a DRE; this is two times higher than the proportion in the higher income categories.

Age Analyses for the 25.7% of Males Who Have Not Had a DRE



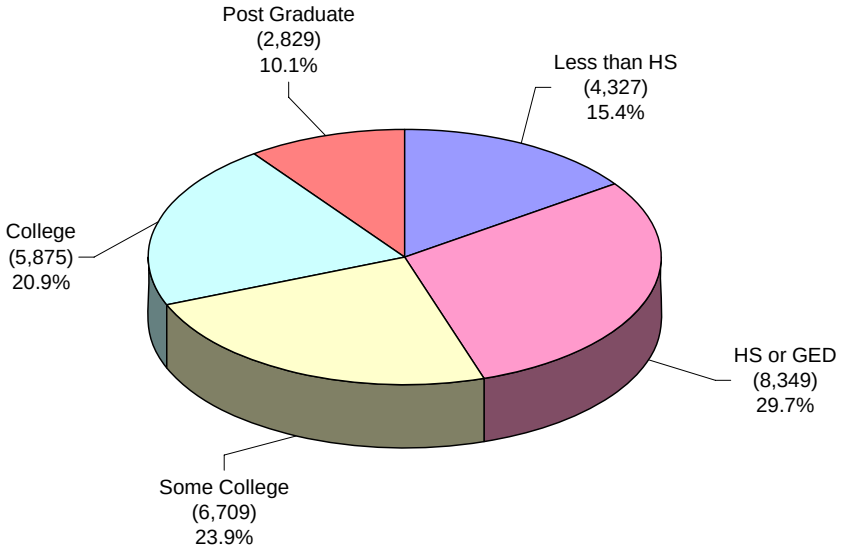
- The majority of males (55.1%) who have not had a DRE to check for prostate cancer are between 40 and 54 years of age.



- Nearly 3 in 5 respondents age 40 to 44 (57.9%) have not had a DRE; generally, with each categorical increase in age, respondents decreasingly report not having a DRE.

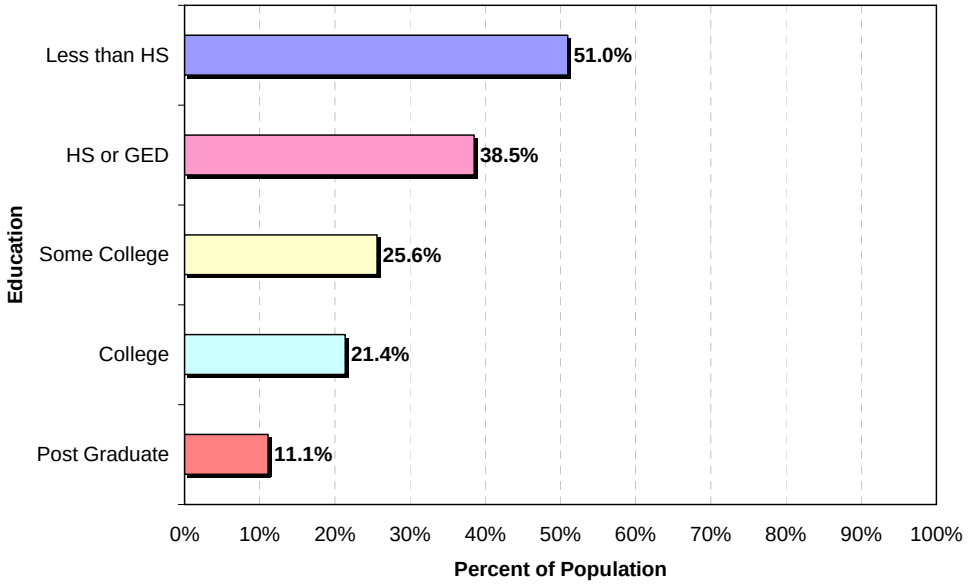
Education Analyses for the 25.7% of Males Who Have Not Had a DRE

Education of Males Who Have Not Had a DRE Exam



- Of the males 40 and older who have not received a digital rectal exam, the largest proportion (29.7%) has completed high school or has obtained their GED; 31.0% have a college degree or an advanced degree.

Percent of Males by Education Who Have Not Had a DRE Exam



- Of respondents with less than a high school degree, 51.0% have not had a DRE; as education increases, reports of not having a DRE decrease.

Summary Analyses for the 25.7% of Males Who Have Not Had a DRE

- Hispanic/Latinos are three times more likely than Whites not to have had a digital rectal exam to check for prostate cancer.
- Males earning less than $25,000 are two times more likely than males from all other income categories not to have had a DRE.
- Older adults are more likely to have had a DRE.
- As education increases, respondents decreasingly report not having received a digital rectal exam.

DENTAL CARE

Persons with Dental Decay

Healthy People 2010 Goal: Reduce to 15% adults (35-44 years old) with untreated dental decay

Proper oral and dental care impact our health and well being. Regular dentist visits and professional tooth cleaning (prophylaxis) detect early signs of oral health problems. Both monitoring and treatment help deter the development of dental cavities and periodontal disease. Lack of oral and dental care can lead to tooth loss, extreme pain, systemic health problems, and even death in rare cases.

Important Statistics about Dental Care

- 1 out of 20 middle-aged adults are missing all their teeth.[44]
- Severe gum disease affects about 14% of adults aged 45 to 54 years.[45]
- Over 40% of poor adults (20 years and older), compared to 16% of non-poor adults, have at least one untreated decayed tooth.[46]
- Employed adults lose more than 164 million hours of work each year due to oral health problems or dental visits.[47]

Q. How long has it been since you last visited the dentist or a dental clinic for a dental cleaning or routine check-up?

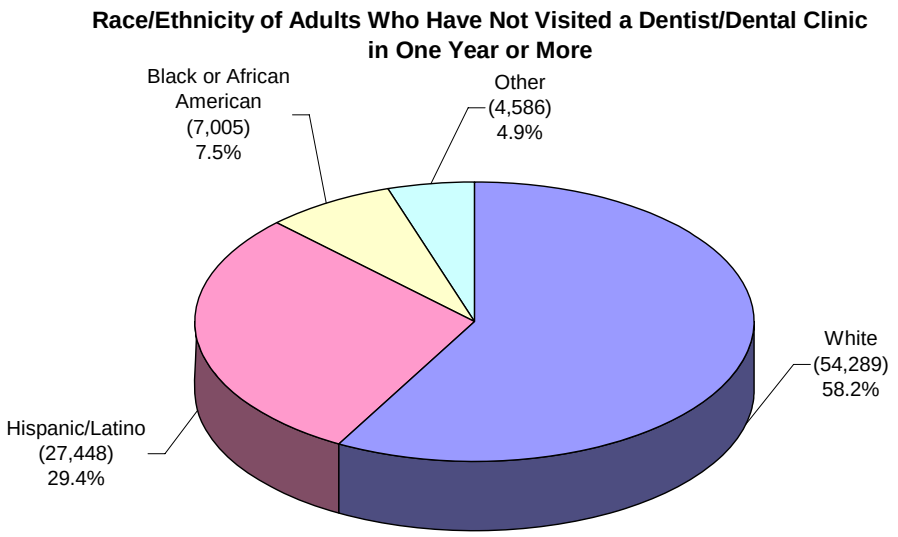
	Weighted Percent	Population Estimates	Actual Responses
Less Than 6 Months	52.3	165,689	850
Six Months To Less Than One Year	17.1	54,253	238
One Year To Less Than 2 Years	10.3	32,919	120
Two Years To Less Than 5 Years	12.0	37,952	133
Five Or More Years Ago	7.0	22,105	126
Never	1.2	3,850	17
Total	**100.0**	**316,768**	**1,484**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

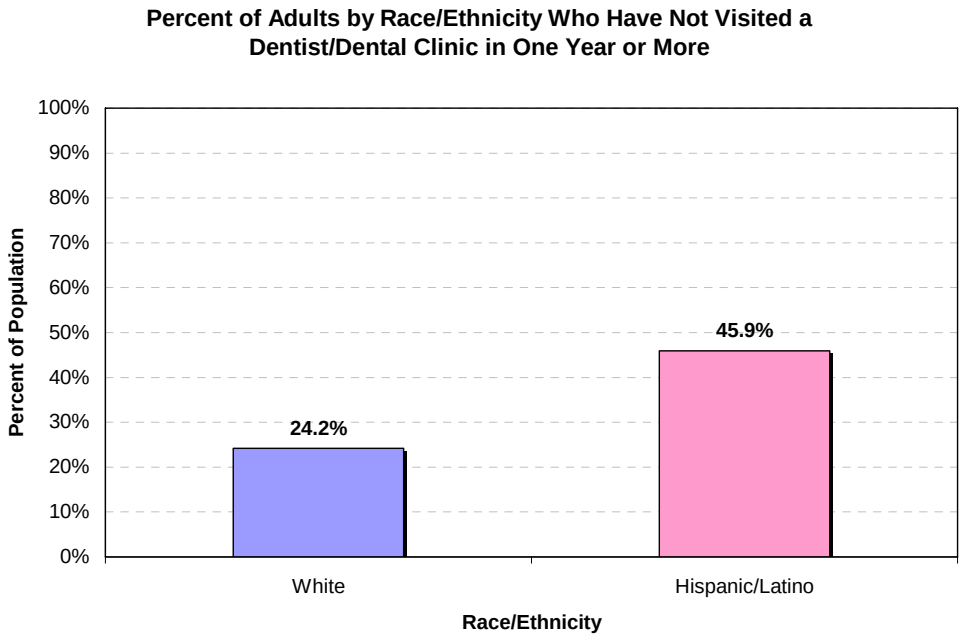
- Of the adult respondents, 30.5% had not seen a dentist or visited a dental clinic in one year or more.

[44] Center For Disease Control http://www.cdc.gov/OralHealth/factsheets/adult.htm
[45] Ibid.
[46] Ibid.
[47] Ibid.

Race/Ethnicity Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More

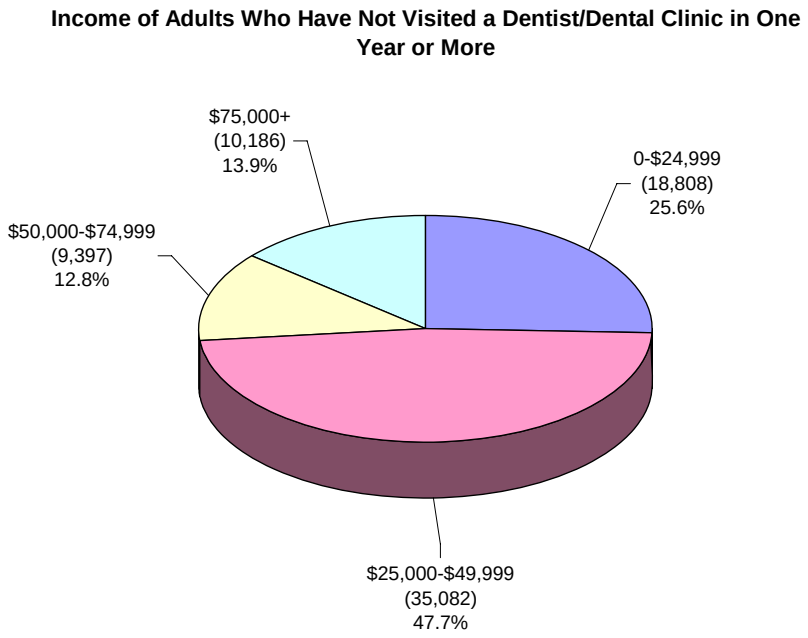


- The majority (58.2%) of respondents who have not visited a dentist/dental clinic in one or more years is White; 29.4% are Hispanic/Latino.

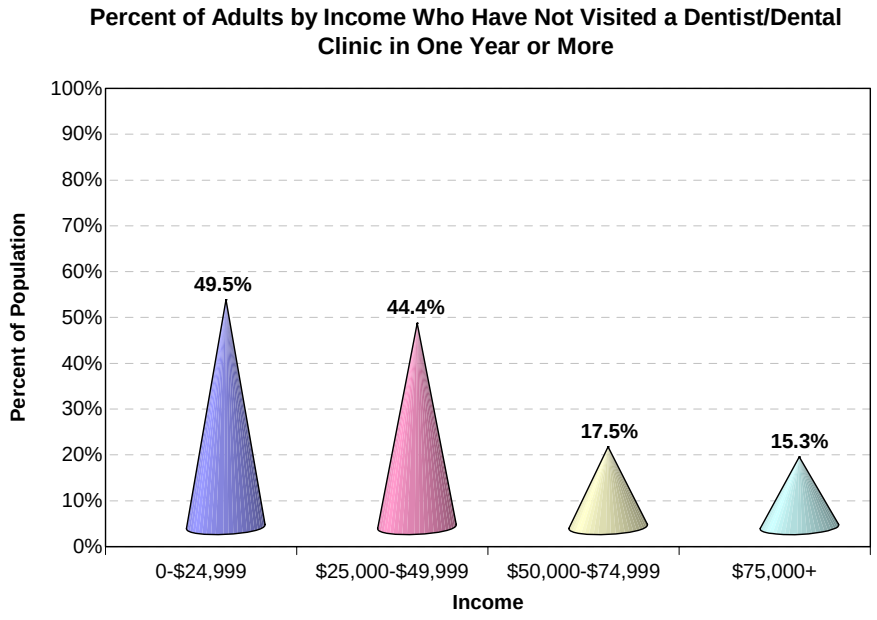


- Almost half of Hispanic/Latino residents (45.9%) had not visited a dentist/dental clinic in one or more years; about one-quarter (24.2%) of Whites had not.

Income Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More



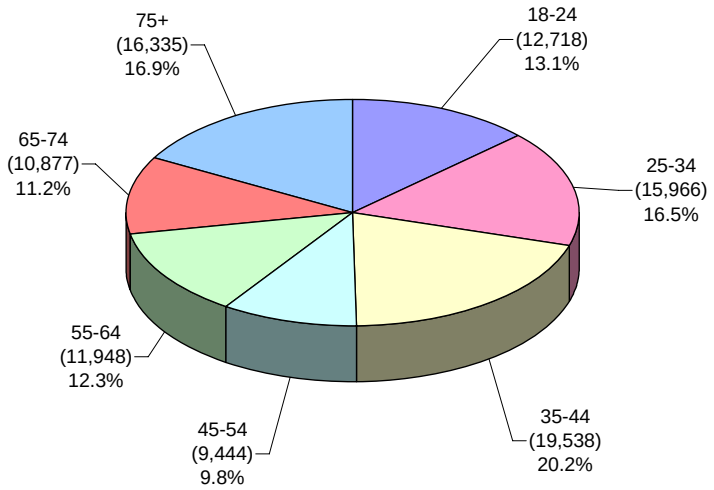
- About 48% of DHCD residents who have not visited a dentist/dental clinic in at least one year earn between 25,000 and $49,999 annually; one quarter (25.6%) earn 0-$24,999.



- Over 44% of residents in the two bottom income categories have not visited a dentist/dental clinic in at least a year; this is 2 ½ times greater than the proportion of residents in the two higher income categories.

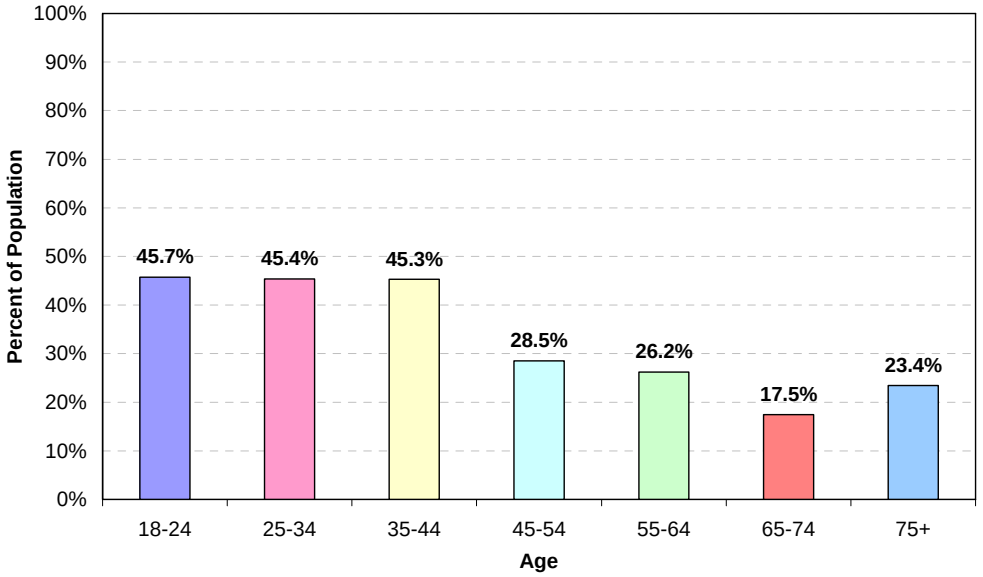
Age Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More

Age of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More



- Of adults who have not visited the dentist/dental clinic in over a year, 20.2% are 35 to 44 years of age; 18 to 24 year olds (13.1%), 55 to 64 year olds (12.3%), and 65 to 74 year olds (11.2%) are about equally represented.

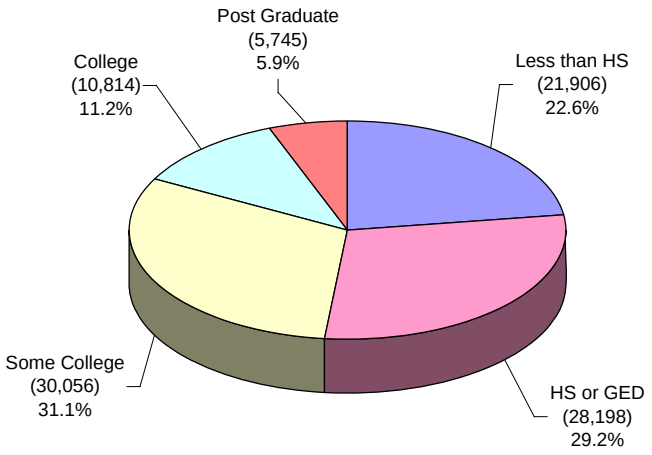
Percent of Adults by Age Who Have Not Visited a Dentist/Dental Clinic in One Year or More



- Approximately equal proportions of respondents under 45 years of age have not seen the dentist in at least a year; likewise, about equal proportions of respondents 45 and older report not having seen a dentist within the past year.

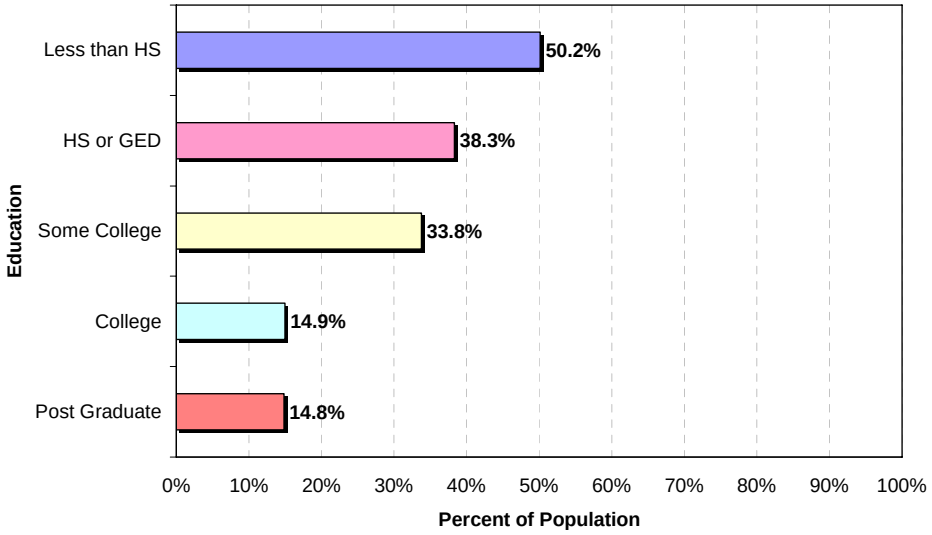
Education Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More

Education of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More



- Of the residents who have not been to a dentist/dental clinic in at least a year, approximately equal proportions have a high school diploma/GED 929.2%) and have completed some college (31.1%).

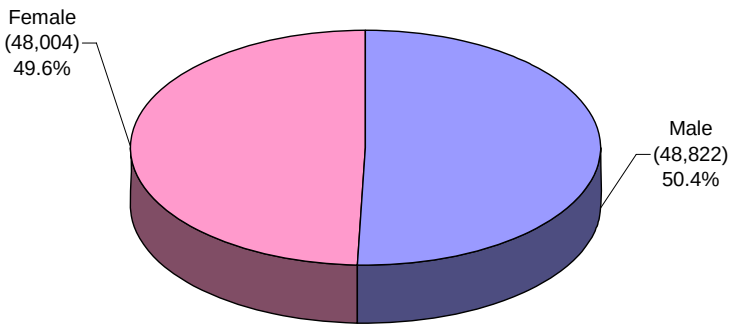
Percent of Adults by Education Who Have Not Visited a Dentist/Dental Clinic in One Year or More



- Half (50.2%) of those with less than a high school education have not seen a dentist or been to a dental clinic in one year or more; over 1 in 3 residents with a high school or GED education (38.3%) and some college (33.8%) have not been in over a year.

Gender Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More

Gender of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More



- Males (50.4%) and females (49.6%) equally comprise those who have not visited a dentist/dental clinic in over a year.
- About equal proportions of males(32.8%) and females (28.6%) report not going to the dentist or a dental clinic in the past year (graph not included).

Summary Analyses for the 30.5% of Adults Who Have Not Visited a Dentist/Dental Clinic in One Year or More

- Hispanic/Latino respondents are two times more likely than White respondents not to have visited the dentist/dental clinic in at least one year.
- Respondents earning less than $50,000 are about three times more likely than those earning greater than $50,000 not to have visited a dentist/dental clinic in over a year.
- Adults younger than 45 years of age are more likely than older adults not to have visited the dentist/dental clinic in over a year.
- As education increases, respondents decreasingly report not visiting the dentist/dental clinic in a year or longer.
- About equal proportions of males and females have not been to the dentist or a dental clinic in the past year.

Q. What is the main reason you have not visited a dentist in the last year?

	Weighted Percent	Population Estimates	Actual Responses
Cost	23.8	22,734	107
No Reason To Go, Don't Need It, No Pain	21.6	20,669	92
No Teeth	10.4	9,929	59
Fear, Apprehension, Nervousness, Pain, Dislike Going	9.4	8,958	26
Other Priorities	6.7	6,417	21
Didn't Think Of It	5.9	5,590	12
Do Not Have/ Know A Dentist	5.8	5,573	9
Dislike Dentist	5.0	4,740	20
Can't Get To The Office/ Clinic (Too Far, No Transport)	4.5	4,317	8
Lack Of Dental Coverage	1.0	3,104	9
Other (Specify)	1.1	3,528	19
Total	**100.0**	**95,558**	**382**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About a quarter (23.8%) of adult respondents did not visit the dentist or a dental professional in the past year due to cost; an additional 21.6% reported they had no reason to go (e.g., they are not currently in any pain).

BLOOD CHOLESTEROL SCREENING

High blood cholesterol is a major risk factor for heart disease. Monitoring blood cholesterol levels can prevent and control high blood cholesterol levels, along with consuming a diet low in saturated fat and cholesterol and high in fiber, exercising regularly, and maintaining a healthy weight.

Blood Cholesterol Check

Healthy People 2010 Goal: Increase the proportion of adults having their blood cholesterol check within the past 5 years to 80%

High cholesterol is treated with lifestyle changes–a heart healthy eating plan, physical activity, and loss of excess weight–and, if those do not lower it enough, medication.

Important Statistics about Blood Cholesterol Screening

- All adults should have their cholesterol levels checked once every five years.[48]
- The desirable total cholesterol blood level measurement is less than 200mg/dL of blood [milligrams (mg) of cholesterol per deciliter (dL)].[49]
- The optimal Low Density Lipoprotein (LDL) Cholesterol level is less than 100 mg/dL.[50]

Q: Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

	Weighted Percent	Population Estimates	Actual Responses
Yes	75.2	231,147	1,257
No	24.8	76,409	200
Total	**100.0**	**307,556**	**1,457**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 25% of Desert Healthcare District residents, 76,409 individuals, have never had their blood cholesterol checked.

[48] Center for Disease Control http://www.cdc.gov/heartdisease/prevention.htm
[49] National Heart Lung & Blood Institute http://www.nhlbi.nih.gov/health/public/heart/chol/wyntk.pdf
[50] Ibid

Time Since Blood Cholesterol Screening

Q: About how long ago has it been since you last had your blood cholesterol checked?

	Weighted Percent	Population Estimates	Actual Responses
Within the past year (any time less than 1 year ago)	84.7	194,015	1,080
Within the past 2 years (1year but less than 2 years ago)	9.5	21,752	93
Within the past 5 years (2 years but less than 5 years)	3.7	8,385	43
5 years or more years ago	2.2	4,935	26
Total	**100.0**	**229,087**	**1,242**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of residents who have had their blood cholesterol checked, 2.2% have not had it checked in 5 years or more. These respondents do not meet the CDC's Department of Health and Human Services recommendation to have the test once every five years.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Adult Health Behaviors

NUTRITIONAL SUPPLEMENTS

ALCOHOL USE

TOBACCO USE

DRUG USE

SEAT BELT USE

BIRTH CONTROL USE

SEXUALLY TRANSMITTED DISEASES

HIV SCREENING

WEIGHT CONTROL

BMI

- OVERWEIGHT
- OBESE
- DISEASES

NUTRITIONAL SUPPLEMENTS

In 1994, Congress defined a dietary supplement as a product taken by mouth that contains a "dietary ingredient" intended to supplement the diet. The dietary ingredients may include vitamins, minerals, herbs and other botanicals, or amino acids. Dietary supplement manufacturers do not need Federal Drug Administration (FDA) approval, but claims must be truthful, substantiated, and not misleading.

In its 2001 position paper, the American Dietetic Association stated that the best nutritional strategy for promoting optimal health and reducing the risk of chronic disease is to wisely choose a wide variety of foods. Additional vitamins and minerals from fortified foods and/or supplements can help some people meet their nutritional needs as specified by science-based nutrition standards such as the Dietary Reference Intakes (DRI).

Important Statistics about Nutritional Supplements

- In 2004, dietary supplement sales were $20.3 billion; $3.9 billion was spent on multivitamins and minerals.[51]
- Data from the 1999-2000 National Health and Nutrition Examination Survey (NHANES) estimates that 52% of the population consumed a dietary supplement and 35% took a multivitamin or mineral.[52]

Q: Do you currently take any vitamin pills or supplements?

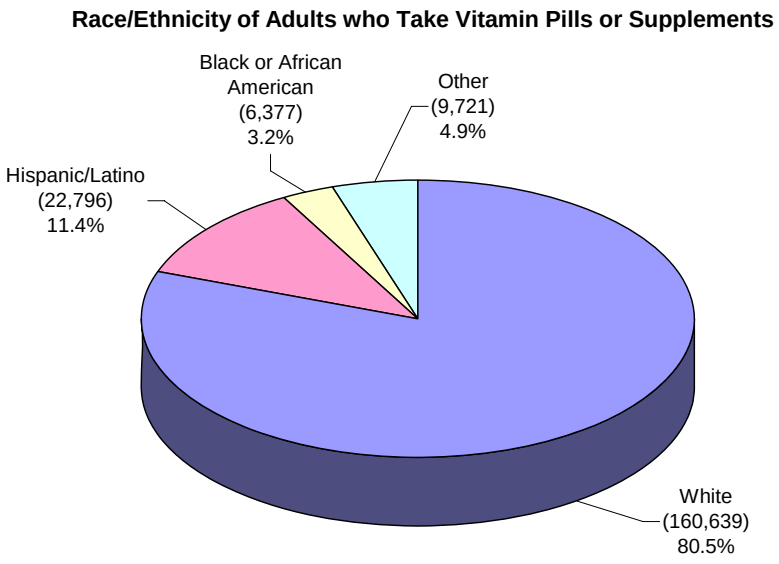
	Weighted Percent	Population Estimates	Actual Responses
Yes	63.2	201,162	1,103
No	36.8	117,286	394
Total	**100.0**	**318,448**	**1,497**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

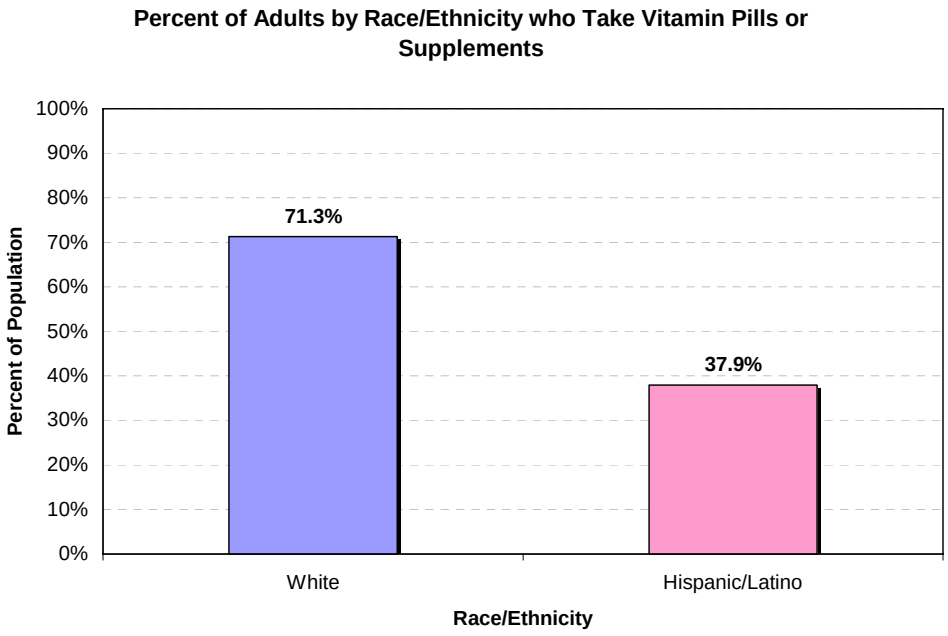
- About 3 in 5 respondents (63.2%) reported taking a vitamin pill or supplement. It is estimated that approximately 117,286 residents are not taking a vitamin pill or supplement.

51 Office of Dietary Supplements http://dietary-supplements.info.nih.gov/pubs/fnce2005/M%20F%20Picciano-Who%20Is%20Using%20Dietary%20Supplements%20and%20What%20are%20They%20Using.pdf
52 Radimer, K., et al. (2004) "Dietary Supplement use by US Adults: Data from the National Health and Nutrition Examination Survey, 1999-2000." American Journal of Epidemiology 160(4): 339-349.

Race/Ethnicity Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements



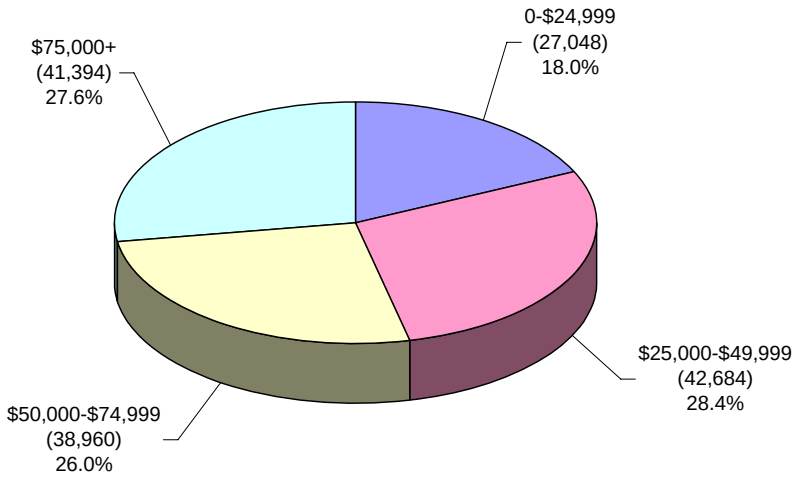
- The majority of adults who take vitamin pills or supplements are White (80.5%); 11.4% are Hispanic/Latino.



- Whites (71.3%), compared to Hispanic/Latino respondents (37.9%), are approximately twice as likely to take vitamin pills or supplements.

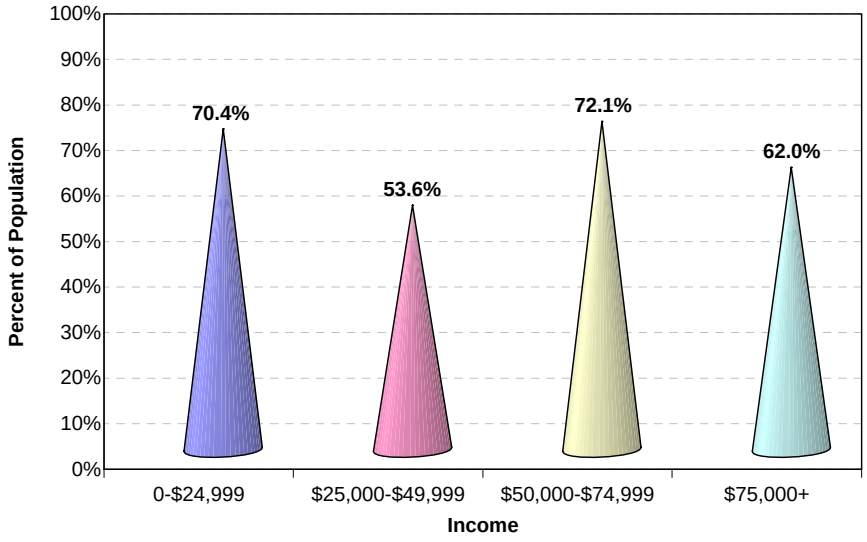
Income Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements

Income of Adults who Take Vitamin Pills or Supplements



- Of adults taking vitamins or supplements, 18.0% earn incomes less than $25,000; about equal proportions (between 26% and 28.4%) comprise the other income categories.

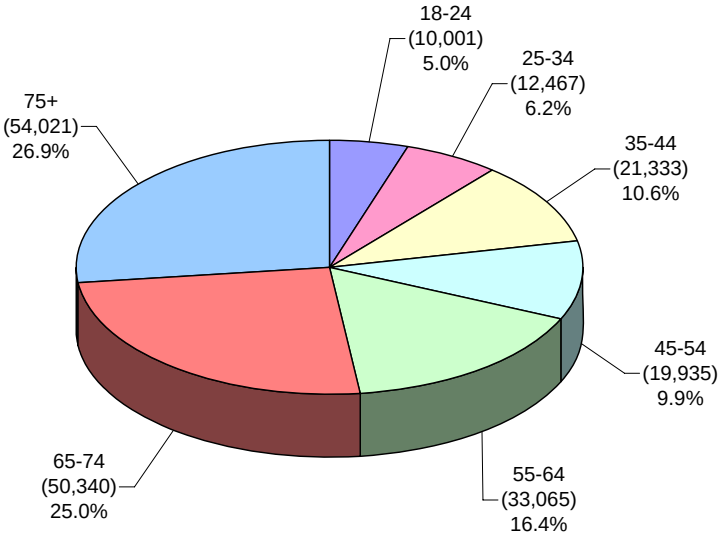
Percent of Adults by Income who Take Vitamin Pills or Supplements



- The majority of respondents in each income category report taking vitamins or supplements.

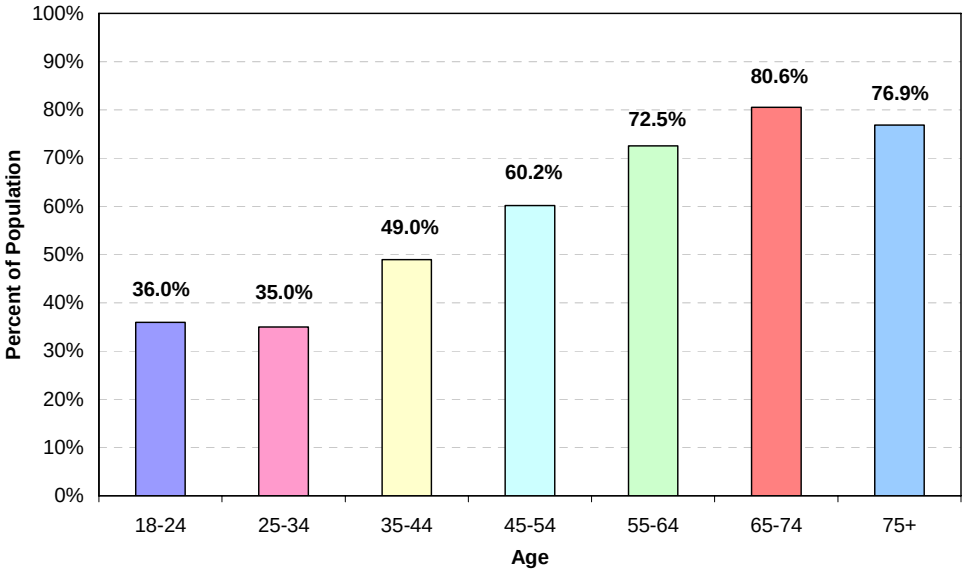
Age Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements

Age of Adults who Take Vitamin Pills or Supplements



- Of adults who report taking vitamin pills or supplements, less than one-third (31.7%) are under 55 years of age.

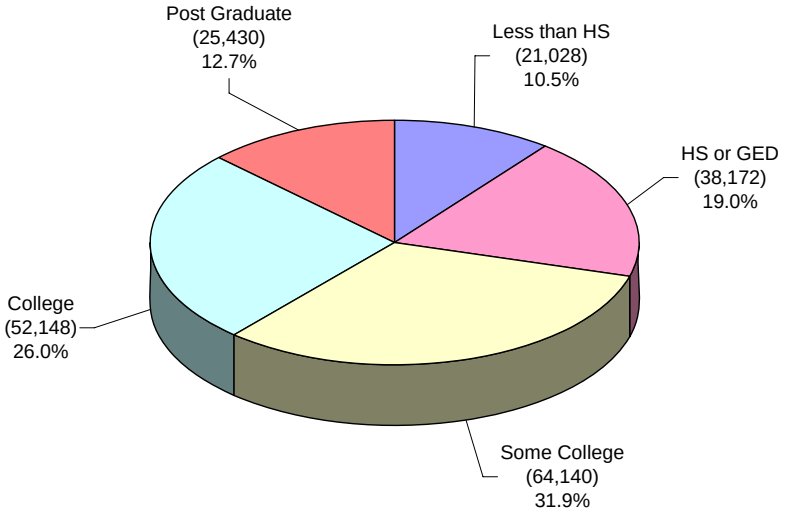
Percent of Adults by Age who Take Vitamin Pills or Supplements



- At least one-third of residents in each age group report taking vitamin pills or supplements; however, the proportion increases as residents age.

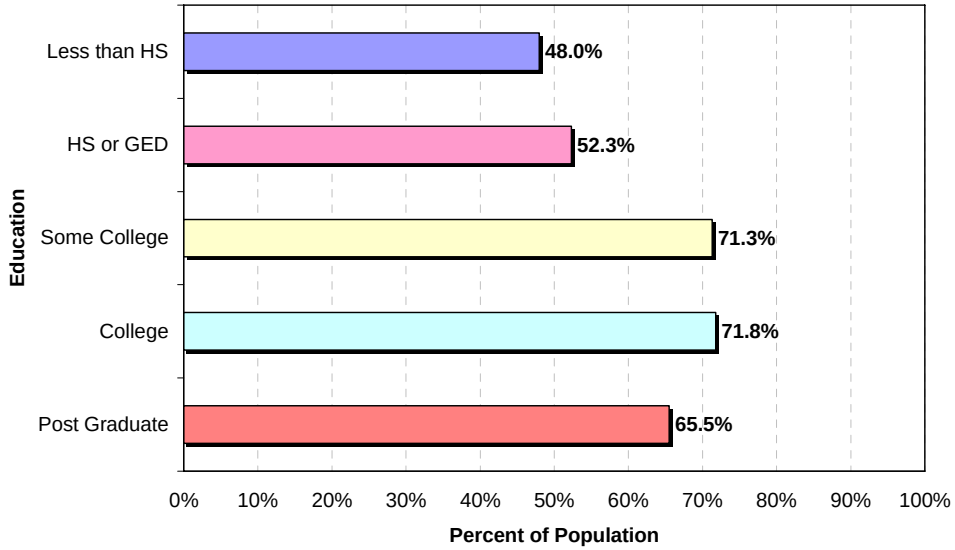
Education Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements

Education of Adults who Take Vitamin Pills or Supplements



- Over one-quarter of respondents (29.5%) who take vitamins or supplements report a high school/GED or less education; nearly 1 in 3 (31.9%) report some college education.

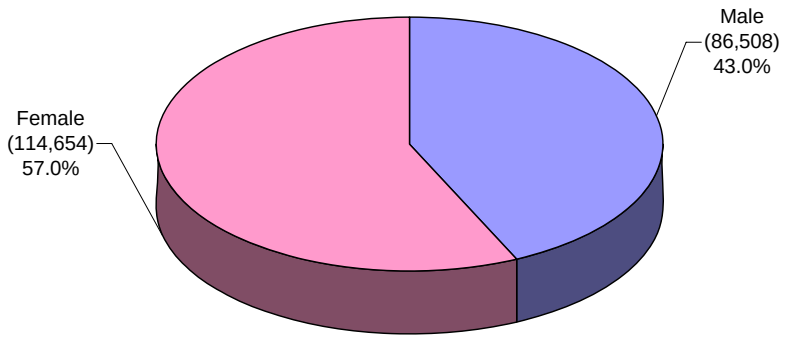
Percent of Adults by Education who Take Vitamin Pills or Supplements



- Adults with some college (71.3%) or a college education (71.8%) are more likely than others to be taking vitamin pills or supplements; respondents with less than a high school degree (48.0%) are least likely.

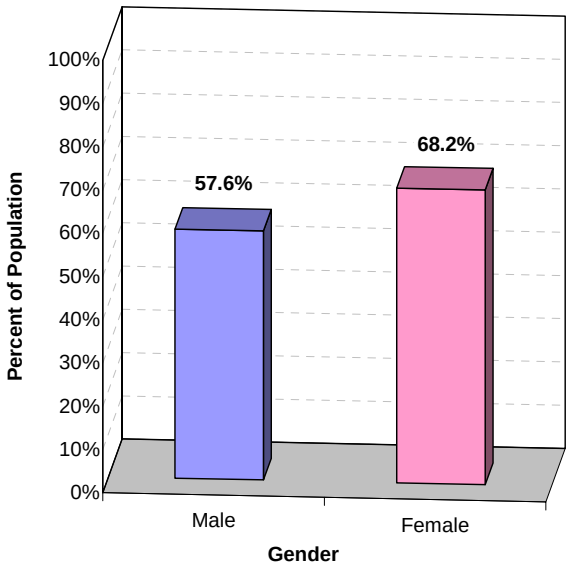
Gender Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements

Gender of Adults who Take Vitamin Pills or Supplements



- Females comprise a slightly greater proportion (57.0%) of adults currently taking vitamin pills or supplements.

Percent of Adults by Gender who Take Vitamin Pills or Supplements



- Females (68.2%) are more likely than males (57.6%) to take vitamins or supplements.

Summary Analyses for the 63.2% Adults who Take Vitamin Pills or Supplements

- Whites are twice as likely as Hispanic/Latino residents to take vitamin pills or supplements.
- At least half of the respondents from each income category report taking vitamin pills or supplements currently.
- With each categorical increase in age, respondents increasingly report taking vitamins or supplements.
- Adults with some college or more education are more likely to take supplements.
- Males are less likely than females to take vitamin pills or supplements.

Multivitamin Use

Q: Are any of these a multivitamin?

	Weighted Percent	Population Estimates	Actual Responses
Yes	82.9	165,265	916
No	17.1	34,057	180
Total	**100.0**	**199,321**	**1,096**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents taking a vitamin pill or supplement, approximately 83% reported taking a multivitamin.

Supplements with Folic Acid

Q: Do any of the vitamin pills or supplements you take contain folic acid? (Women 18-45 Years of Age)

	Weighted Percent	Population Estimates	Actual Responses
Yes	83.4	16,601	40
No	16.6	3,295	8
Total	**100.0**	**19,896**	**48**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the women 18 to 45 currently taking vitamin pills or supplements, 83.4% reported taking a vitamin pill or supplement that contains folic acid.

ALCOHOL USE

In the United States alcohol is the most widely used psychoactive drug. Alcoholism is a disease which can cause physical dependence, loss of control, cravings, and tolerance. Alcoholism is attributed to family history as well as personal behavior.

One form of alcohol abuse is binge drinking. For men, binge drinking is the consumption of five or drinks in a row; for women, binge drinking is consuming four or more drinks in a row. Moderate drinking is defined as no more than two drinks per day for men and no more than one drink per day for women.

Important Statistics about Alcohol Use

- It is estimated that binge drinking accounts for half of the 85,000 alcohol related deaths in the United States each year.[53]
- Approximately 92% of US adults who drink excessively report binge drinking in the past 30 days.[54]
- 70% of binge drinking episodes involve adults over the age of 25.[55]
- Episodes of binge drinking have increased since 1995 from 1.2 billion in 1993 to 1.5 billion in 2001.[56]

[53] Miller, J.W., et. al. (2004) Prevalence of Adult Binge Drinking: A Comparison of Two Surveys. American Journal of Preventive Medicine. Oct. (27) 3, 197-204.
[54] The Centers for Disease Control and Prevention, retrieved 11/12/2007 http://www.cdc.gov/alcohol/quickstats/binge_drinking.htm
[55] Ibid.
[56] Nami, T.S., et. al. (2003) Binge Drinking Among U.S. Adults. The Journal of the American Medical Association, Jan (289) 1, 70-75. Retrieved 11/12/2007 http://www.cdc.gov/alcohol/quickstats/binge_drinking.htm

Alcohol Use

Q: During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

	Weighted Percent	Population Estimates	Actual Responses
No Day	44.2	135,658	581
1 to 4	27.6	84,724	391
5 to 8	5.5	16,945	92
9 to 12	3.6	11,018	67
13 to 16	3.2	9,697	52
17 to 29	3.5	10,634	56
30 Days	12.5	38,547	219
Total	**100.0**	**307,224**	**1,458**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents reported the number of drinks per week or per month; responses were standardized as drinks per month for this table.

- Approximately 44% of respondents reported they had not had any alcoholic beverages in the past 30 days. Over 1 in 4 (27.6%) Desert Healthcare District residents drank on 1 to 4 days; about 12% report they drank every day during the past 30 days.

Average Number of Drinks in Past Month

Q: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

	Weighted Percent	Population Estimates	Actual Responses
1 Drink	51.8	91,852	468
2	26.8	47,554	251
3	9.3	16,426	79
4 to 6	7.0	12,486	57
7 or more Drinks	5.1	9,027	26
Total	**100.0**	**177,345**	**881**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those who drank in the past 30 days, 51.8% report drinking, on average, only one drink each time they drank. About 27% report having two drinks, on average, and 9.3% report consuming three drinks each day they consumed alcohol.

Binge Drinking

Q: Considering all types of alcoholic beverages, how many times during the past 30 days did you have [5 or more drinks (for men) or 4 or more drinks (for women)] on an occasion?

	Weighted Percent	Population Estimates	Actual Responses
None	79.3	142,943	729
1	7.6	13,652	66
2	5.8	10,479	39
3 to 6	5.0	8,956	43
7 or more	2.3	4,150	21
Total	**100.0**	**180,181**	**898**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the adults who have drank, nearly 80% report not engaging in binge drinking behavior—that is consuming 5 or more drinks in one sitting for men or 4 or more drinks in one sitting for women. About 13% of respondents report engaging in binge drinking once or twice in the past 30 days.

Drunk Driving

Q: During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

	Weighted Percent	Population Estimates	Actual Responses
None	97.3	177,672	882
1	1.2	2,165	14
2	0.8	1,428	9
3 to 6	0.3	630	4
7 or more	0.4	717	5
Total	**100.0**	**182,611**	**914**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 2.7% of respondents, representing almost 5,000 residents, report they have driven during the past 30 days after having too much to drink.

TOBACCO USE

Tobacco Use by Adults age 18 and Older

Healthy People 2010 Goal:
Reduce from 14% to 12%

The most common use of tobacco is cigarette smoking. According to the Centers for Disease Control and Prevention (CDC) tobacco use kills nearly half a million Americans per year, with one in every six deaths the result of smoking. More than 4,000 toxic chemicals can be found in tobacco smoke; the most addictive is nicotine. As cigarette smoking is highly addictive, of the nearly 35 million smokers who want to quit each year, only about 6% are successful for more than a month. Though difficult to achieve, successful cessation of smoking has been linked to the nicotine patch and gum in conjunction with behavioral therapy.

Important Statistics about Tobacco Use

- It is estimated that 70.3 million Americans aged 12 and older currently use tobacco.[57]
- According to the National Institute on Drug Abuse, nearly 12 million Americans have died prematurely from smoking; another 25 million U.S. smokers alive today will likely die of a smoking-related illness.[58]
- Smoking cigarettes has been linked to approximately 90% of all lung cancers, which is the number-one cancer killer of both men and women.[59]
- Each year approximately 21% of deaths from coronary heart disease are linked to smoking.[60]

Q: Do you NOW smoke cigarettes everyday, some days, or not at all?

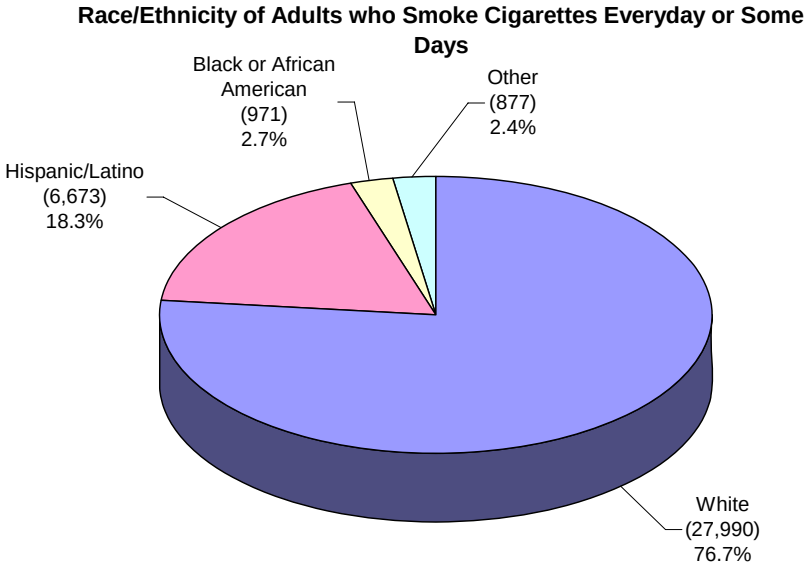
	Weighted Percent	Population Estimates	Actual Responses
Everyday	8.7	27,834	167
Some days	3.4	10,803	59
Not at all	87.9	279,779	1,269
Total	**100.0**	**318,416**	**1,495**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 12% of respondents, or 38,637 residents, report smoking cigarettes everyday or some days.

[57] National Institute Drug Abuse: Research Report Series Tobacco Addiction http://www.nida.nih.gov/researchreports/nicotine/nicotine.html retrieved 11/12/07.
[58] Ibid.
[59] Ibid.
[60] Ibid.

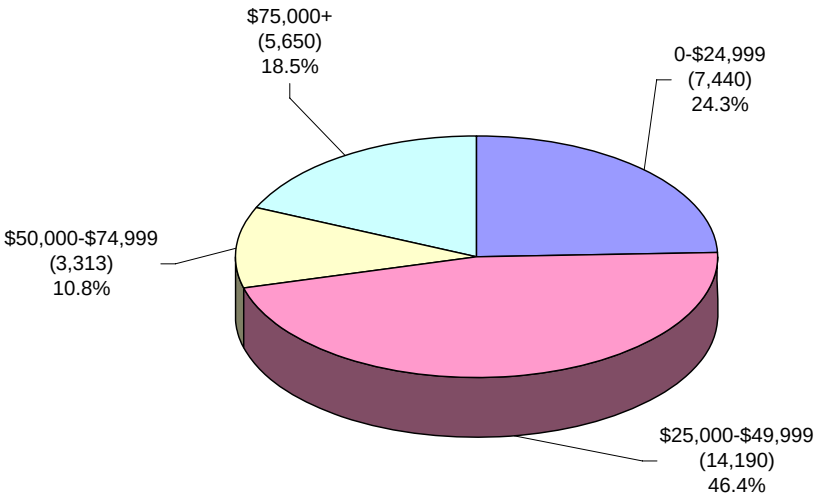
Race/Ethnicity Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days



- More than three-quarters (76.7%) of those who smoke cigarettes everyday or some days are White; 18.3% are Hispanic/Latino.
- Whites (12.4%) and Hispanic/Latinos (11.1%) are equally likely to smoke cigarettes everyday or some days (graph not included).

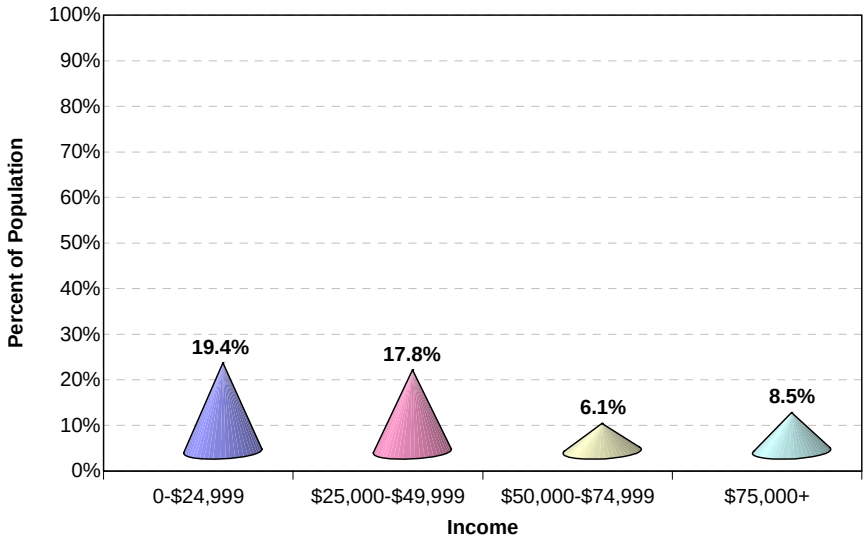
Income Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days

Income of Adults who Smoke Cigarettes Everyday or Some Days



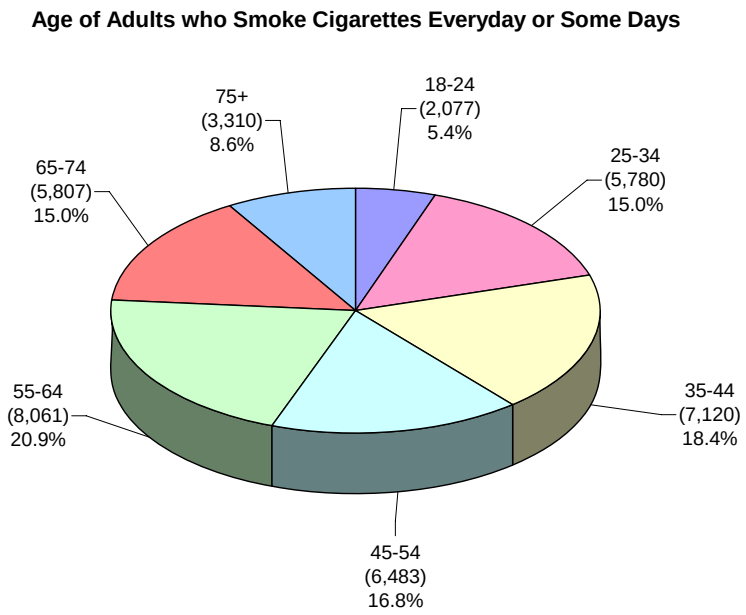
- Nearly half of adults (46.4%) who smoke cigarettes everyday or some days earn incomes between $25,000 and $49,999; 24.3% earn less than $25,000 per year.

Percent of Adults by Income who Smoke Cigarettes Everyday or Some Days

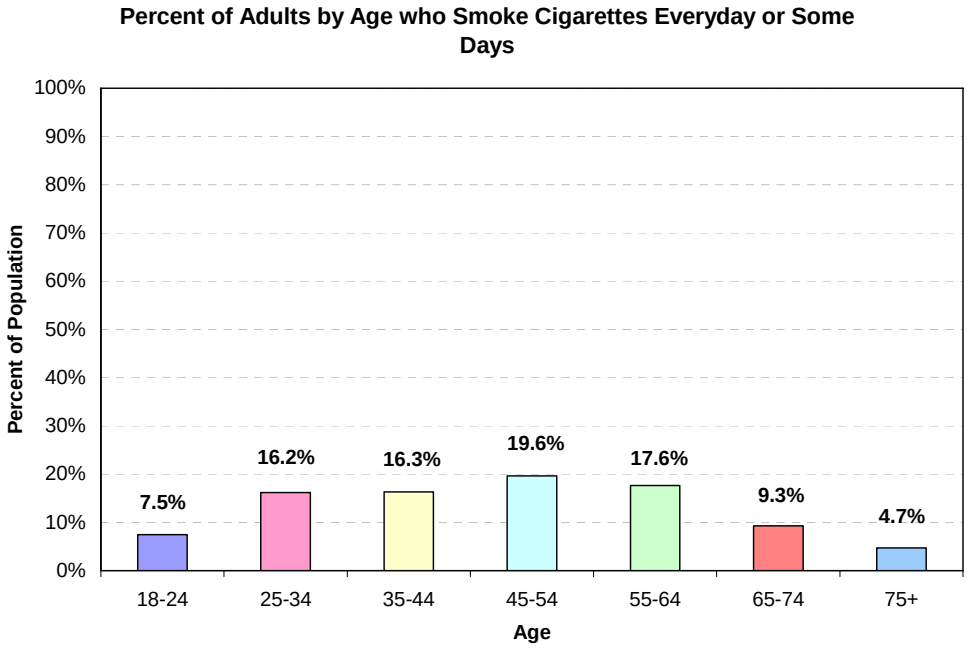


- Respondents earning less than $25,000 (19.4%) and those earning between $25,000 and $49,999 (17.8%) are more than twice as likely as those with greater incomes to smoke cigarettes everyday or some days.

Age Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days



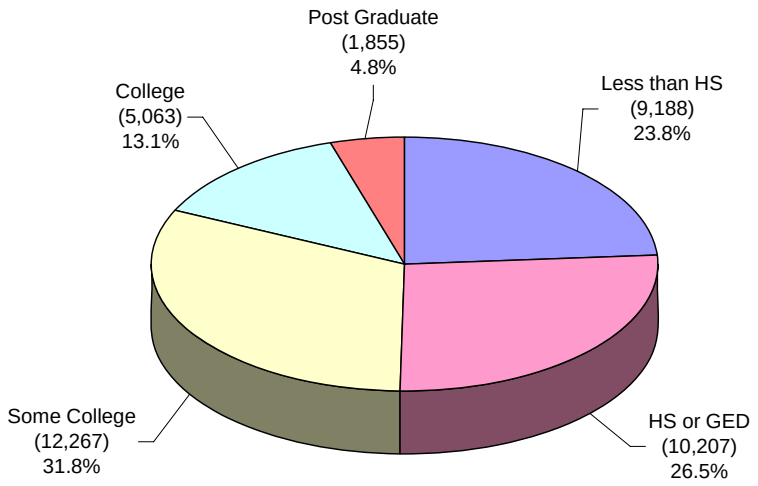
- Adults 18 to 24 years old (5.4%) and 75+ years old (8.6%) comprise the lowest proportions of those who smoke cigarettes everyday or some days.



- Comparing residents in different age groups, a bell-shaped distribution is observed whereby the proportion of residents in the youngest and oldest age categories are less likely to smoke everyday or some days and residents in the middle age categories are more likely to smoke everyday or some days.

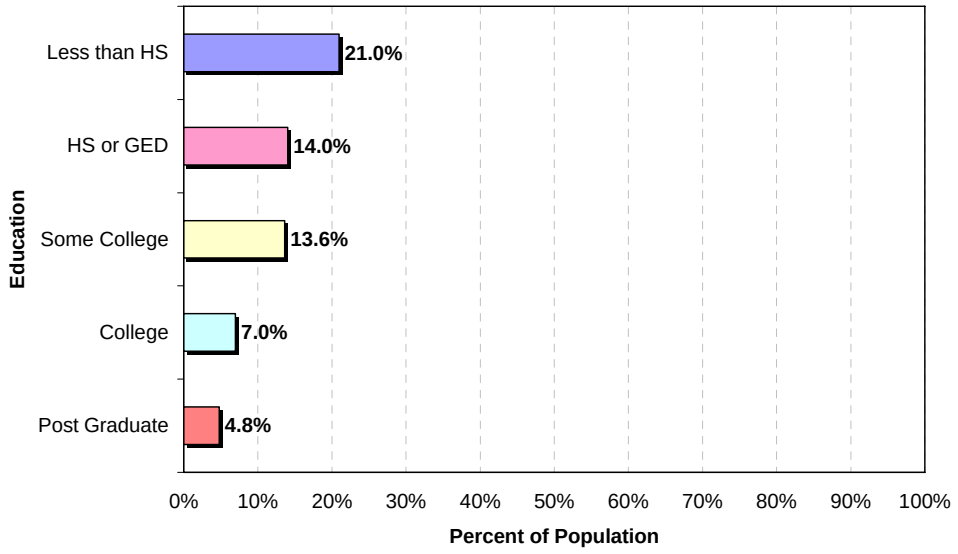
Education Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days

Education of Adults who Smoke Cigarettes Everyday or Some Days



- Of respondents who smoke everyday or some days, almost half (49.7%) have completed some college or more education.

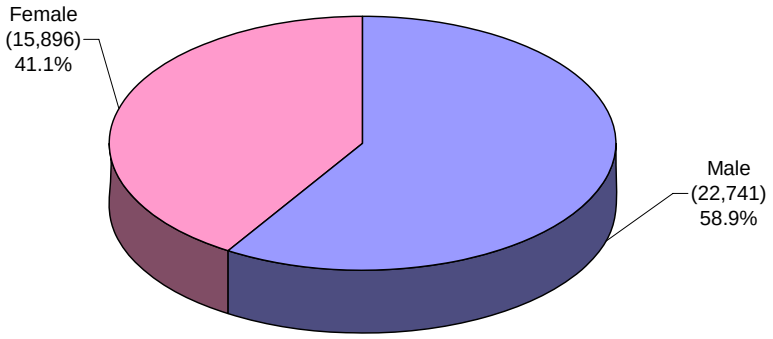
Percent of Adults by Education who Smoke Cigarettes Everyday or Some Days



- With each categorical increase in education, fewer respondents report smoking everyday or some days.

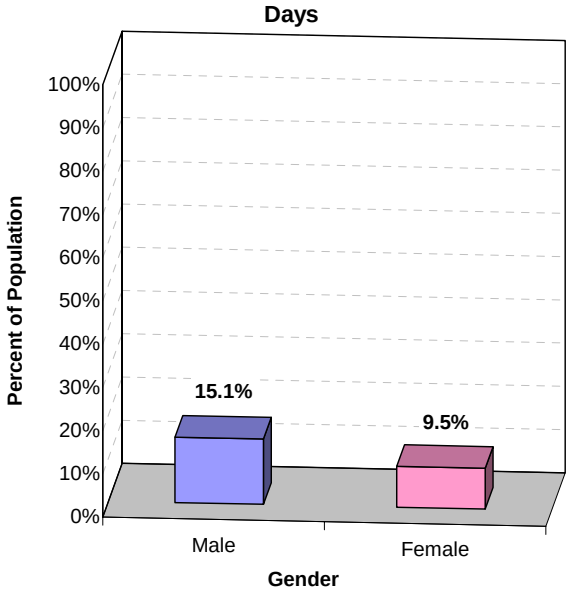
Gender Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days

Gender of Adults who Smoke Cigarettes Everyday or Some Days



- Males comprise 58.9% of adults who smoke cigarettes everyday or some days.

Percent of Adults by Gender who Smoke Cigarettes Everyday or Some Days



- Males (15.1%) are slightly more likely than females (9.5%) to report smoking everyday or some days.

Summary Analyses for the 12.1% of Adults who Smoke Cigarettes Everyday or Some Days

- Whites and Hispanic/Latinos are equally likely to report smoking everyday or some days.
- Respondents earning less than $50,000 are most likely to report smoking everyday or some days compared to those who earn greater incomes.
- Young adults (those under 25 years old) and older adults (those above 65 years of age) are less likely to smoke everyday or some days.
- As education increases, smoking everyday or some days decreases among Desert Healthcare District adults.
- Males are more likely to report smoking everyday or some days than females are.

Quit Attempts

Q: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

	Weighted Percent	Population Estimates	Actual Responses
Yes	51.0	19,713	108
No	49.0	18,925	118
Total	**100.0**	**38,637**	**226**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents that smoke everyday or some days, half (51.0%) report they have tried to quit smoking for at least one day within the past 12 months.

DRUG USE

Drug addiction, considered a disease, impacts the brain and causes changes in its structure and function. While the initial decision to use drugs is often voluntary, repeated use may affect one's self control as well as the ability to make sensible decisions. While the use of drugs such as cocaine, marijuana, and heroin are widespread throughout the United States, of growing concern nationally is methamphetamine addiction. Trafficking and abuse of methamphetamines is on the rise, particularly in the western states, and is considered a primary drug of concern to California.

Important Statistics about Drug Use

- In 2005, an estimated 2.9 million persons aged 12 or older used an illicit drug for the first time (within the past 12 months); averaging nearly 8,000 initiates per day.[61]
- The average age of new methamphetamine users in 2005 was 18.6 years.[62]
- Within the adult population, methamphetamine use rose from under 2% in 1994 to approximately 5% in 2004.[63]
- From 1992 to 2002 the rate of treatment admissions for methamphetamine abuse in the U.S. increased fivefold, from less than 1% in 1992 to over 6% in 2003.[64]

[61] Office of Applied Studies: 2005 National Survey on Drug Use & Health: National Results http://www.oas.samhsa.gov/NSDUH/2k5NSDUH/2k5results.htm#5.1 Retrieved 11/17/2007

[62] Ibid.

[63] Hunt, D., et. al. Methamphetamine Use: Lessons Learned. http://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf Retrieved 11/17/2007.

[64] Ibid.

Q: Have you ever used marijuana, cocaine, methamphetamines, heroin, PCP, or hashish during the past 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Marijuana	9.1	28,741	125
Cocaine	1.3	4,188	26
Methamphetamine	1.1	3,357	20
Hashish	0.6	1,967	15
PCP	0.2	501	15
Heroin	0.1	322	6

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents could select more than one answer so a total percent is not provided.

- About 9% of respondents (28,741 residents) report they have used marijuana in the past 12 months; use of the other drugs asked about during survey administration is much lower.

SEAT BELT USE

Persons Who Use Safety Belts

Healthy People 2010 Goal:
Increase seatbelt usage to 92%

While many advances have been made to improve the safety of those riding in motor vehicles, traffic collisions remain the leading cause of death for individuals between the ages of 4 and 34. According to the National Highway Traffic Safety Administration (NHTSA) an estimated 42,000 people in the United States are killed in traffic collisions annually and another 3 million are injured. Many of these deaths and injuries can be prevented by wearing and properly using seat belts.

There are two types of safety (or seat) belt laws: primary and secondary. Primary laws allow law enforcement officers to stop a vehicle and issue a citation when the officer simply observes an unbelted driver or passenger. Secondary enforcement means that a citation for not wearing a safety belt can only be written after the officer stops the vehicle or cites the offender for another infraction.

Primary safety belt laws have a proven track record of increasing safety belt use because people are more likely to buckle up and place their children in child safety seats when there is the perceived risk of receiving a citation for not doing so.

Important Statistics about Seat Belt Use

- In June 2006, seat belt use in the United States was 81%, statistically unchanged from the 2005 rate of 82%.[65]
- Use in the West achieved 90% in 2006, increasing from 85% in 2005.[66]
- Use rates continue to be higher where laws are stronger; states where motorists can be stopped solely for not using a seat belt (primary law states) had a combined use rate of 85% compared to 74% in other states.[67]

[65] National Highway Traffic Safety Administration (NHTSA) "Traffic Safety Facts Research Note" DOT HS 810 677, November 2006 http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/RNotes/2006/810677.pdf Retrieved December 1, 2007.
[66] Ibid.
[67] Ibid.

Q: How often do you use seat belts when you drive or ride in a car?

	Weighted Percent	Population Estimates	Actual Responses
Always	92.8	295,633	1,403
Nearly Always	5.1	16,371	56
Sometimes	0.7	2,375	14
Seldom	0.6	1,767	11
Never	0.6	1,870	12
Never Drive Or Ride In A Car	0.2	694	4
Total	**100.0**	**318,710**	**1,500**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of respondents (92.8%) report they "always" use a seat belt when they drive or ride in a car; 5.1% report they "nearly always" wear a seat belt, leaving 2.1% who use a seat belt less often.

BIRTH CONTROL USE

Birth control, or contraceptives, is used to prevent pregnancy and/or sexually transmitted diseases. Birth control can be obtained in various forms. Male and female condoms as well as spermicides can be purchased without a prescription. Birth control pills, diaphragms, IUDs, Cervical Caps, Depo-Provera, and Norplant must be prescribed by a doctor. Permanent forms of birth control such as male sterilization (vasectomy) and female sterilization (tubal ligation) are surgical procedures performed by a physician.

Important Statistics about Birth Control Use

- The Centers for Disease Control and Prevention (CDC) reported in 2002 that the leading method of birth control for women under 30 is the birth control pill; female sterilization is the leading method for women 35 and older.[68]
- 98% of women between 15 and 44 years of age who have ever had sexual intercourse report using at least one method of contraception.[69]

Note: Questions in this section were asked to women and men between the ages of 18 and 45.

Q: Are you or your partner using any kind of birth control? Birth control means having your tubes tied, vasectomy, the pill, condoms, diaphragm, foam, rhythm, Norplant, shots (Depo-Provera) or any other way to keep from getting pregnant.

	Weighted Percent	Population Estimates	Actual Responses
Yes	30.6	31,067	53
No	69.4	70,525	158
Total	**100.0**	**101,592**	**211**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over two-thirds (69.4%) of respondents between 18 and 45 report they are not using any kind of birth control.

[68] Centers for Disease Control and Prevention, www.cdc.gov/nchs/data/ad/ad350FactSheet.pdf
[69] Ibid.

Primary Method of Birth Control

Q: What kind of birth control are you or your partner using now?

	Weighted Percent	Population Estimates	Actual Responses
Pill	37.9	11,730	25
Condoms	23.1	7,154	12
Tubes Tied (Sterilization)	11.9	3,675	5
Shots (Depo-Provera)	11.0	3,397	2
Vasectomy (Sterilization)	4.4	1,355	3
Rhythm Method	2.1	639	1
Other	9.7	2,989	4
Total	**100.0**	**30,940**	**52**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents using birth control, over 1 in 3 (37.9%) report using the pill as their method; the second largest proportion of respondents (23.1%) report using condoms.

Why Not Using Birth Control

Q: What is the MAIN reason you are not using any birth control now?

	Weighted Percent	Population Estimates	Actual Responses
I Am Not Having Sex	57.2	33,450	73
I Don't Think My Husband/Wife Or Partner Can Get Pregnant	18.9	11,070	29
I Don't Want To Use Birth Control	8.2	4,798	13
My Partner And I Want To Get Pregnant	7.9	4,627	8
My Husband/Wife Or Partner Doesn't Want To Use Birth Ctrl	2.6	1,548	3
Other	5.1	2,971	12
Total	**100.0**	**58,445**	**138**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents not using birth control, 57.2% report they are not having sex and 18.9% report they do not think their husband/wife or partner can get pregnant.

Birth Control Services

Q: In the last 12 months were you in need of birth control services and not able to get them?

	Weighted Percent	Population Estimates	Actual Responses
Yes	2.2	1,910	4
No	97.8	83,817	162
Total	**100.0**	**85,727**	**166**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 2% of respondents reported they were in need of birth control services in the past 12 months but were unable to get them.

SEXUALLY TRANSMITTED DISEASES

Sexually transmitted diseases (STD's), also known as sexually transmitted infections (STI's), are diseases which are spread through sexual contact. Sexually transmitted diseases are among the most prevalent infections found in the United States. They are often hard to diagnose because some have mild or no symptoms; even so, it is still possible for an infected person to pass on the disease to their partner. Over twenty viral or bacterial sexually transmitted diseases have been identified.

If diagnosed and treated early, most sexually transmitted diseases can be effectively treated. Health professionals recommend periodic testing or screening for those who have more than one sex partner. It is also recommended that a male or female condom be used not only to prevent the transmission of sexually transmitted diseases but also to prevent unwanted pregnancies.

Important Statistics about Sexually Transmitted Diseases

- More than 19 million women and men in the U.S. are infected with an STD.[70]
- Nearly half of all reported cases of sexually transmitted diseases occur in those between fifteen and twenty-four years of age.[71]
- Certain sexually transmitted diseases disproportionately affect women and people of color.[72]

Adult Condom Use to Protect from STDs

Note: Adult condom use, reasons for not using a condom, and prevalence of condom use were asked to women and men between the ages of 18 and 45.

Q: Do you and your partner use a condom for protection from sexually transmitted diseases?

	Weighted Percent	Population Estimates	Actual Responses
Yes	31.2	22,454	47
No	68.8	49,475	88
Total	**100.0**	**71,929**	**135**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents currently without a partner, determined by an earlier question that asked about use of birth control, were not asked this question.

- Of those surveyed, 68.8% report they do not use condoms to prevent sexually transmitted diseases (STDs).

[70] The National Institute of Allergy and Infectious Diseases, http://www3.niaid.nih.gov/healthscience/healthtopics/sti/default.htm
[71] Ibid.
[72] Ibid.

Reasons for Not Using a Condom

Q: Why do you and your partner not use a condom for protection from sexually transmitted diseases?

	Weighted Percent	Population Estimates	Actual Responses
In a Monogamous Relationship	85.5	34,178	57
Uncomfortable Putting On	3.7	1,480	3
Do Not Like The Sensation	3.0	1,195	4
Don't Like Condoms	0.3	139	1
Other	7.5	3,000	7
Total	**100.0**	**39,993**	**72**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents not using a condom with their partner to prevent STDs, 85.5% report they are in a monogamous relationship.

Prevalence of Condom Use

Q: Would you say that you use a condom, always, most of the time, sometimes, or never?

	Weighted Percent	Population Estimates	Actual Responses
Always	64.9	14,452	29
Most of the Time	30.1	6,713	12
Sometimes	3.0	662	3
Never	2.0	453	2
Total	**100.0**	**22,281**	**46**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents using a condom, the majority (64.9%) report "always" using a condom; 30.1% report using a condom "most of the time."

Received Professional Information on Condom Use

Note: The remaining two questions were asked to all adults.

Q: In the last 12 months has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?

	Weighted Percent	Population Estimates	Actual Responses
Yes	13.7	42,425	143
No	86.3	266,876	1,302
Total	**100.0**	**309,301**	**1,445**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of all respondents, 86.3% have not received information from a healthcare professional in the past 12 months regarding condom use.

Number of Sexual Partners

Q: During the past 12 months, with how many people have you had sexual intercourse?

	Weighted Percent	Population Estimates	Actual Responses
0	35.9	104,312	599
1	59.1	171,647	648
2	2.6	7,440	45
3	0.8	2,205	19
4	0.3	846	6
5 or more	1.3	4,178	20
Total	**100.0**	**290,627**	**1,337**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 36% of respondents have not had sexual intercourse with anyone during the past 12 months; the majority (59.1%) has had sexual intercourse with one person in the past 12 months.

HIV SCREENING

Acquired Immune Deficiency Syndrome (AIDS) was first reported in the United States in 1981. AIDS is caused by the Human Immunodeficiency virus (HIV) which can be transmitted in several ways, including but not limited to: having unprotected sexual intercourse with an infected person, receiving infected blood during a transfusion, receiving transplanted organs from infected donors, and by sharing or being accidentally stuck by needles or sharp objects contaminated with infected blood. It can also be transmitted from mother to child during child birth, pregnancy, or breastfeeding.

Though there is no cure for HIV/AIDS, the number of deaths from the disease has decreased as treatment advancements have slowed the progression of HIV infection to AIDS. Treatments have also led to dramatic decreases in the morbidity rate among persons with AIDS. Along with treatment, HIV testing is important for prevention.

Important Statistics about HIV/AIDS

- Since its discovery, more than 1.5 million people in the U.S. alone have been infected with HIV and 500,000 have died.[73]
- It is estimated that approximately 40,000 people in the United States become infected with HIV each year.[74]
- Latinos and African Americans account for a disproportionate share of new HIV/AIDS diagnoses and deaths.[75]
- Women account for a growing proportion of new AIDS diagnoses, increasing from 8% in 1985 to 27% in 2003.[76]

[73] Kaiser Family Foundation, page 1, retrieved 11/10/07 http://www.kff.org/hivaids/upload/Fact-Sheet-The-HIV-AIDS-Epidemic-in-the-United-States-2005-Update.pdf
[74] Ibid.
[75] Ibid.
[76] Ibid.

Note: Questions in this section were asked to respondents between the ages of 18 and 64.

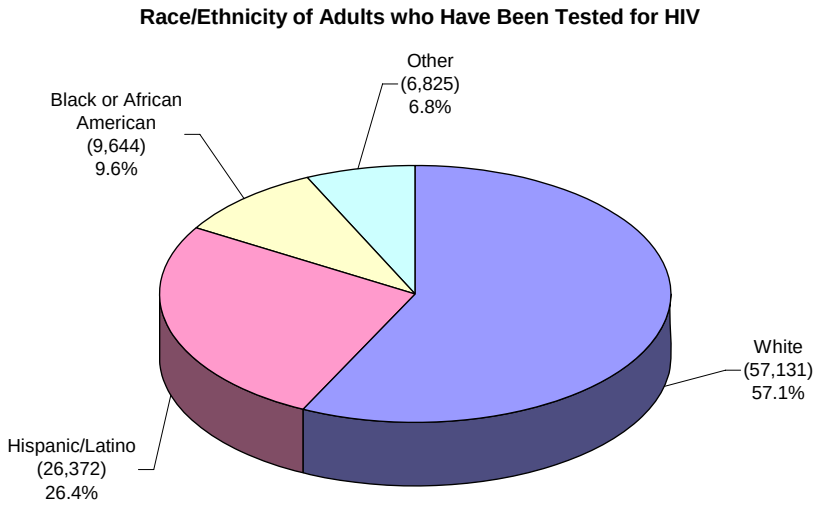
Q: Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.

	Weighted Percent	Population Estimates	Actual Responses
Yes	54.8	101,190	380
No	45.2	83,434	295
Total	**100.0**	**184,624**	**675**

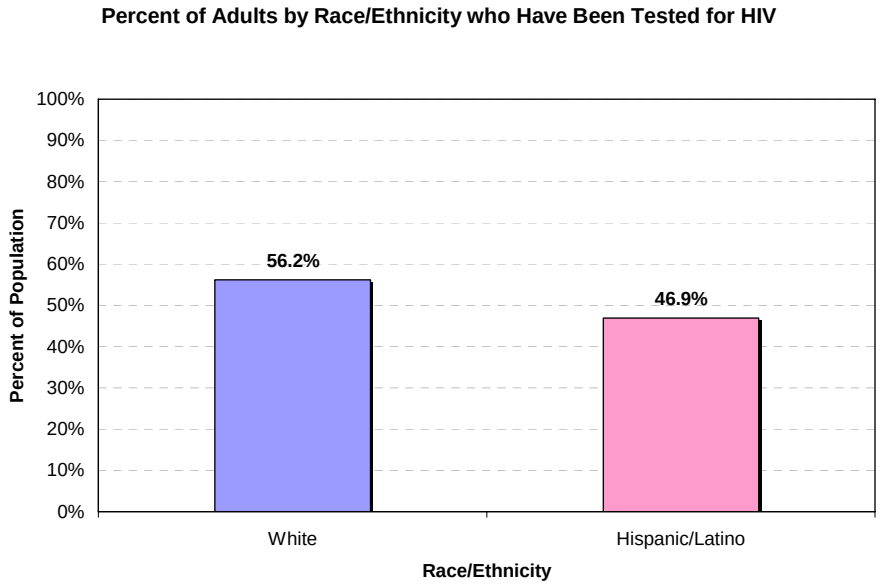
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents 18 to 64, over half (54.8%) have been tested for HIV, while 45.2% (about 83,400 Desert Healthcare District residents) have not received a test for HIV.

Race/Ethnicity Analyses for the 45.2% of Adults who Have Been Tested for HIV



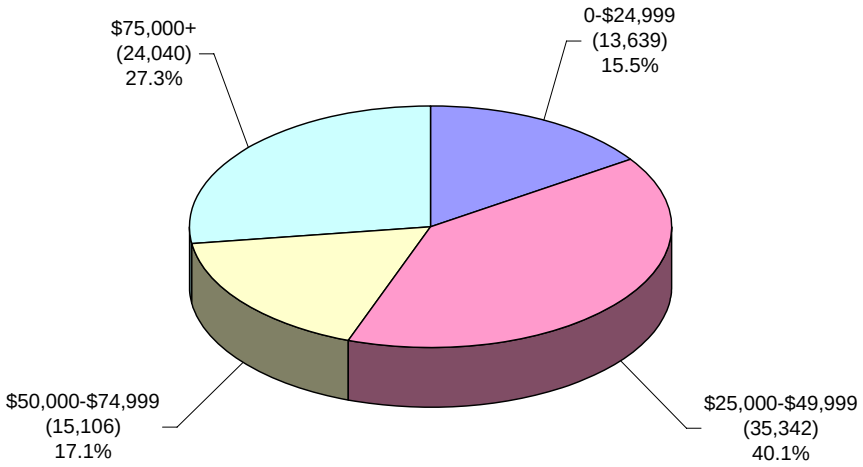
- Whites (57.1%) are the majority of adults who received testing for HIV; about one-quarter are Hispanic/Latino (26.4%) and 9.6% are Black or African American.



- A higher proportion of Whites compared to Hispanic/Latino residents (56.2% compared to 46.9%) have been tested for HIV.

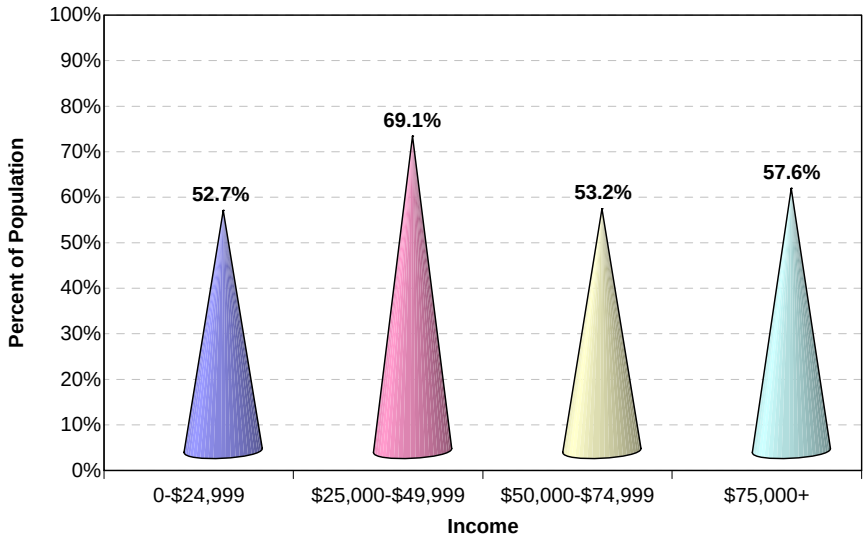
Income Analyses for the 45.2% of Adults who Have Been Tested for HIV

Income of Adults who Have Been Tested for HIV



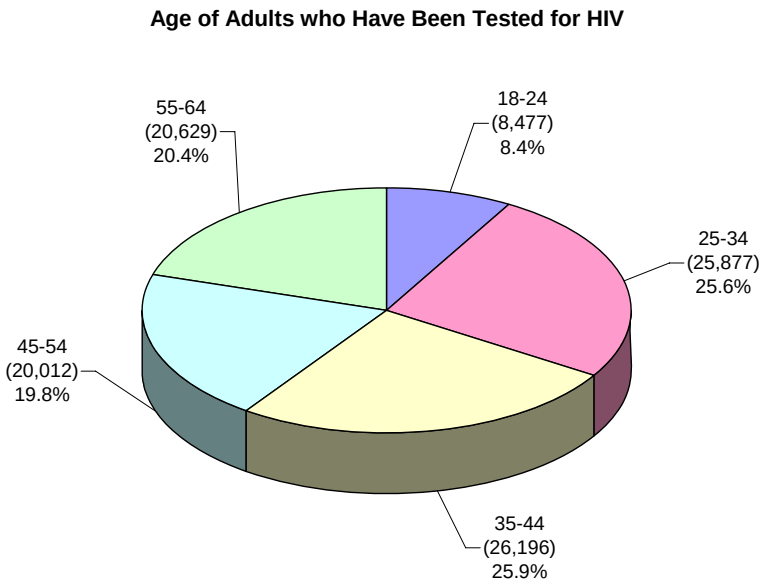
- Of those who have been tested for HIV, 2 in 5 (40.1%) earn between $25,000 and $49,999; more than one-quarter (27.3%) earn $75,000 or more annually.

Percent of Adults by Income who Have Been Tested for HIV

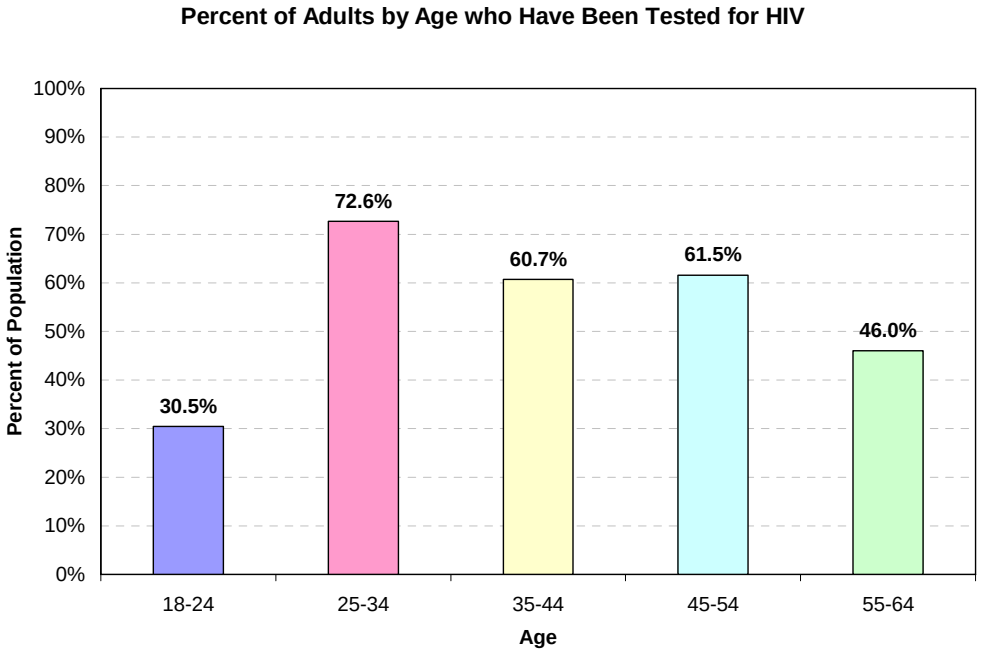


- At least 50% of respondents in each income category have received a test for HIV; almost 70% of adults earning $25,000-$49,999 report receiving this test.

Age Analyses for the 45.2% of Adults who Have Been Tested for HIV



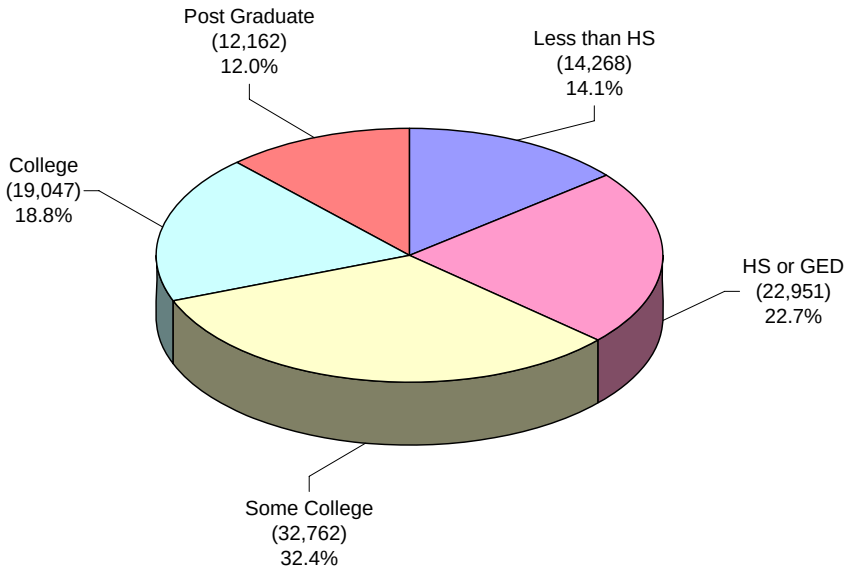
- Half (51.5%) of respondents receiving an HIV test are between the ages of 25 and 44; 1 in 12 (8.4%) respondents are between 18 and 24 years old.



- Almost three-quarters of 25 to 34 year olds (72.6%) have been tested for HIV; equal proportions of 35 to 44 year olds (60.7%) and 45 to 54 year olds (61.5%) have as well. Proportions are lower for the youngest and oldest Desert Healthcare District residents asked this question.

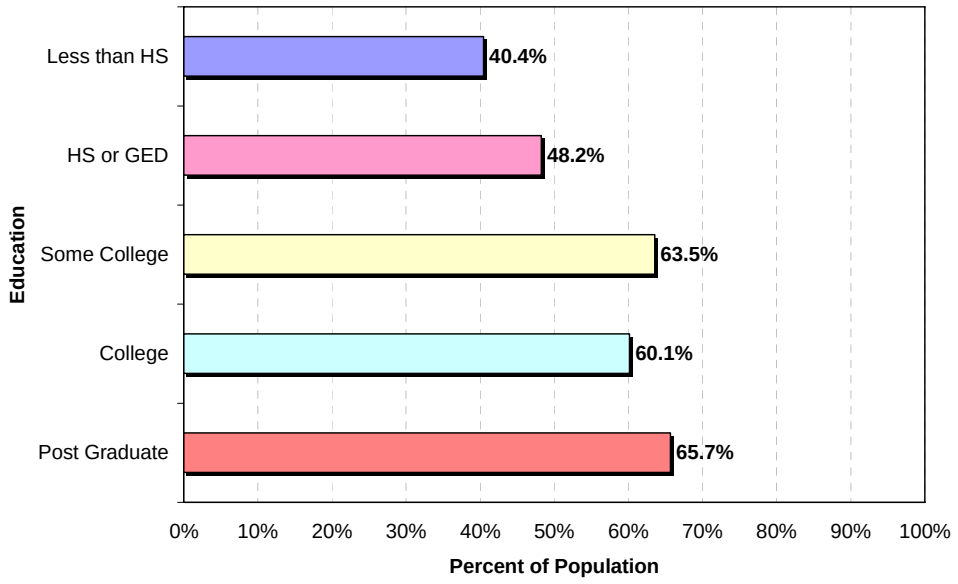
Education Analyses for the 45.2% of Adults who Have Been Tested for HIV

Education of Adults who Have Been Tested for HIV



- One-third of adults who have been tested for HIV have some college (32.4%); 18.8% have earned a college degree and 12.0% have completed a post-graduate degree.

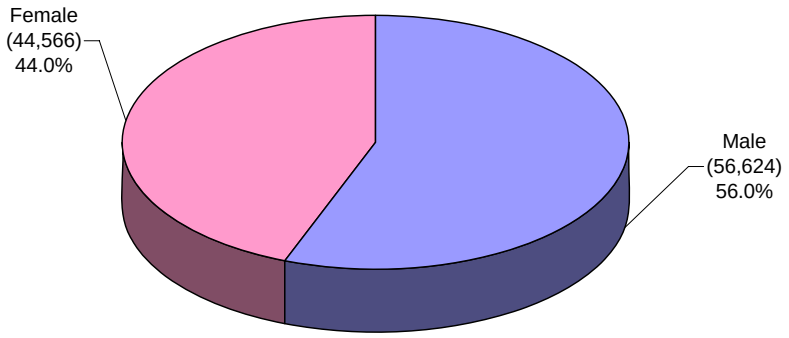
Percent of Adults by Education who Have Been Tested for HIV



- At least 2 in 5 respondents in each educational attainment category has received HIV testing; in general, residents with more education are more likely to report they have received an HIV test.

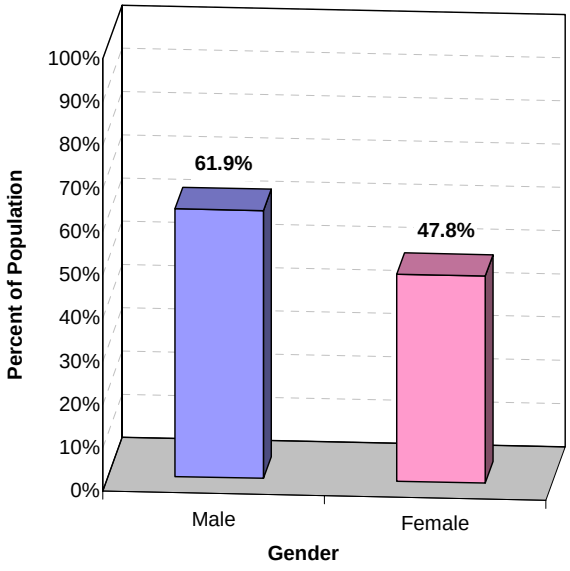
Gender Analyses for the 45.2% of Adults who Have Been Tested for HIV

Gender of Adults who Have Been Tested for HIV



- Of adults tested for HIV, males are more than half (56.0%) the population.

Percent of Adults by Gender who Have Been Tested for HIV



- Males (61.9%) are more likely to be tested for HIV than females (47.8%).

Summary Analyses for the 45.2% of Adults who Have Been Tested for HIV

- Hispanic/Latino adults are less likely to have been tested for HIV.
- Over half of respondents from each age category report being tested for HIV.
- Young adults (under the 25 years of age) are most likely not to have been tested for HIV.
- Respondents with some college or higher education are more likely to obtain HIV testing.
- Males report higher proportions of HIV testing than females.

Situational Question

Q: I'm going to read you a list of situations. When I'm done, please tell me if any of the situations apply to you. You do not need to tell me which one: You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year.

	Weighted Percent	*Population Estimates*	*Actual Responses*
Yes	9.2	17,162	51
No	90.8	168,983	635
Total	**100.0**	**186,146**	**686**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 9% of respondents have participated in at least one of the above situations in the past year.

WEIGHT CONTROL

Over the past 30 years the prevalence of American adults who are overweight or obese has increased to epidemic proportions. The leading causes of obesity are a sedentary lifestyle and the imbalance of calories consumed versus calories burned. Genetics and hormonal influences on the body also contribute, though not as much.

Persons Who Are At A Healthy Weight

Healthy People 2010 Goal: Increase the proportion of persons who are at a healthy weight to 60% of the population.

The United States Department of Agriculture (USDA) has developed Dietary Guidelines aimed at improving the health and well being of Americans. The Dietary Guidelines provide authoritative advice, for people two years of age or older, about how good dietary habits can promote health and reduce the risk of developing major chronic diseases.

Important Statistics about Weight Control

- According to the USDA, physical inactivity and poor diet are the most important factors contributing to the increase in overweight and obesity in the United States.[77]
- Regular physical activity is associated with decreased risk for obesity, heart disease, hypertension, diabetes, certain cancers, and premature mortality.[78]
- It is recommended that adults engage in at least 30 minutes of moderate physical activity on most days—preferably on all days.[79]

Q: Are you now trying to lose weight? Are you now trying to maintain your current weight, that is, to keep from gaining weight?

	Weighted Percent	Population Estimates	Actual Responses
Trying to lose weight	39.2	124,582	596
Trying to maintain weight	42.4	134,586	591
Neither losing nor maintaining	18.4	58,496	302
Total	**100.0**	**317,663**	**1,489**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

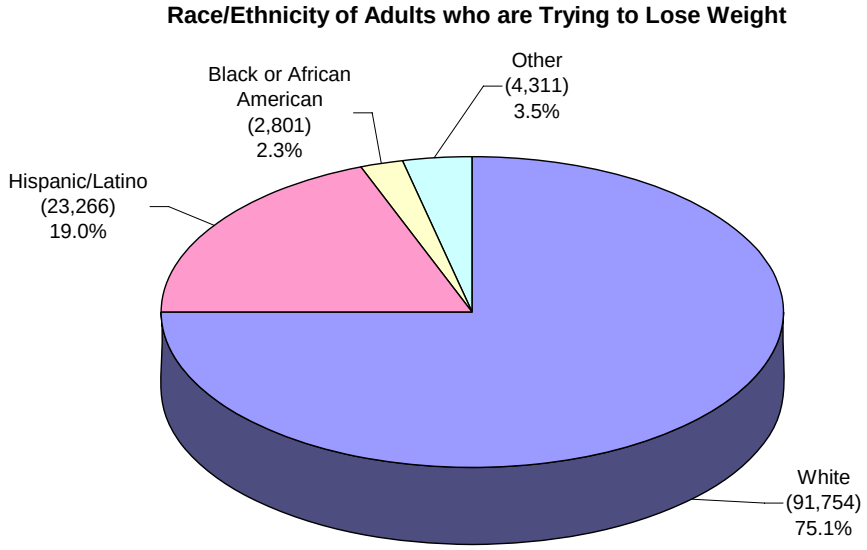
➢ Approximately equal proportions of respondents are trying to lose weight (39.2%) and trying to maintain their weight (42.4%).

[77] The United States Department of Agriculture: Dietary Guidelines for Americans 2005 http://www.cnpp.usda.gov/DietaryGuidelines.htm

[78] The Centers for Disease Control and Prevention: Morbidity and Mortality Weekly Report, Nov. 30, 2007: 56(47)
http://www.cdc.gov/mmwR/preview/mmwrhtml/mm5646a1.htm
Retrieved December 4, 2007

[79] Ibid.

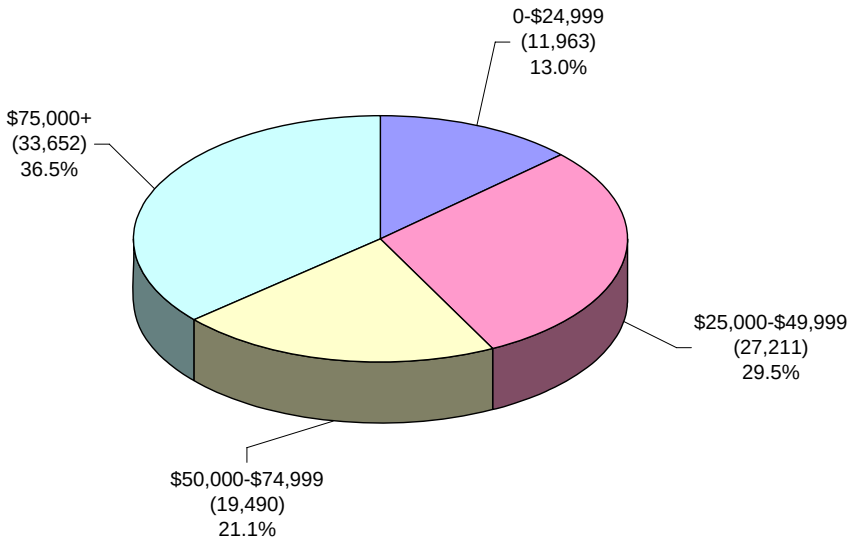
Race/Ethnicity Analyses for the 39.2% of Adults who are Trying to Lose Weight



- The majority (75.1%) of residents currently trying to lose weight are White and about 1in 5 (19.0%) are Hispanic/Latino.
- Approximately equal proportions of Whites (40.8%) and Hispanic/Latino residents (38.8%) are trying to lose weight (graph not included).

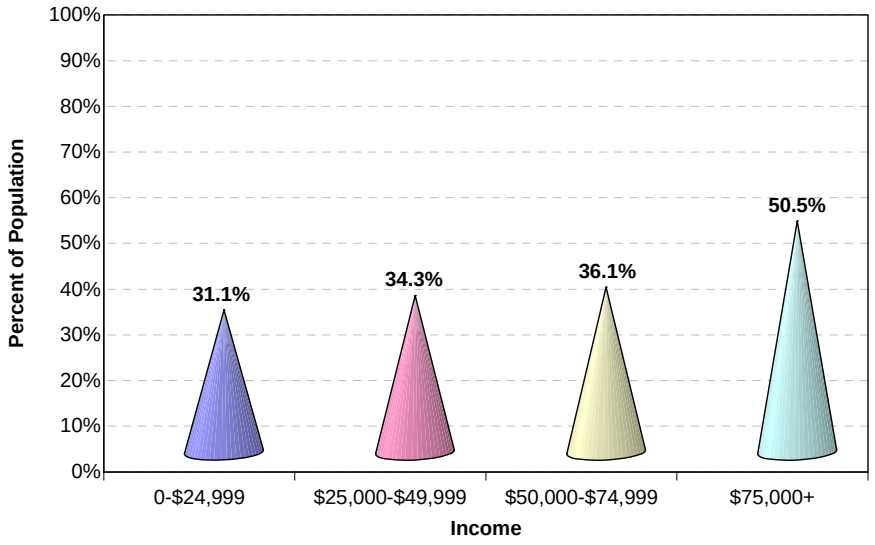
Income Analyses for the 39.2% of Adults who are Trying to Lose Weight

Income of Adults who are Trying to Lose Weight



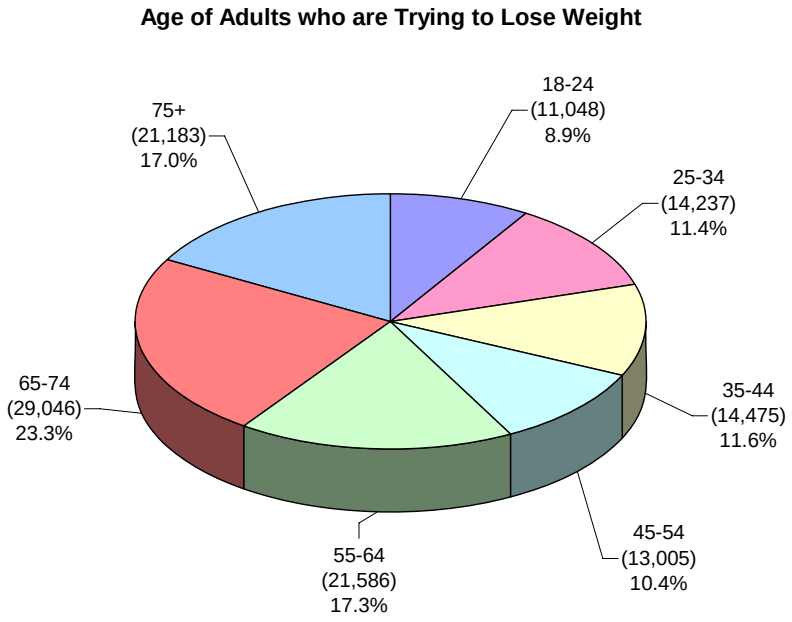
- Of adults currently trying to lose weight, the largest proportion (36.5%) earns $75,000 or more annually.

Percent of Adults by Income who are Trying to Lose Weight

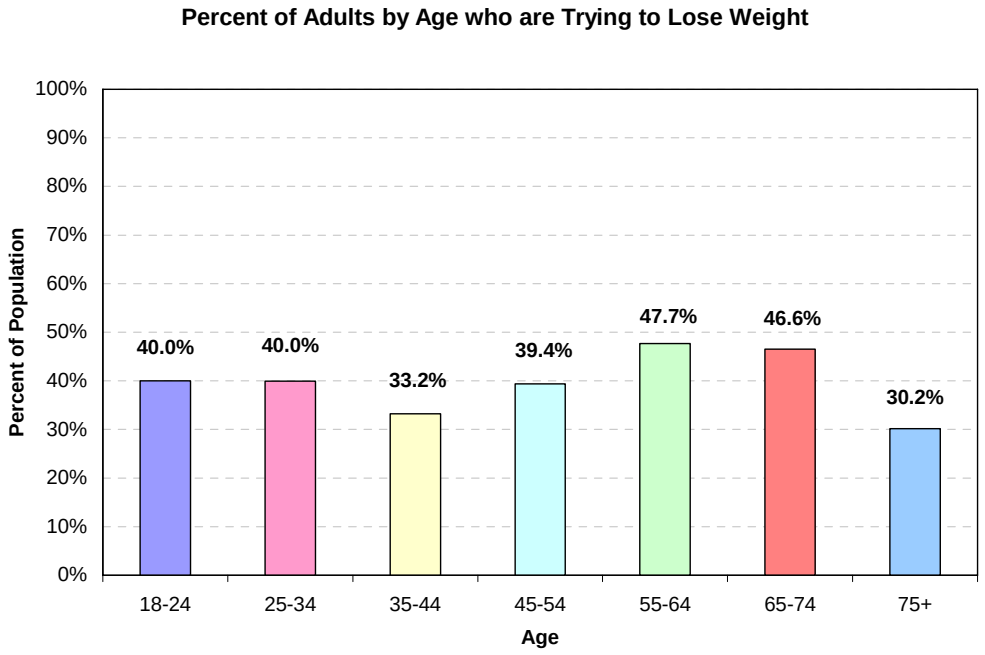


- Half of the respondents in the highest income category, compared to between 31% and 36% of other respondents, are currently trying to lose weight.

Age Analyses for the 39.2% of Adults who are Trying to Lose Weight



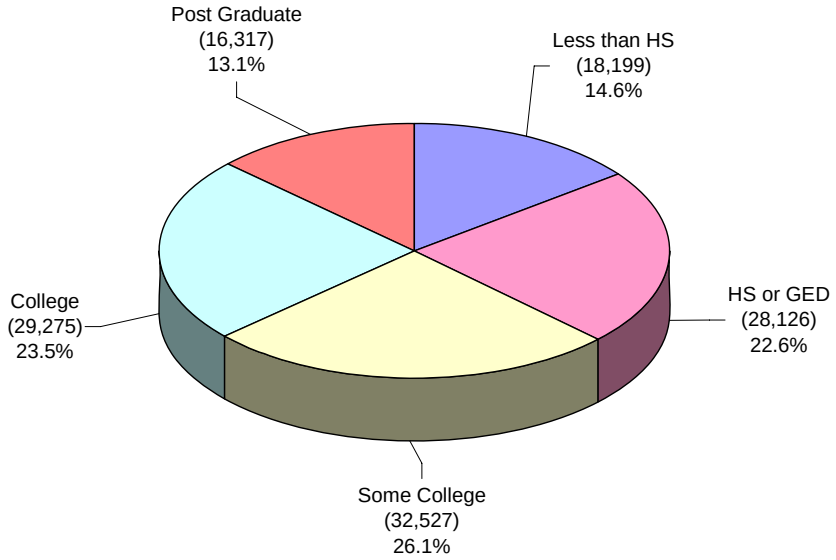
- Of Desert Healthcare District residents currently trying to lose weight, 57.6% are 55 years of age or older.



- Residents 55-74 are more likely, and residents 35-44 and 75+ are less likely, to report they are trying to lose weight.

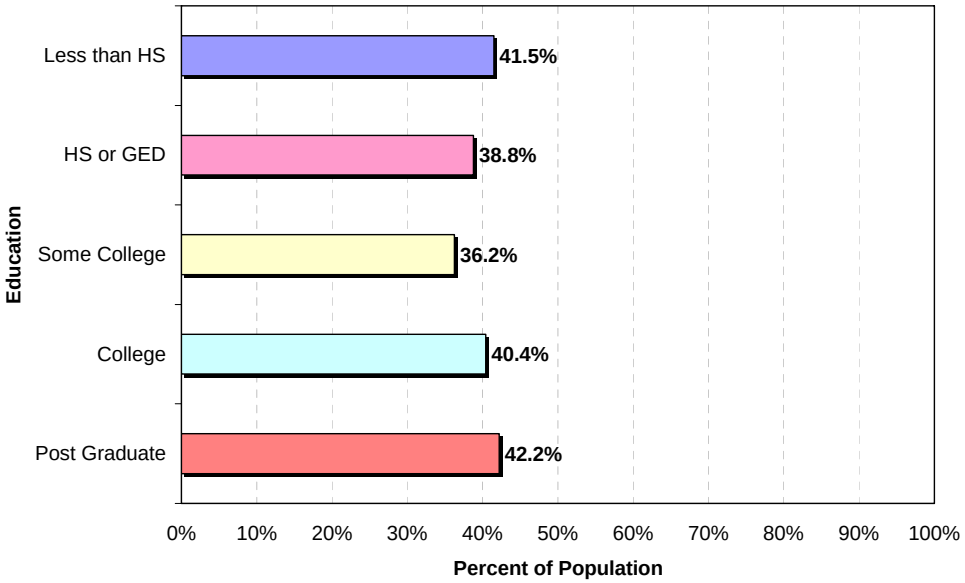
Education Analyses for the 39.2% of Adults who are Trying to Lose Weight

Education of Adults who are Trying to Lose Weight



- Almost one-third (62.7%) of residents trying to lose weight report some college, college, or post-graduate educations.

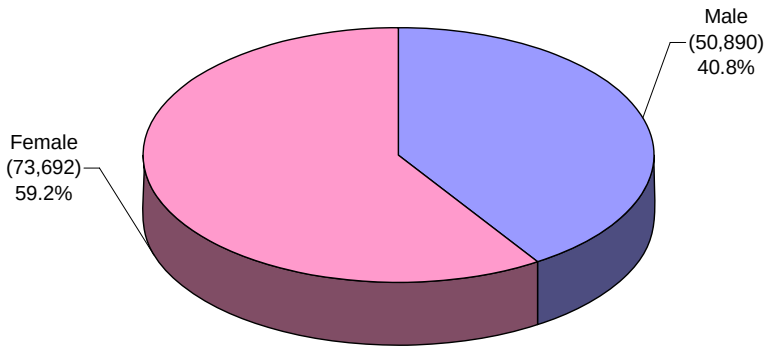
Percent of Adults by Education who are Trying to Lose Weight



- Between 36% and 42% of respondents in each education category report they are currently trying to lose weight.

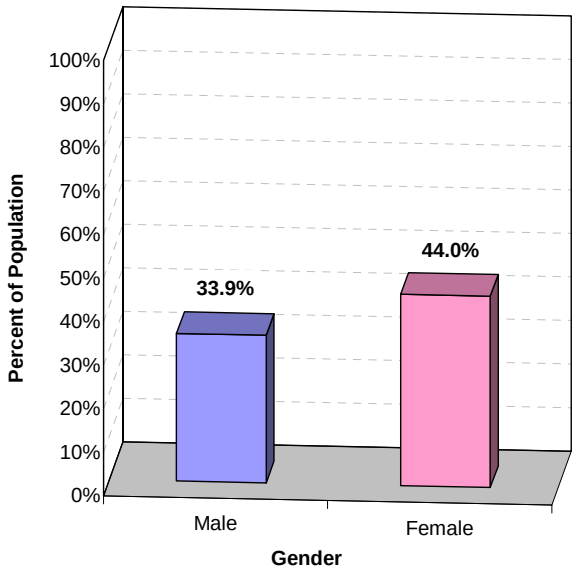
Gender Analyses for the 39.2% of Adults who are Trying to Lose Weight

Gender of Adults who are Trying to Lose Weight



- Females comprise the majority (59.2%) of adults currently trying to lose weight.

Percent of Adults by Gender who are Trying to Lose Weight



- A higher proportion of women (44.0%) compared to men (33.9%) report they are currently trying to lose weight.

Summary Analyses for the 39.2% of Adults who are Trying to Lose Weight

- Approximately equal proportions of Whites and Hispanic/Latinos are trying to lose weight.
- Responds with the highest income are more likely to report they are trying to lose weight.
- Residents 55-74 are more likely, and residents 35-44 and 75+ are less likely, to report they are trying to lose weight.
- Between 36% and 42% of respondents in each education category report they are currently trying to lose weight.
- Women are more likely than men to report they are currently trying to lose weight.

Calorie and Fat Consumption

Q: Are you eating fewer calories or less fat to lose weight? Keep from gaining weight?

	Weighted Percent	Population Estimates	Actual Responses
Yes, Fewer Calories	17.6	42,908	201
Yes, Less Fat	19.7	47,806	200
Yes, Fewer Calories and Fat	35.8	86,993	455
No	26.9	65,524	295
Total	**100.0**	**243,230**	**1,151**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents trying to lose or maintain their weight, 73.1% are eating fewer calories and/or fat.

Physical Activity

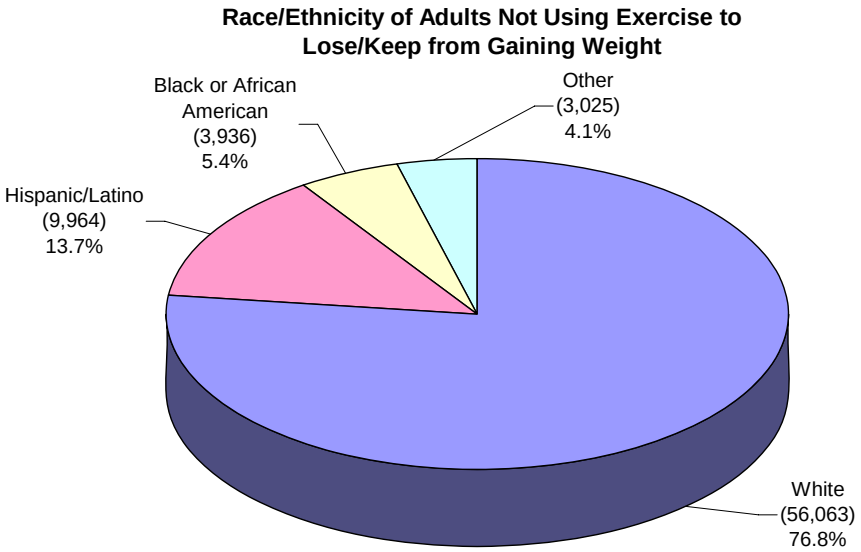
Q: Are you using physical activity or exercise to lose/keep from gaining weight?

	Weighted Percent	Population Estimates	Actual Responses
Yes	71.1	183,928	784
No	28.9	74,788	397
Total	**100.0**	**258,716**	**1,181**

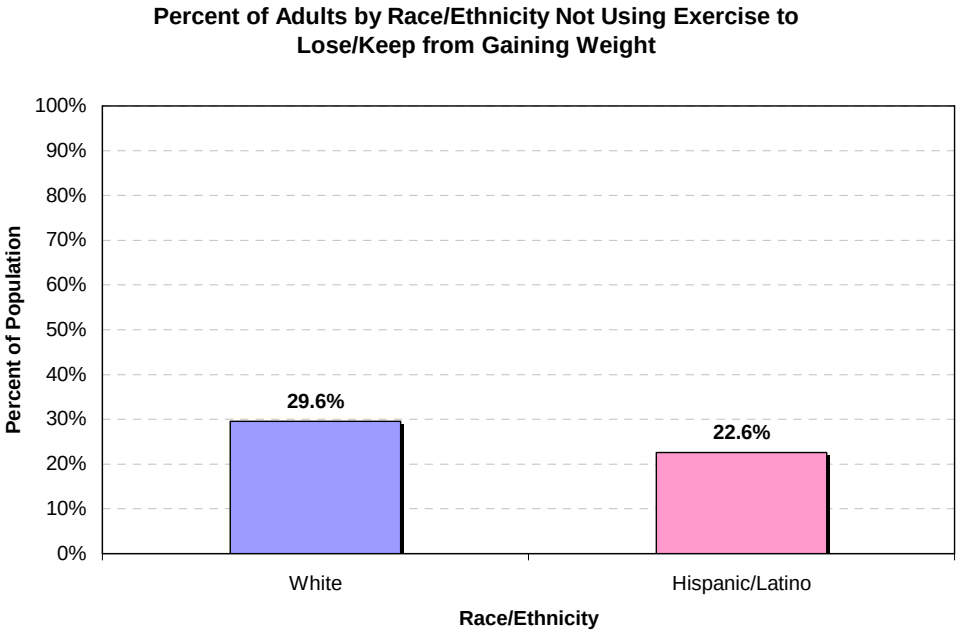
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (71.1%) of respondents is using physical activity or exercise to lose or to keep from gaining weight; approximately 29% of respondents (74,788 residents) are not.

Race/Ethnicity Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight

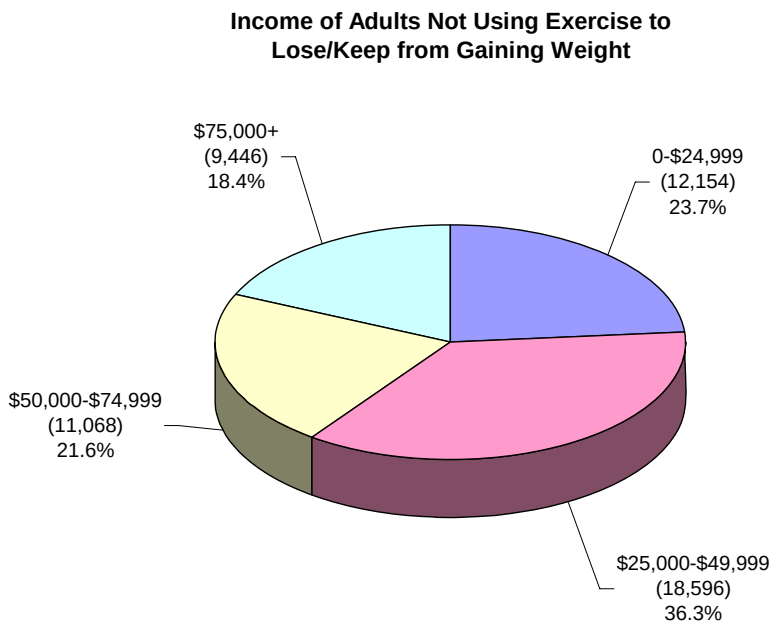


- The majority (76.8%) of residents not using exercise to lose, or to keep from gaining, weight are White.

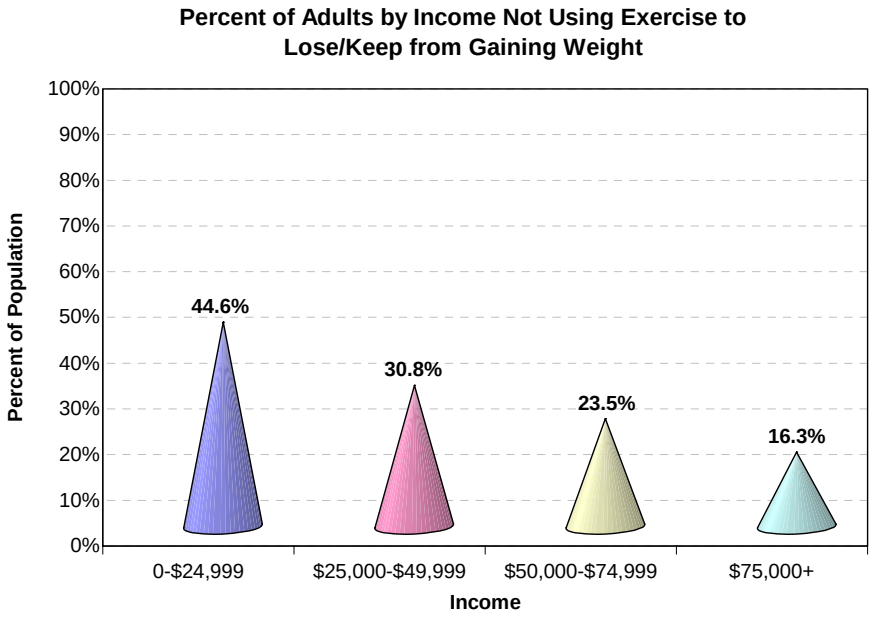


- Whites (29.6%) are slightly more likely than Hispanic/Latino residents (22.6%) not to be using exercise to lose/keep from gaining weight.

Income Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight

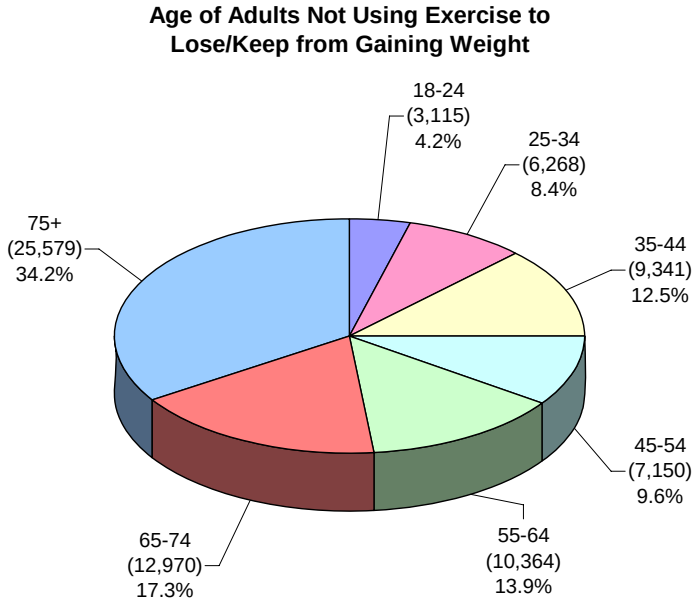


- The largest proportion (36.3%) of resident not using exercise to control their weight earns $25,000-$49,999 annually.

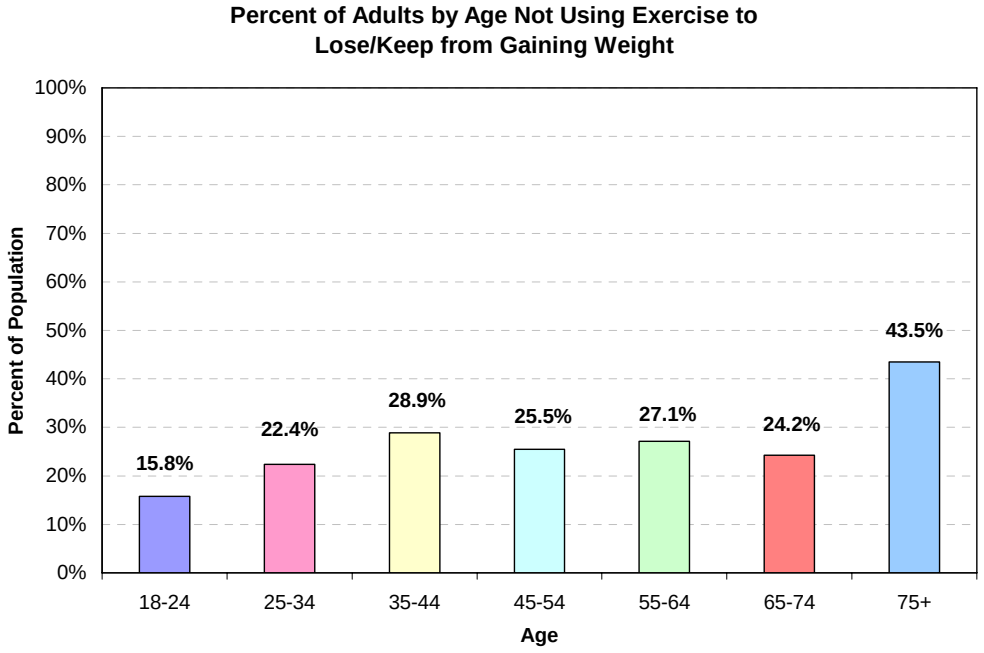


- The proportion of residents <u>not</u> using exercise to control their weight steadily decreases with each categorical increase in income.

Age Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight

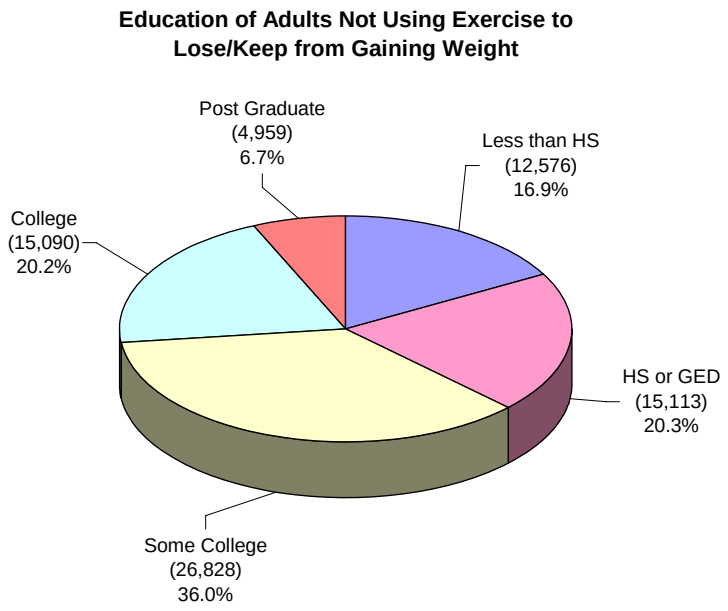


- Of those not using exercise for weight management, the largest proportion (34.2% is 75 years of age or older); 65.4% are 55 or older.

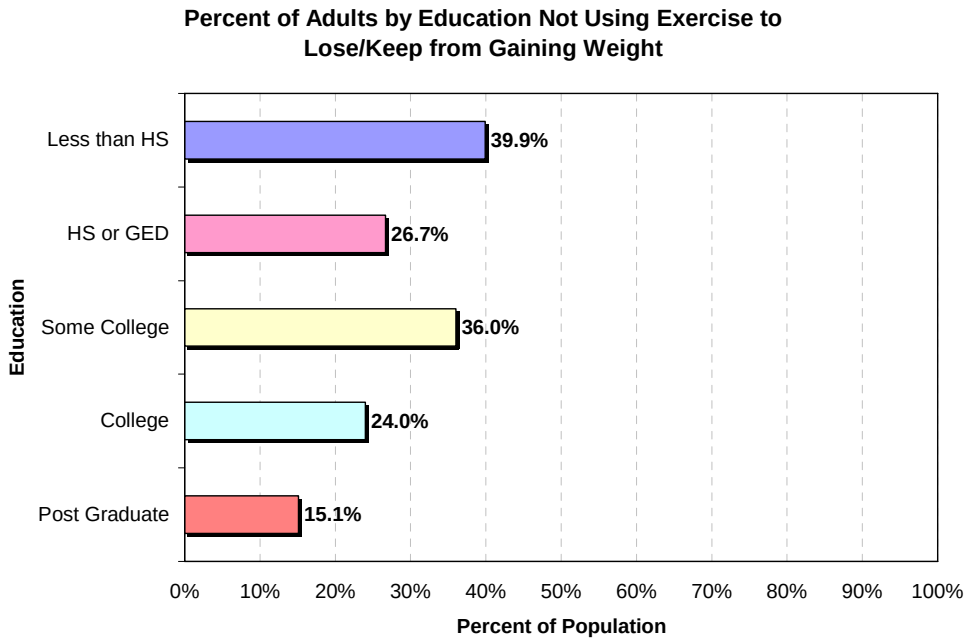


- Aside from the youngest (15.8%) and oldest (43.5%) age categories, the proportion of residents not using exercise to control their weight is about equal—ranging from 22% to 29%.

Education Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight



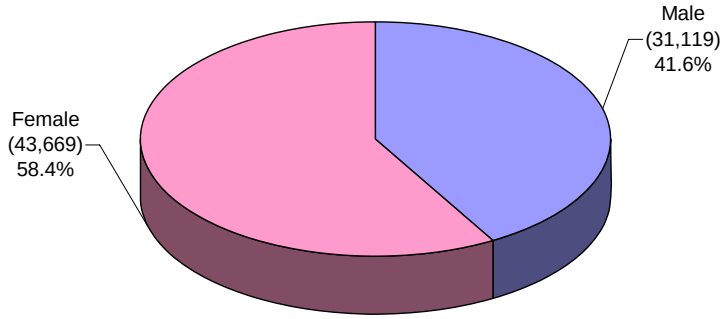
- Of Desert Healthcare District residents not using exercise for weight management, 62.9% report some college, college, or post-graduate education.



- Residents with less than a high school (39.9%) and some college (36.0%) education are more likely than others to indicate they are <u>not</u> using exercise to manage their weight.

Gender Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight

Gender of Adults Not Using Exercise to Lose/Keep from Gaining Weight



- Females comprise a larger proportion than males of residents not using exercise to control their weight.
- The proportions of men (26.5%) and women (30.9%) not using physical exercise to lose/keep from gaining weight are about equal (graph not included).

Summary Analyses for the 28.9% of Adults Not Using Exercise to Lose/Keep from Gaining Weight

- Whites are slightly more likely than Hispanic/Latino residents not to be using exercise to lose/keep from gaining weight.
- The proportion of residents not using exercise to control their weight steadily decreases with each categorical increase in income.
- Aside from the youngest and oldest residents, the proportion of residents not using exercise to control their weight ranges from 22% to 29%.
- Residents with less than a high school and some college education are more likely to indicate they are not using exercise to manage their weight.
- Relatively equal proportions of men and women are not using physical exercise to lose/keep from gaining weight.

Professional Advice about Weight

Q: In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

	Weighted Percent	Population Estimates	Actual Responses
Yes, Lose Weight	11.7	36,884	188
Yes, Gain Weight	2.2	7,079	44
Yes, Maintain Current Weight	1.5	4,697	32
No	84.6	267,322	1,233
Total	**100.0**	**315,982**	**1,497**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 12% of respondents, or 36,884 residents, report they have received advice to lose weight from a healthcare professional.

BMI

Persons Who Are Obese

Healthy People 2010 Goal:
Reduce the proportion of obese adults to 15%.

The Body Mass Index (BMI) is the most common method used to determine whether an individual is overweight or obese. BMI measures a persons body fat in relation to their weight and height. BMI values have four categorizations: less than 18.5 is considered underweight; 18.6 to 24.9 is normal weight; 25.0 to 29.9 is overweight; and 30.0 or more is considered obese.

Being overweight or obese causes many chronic diseases such as sleep apnea, Type 2 diabetes, stroke, high blood pressure, and coronary artery disease. Physical activity and good nutrition are related to preventing chronic disease and obesity.

Important Statistics about Obesity

- According to the Mayo Clinic, two-thirds of American adults are overweight; one-third of these adults are considered obese.[80]
- Since the 1970's the prevalence of obesity among adults aged 20 to 74 has increased from 15% to 32.9% (as of 2004).[81]
- Chronic diseases accounted for 5 of the 6 leading causes of death in the United States in 2002.[82]
- The estimated total cost of obesity in the United States in the year 2000 was about $117 billion.[83]

	Weighted Percent	*Population Estimates*	*Actual Responses*
Underweight (<18.5)	1.6	4,423	37
Normal Weight (18.5 to 24.9)	43.5	122,504	583
Overweight (25.0 to 29.9)	39.2	110,625	496
Obese (≥30.0)	15.7	44,322	217
Total	**100.0**	**281,874**	**1,333**

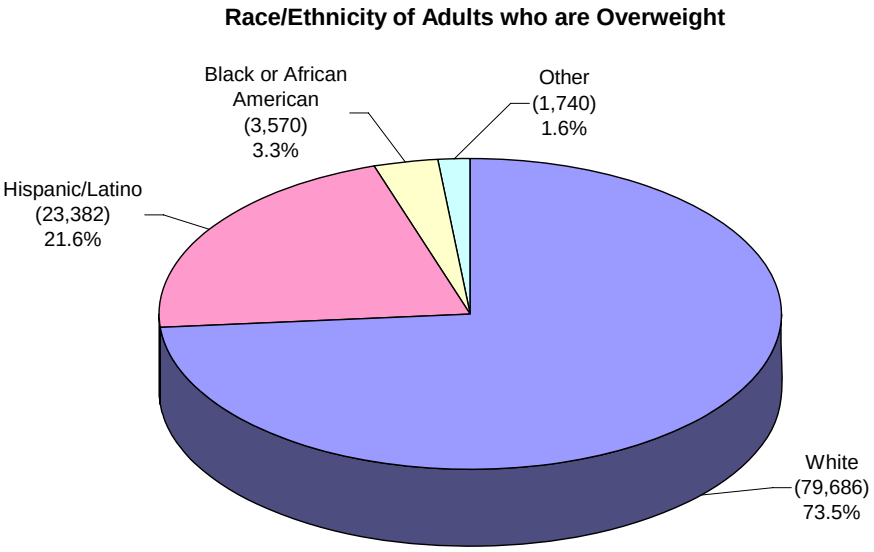
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Based on the self-reported height and weight of adult respondents, the largest proportion of Desert Healthcare District residents (43.5%) are of normal weight, 39.2% are overweight, and 15.7% are obese.

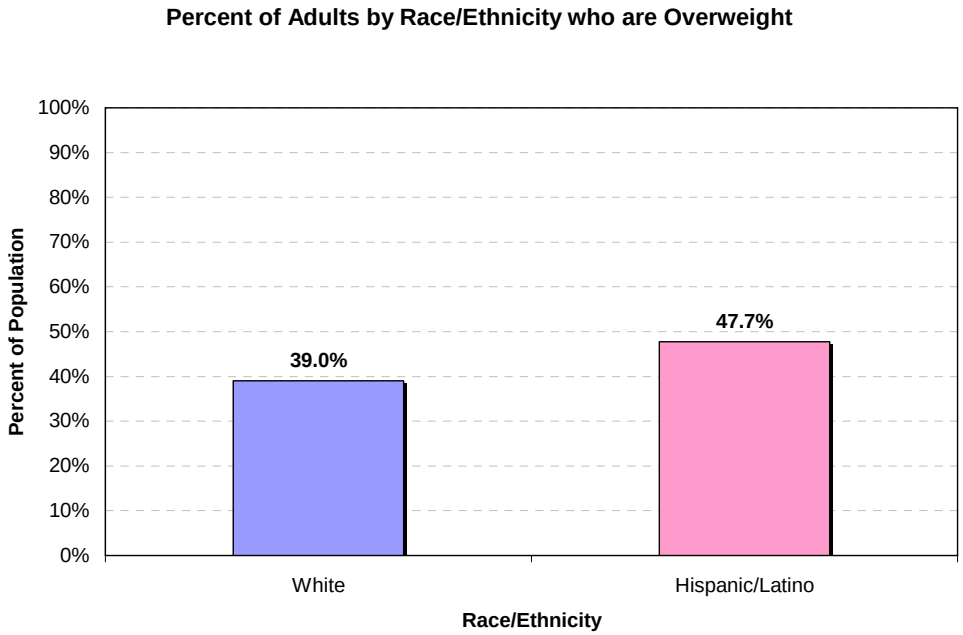
[80] The MayoClinic.com, Tools for Healthier Lives, http://mayoclinic.com/health/obesity/DS00314/DSECTION=1
[81] The Department of Health and Human Services, http://www.cdc.gov/nccdphp/dnpa/obesity/index.htm
[82] The Centers for Disease Control and Prevention, http://www.cdc.gov/nccdphp/publications/aag/dnpa.htm
[83] Ibid.

Overweight Adults

Race/Ethnicity Analyses for the 39.2% of Adults who are Overweight

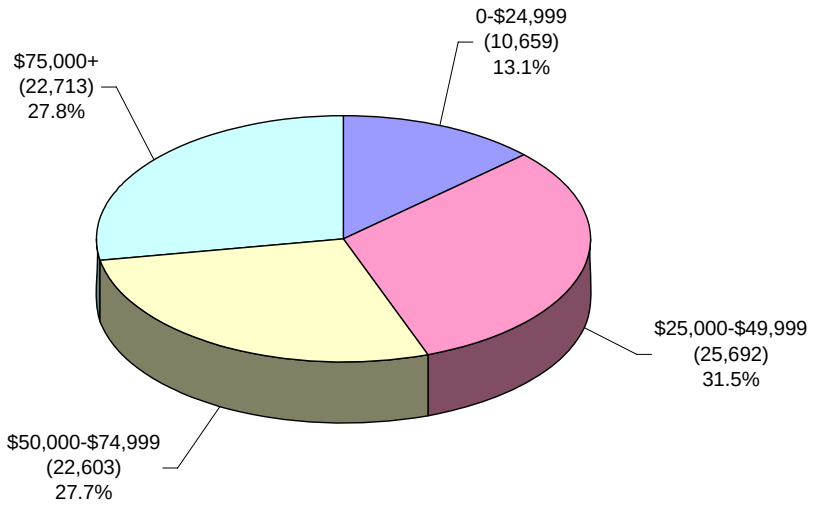


- Of the overweight adults, 73.5% self-identified as White and 21.6% as Hispanic/Latino.

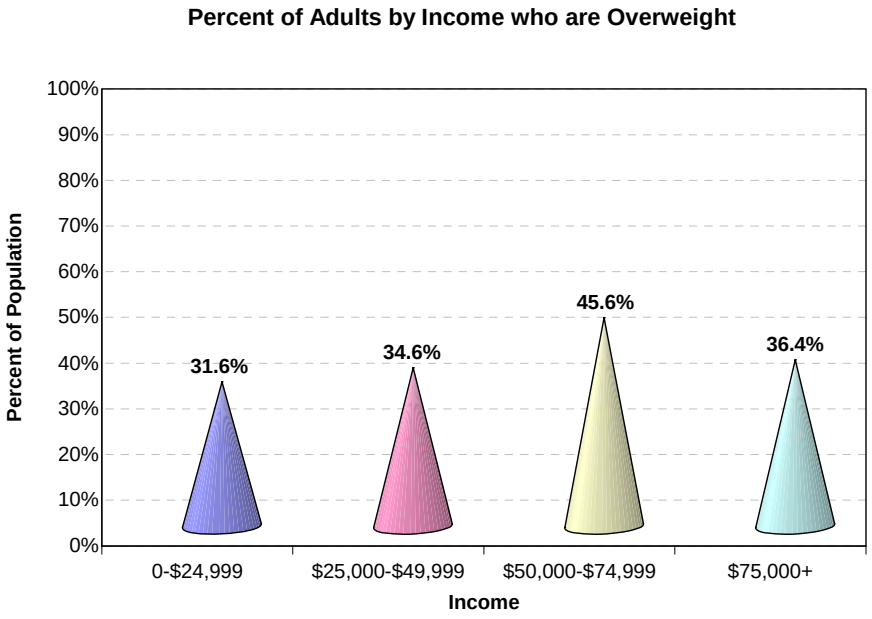


- A higher proportion of Hispanic/Latino residents, compared to White residents, are overweight (47.7% compared to 39.0%).

Income Analyses for the 39.2% of Adults who are Overweight

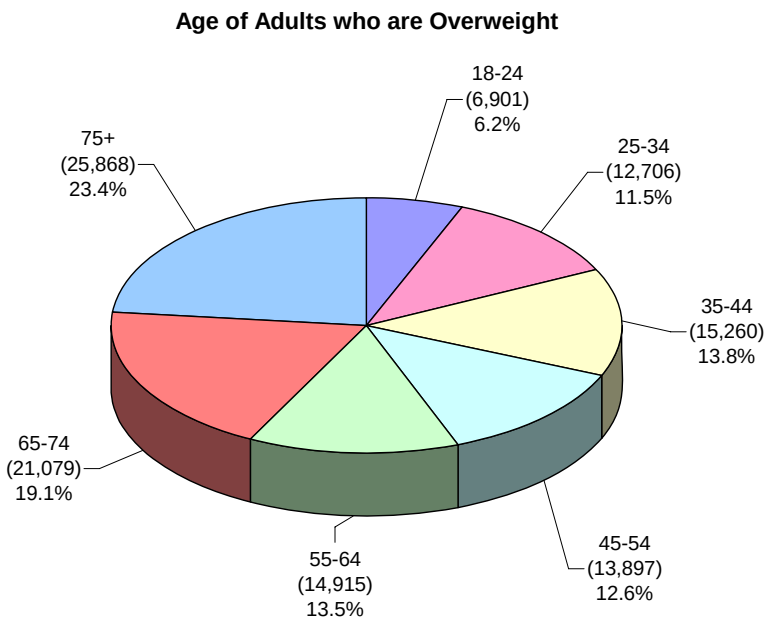


- Of the overweight adults in the Desert Healthcare District, the smallest proportion earns 0-$24,999 per year.

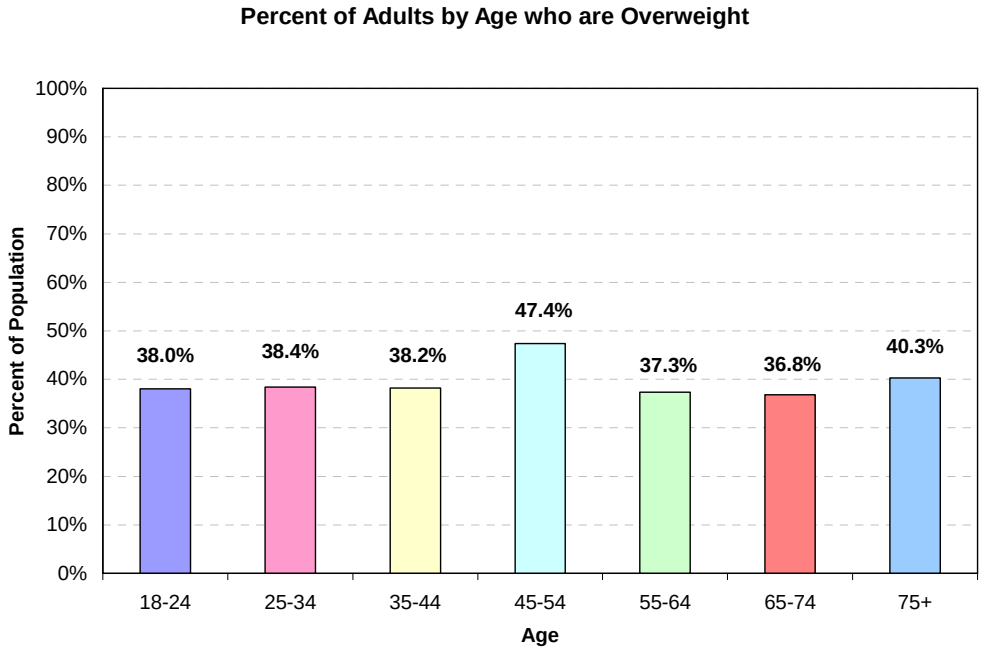


- Residents earning $50,000-$74,999 are more likely (45.6%) than other residents to be overweight, according their self-reported height and weight.

Age Analyses for the 39.2% of Adults who are Overweight

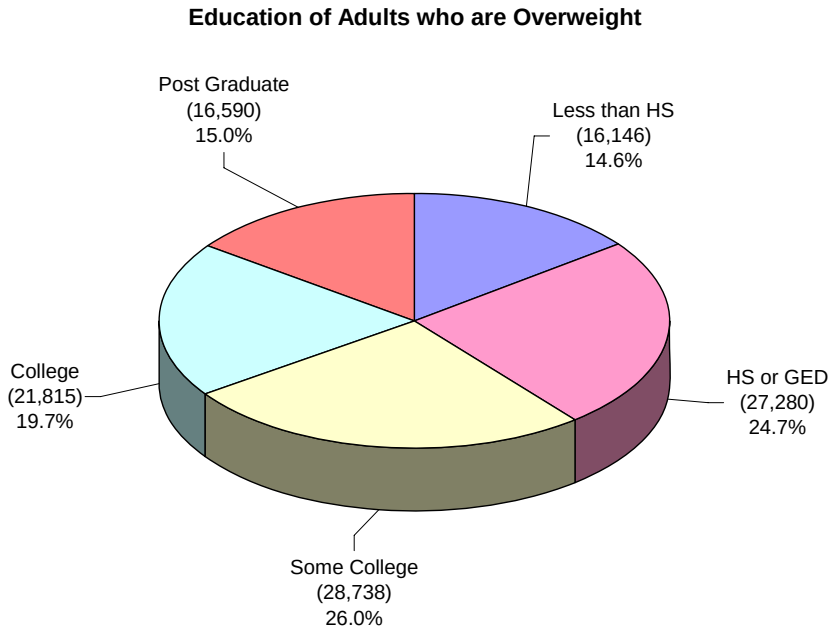


- Of the overweight adults, 56.0% are 55 years of age or older.

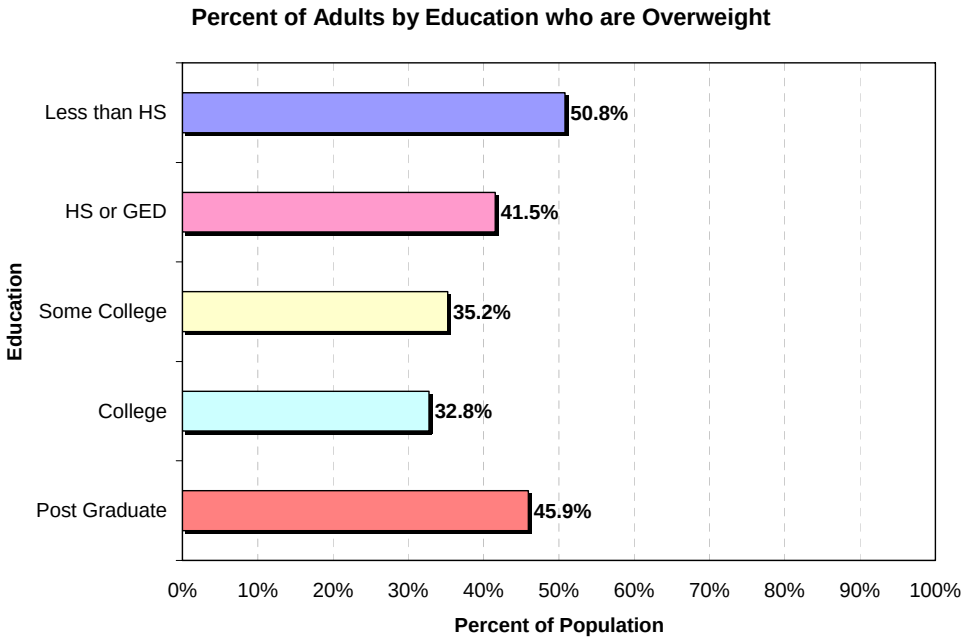


- While residents 45-54 are the most likely to be overweight (47.4%), the proportions in each age category are quite high—ranging from 36.8% to 40.3%.

Education Analyses for the 39.2% of Adults who are Overweight

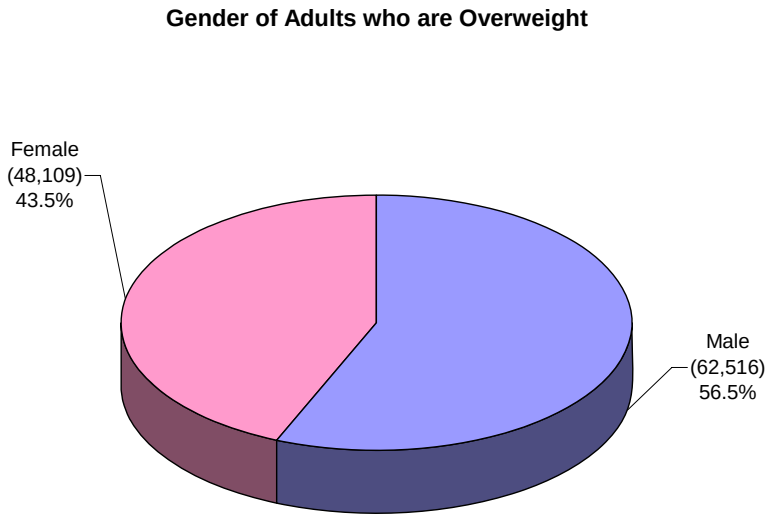


- Over one-third (34.7%) of overweight adults report they have obtained a college or post-graduate degree.

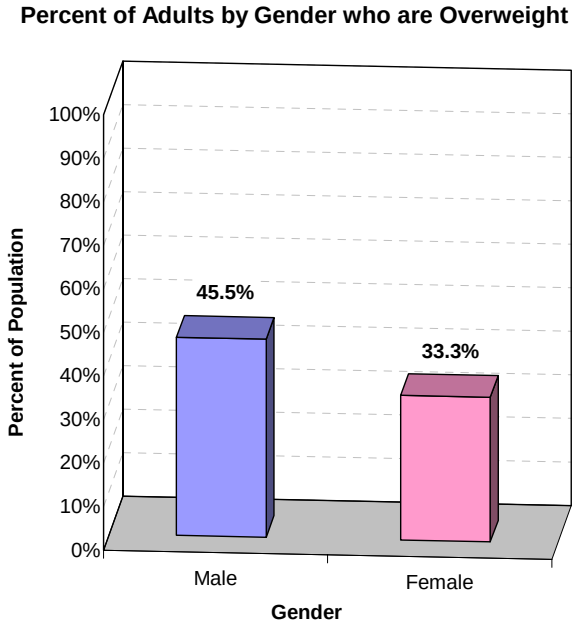


- Residents with the least amount of education are the most likely to be overweight (50.8%); however, at least 32% of residents in the other categories are also overweight.

Gender Analyses for the 39.2% of Adults who are Overweight



- Males comprise 56.5% of the overweight adults.



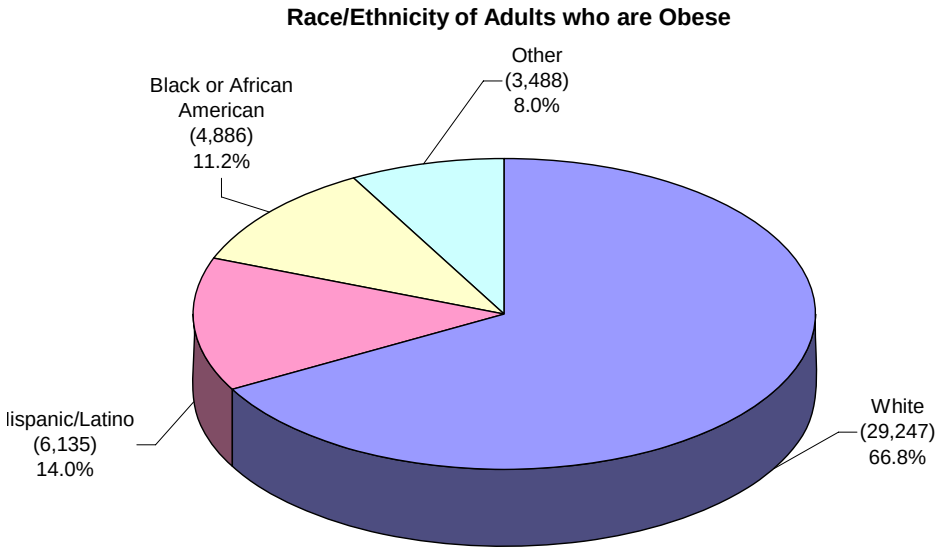
- Males (45.5%) are more likely than females (33.3%) to be categorized as overweight based on their self-reported height and weight.

Summary Analyses for the 39.2% of Adults who are Overweight

- A higher proportion of Hispanic/Latino residents, compared to White residents, are overweight.
- Residents earning $50,000-$74,999 are more likely (45.6%) than other residents to be overweight.
- The proportion of residents in each age category who are overweight ranges from 36.8% to 47.4%.
- Residents with the least amount of education are the most likely to be overweight (50.8%).
- Males are more likely than females to be categorized as overweight based on their self-reported height and weight.

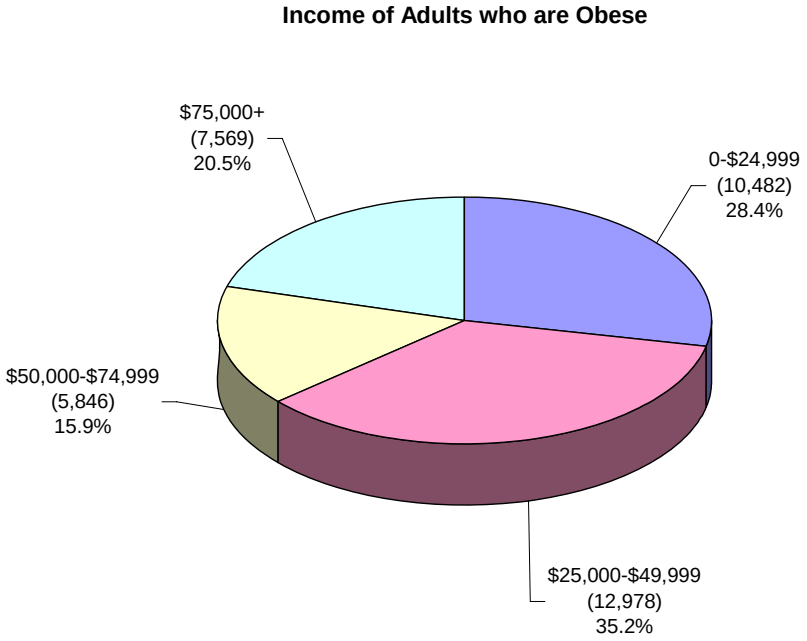
Obese Adults

Race/Ethnicity Analyses for the 15.7% of Adults who are Obese

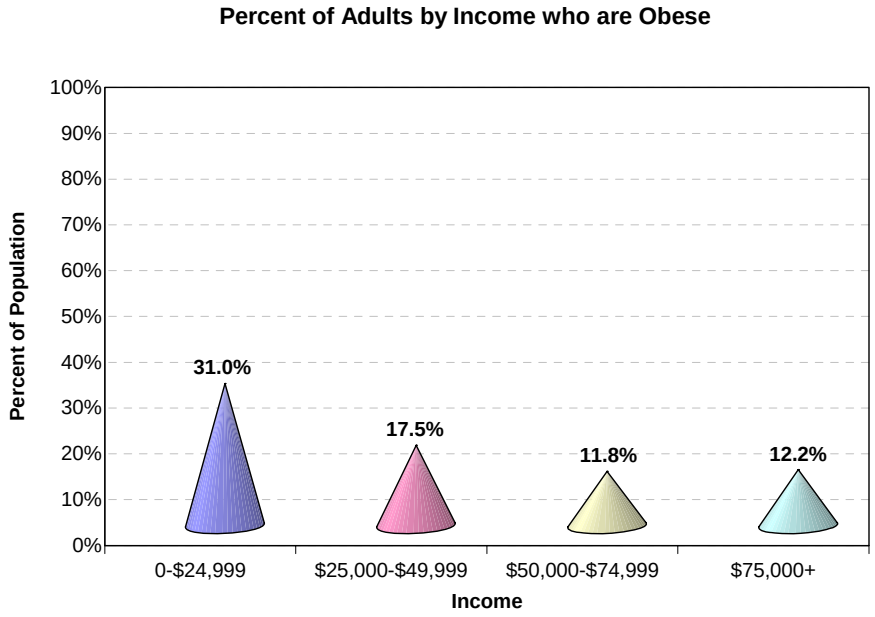


- Two-thirds of the obese adults in the Desert Healthcare District are White and 14.0% are Hispanic/Latino.
- The proportions of White (14.3%) and Hispanic/Latino residents (12.5%) who are obese is about equal (graph not included).

Income Analyses for the 15.7% of Adults who are Obese

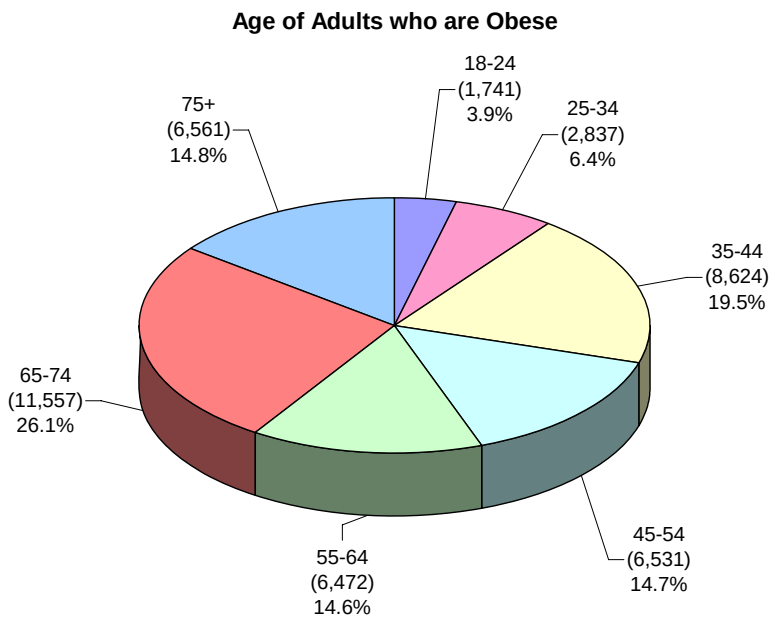


- Of the obese DHCD residents, 63.6% earn less than $50,000 annually.

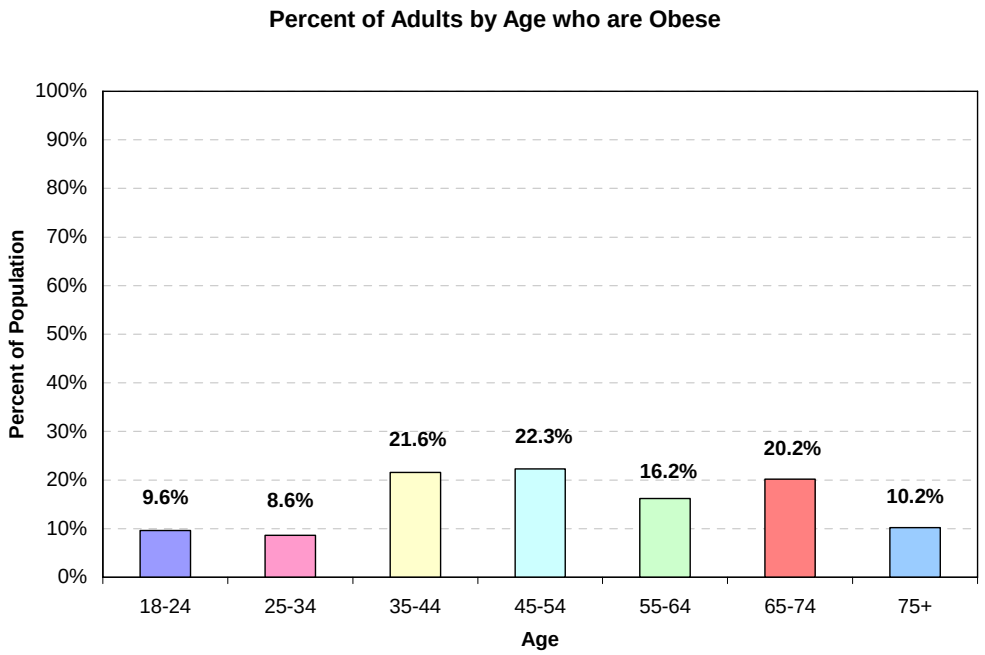


- Residents earning less than $25,000 per year are more likely (31.0%) than their higher earning counterparts to be obese.

Age Analyses for the 15.7% of Adults who are Obese

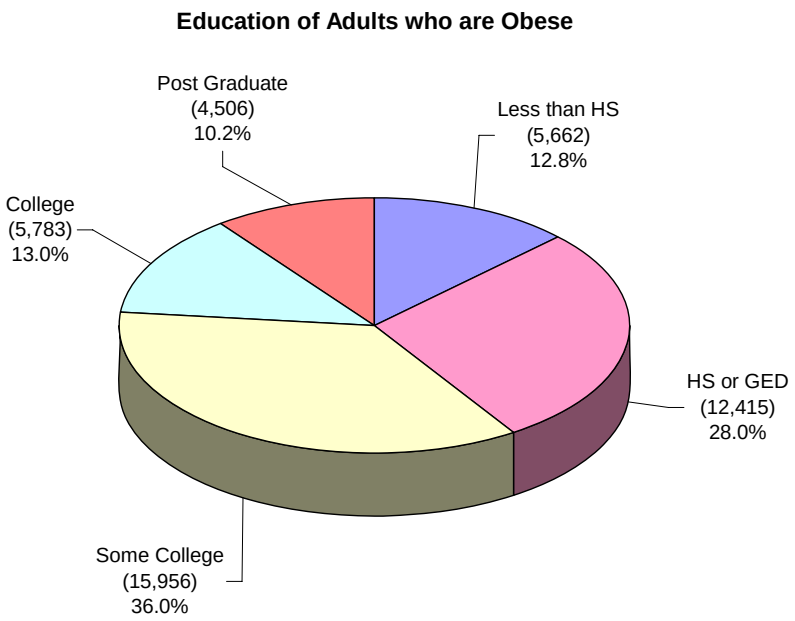


- Of the obese adults, 1 in 10 (10.3%) is 18-34 and 55.5% are 55 years of age or older.

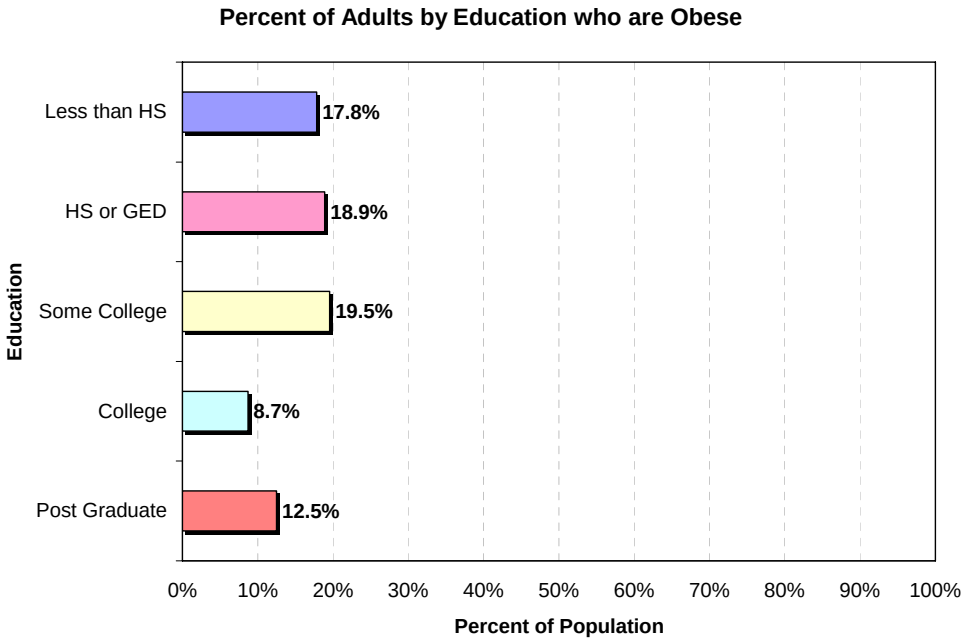


- Adults 35 to 74 years of age are more likely than younger or older residents to be categorized as obese, based on their self-reported height and weight.

Education Analyses for the 15.7% of Adults who are Obese



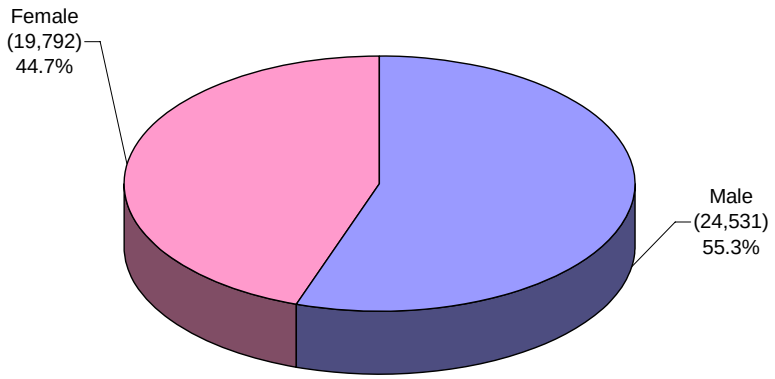
- Of the obese adults, the largest proportion (36.0%) report having completed some college, followed by 28.0% how have a high school diploma or GED.



- Residents with some college or less education are more likely than more highly educated residents to be obese.

Gender Analyses for the 15.7% of Adults who are Obese

Gender of Adults who are Obese



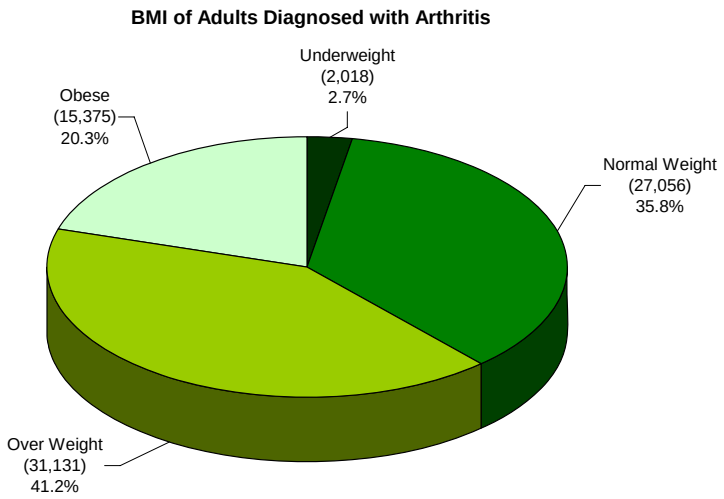
- Of the obese residents, males comprise 55.3% and females 44.7%.
- Slightly more males (17.9%) than females (13.7%) are obese (graph not included).

Summary Analyses for the 15.7% of Adults who are Obese

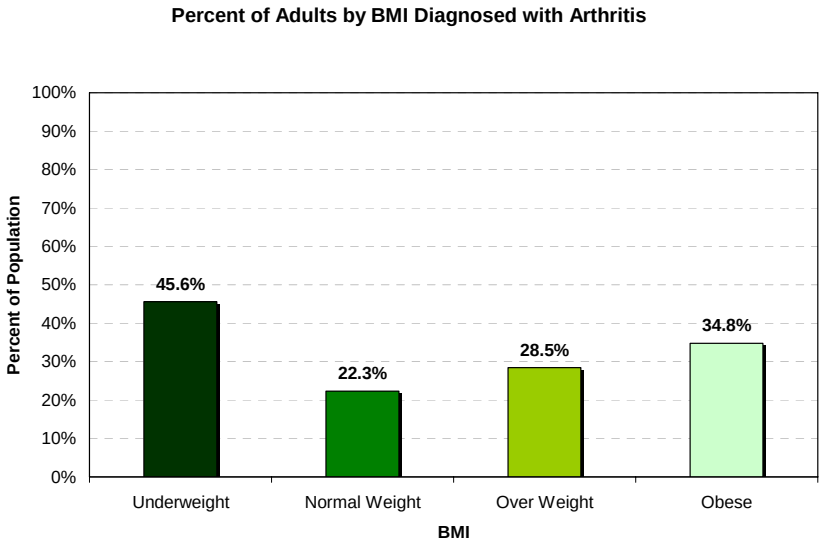
- The proportion of White and Hispanic/Latino residents who are obese is about equal.
- Residents earning less than $25,000 per year are more likely than their higher earning counterparts to be obese.
- Adults 35 to 74 years of age are more likely than other residents to be categorized as obese.
- Residents with some college or less education are more likely than higher educated residents to be obese.
- Slightly more males than females are obese.

BMI and Arthritis

Osteoarthritis is a degenerative joint disease of the hands, spine, feet, hips, or knees. Obesity is believed to be one of the leading causes of secondary osteoarthritis particularly on the knee joint as excess weight causes added stress on the cartilage. Modest weight loss can help relieve symptoms and delay the progression of osteoarthritis.[84]



- Of respondents with arthritis, 61.5% are overweight or obese.

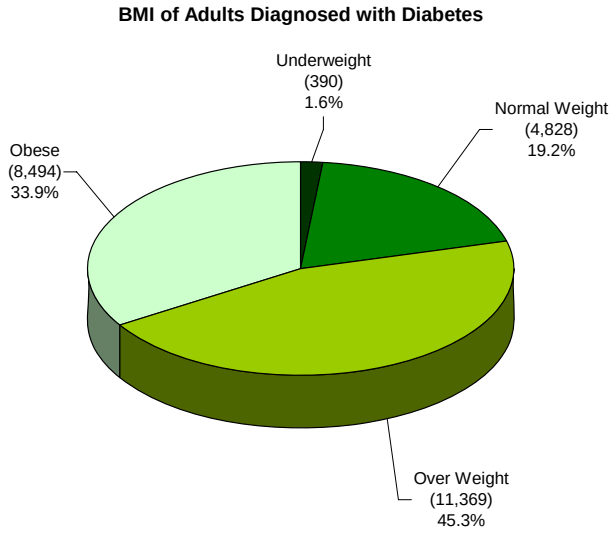


- Of the underweight residents, 45.6% have been diagnosed with arthritis, as have 28.5% of overweight and 34.8% of obese residents.

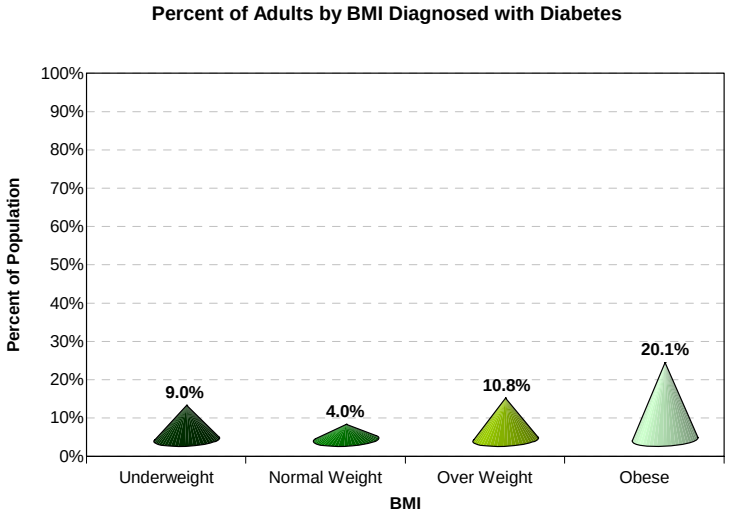
[84] American Obesity Association, http://obesity1.tempdomainname.com/subs/fastfacts/Health_Effects.shtml Retrieved November 26,2007

BMI and Diabetes

According to the International Diabetes Federation, obesity is the principal risk factor for developing Type 2 diabetes as 90% of those diagnosed with diabetes are overweight. It is estimated that 41 million Americans have pre-diabetes which increases ones chance of developing Type 2 diabetes. Dietary changes such as a reduction in fat and caloric intake along with physical activity are linked to lowering the incidence of Type 2 diabetes by 58%.[85]



- Almost 80% (79.2%) of those diagnosed with diabetes are over weight or obese, according do their BMI.

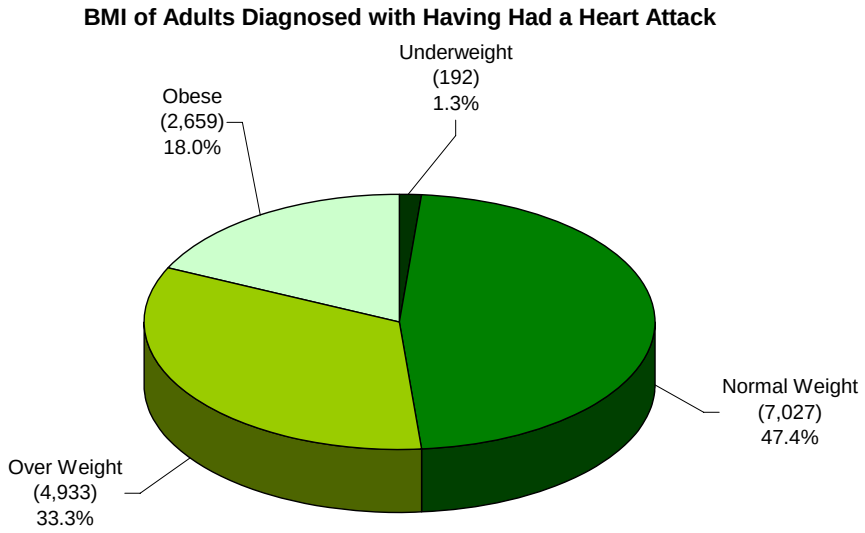


- Reporting a diabetes diagnosis is most likely (20.1%) for residents who are obese.

[85] International Diabetes Federation, http://www.eatlas.idf.org/obesity_and_type_2_diabetes/ Retrieved November 26, 2007

BMI and Heart Attack

Obesity has been recognized as a primary risk factor for developing coronary heart disease, which can lead to a heart attack.[86] Being overweight or obese can also raise both blood cholesterol and triglyceride levels, lower HDL cholesterol, and increase the risk of death.

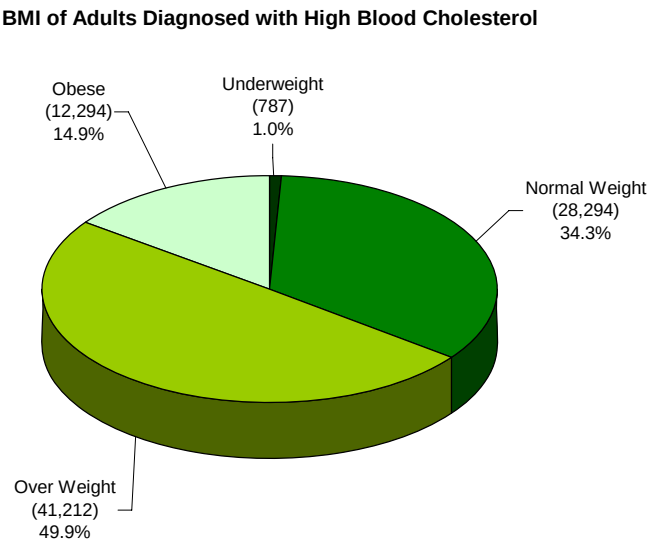


- Of residents who have had a heart attack, one-third is over weight and 18.0% are obese; the largest proportion (47.4%) is of normal weight.
- Approximately equal proportions of adults in each BMI category (4.4%, 5.8%, 4.5%, and 6.0% moving from underweight to obese) report they have had a heart attack (graph not included).

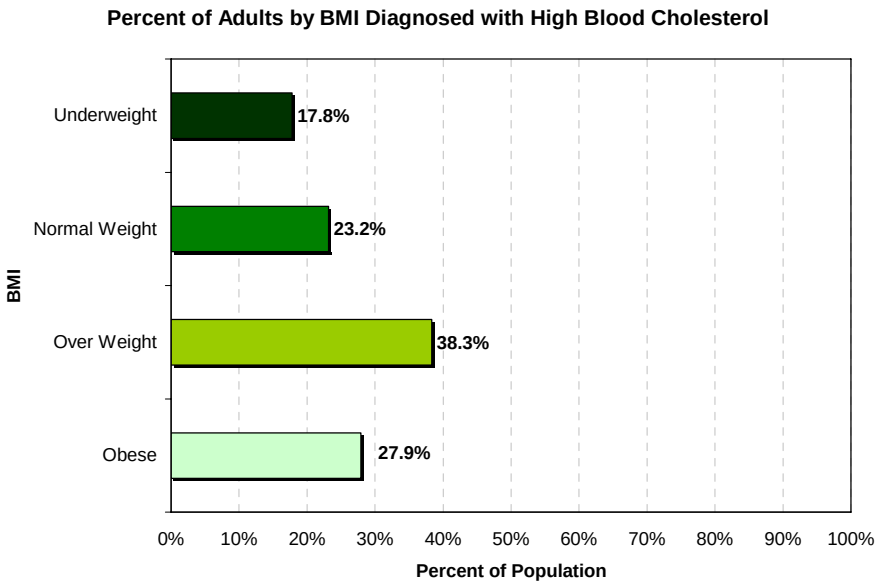
[86] American Heart Association, http://www.americanheart.org/presenter.jhtml?identifier=4639 Retrieved November 27, 2007

BMI and High Blood Cholesterol

High blood cholesterol is a major risk factor for developing coronary heart disease which has been linked to obesity. A diet high in saturated fat, inactivity, obesity, smoking, and high blood pressure are some of the risk factors associated with high blood cholesterol.



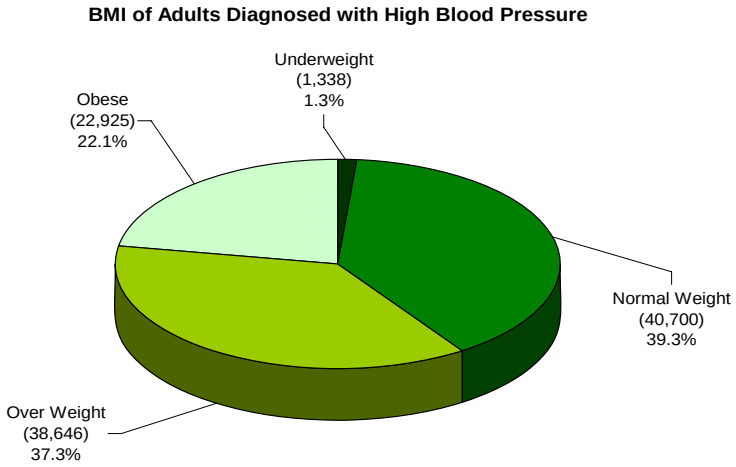
- Of residents diagnosed with high blood cholesterol, one-half (49.9%) are over weight and 1 in 3 (34.3%) are of normal weight.



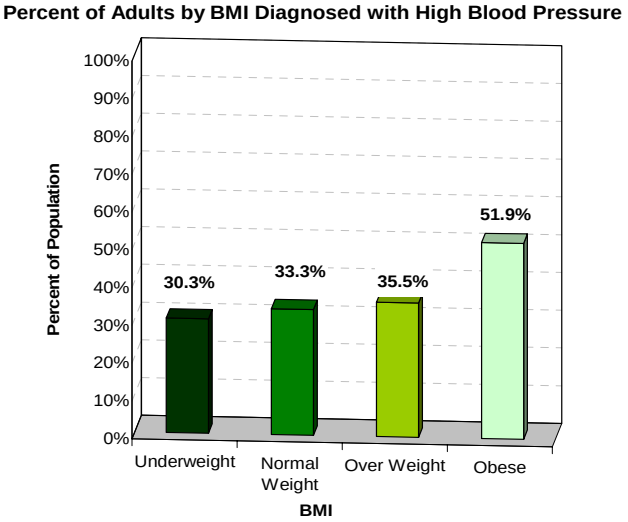
- Over one-third (38.3%) of over weight and 27.9% of obese Desert Healthcare District residents have been diagnosed with high blood cholesterol.

BMI and High Blood Pressure

The rise in obesity over the last decade has also lead to a rise in the prevalence of hypertension as weight gain particularly in the abdominal region is associated with an increase in blood pressure.[87] According to the American Obesity Association the risk of developing hypertension is 5 to 6 times greater in obese adults between 20 and 45 years pf age compared to non-obese adults the same age.



- Of residents who reported being diagnosed with hypertension (high blood pressure), 59.4% are over weight or obese.



- Approximately equal proportions of underweight, normal weight, and over weight residents report they have been diagnosed with high blood pressure; 51.9% of obese residents have received this diagnosis.

[87] The American Physiological Society, http://www.the-aps.org/press/journal/04/9.htm Retrieved November 27, 2007

BMI and Weight Control

As noted, the prevalence of American adults who are overweight or obese has increased to epidemic proportions over the past 30 years. The leading causes of obesity are a sedentary lifestyle and the imbalance of calories consumed versus calories burned. Genetics and hormonal influences on the body also contribute, though not as much.

	Underweight	*Normal Weight*	*Over Weight*	*Obese*
	Weighted Percent	*Weighted Percent*	*Weighted Percent*	*Weighted Percent*
Trying to Lose Weight	12.3	22.6	45.4	69.1
Trying to Maintain Weight	44.8	50.7	41.2	25.2
Neither Losing Nor Maintaining	42.8	26.7	13.3	5.7
Total	**100.0**	**100.0**	**100.0**	**100.0**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- As shown, the proportion of residents in each weight category that are trying to lose weight increases from 12.3% (underweight), to 22.6% (normal weight), 45.4% (over weight), and 69.1% (for obese residents).

- 41.2% of over weight and 25.2% of obese residents indicate they are trying to maintain their current weight.

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Adult Major Diseases

ARTHRITIS

ASTHMA

BONE DISEASE: OSTEOPOROSIS

CANCER

DIABETES

HEART DISEASE

HIGH BLOOD CHOLESTEROL

HIGH BLOOD PRESSURE

LIVER DISEASE

MENTAL HEALTH

OBESITY

RESPIRATORY DISEASE: EMPHYSEMA

STROKE

TUBERCULOSIS

ARTHRITIS

Arthritis is a rheumatic disease characterized by inflammation of joints and accompanied by pain and stiffness primarily around the joints and connective tissue. The most common type of arthritis is osteoarthritis which primarily affects the cartilage (the tissue that cushions the ends of bones within the joints). Another common type of arthritis is rheumatoid arthritis, which is an inflammatory disease of the synovium or lining of the joint. Rheumatoid arthritis can result in pain, stiffness, swelling, joint damage, and loss of joint function.

Important Statistics about Arthritis

- According to the Centers for Disease Control and Prevention (CDC), as many as 46 million, or nearly 1 in 5 adults in the United States, suffers from arthritis.[88]
- Arthritis is the leading cause of disability among Americans over age 15. It is second only to heart disease as a cause of work disability.[89]
- Arthritis limits everyday activities such as walking, dressing, and bathing for more than 7 million Americans. Arthritis-attributable activity limitation is expected to increase in the future with the aging of the population.[90]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Arthritis?

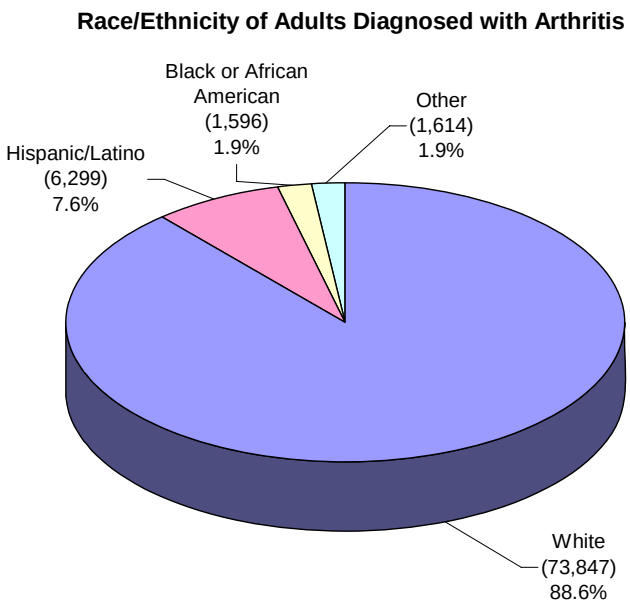
	Weighted Percent	Population Estimates	Actual Responses
Yes	26.7	84,174	531
No	73.3	230,930	949
Total	**100.0**	**315,104**	**1,480**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

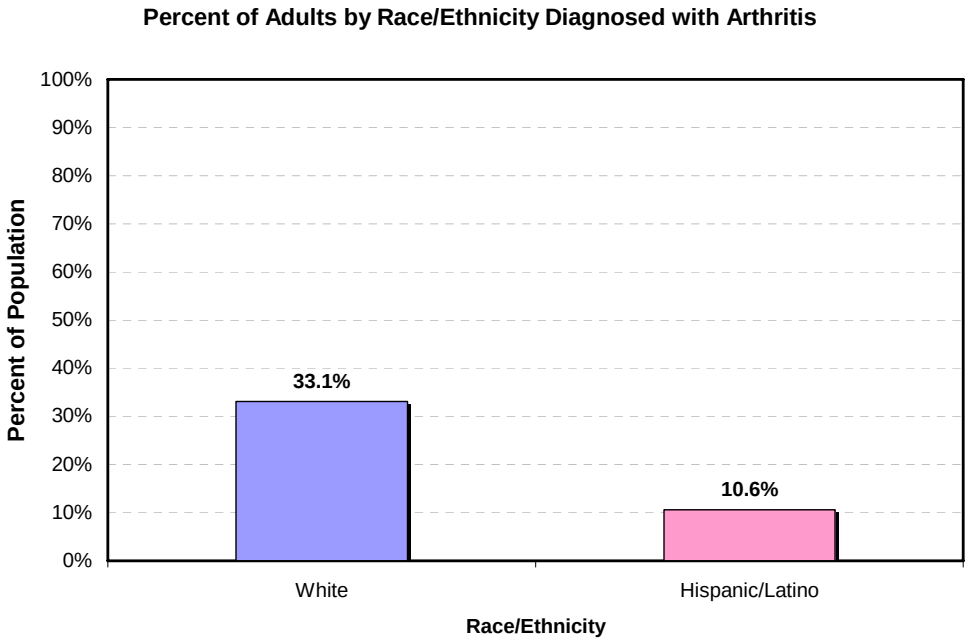
- Approximately 26% of respondents, representing about 84,174 residents, have been told by a doctor, nurse, or other health care professional they have arthritis.

[88] Centers for Disease Control and Prevention, 2005. Arthritis - Data and Statistics. Atlanta, GA: U.S. Department of Health and Human Services, http://www.cdc.gov/arthritis/datastatistics/index.htm
[89] Learn about Arthritis. Arthritis Foundation. http://www.arthritis.org/learn-about-arthritis.php
[90] California Health Interview Survey, 2005. http://www.healthpolicy.ulca.edu/pubs/publication

Race/Ethnicity Analyses For Adults Diagnosed with Arthritis

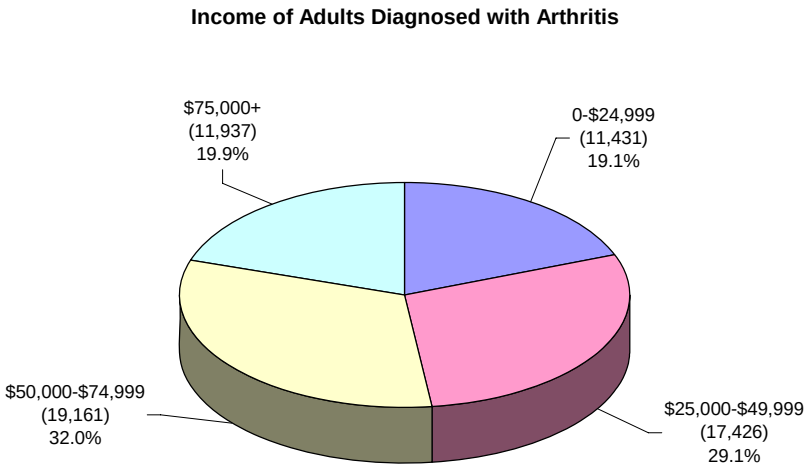


- Of the adults diagnosed with arthritis, the majority (86.6%) is White and 7.6% (approximately 6,300 residents) are Hispanic/Latino.

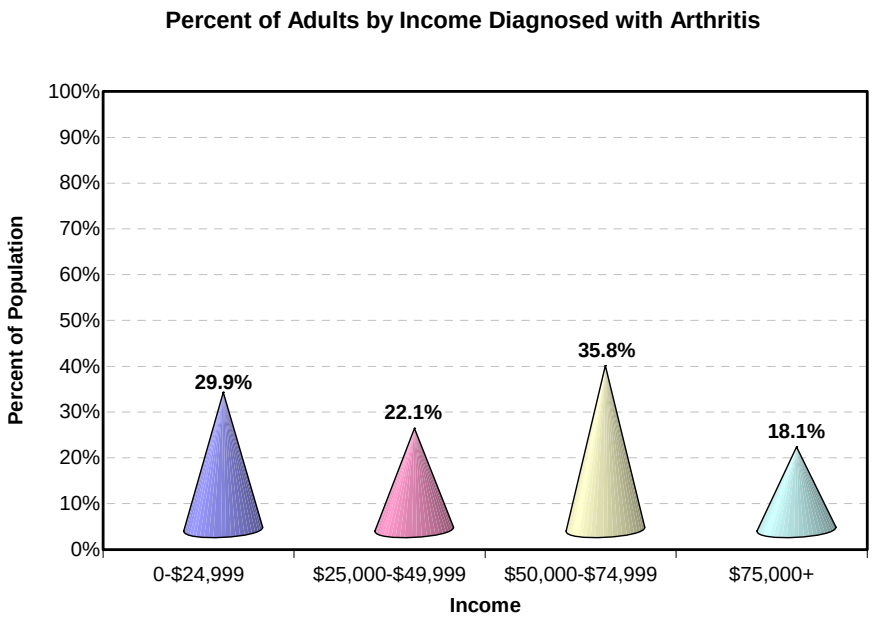


- Over three times as many White (33.1%), compared to Hispanic/Latino residents (10.6%), have been diagnosed with arthritis.

Income Analyses for Adults Diagnosed with Arthritis

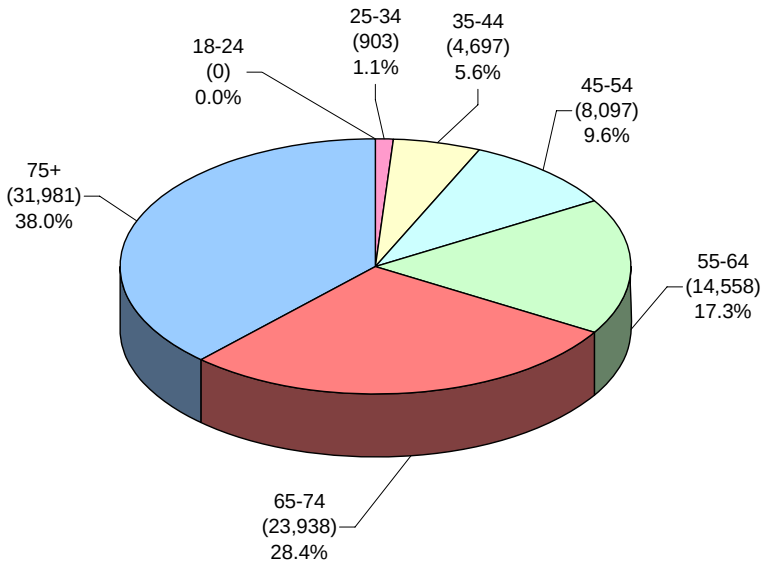


- Of the adults diagnosed with arthritis, approximately 1 in 5 (19.1%) is in the lowest income category and about 1 in 5 (19.9%) is in the highest income category.

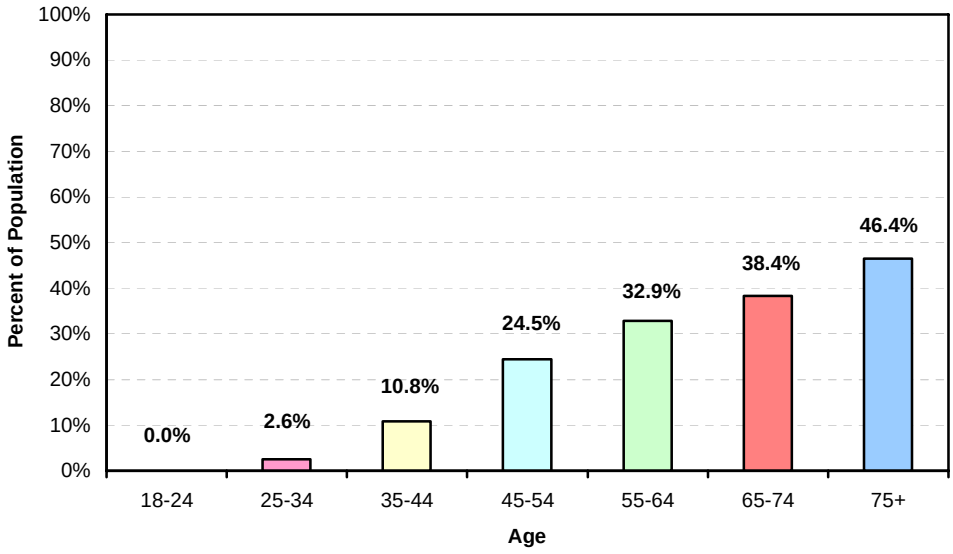


- Residents earning between $50,000 and $74,999 were more likely than residents in the other income categories to report being diagnosed with arthritis; however 18% or more residents in each income category reported having received an arthritis diagnosis.

Age Analyses for Adults Diagnosed with Arthritis



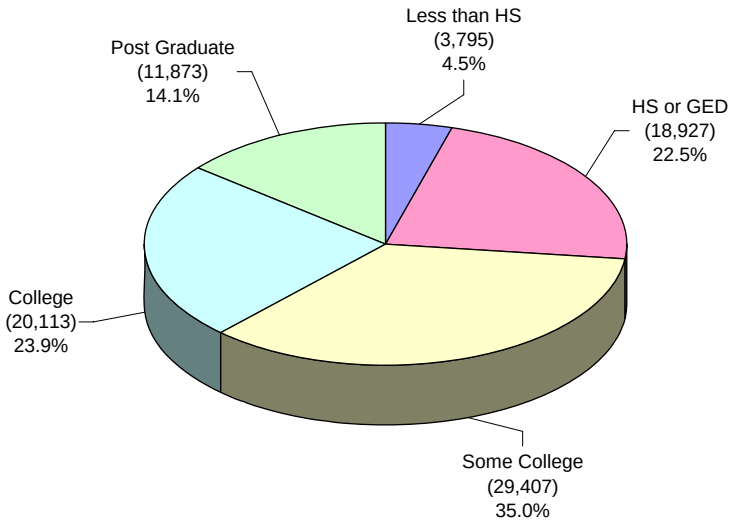
- Of the residents diagnosed with arthritis, 38% are 75 years of age or older; about two-thirds (66.4%) are 65 and older.



- As shown, the proportion of residents diagnosed with arthritis steadily increases with each categorical increase in age.

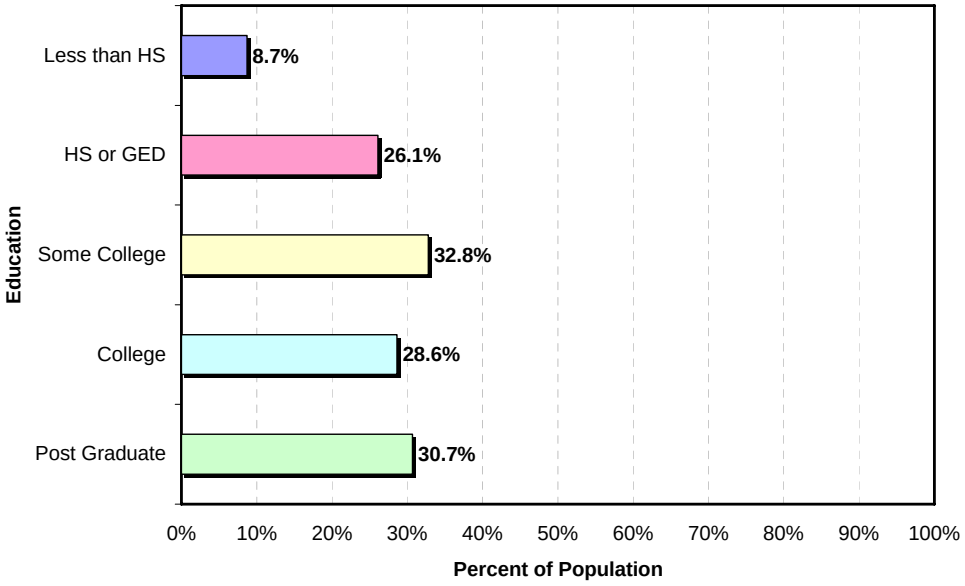
Education Analyses for Adults Diagnosed with Arthritis

Education of Adults Diagnosed with Arthritis



- Of those diagnosed with arthritis, the largest proportion (35.0%) has completed some college while almost 1 in 4 (23.9%) has earned a college degree.

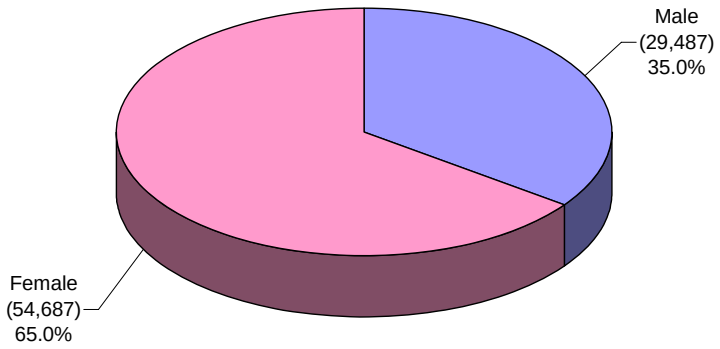
Percent of Adults by Education Diagnosed with Arthritis



- A fairly small proportion of residents with less than a high school education (8.7%) report being diagnosed with arthritis, while one-quarter or more residents in the other education categories report receiving such a diagnosis.

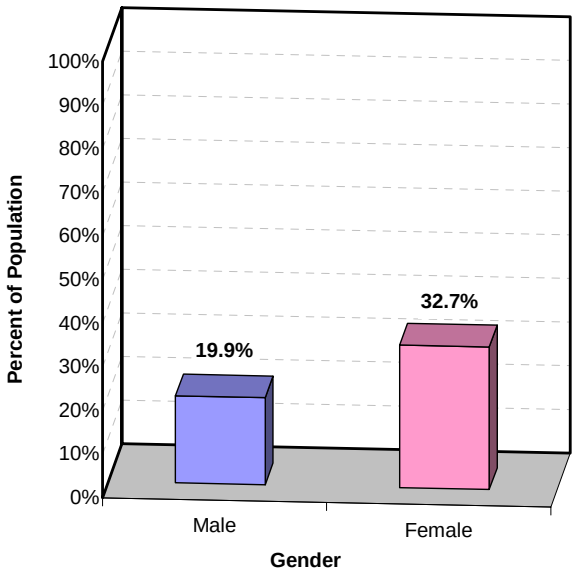
Gender Analyses for Adults Diagnosed with Arthritis

Gender of Adults Diagnosed with Arthritis



- Almost two-thirds of residents diagnosed with arthritis are female while 35.0% are male.

Percent of Adults by Gender Diagnosed with Arthritis



- About 1 in 5 males (19.9%) and 1 in 3 females (32.7%) report being diagnosed with arthritis.

Summary of Analyses for Adults Diagnosed with Arthritis

- Over three times as many White, compared to Hispanic/Latino, residents have been diagnosed with arthritis.
- At least 18% of residents in each income category reported having received an arthritis diagnosis.
- An arthritis diagnosis is more likely as residents get older.
- Fewer than 1 in 10 residents with less than a high school education report being diagnosed with arthritis; at least 1 in 4 residents in the other education categories report receiving such a diagnosis.
- About 1 in 5 males and 1 in 3 females report being diagnosed with arthritis.

Taking Educational Classes

Q: Have you ever taken an educational course or class to teach you how to manage problems related to your arthritis or joint symptoms?

	Weighted Percent	Population Estimates	Actual Responses
Yes	23.2	19,353	106
No	76.8	65,586	424
Total	**100.0**	**84,121**	**530**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents with arthritis, more than 1 in 5 (23.2%) indicated their doctor or other health professional had suggested an educational course or class to teach them how to manage problems related to their arthritis or joint symptoms.

Losing Weight

Q: Has a doctor or other health care professional ever suggested losing weight to help your arthritis or joint symptoms?

	Weighted Percent	Population Estimates	Actual Responses
Yes	29.1	24,193	164
No	70.9	59,061	363
Total	**100.0**	**83,254**	**527**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- More respondents, 29.1%, reported their doctor or other health professional had suggested losing weight to help their arthritis or joint symptoms. This represents approximately 24,193 residents.

Taking Supplements

Q: Has a doctor or other health care professional ever suggested supplements such as glucosamines?

	Weighted Percent	Population Estimates	Actual Responses
Yes	41.3	34,367	198
No	58.7	45,596	324
Total	**100.0**	**83,262**	**522**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 41% of those with arthritis indicated their doctor or other health professional had suggested supplements such as glucosamines.

Doing Physical Exercises

Q: Has a doctor or other health care professional ever suggested physical exercise to help your arthritis or joint symptoms?

	Weighted Percent	Population Estimates	Actual Responses
Yes	60.6	50,710	325
No	39.4	32,987	204
Total	**100.0**	**83,697**	**529**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the four follow-up questions related to arthritis, the largest proportion (60.6%, or 50,710 residents) reported their doctor or another health professional had suggested physical exercise to help their arthritis or joint symptoms.

ASTHMA

Asthma is a chronic inflammatory lung disease characterized by recurrent episodes of breathlessness, wheezing, coughing, chest tightness or shortness of breath. Although the inflammation underlying asthma is continuous, asthma breathing problems occur in "episodes." These episodes occur when airways become narrower due to swelling of the airway lining, tightening of the muscle, and increased secretion of mucus in the airways. Some of the triggers that initiate an asthma episode or asthma attack include pollen, dust mites, animal dander, molds and certain foods as well as viral respiratory infections, physical exertion, certain drugs, and food additives.

Asthma is a disease with a genetic predisposition and a strong allergic component. Approximately 75-80% of those with asthma have significant allergies. Another factor contributing to the development of asthma is being overweight or obese.

Although asthma is a disease of all age groups, the largest recent increases in asthma cases have been among the young. Asthma attacks tend to decrease with age. If not properly managed, asthma can be a life-threatening disease.

Important Statistics about Asthma

- As of 2005, approximately 22.0 million people, or 7.7% of the United States, had asthma.[91]
- In 2004, there were 14.7 million outpatient asthma visits to physician offices and hospital outpatient departments, 1.8 million visits to the emergency department, and 497,000 asthma hospitalizations.[92]
- In 2005, an estimated 4.2% of people (12.2 million) had at least one asthma attack in the previous year.[93]
- In 2003, asthma accounted for 4,055 deaths.[94]

[91] Centers for Disease Control and Prevention, 2005. Asthma Prevalence, Health Care Use and Mortality: United States, 2003-05. Atlanta, GA: U.S. *Department of Health and Human Services*, http://www.cdc.gov/nchs/products/pubs/pubd/hestats/ashtmas03-05/asthma03-05/htm
[92] Ibid.
[93] Ibid.
[94] Ibid.

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Asthma?

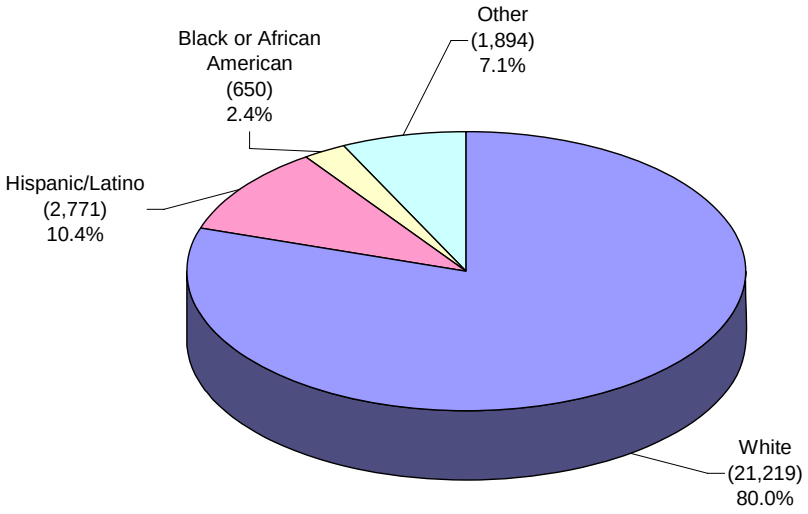
	Weighted Percent	Population Estimates	Actual Responses
Yes	8.6	27,311	125
No	90.9	289,769	1,366
Total	**100.0**	**317.080**	**1,491**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Around 8% of respondents have been told by a doctor, nurse, or other health care professional they have asthma. This represents 27,311 Desert Health Care District residents.

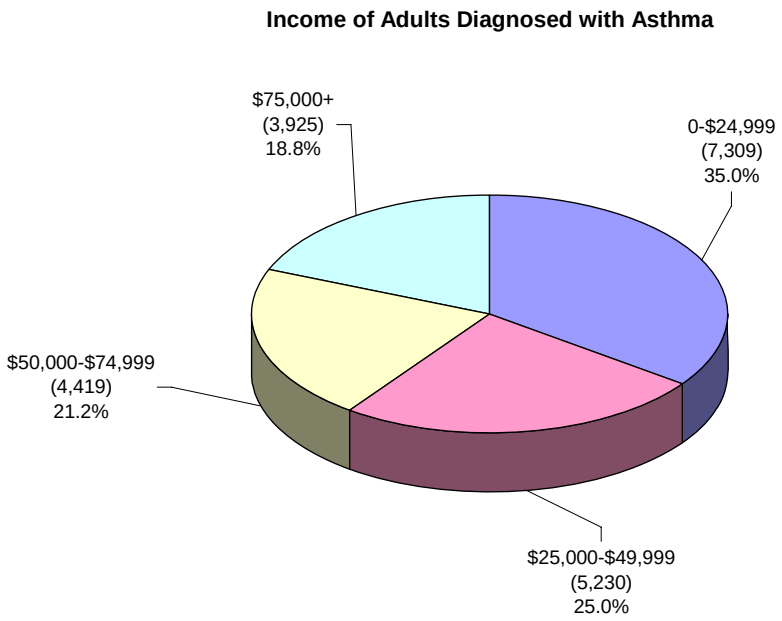
Race/Ethnicity Analyses for Adults Diagnosed with Asthma

Race/Ethnicity of Adults Diagnosed with Asthma

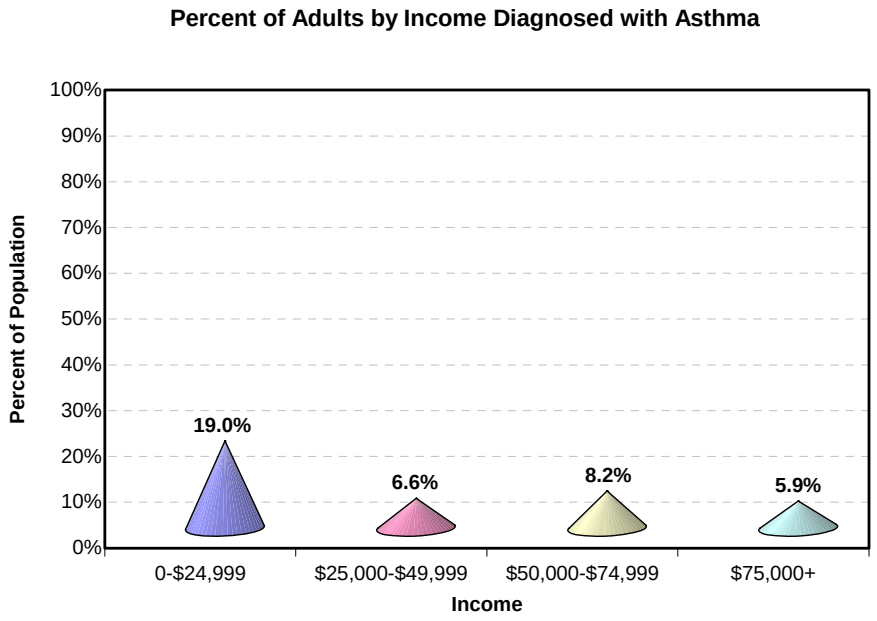


- About 1 in 10 adults diagnosed with asthma are Hispanic/Latino and 80% are White.
- A higher proportion of White (9.5%) than Hispanic/Latino residents (4.6%) report being diagnosed with asthma (graph not included).

Income Analyses for Adults Diagnosed with Asthma

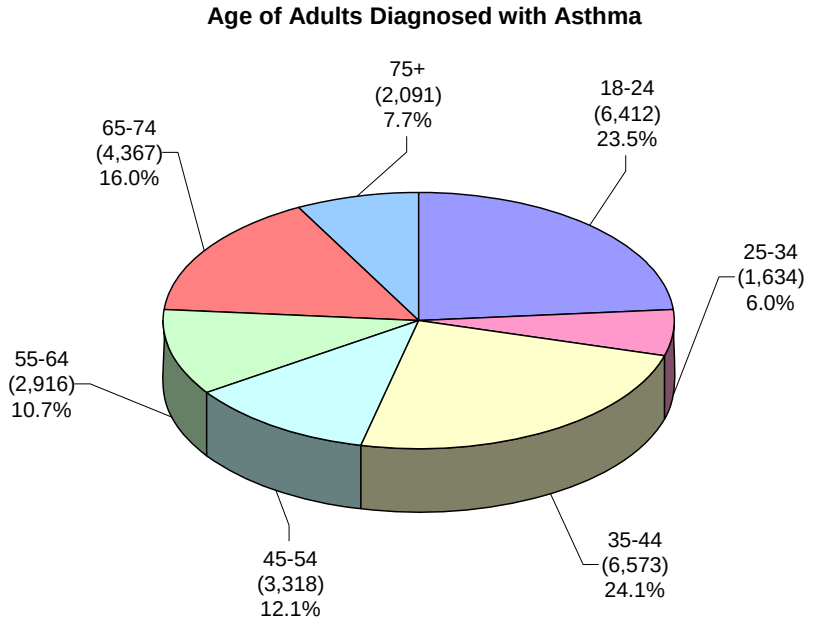


- One-quarter of residents diagnosed with asthma earn between $25,000 and $49,999 annually; 35% of residents are in the lowest income category—earning less than $25,000 per year.

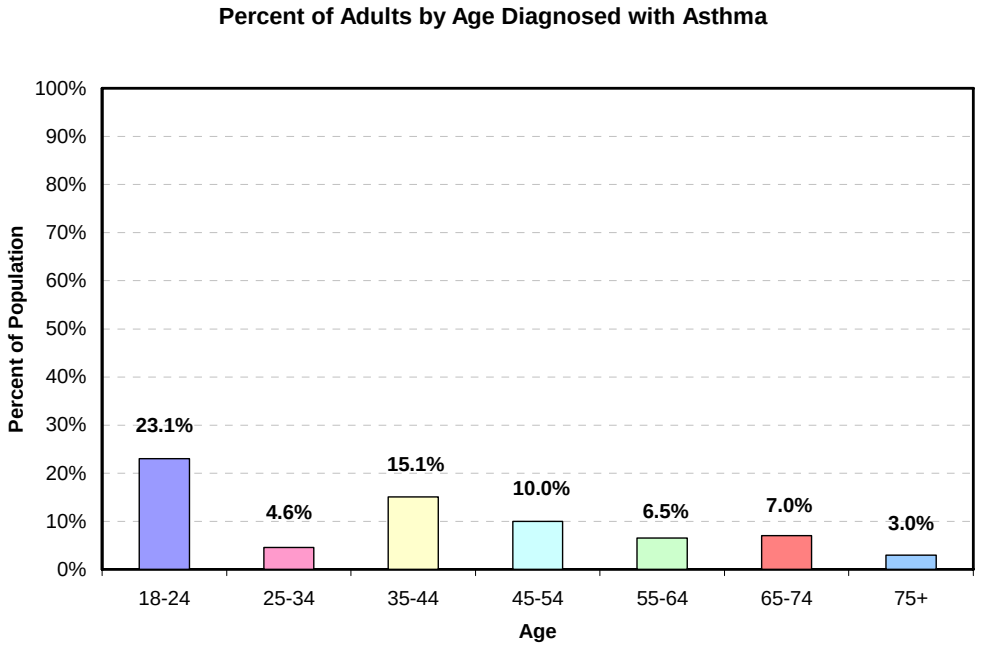


- Residents of the Desert Health Care District earning less than $25,000 per year are more likely than their wealthier counterparts to report an arthritis diagnosis.

Age Analyses for Adults Diagnosed with Asthma



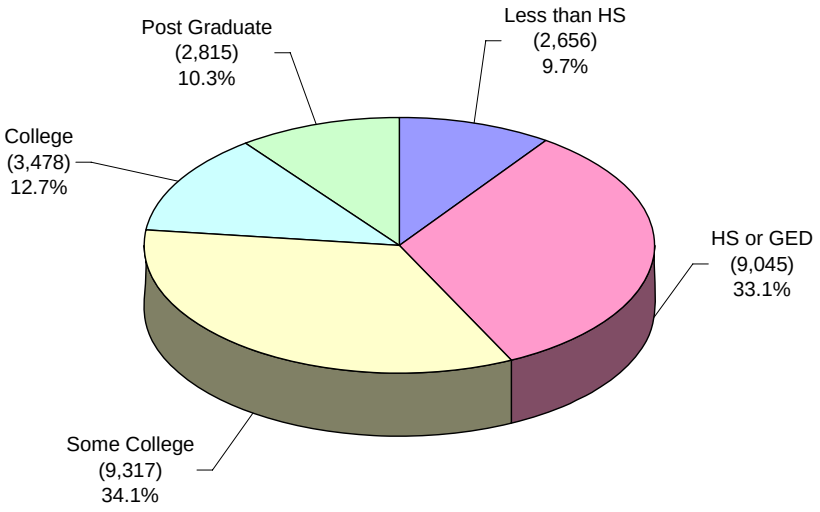
- The majority of residents diagnosed with asthma (53.6%) are 44 years of age or younger; 23.5% of these residents are 18-24 and 24.1% are 35-44.



- Rates of asthma are highest (23.1%) for the youngest group of residents—those 18 to 24 years of age.

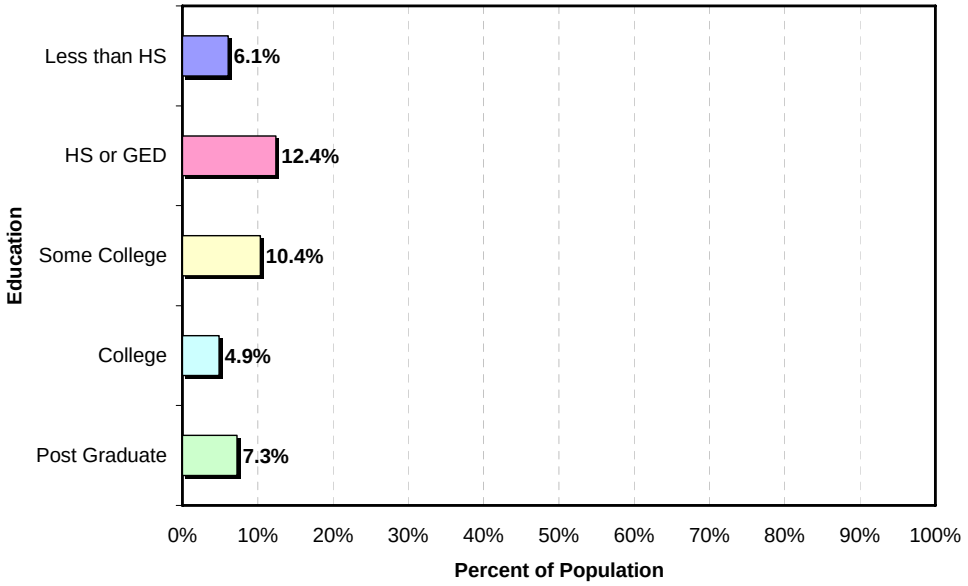
Education Analyses for Adults Diagnosed with Asthma

Education of Adults Diagnosed with Asthma



- Of the respondents diagnosed with asthma, approximately 1 in 3 has a high school or GED education and 1 in 3 has completed some college.

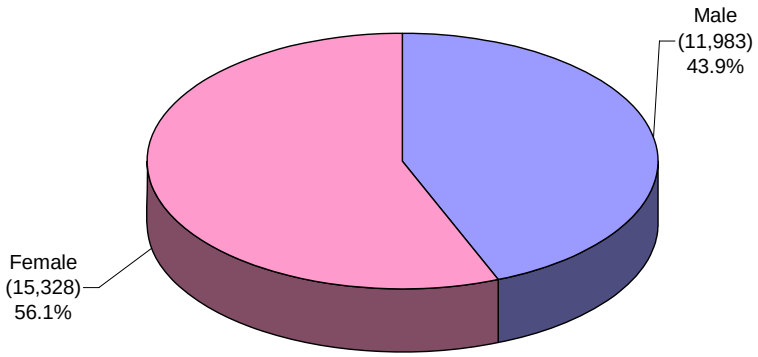
Percent of Adults by Education Diagnosed with Asthma



- Residents with a high school diploma or GED are the most likely (12.4%) to report being diagnosed with asthma; they are followed by residents with some college (10.4%), and post graduates (7.3%).

Gender Analyses for Adults Diagnosed with Asthma

Gender of Adults Diagnosed with Asthma



- The majority (56.1%) of residents with asthma is female and 43.9% are male.
- Approximately equal proportions of males (8.0%) and females (9.1%) report being diagnosed with asthma (graph not included).

Summary of Analyses for Adults Diagnosed with Asthma

- About twice as many White than Hispanic/Latino residents report being diagnosed with asthma.
- Residents earning less than $25,000 per year are more likely than residents in the higher income categories to have asthma.
- Rates of asthma are highest for residents 18 to 24 years of age.
- Residents with a high school diploma or GED are the most likely to report being diagnosed with asthma.
- Approximately equal proportions of males and females have asthma.

Q: During the past 12 months, have you had an episode of asthma or an asthma attack that required you to visit an emergency room or urgent care center because of your asthma?

	Weighted Percent	Population Estimates	Actual Responses
Yes	3.9	1,069	9
No	96.1	26,190	115
Total	**100.0**	**27,259**	**124**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- In the past 12 months, almost 4% of respondents had an episode of asthma or an asthma attack that required them to visit an emergency room or urgent care center.

BONE DISEASE—OSTEOPOROSIS

Osteoporosis

Healthy People 2010 Goal:
Reduce the proportion of adults with osteoporosis to 8%

The most common type of bone disease is osteoporosis, which is a skeletal disorder characterized by decreased bone strength, often leading to an increased risk of fracture. Bone strength is comprised of two features: bone density and bone quality. Although there is no accurate measure of overall bone strength, bone mineral density (BMD) is used as a proxy measure and accounts for 70% of bone strength.

Osteoporosis can be classified as either primary or secondary. Primary osteoporosis most often follows menopause in women. Secondary osteoporosis is a result of medications and/or other conditions such as hyperthyroidism, lupus, diabetes, and alcoholism. Osteoporosis leads to fragile bones that are more susceptible to fractures especially in the hip, spine and wrist. Wrist fractures are a problem for women in their late 50s to 70s while hip and vertebral fractures are more common for women in their late 70s and 80s; rib and pelvic fractures are a problem throughout the postmenopausal years.

Predictors of low bone mass include being female, increased age, estrogen deficiency, white race, low weight and body mass index (BMI), family history, smoking, and/or prior fractures. Exercise reduces the risk of osteoporosis by maximizing or maintaining bone mass. Calcium and vitamin D intake can contribute to bone health.

Important Statistics about Bone Disease

- According to the National Institutes of Health (NIH), 10 million individuals have osteoporosis and another 34 million have low bone mass placing them at risk for osteoporosis.[95]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Bone Disease or Osteoporosis?

	Weighted Percent	Population Estimates	Actual Responses
Yes	7.3	23,133	164
No	92.7	293,549	1,322
Total	**100.0**	**316,682**	**1,486**

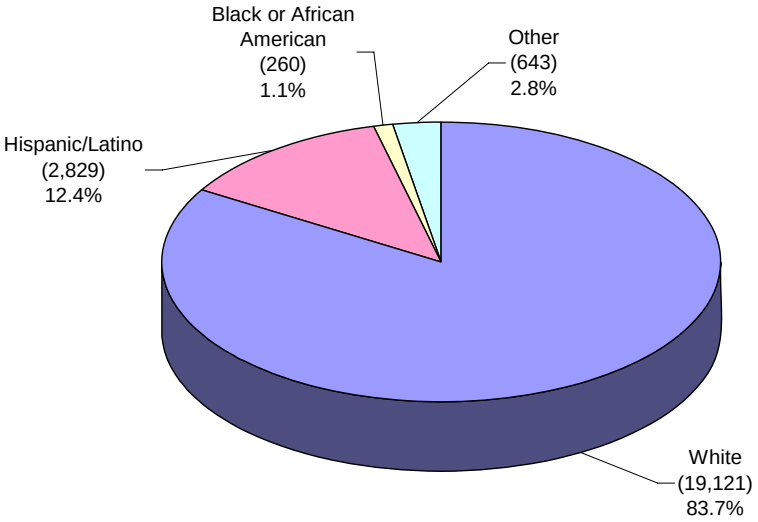
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 7% of respondents have been told by a doctor or other health practitioner they have a bone disease.

[95] National Institute of Health Osteoporosis and Related Bone Diseases National Resource Center, 2006. http://www.niams.nih.gov/Health_Info/Bone/Osteoporosis/overview.pdf

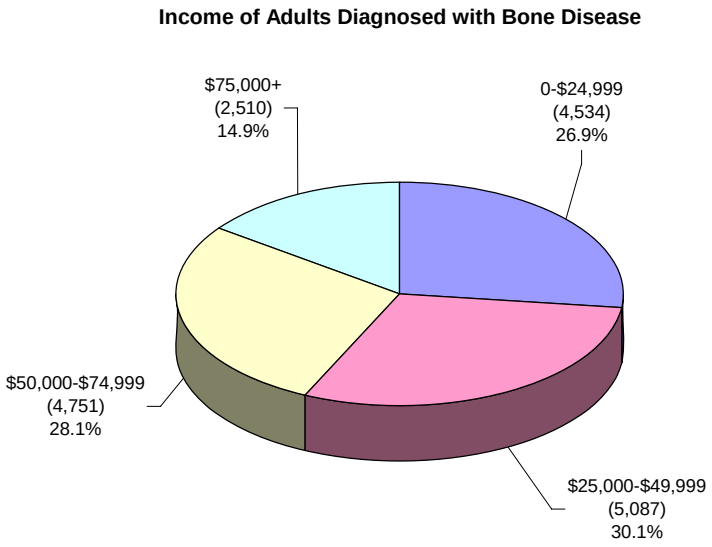
Race/Ethnicity Analyses for Adults Diagnosed with Bone Disease

Race/Ethnicity of Adults Diagnosed with Bone Disease

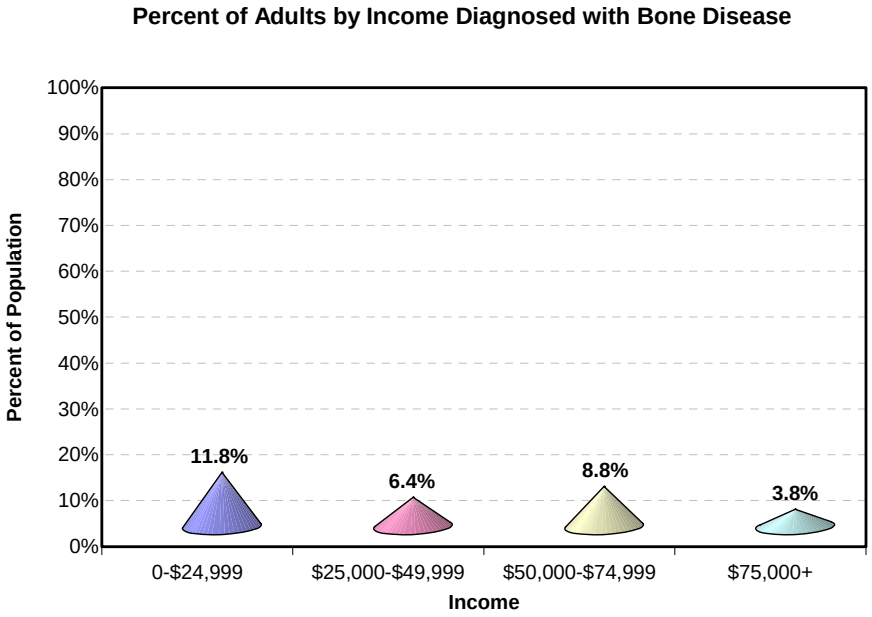


- Of those with bone disease, 83.7% are White and 12.4% are Hispanic/Latino.
- A slightly higher proportion of White (8.5%) than Hispanic/Latino residents (4.7%) report being diagnosed with bone disease (graph not included).

Income Analyses for Adults Diagnosed with Bone Disease

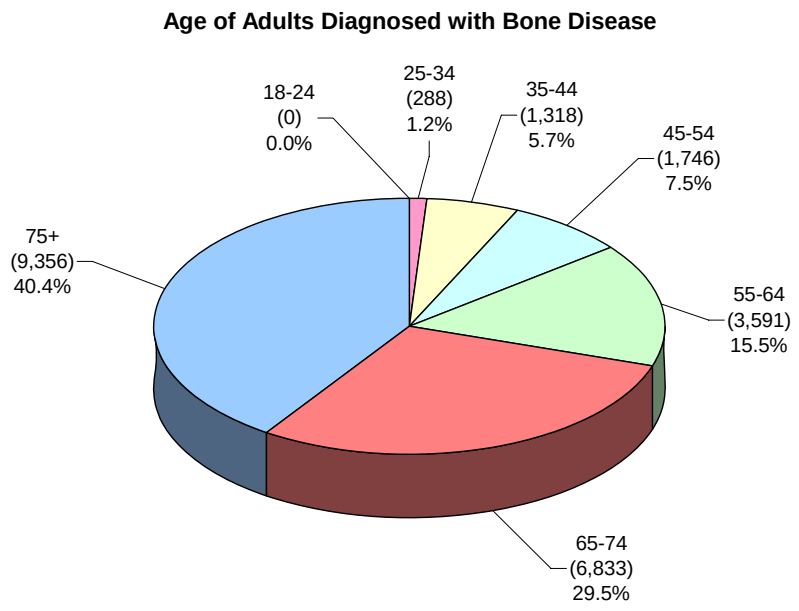


- Fifty-seven percent of residents with bone disease report incomes of $50,000 or less annually.

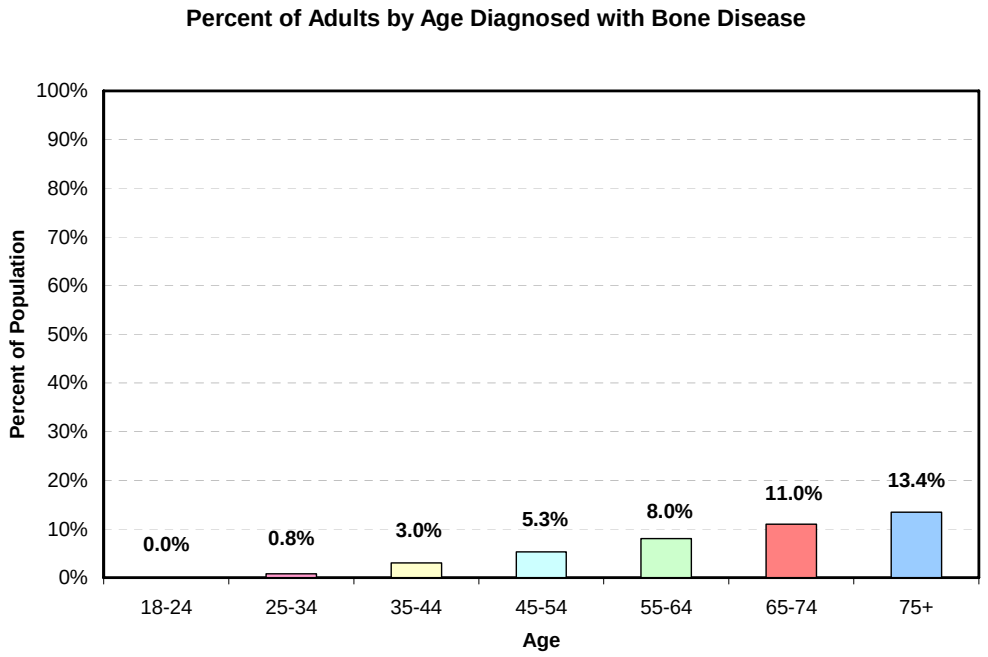


- Although some differences are not too pronounced, residents in the highest income category are less likely (3.8%) to report being diagnosed with bone disease and residents with the lowest incomes are the most likely (11.8%) to report such a diagnosis.

Age Analyses for Adults Diagnosed with Bone Disease



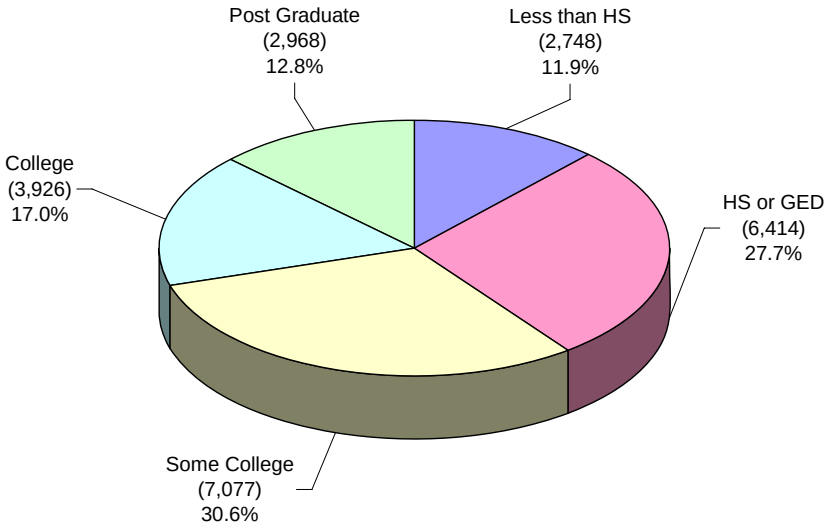
- Looking just at residents with bone disease, 40.4% are 75 years of age or older and 29.5% are between 65 and 74 years of age.



- As is shown, bone disease is more common as residents age—culminating with 13.4% of residents 75 and older reporting they have been diagnosed.

Education Analyses for Adults Diagnosed with Bone Disease

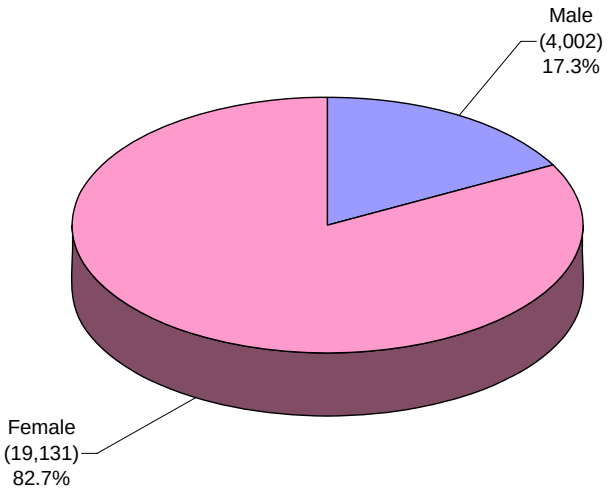
Education of Adults Diagnosed with Bone Disease



- Of residents with bone disease, the largest proportion (30.6%) has completed some college; 27.7% have a high school degree or obtained their GED.
- In ascending order of educational attainment, 6.3%, 8.8%, 7.9%, 5.5%, and 7.6% of residents in the Desert Health Care District report they have been diagnosed with bone disease (graph not included).

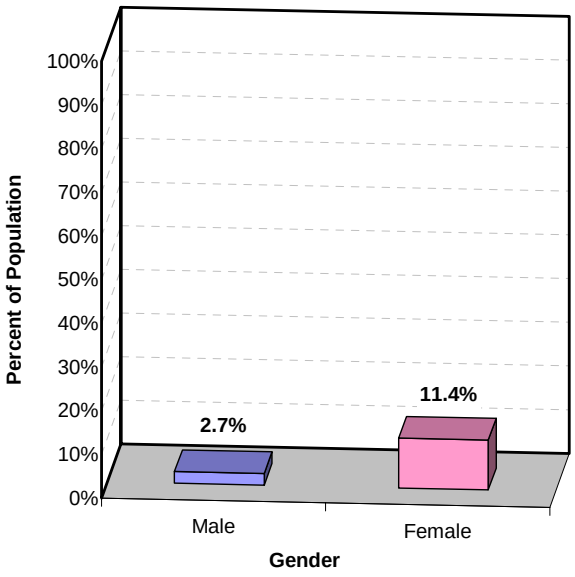
Gender Analyses for Adults Diagnosed with Bone Disease

Gender of Adults Diagnosed with Bone Disease



- Of all residents in the DHCD area with bone disease, 82.7%, representing about 19,130 residents, are female.

Percent of Adults by Gender Diagnosed with Bone Disease



- Over four times as many females (11.4%) than males (2.7%) have been diagnosed with bone disease.

Summary of Analyses for Adults Diagnosed with Bone Disease

- A slightly higher proportion of White, compared to Hispanic/Latino, residents report being diagnosed with bone disease.
- Residents in the highest income category are less likely, and residents with the lowest incomes are most likely, to have bone disease.
- Bone disease is more common as residents age.
- Between 5% and 9% of residents in each educational attainment category have been diagnosed with bone disease.
- Over four times as many females have been diagnosed with bone disease.

CANCER

Cancer

Healthy People 2010 Goal: Reduce the overall cancer death rate to 159.9 deaths per 100,000 in the population.

Cancer begins in the cells of body tissues and organs. In normal biological processes, old cells die and new cells grow and divide as needed. In abnormal biological processes, new cells form when they are not needed and old cells do not die. These extra new and old cells sometimes form an abnormal cell mass of tissue called a growth or tumor. Non-cancerous tumors are called "benign" and cancerous tumors are called "malignant." Cancer cells from malignant tumors can invade and damage nearby tissues and organs or break away and enter the bloodstream or lymphatic system. The spread of cancer is called metastasis.

Family history has been shown to be associated with a slightly higher risk of cancer. Other factors include lifestyle and health behaviors and exposure to carcinogens. Since cancer is best treated early before it spreads to other parts of the body, screening for cancer is highly recommended.

Important Statistics about Cancer

- In 2004, cancer was the number two cause of death in the United States, comprising 23.1% or 553,888 deaths. The leading cause of death was heart disease.[96]
- Nearly one out of every two Californians born today will develop cancer in their lifetime; it is likely one in five will die from the disease.[97]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Cancer?

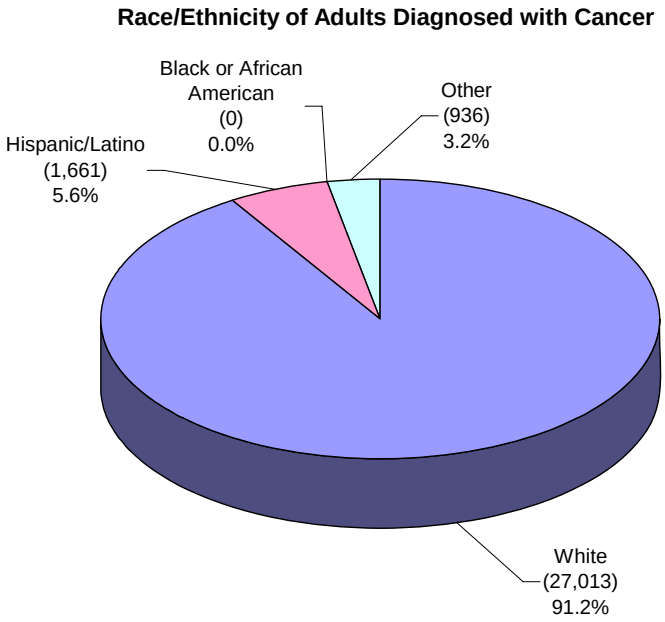
	Weighted Percent	Population Estimates	Actual Responses
Yes	9.4	29,611	185
No	90.6	286,981	1,301
Total	**100.0**	**316,591**	**1,486**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

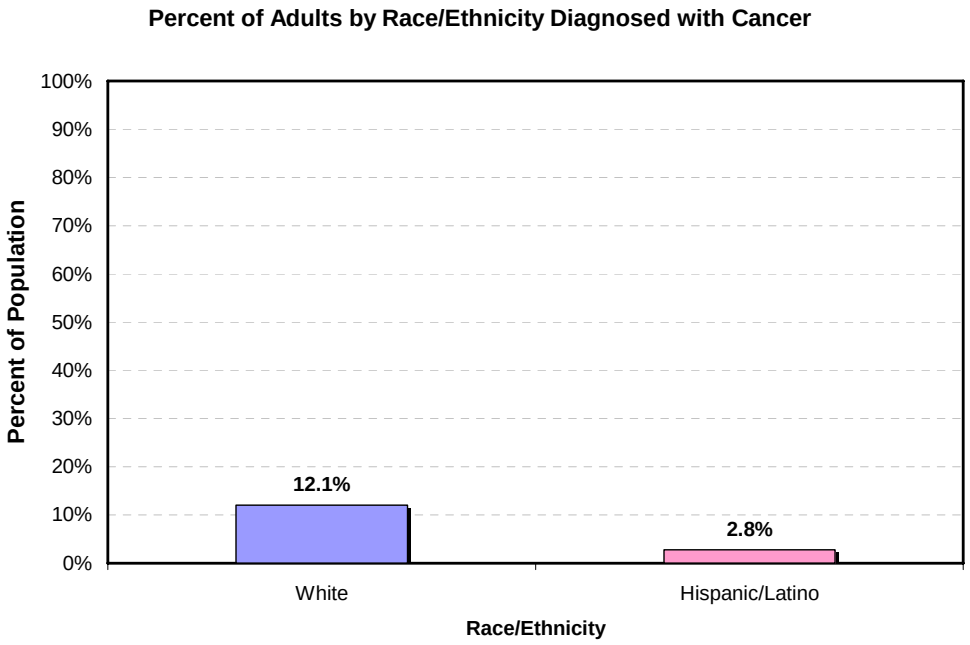
- Around 29,600 (9.4%) residents have been told by a doctor or other health practitioner they have cancer.

[96] Centers for Disease Control and Prevention. "National Vital Statistics Reports, Volume 55, Number 19." http://www.cdc.gov/nchs/data/nvsr/nvsr55/nvsr55_19.pdf
[97] California Cancer Registry. http://www.ccrcal.org/PDF/ACS2007.pdf

Race/Ethnicity Analyses for Adults Diagnosed with Cancer

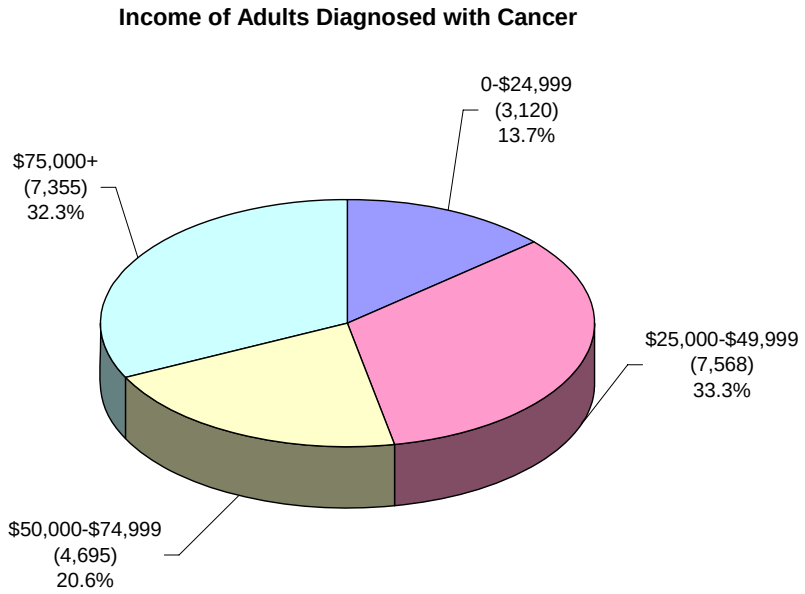


- Of the DHCD residents diagnosed with cancer, 91.2% self-identified as White and 5.6% as Hispanic/Latino.



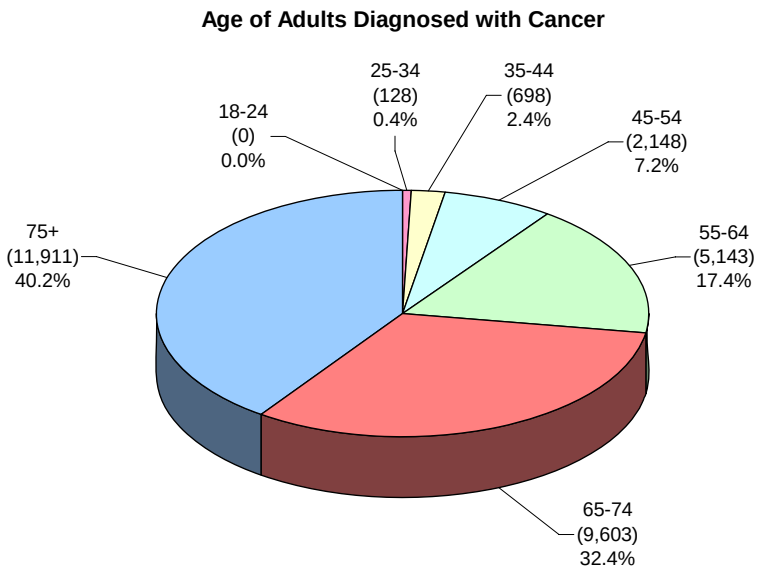
- Compared to Hispanic/Latino residents, Whites are over four times as likely (12.1% to 2.8%) to report they have been diagnosed with cancer.

Income Analyses for Adults Diagnosed with Cancer

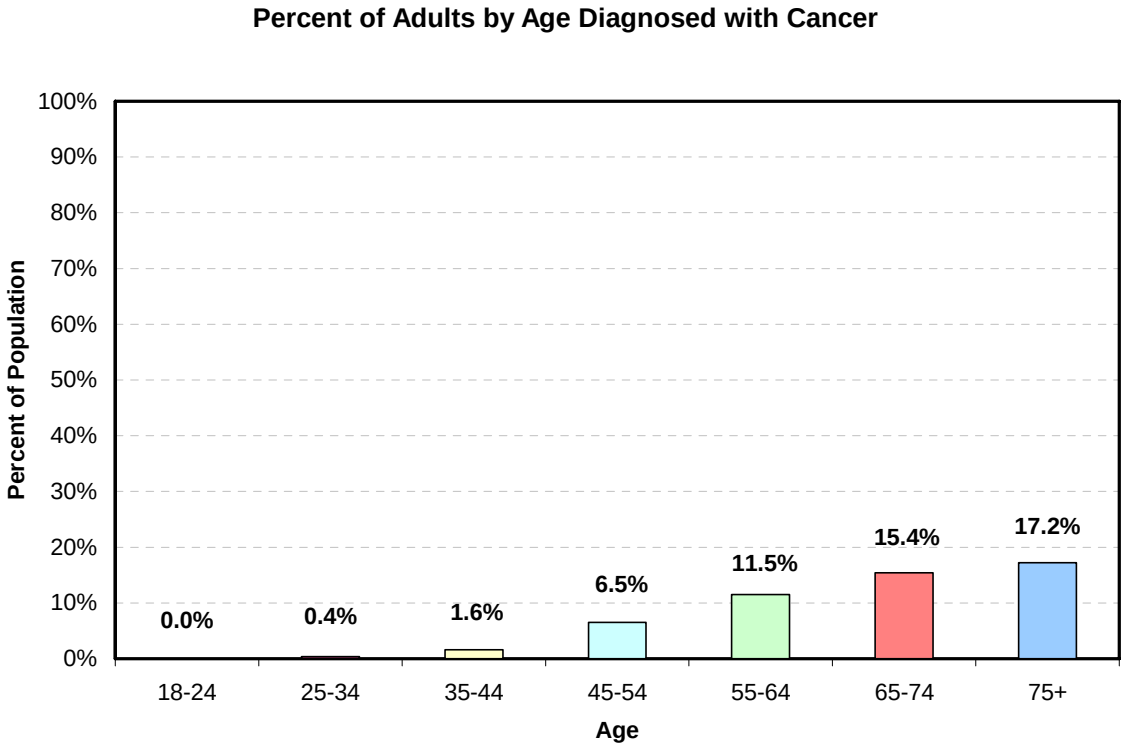


- One-third of residents with cancer earn between $25,000 and $49,999 annually; approximately the same proportion (32.3%) earns $75,000 or more per year.
- In ascending order, 8.1%, 9.5%, 8.7%, and 11.1% of residents in the four income categories reported being diagnosed with cancer (graph not included).

Age Analyses for Adults Diagnosed with Cancer

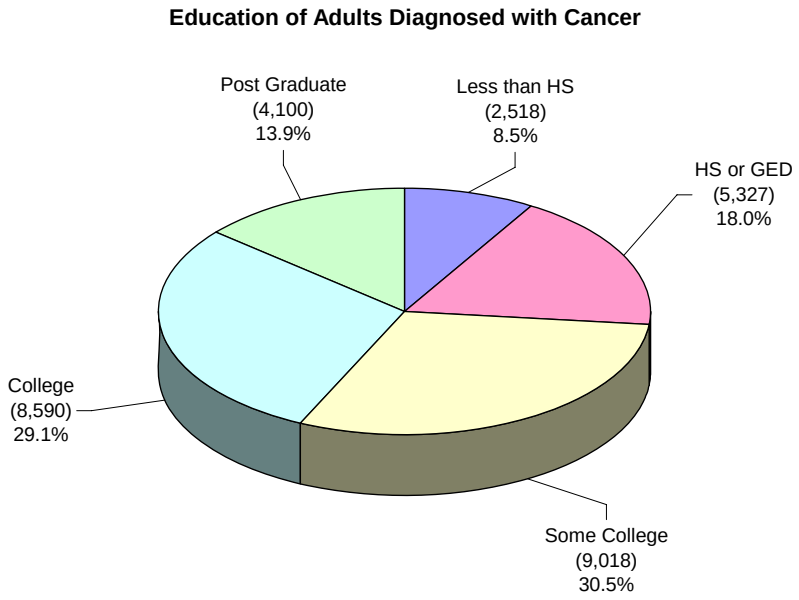


- Of the adults diagnosed with cancer, almost 3 in 4 (72.6%) are 65 years of age or older.

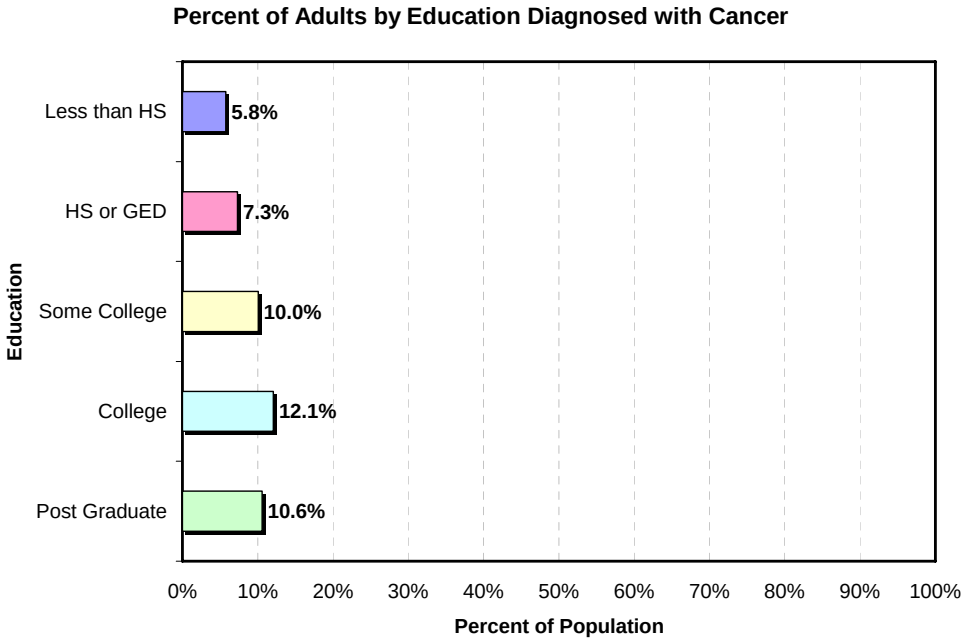


- The proportion of DCHD residents diagnosed with cancer steadily increases with each categorical increase in age.

Education Analyses for Adults Diagnosed with Cancer



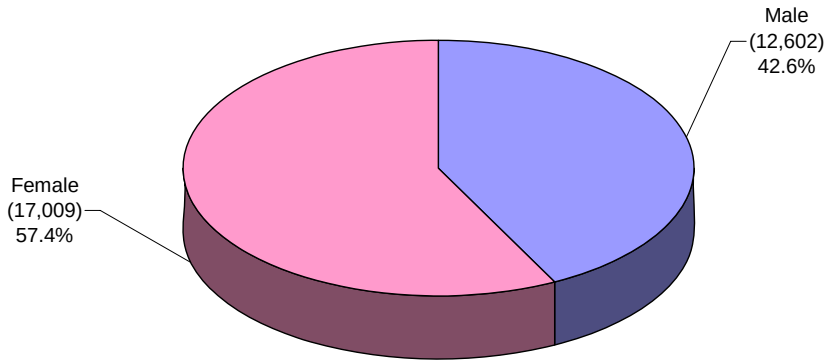
- Approximately 30% of residents diagnosed with cancer have completed some college (30.5%) and have obtained a college degree (29.1%).



- Residents with the least amount of education have the lowest rate of cancer (5.8%). The proportion diagnosed with cancer increases up to residents with a college degree (12.1%) and then decreases slightly for those with post graduate degrees (10.6%).

Gender Analyses for Adults Diagnosed with Cancer

Gender of Adults Diagnosed with Cancer



- The majority (57.4%, or approximately 17,000 residents) diagnosed with cancer are female.
- Approximately equal proportions of males (8.5%) and females (10.1%) reported they have been diagnosed with cancer (graph not included).

Summary of Analyses for Adults Diagnosed with Cancer

- Compared to Hispanic/Latino residents, Whites are over four times as likely to report they have been diagnosed with cancer.
- Between 8%, and 11% of residents in the four income categories report being diagnosed with cancer.
- The proportion of DCHD residents diagnosed with cancer steadily increases with each categorical increase in age.
- Residents in the lowest educational attainment category have the lowest rate of cancer (5.8%).
- Approximately equal proportions of males and females have been diagnosed with cancer.

DIABETES

Diabetes

Healthy People 2010 Goal:
Increase the proportion of adults with diabetes whose condition has been diagnosed to 80%.

Diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both. Diabetes can lead to serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death. The three types of diabetes are Type I, Type II and gestational.

Type I diabetes is an autoimmune disease in which the body's immune system attacks the insulin-producing beta cells in the pancreas and destroys them. The pancreas then produces little or no insulin. This type of diabetes usually strikes children and young adults and has been referred to as "juvenile diabetes." Type I diabetes accounts for 5-10% of all diagnosed cases of diabetes. There is no known way to prevent Type I diabetes. Individuals with Type I diabetes, previously called insulin-dependent diabetes mellitus, must take insulin daily to live.

Type II diabetes is the most common form of diabetes and accounts for over 90% of diagnosed diabetes cases. In Type II diabetes, the pancreas produces enough insulin but the body is not able to use the insulin effectively resulting in a condition called insulin resistance. Over time the body totally loses the ability to produce insulin. Usually Type II diabetes is associated with older age, obesity, a family history of diabetes, previous gestational diabetes (see next paragraph), and physical inactivity. Additionally, African Americans/Blacks, Hispanics/Latinos, American Indians, and some Asian Americans and Native Hawaiians or Pacific Islanders are at a higher risk for Type 2 diabetes and its complications. An individual with Type II diabetes, previously called non-insulin dependent diabetes or "adult onset diabetes," usually needs oral medication, insulin, or both to control their blood glucose levels.

Gestational diabetes is a form of glucose intolerance diagnosed in some women during pregnancy. It occurs in 2-5% of all pregnancies. Women who have had gestational diabetes have a 20-50% chance of developing Type II diabetes in the next 5-10 years.

Important Statistics about Diabetes

- It was estimated that in 2002, 54 million American adults 20 and older had pre-diabetes, as measured by impaired fasting glucose levels.[98]
- It was estimated in 2005 that approximately 20.8 million people, or 7.0% of the U.S. population, had diabetes. This includes 6.2 million not yet diagnosed.[99]
- In 2005, 1.5 million new cases of diabetes were diagnosed in people aged 20 years or older.[100]

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[98] Ibid.
[99] Centers for Disease Control and Prevention, 2005. National Diabetes Fact Sheet: Information and National Estimates on Diabetes in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2005.pdf
[100] Ibid.

Note: The table and analyses below exclude respondents with gestational diabetes, pre-diabetes, and borderline diabetes.

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Diabetes?

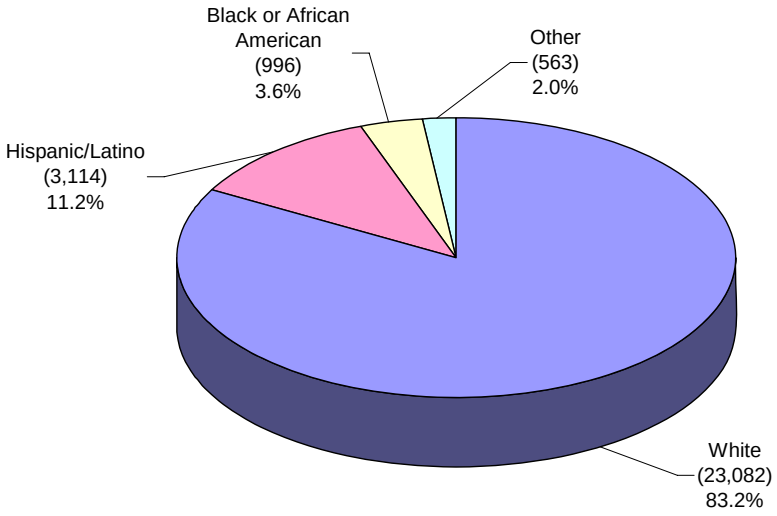
	Weighted Percent	Population Estimates	Actual Responses
Yes	9.3	28,528	165
No	90.7	277,469	1,272
Total	**100.0**	**305,997**	**1,437**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 9% of respondents, or 28,528 residents of the Desert Health Care District, have been told by a doctor or other health practitioner they have diabetes.

Race/Ethnicity Analyses for Adults Diagnosed with Diabetes

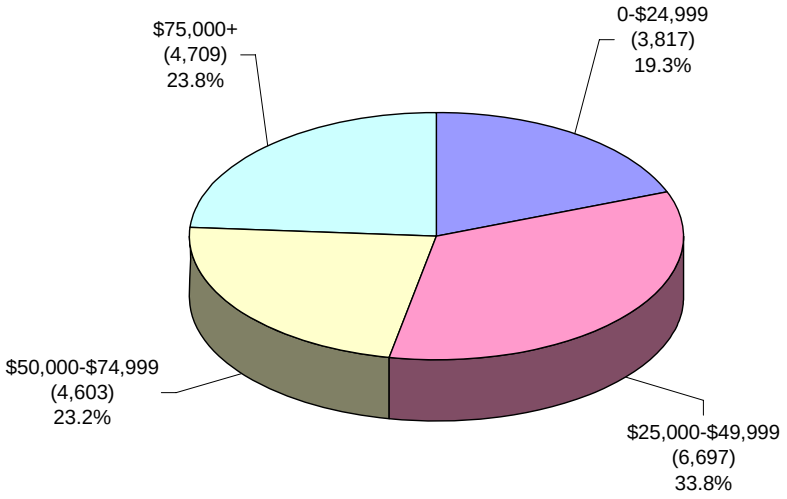
Race/Ethnicity of Adults Diagnosed with Diabetes



- The majority (83.2%) of DHCD residents diagnosed with diabetes is White; about 1 in 10 (11.2%) is Hispanic/Latino.
- Whites (10.5%) are more likely than Hispanic/Latinos (5.6%) to report having received a diagnosis of diabetes (graph not included).

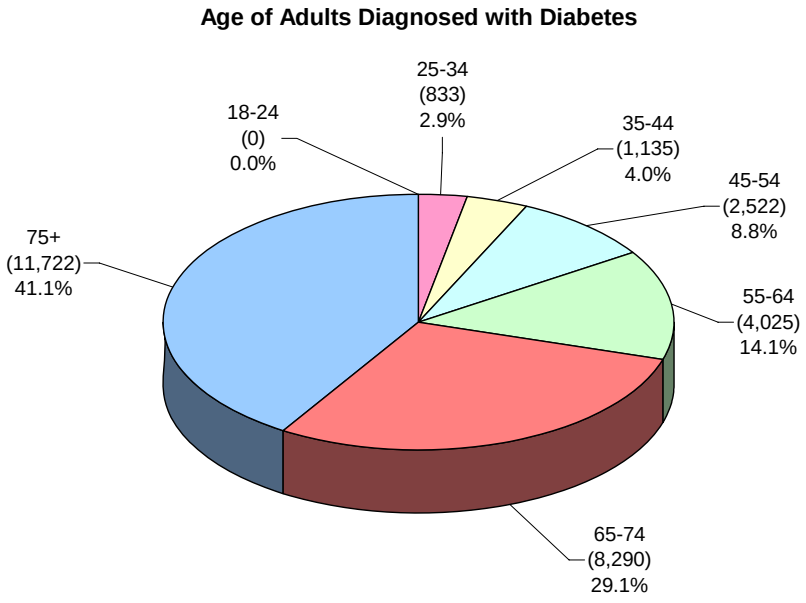
Income Analyses for Adults Diagnosed with Diabetes

Income of Adults Diagnosed with Diabetes

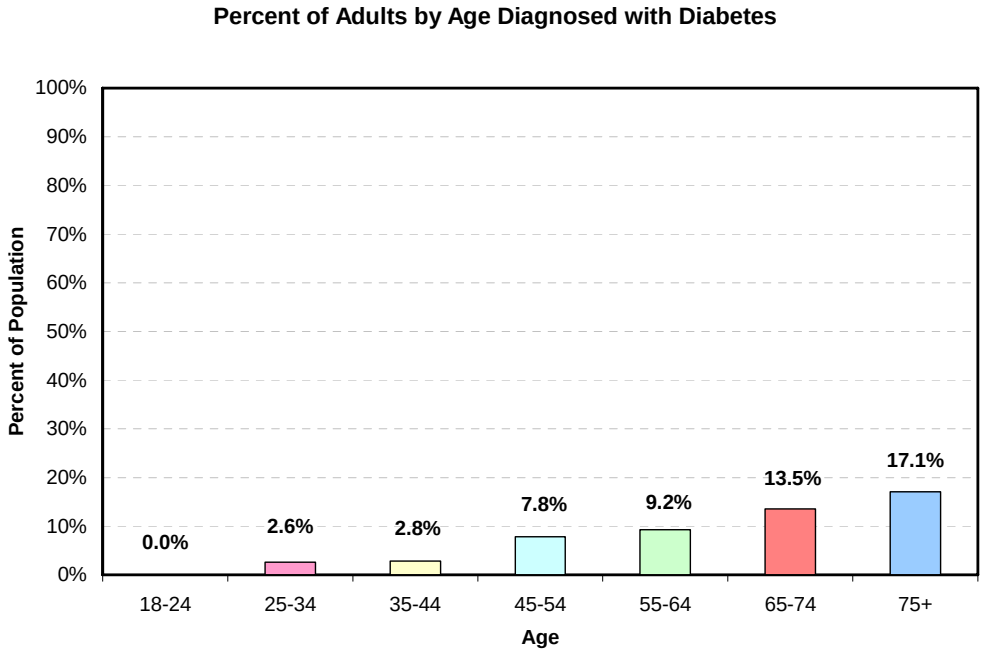


- The largest proportion (33.8%) of residents with diabetes report annual incomes between $25,000 and $49,999; about equal proportions earn $50,000-$74,999 and $75,000 or more.
- About 1 in 10 (10.9%) residents in the lowest income category have been diagnosed with diabetes. With increasing income, the proportions are 8.8%, 9.0%, and 7.2% (graph not included).

Age Analyses for Adults Diagnosed with Diabetes

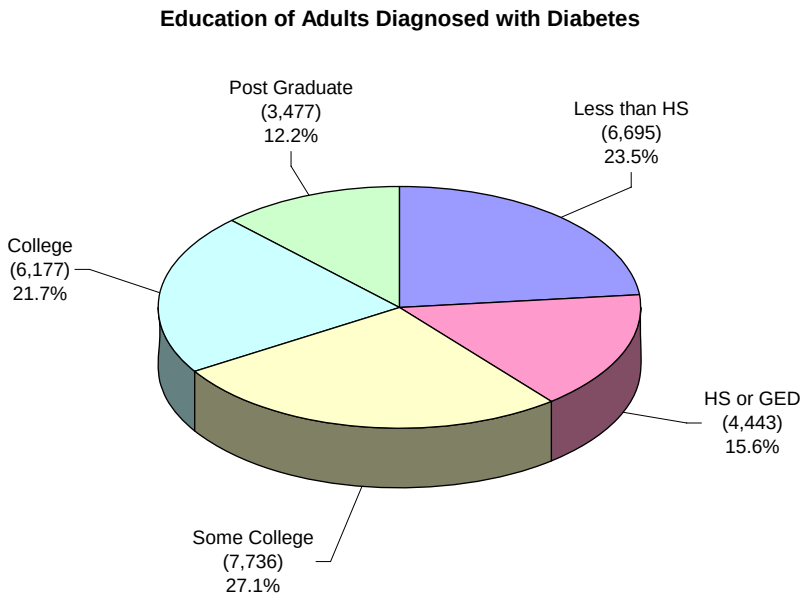


- Of those diagnosed with diabetes, 70.2% are 65 years of age or older.

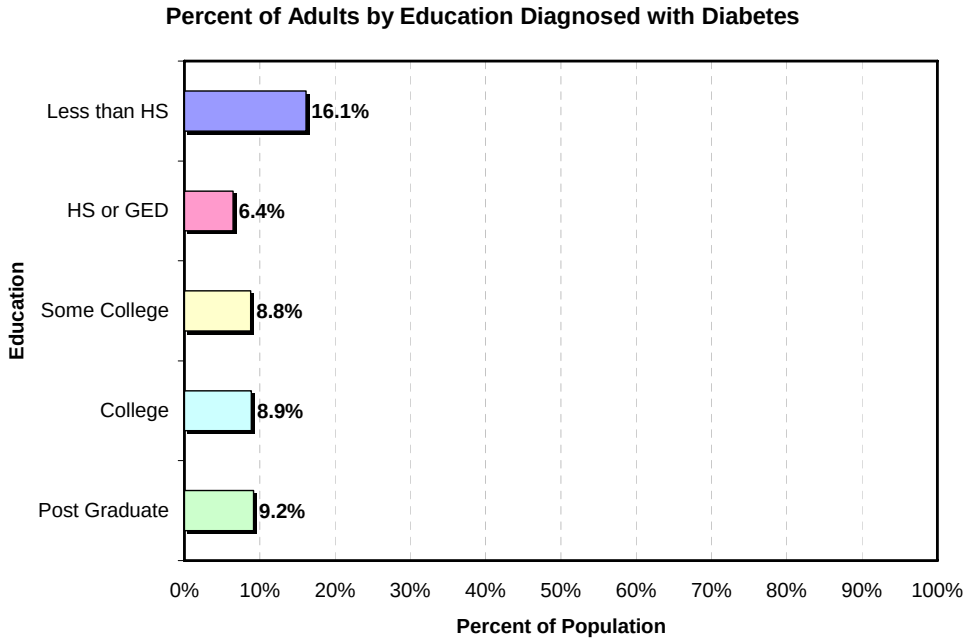


- The oldest adults, those 75 and older, are the most likely to report being diagnosed with arthritis. The proportion of residents with diabetes declines as age decreases.

Education Analyses for Adults Diagnosed with Diabetes



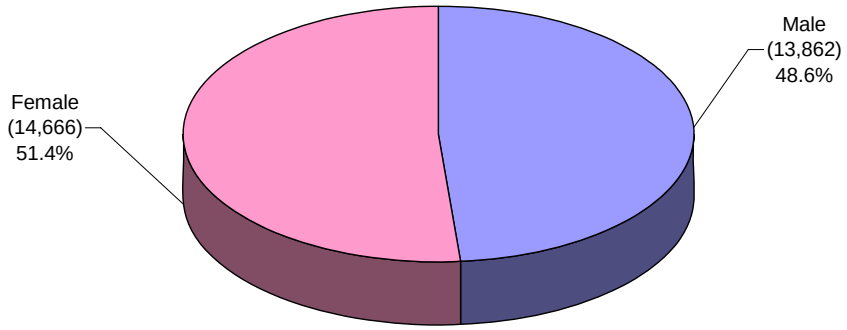
- About 27% of residents with diabetes report having completed some college; 23.5% have less than a high school degree, and 21.7% have obtained a college degree.



- DHCD residents with less than a high school degree are the most likely (16.1%) to report having diabetes; between 6% and 9% of other residents report receiving this diagnosis.

Gender Analyses for Adults Diagnosed with Diabetes

Gender of Adults Diagnosed with Diabetes



- Of those diagnosed with diabetes, about equal proportions are female (51.4%) and male (48.6%).
- Of the male residents, 9.6% have been diagnosed with diabetes; of the women, 9.1% have been diagnosed with diabetes (graph not included).

Summary of Analyses for Adults Diagnosed with Diabetes

- Whites are more likely than Hispanic/Latino residents to report having received a diagnosis of diabetes.
- About 1 in 10 residents in the lowest income category have been diagnosed with diabetes. Between 7% and 9% of residents in other income categories have been so diagnosed.
- The oldest adults, those 75 and older, are the most likely to report being diagnosed with diabetes.
- DHCD residents with less than a high school degree are the most likely to report having diabetes.
- About 9% of both males and females have been diagnosed with diabetes.

Age When First Diagnosed

Q: How old were you when you were told you had diabetes?

	Weighted Percent	Population Estimates	Actual Responses
Under 18	3.3	892	4
18-34	6.4	1,746	10
35-54	27.2	7,384	46
55+	63.1	17,151	98
Total	**100.0**	**27,271**	**158**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (63.1%) of respondents diagnosed with diabetes were diagnosed when they were 55 years of age or older; slightly more than a quarter (27.2%) were diagnosed when they were 33-54 years of age.

Checked for Hemoglobin A1C

Q: A test for hemoglobin A1C measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin A1C?

	Weighted Percent	Population Estimates	Actual Responses
Never	8.9	1,964	17
1 to 3 Times	58.1	12,886	77
4 to 6 Times	25.8	5,722	36
7 or More Times	7.2	1,590	14
Total	**100.0**	**22,162**	**144**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (58.1%) of Desert Health Care District residents with diabetes had been checked one to three times for hemoglobin A1C in the past year; a quarter (25.8%) of residents with diabetes have been tested four to six times in the past year.

Feet Checked

Q: About how many times in the last 12 months has a health professional checked your feet for any sores or irritations?

	Weighted Percent	Population Estimates	Actual Responses
Never	42.6	11,723	57
1 to 3 Times	38.6	10,623	62
4 to 6 Times	16.5	4,544	35
7 or More Times	1.9	524	6
No Feet	0.3	77	1
Total	**100.0**	**27,491**	**161**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 42% of residents with diabetes indicated their health professional had not checked their feet for sores or irritations in the past year. More than one-third of residents had been checked one to three times (38.6%) and 16.5% had been checked four to six times in the past year.

Eyes Examined

Q: When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

	Weighted Percent	Population Estimates	Actual Responses
Never	1.3	377	4
Within the Past Month	36.6	10,239	49
Within the Past Year	41.6	11,624	74
Within the Past 2 Years	12.3	3,448	16
2 or more Years Ago	8.1	2,260	19
Total	**100.0**	**27,949**	**162**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 2 in 5 (41.6%) of those with diabetes had an eye exam with pupil dilatation within the last year; 36.6% , 10,239 residents, had an eye exam with pupil dilation within the last month.

Eyes Affected by Diabetes

Q: Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

	Weighted Percent	Population Estimates	Actual Responses
Yes	14.1	3,974	31
No	85.9	24,191	131
Total	**100.0**	**28,165**	**162**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 14% of respondents have been told that diabetes has affected their eyes or that they have retinopathy.

Taken a Diabetes Class

Q: Have you ever taken a course or class in how to manage your diabetes yourself?

	Weighted Percent	Population Estimates	Actual Responses
Yes	75.5	21,548	114
No	24.5	6,980	51
Total	**100.0**	**28,258**	**165**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3 in 4 respondents with diabetes (75.5%) have taken a course or class in how to self-manage their diabetes, while roughly a quarter 24.5% (6,980 residents) have not.

HEART DISEASE

Heart Disease

Healthy People 2010 Goal: Reduce coronary heart disease deaths to 166 deaths per 100,000 in the population.

Heart, or cardiovascular disease, refers to a variety of abnormal conditions of the heart. The most common type of heart disease is coronary artery disease (CAD) which is a result of a condition called "atherosclerosis." Atherosclerosis occurs when the arteries that supply blood to the heart become hardened and narrowed; this restricts blood flow and oxygen to the heart. Complications of coronary artery disease include angina, which is chest pain when the heart is not getting enough blood, or heart attack, which occurs when all or most of the blood supply to the heart is suddenly cut off. Over time, CAD can weaken the heart muscle and contribute to more serious heart conditions such as heart failure and arrhythmia (irregular heart beat).

Risk factors for CAD include age, family history of heart disease, high blood cholesterol, high blood pressure, smoking, diabetes, being overweight, poor diet, and/or lack of physical activity.

Other types of heart disease include congenital heart disease, heart muscle disease or cardiomyopathies, abnormal heart rhythms or arrhythmias, heart failure, heart valve disease, pericardial disease, aorta disease and Marfan syndrome, and vascular disease.

Important Statistics about Heart Disease

- Heart disease is the leading cause of death in the United States. In 2004, 652,486 deaths, 27.2% of all deaths, were attributed to heart disease.[101]
- According to the Centers for Disease Control and Prevention (CDC), there are 23 million individuals in the United States with heart disease.[102]

Q: Have you ever been told by a doctor, nurse, or other health care professional that you have any of the following medical conditions: Heart disease?

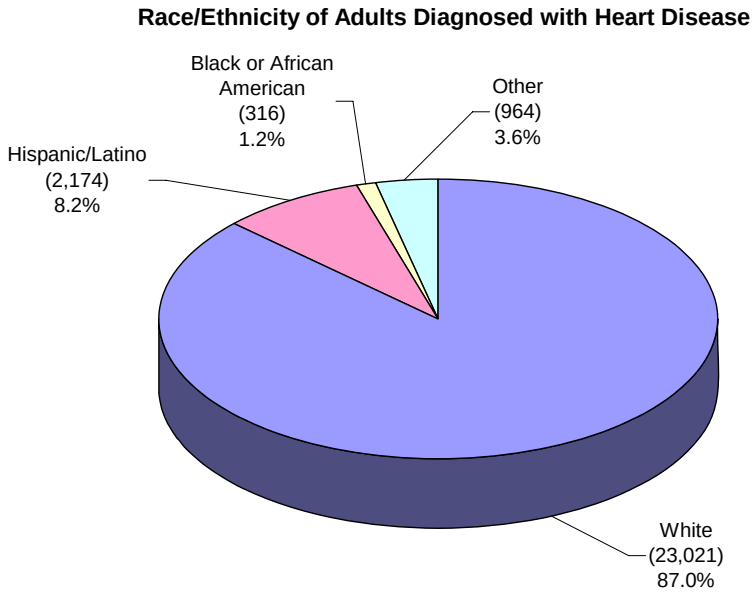
	Weighted Percent	Population Estimates	Actual Responses
Yes	8.5	26,665	173
No	91.5	288,455	1,309
Total	**100.0**	**315,110**	**1,482**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

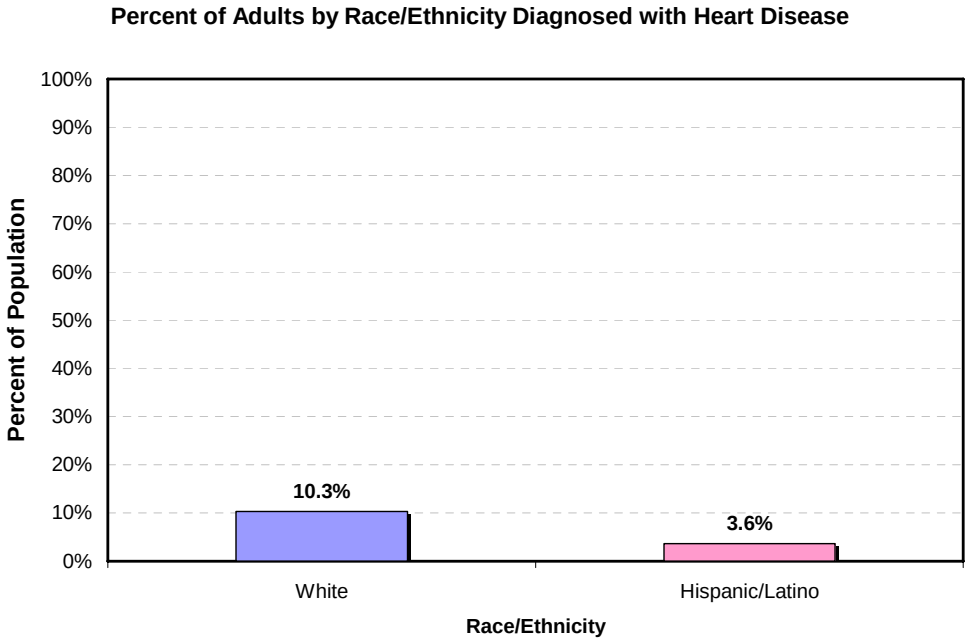
- About 26,600 residents, 8.5% of respondents, indicated they had been told by a doctor, nurse, or other health care professional they have heart disease.

[101] *US Mortality Public Use Data Tape, 2004*. National Center for Health Statistics, Center for Disease and Prevention, 2006. http://www.cancer.org/downloads/STT/313,4,2007 Estimated US Cancer Deaths*
[102] Ibid.

Race/Ethnicity Analyses for Adults Diagnosed with Heart Disease



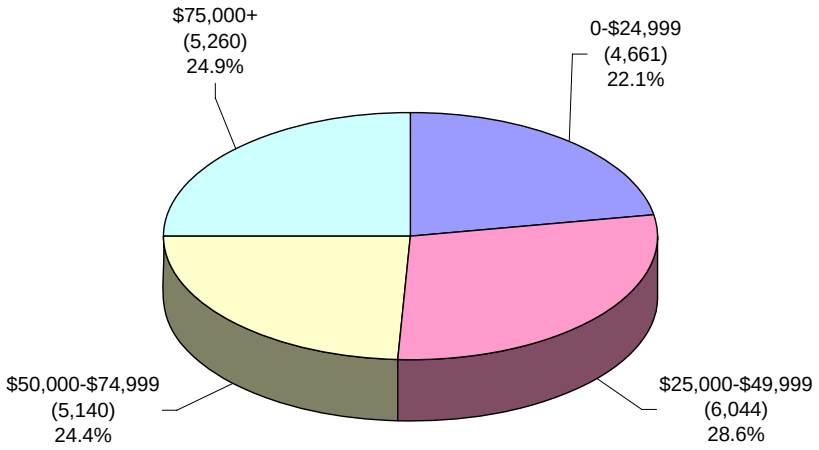
- The majority (87.0%) of residents diagnosed with heart disease self-identified as White.



- Over 2 ½ times as many White residents, compared to Hispanic/Latino residents, have been diagnosed with heart disease.

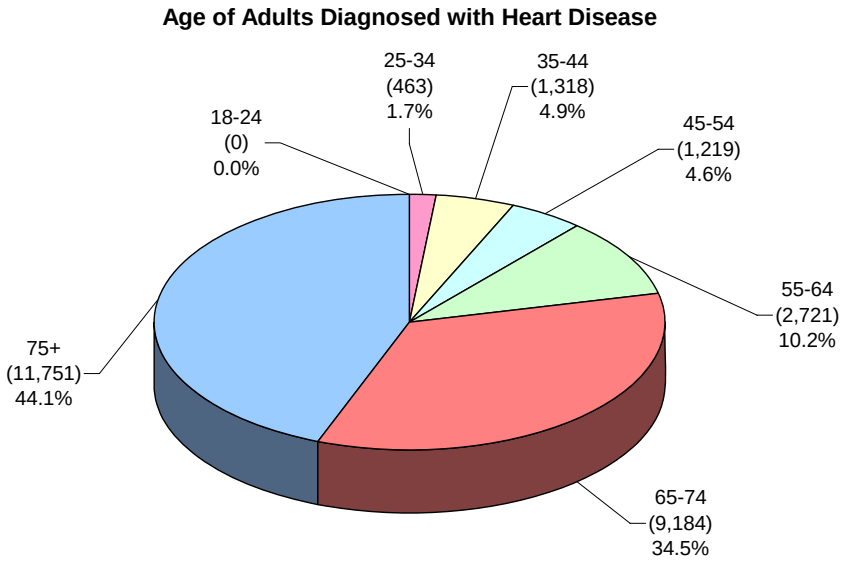
Income Analyses for Adults Diagnosed with Heart Disease

Income of Adults Diagnosed with Heart Disease

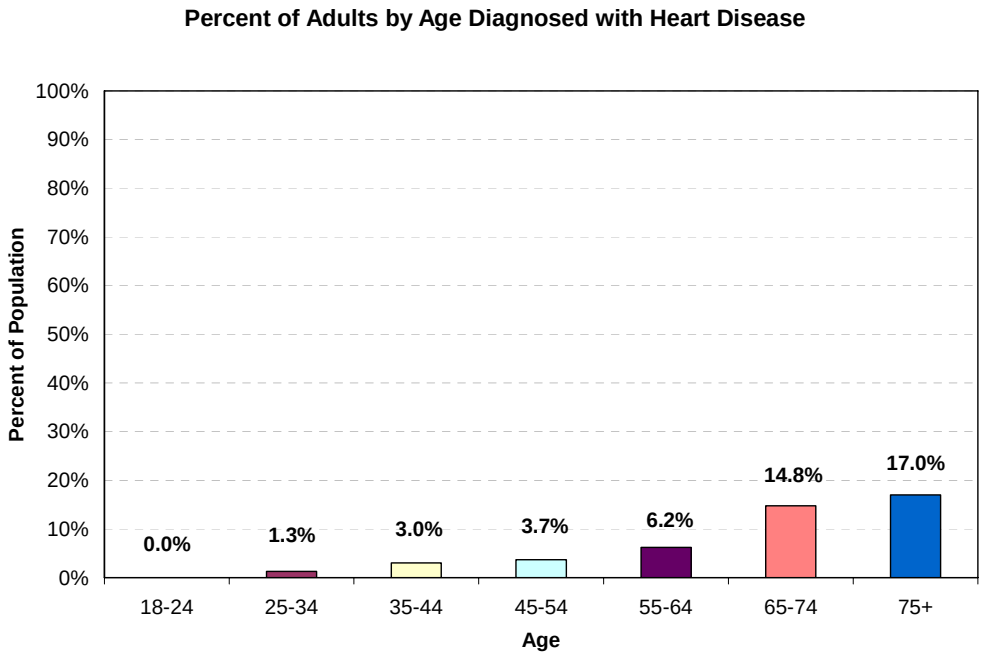


- Of those with heart disease, approximately equal proportions earn more (49.3%) and less (50.7%) than $50,000 annually.
- Moving from the lowest to the highest income category, 12.2%, 7.6%, 9.5%, and 8.0% of DHCD residents have been diagnosed with heart disease (graph not included).

Age Analyses for Adults Diagnosed with Heart Disease



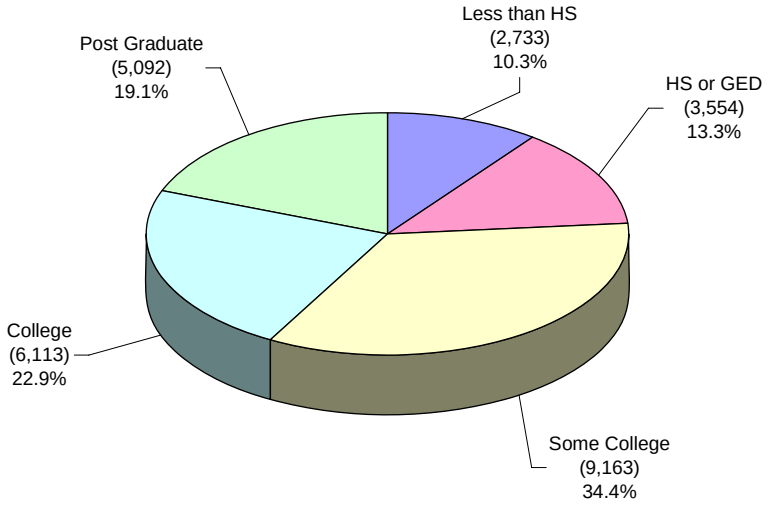
- Over three-quarters (78.6%) of residents diagnosed with heart disease are 65 years of age or older.



- Comparing residents in different age categories, heart disease is most common for residents 75 and older.

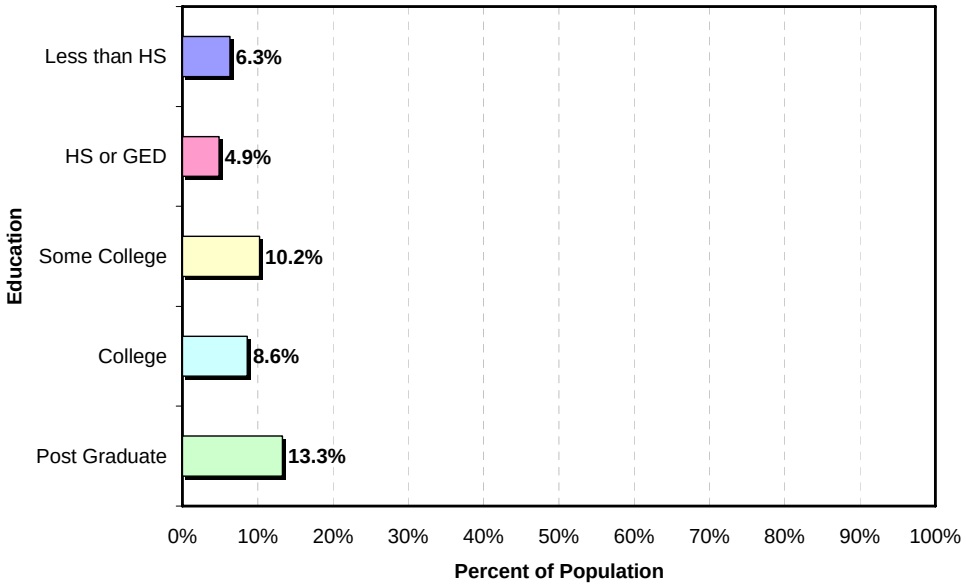
Education Analyses for Adults Diagnosed with Heart Disease

Education of Adults Diagnosed with Heart Disease



- About 1 in 3 adults (34.4%) diagnosed with heart disease has completed some college, while 22.9% have obtained a college degree.

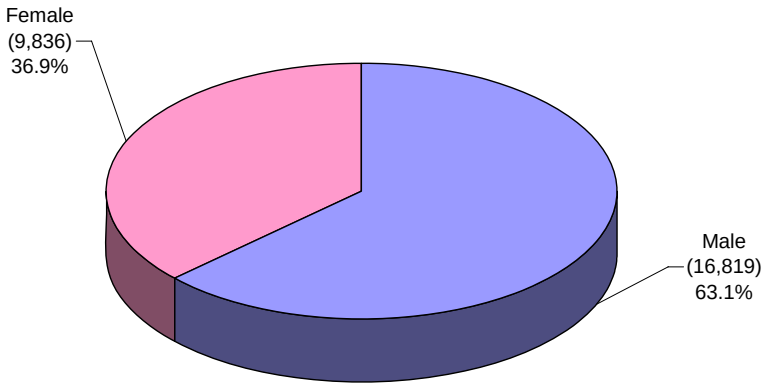
Percent of Adults by Education Diagnosed with Heart Disease



- No clear pattern emerges when looking at the proportion of residents by level of education who have been diagnosed with heart disease. The rate is highest for those with post graduate degrees (13.3%) and lowest for those with a high school education (4.9%).

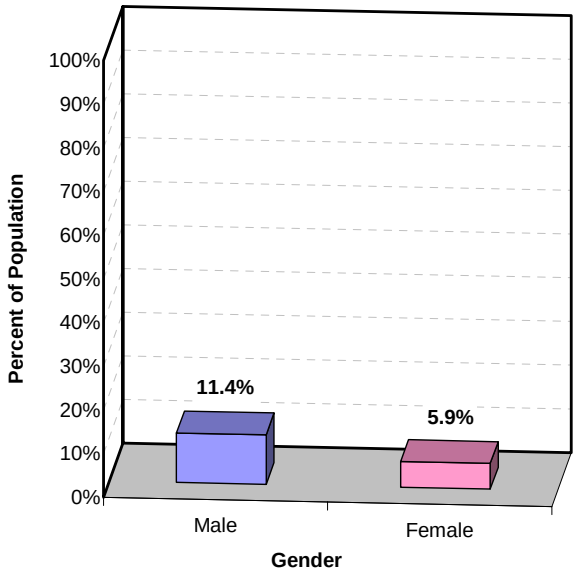
Gender Analyses for Adults Diagnosed with Heart Disease

Gender of Adults Diagnosed with Heart Disease



- Of residents with heart disease, 63.1% are male.

Percent of Adults by Gender Diagnosed with Heart Disease



- Males are about twice as likely as females (11.4% to 5.9%) to report being diagnosed with heart disease.

Summary of Analyses
for Adults Diagnosed with Heart Disease

- Over 2 ½ times as many White residents, compared to Hispanic/Latinos, have been diagnosed with heart disease.
- Between 7% and 12% of DHCD residents in each income category have been diagnosed with heart disease.
- Heart disease is most common for residents 75 and older.
- No clear pattern emerges when looking at the proportion of residents by level of education who have been diagnosed with heart disease.
- Males are about twice as likely as females to report being diagnosed with heart disease.

Heart Attack

Q: Has a doctor, nurse, or other health care professional that you that you had a heart attack, also called a myocardial infarction?

	Weighted Percent	Population Estimates	Actual Responses
Yes	4.8	15,141	94
No	95.2	301,356	1,392
Total	**100.0**	**316,497**	**1,486**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 15,141 respondents (4.8%) indicated they had been told by a health care professional they have had a heart attack, or myocardial infarction.

Q: After you left the hospital following your heart attack, did you go to any kind of outpatient rehabilitation? This is sometimes called rehab.

	Weighted Percent	Population Estimates	Actual Responses
Yes	45.6	6,417	34
No, did not go to rehab	48.7	6,683	47
No, were not hospitalized	0.3	800	8
Total	**100.0**	**14,081**	**89**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

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- Of those who had a heart attack, 48.7% did not go to outpatient rehabilitation after leaving the hospital, 45.6% did go to rehab.

HIGH BLOOD CHOLESTEROL

High Blood Cholesterol

Healthy People 2010 Goal: Reduce the proportion of adults with high total blood cholesterol levels to 17%.

Cholesterol is a fatlike natural substance that serves as a building block for cells and hormones. Excessive amounts of cholesterol can stick to and build up on the walls of blood vessels. Over time, the arteries harden and blood flow to the heart is slowed down or blocked. This blockage can cause chest pain or even heart attack. High blood cholesterol contributes to high blood pressure, which is a major risk factor for heart disease.

There are several types of cholesterol: low density lipoprotein (LDL) and high density lipoprotein (HDL). Low density lipoprotein cholesterol can stick to the sides of the blood vessels while high density lipoprotein cholesterol keeps cholesterol from building up in artery walls.

Risk factors for high cholesterol include age, gender, heredity, eating foods high in saturated fats and cholesterol, being overweight or obese, and/or lack of physical activity.

Important Statistics about High Blood Cholesterol

- One in three (37.1%) or an estimated 101 million Americans have high blood cholesterol.[103]
- Everyone age 20 and older should have their cholesterol checked at least once every five years.[104]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: High blood cholesterol?

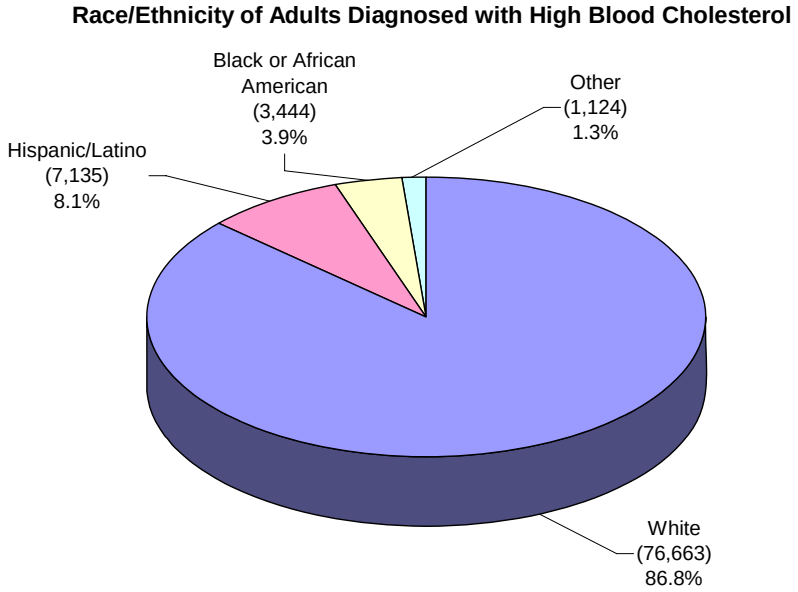
	Weighted Percent	Population Estimates	Actual Responses
Yes	28.4	89,169	549
No	71.6	224,521	931
Total	**100.0**	**313,691**	**1,480**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

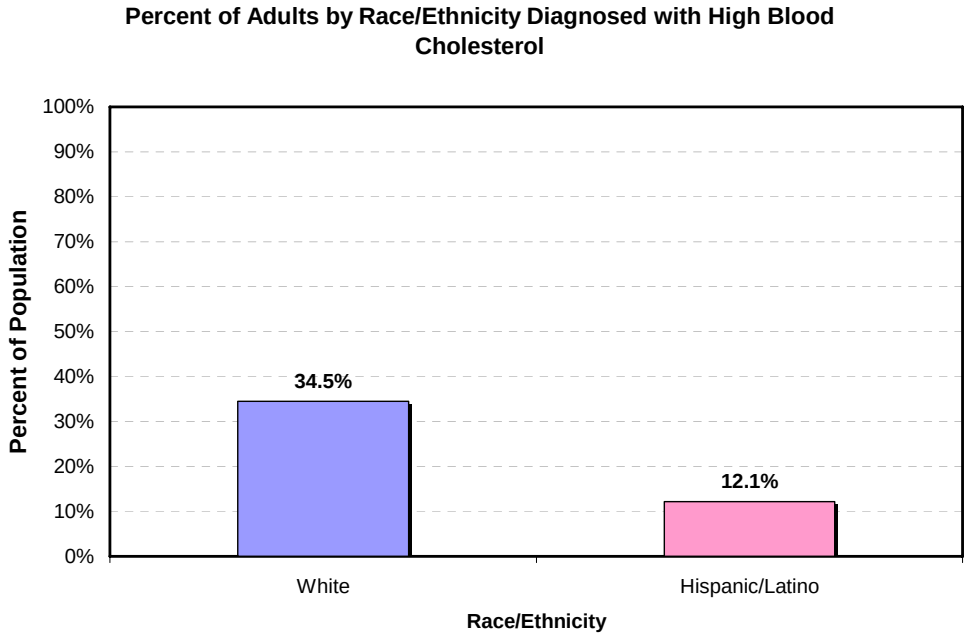
- More then 1 in 4 respondents (28.4%) have been told by a doctor, nurse, or other health care professional they have high blood cholesterol. This represents 89,169 Desert Health Care District residents.

[103] Statistics about High Blood Cholesterol http://www.wrongdiagnosis.com/c/cholesterol/stats.html
[104] National Heart Lung and Blood Institute. Diseases and Conditions Index. http://www.nhlbi.nih.gov/health/dci/Diseases/HBC_signsAndSymptoms.html

Race/Ethnicity Analyses for Adults Diagnosed with High Blood Cholesterol



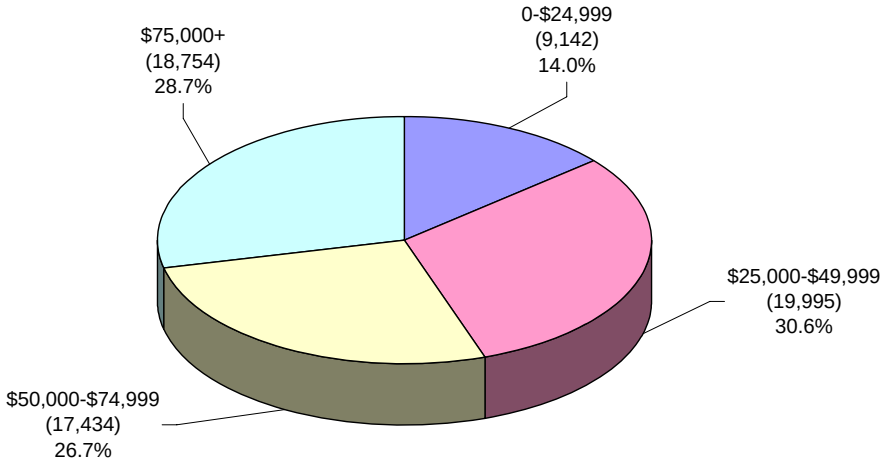
- The majority (86.8%) of DHCD adults with high blood cholesterol are White.



- Whites are almost 2 ½ times more likely than Hispanic/Latinos to have been diagnosed with high blood cholesterol.

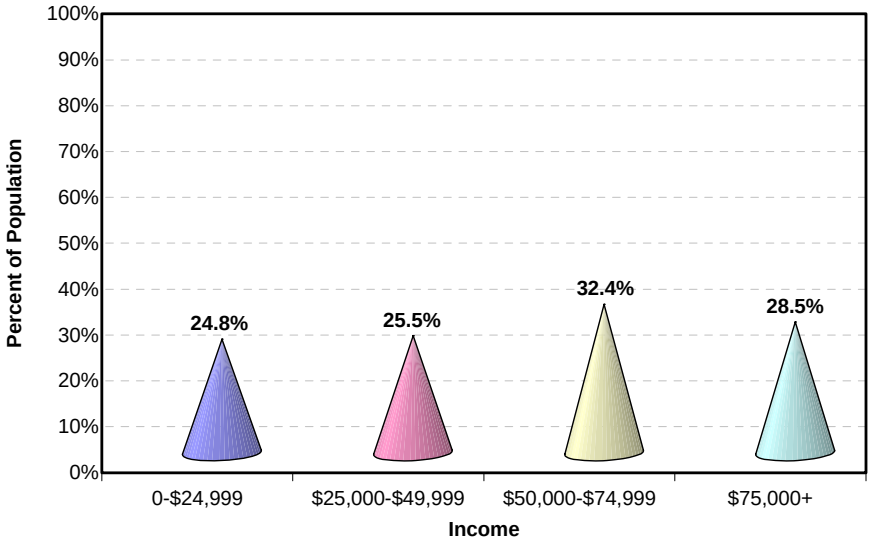
Income Analyses for Adults Diagnosed with High Blood Cholesterol

Income of Adults Diagnosed with High Blood Cholesterol



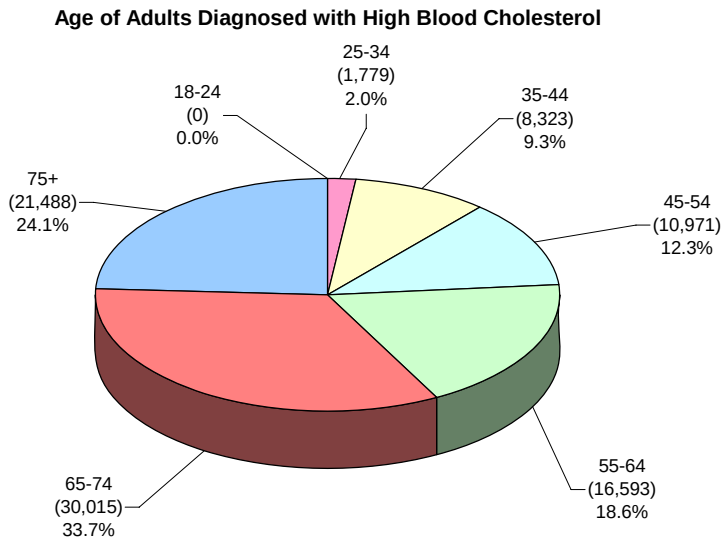
- About 44% of those diagnosed with high blood cholesterol earn less than $50,000 annually.

Percent of Adults by Income Diagnosed with High Blood Cholesterol

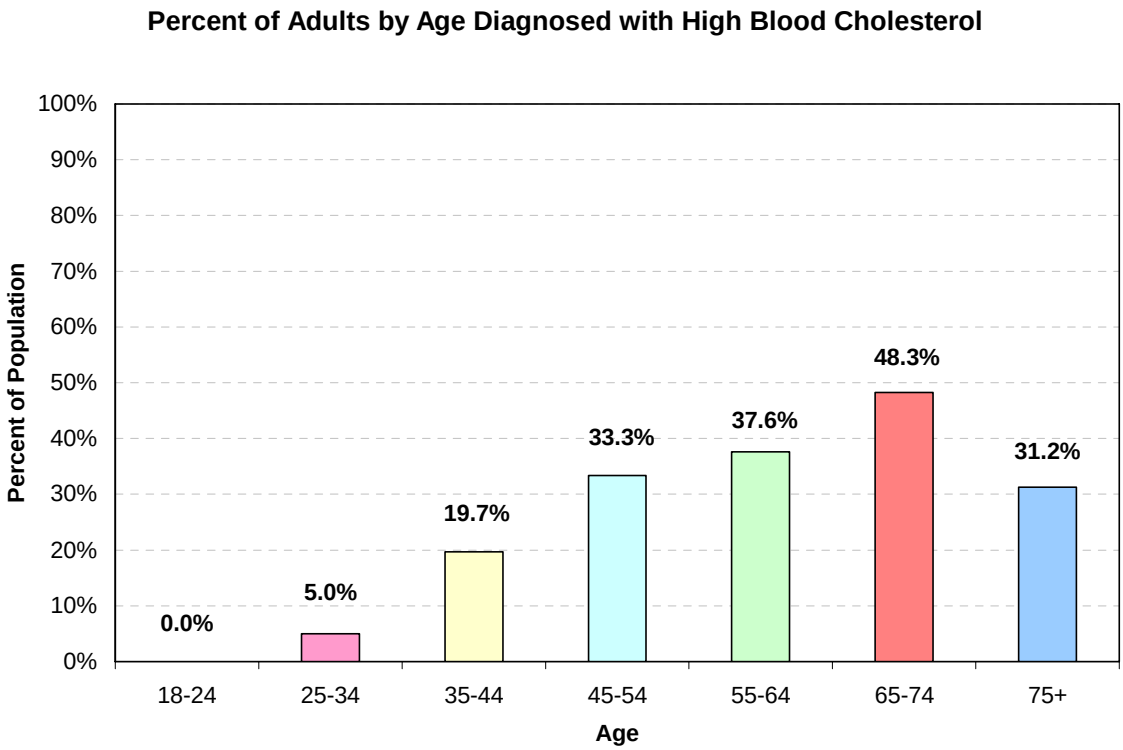


- About 1 in 4 DHCD residents, or more, in each income category report they have been diagnosed with high blood cholesterol.

Age Analyses for Adults Diagnosed with High Blood Cholesterol

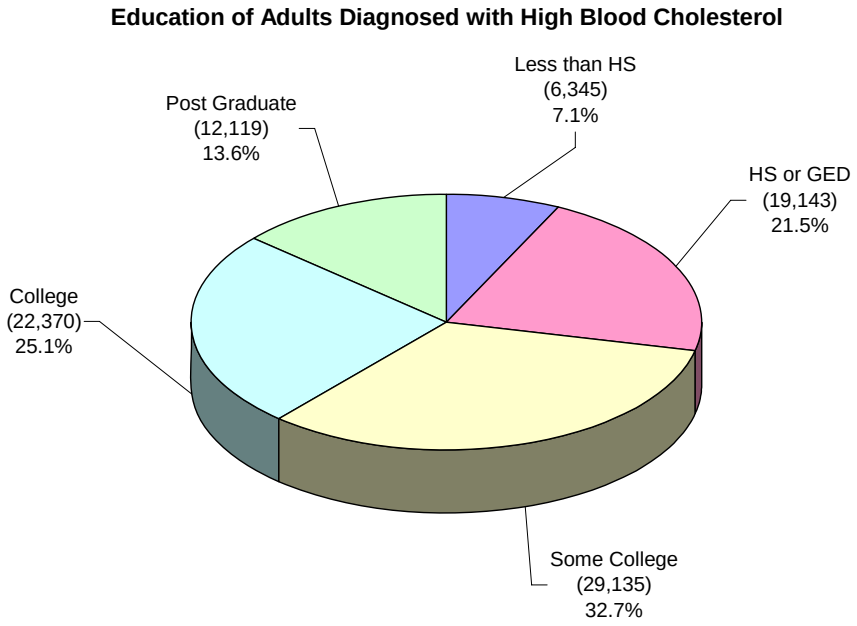


- Of those diagnosed with high blood cholesterol, 76.4% are 55 years of age or older.

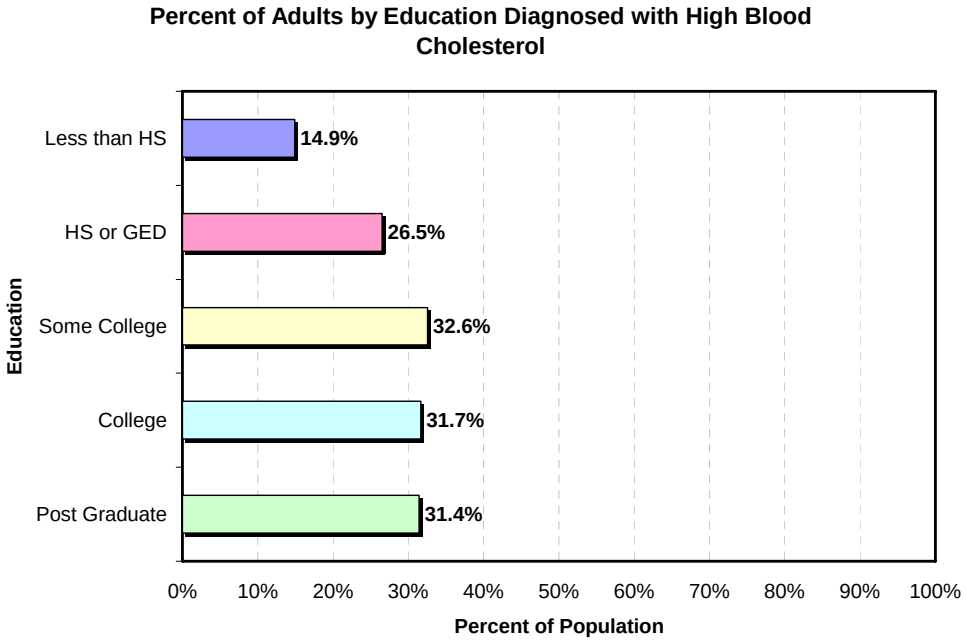


- The rate of high blood cholesterol steadily increases, up to residents 65-74 years of age.

Education Analyses for Adults Diagnosed with High Blood Cholesterol



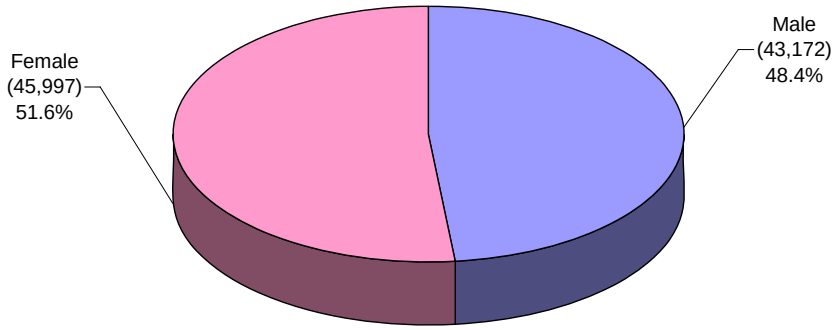
- The largest proportion (32.7%) of residents diagnosed with high blood cholesterol has completed some college; 28.6% have a high school diploma or less education.



- Residents with the least amount of formal education reported the lowest rate of high blood cholesterol. At least 1 in 4 residents in the other education categories reported this diagnosis.

Gender Analyses for Adults Diagnosed with High Blood Cholesterol

Gender of Adults Diagnosed with High Blood Cholesterol



- Slightly more than half of the residents diagnosed with high blood cholesterol are women.
- Of male residents, 29.2% reported being diagnosed with high blood cholesterol while 27.7% of females reported such a diagnosis (graph not included).

Summary of Analyses for Adults Diagnosed with High Blood Cholesterol

- Whites are almost 2 ½ times more likely than Hispanic/Latinos to have been diagnosed with high blood cholesterol.
- About 1 in 4 DHCD residents, or more, in each income category report they have high blood cholesterol.
- In general, the rate of high blood cholesterol increases with age.
- Residents with the least amount of formal education reported the lowest rate of high blood cholesterol. At least 1 in 4 residents in the other education categories reported this diagnosis.
- About equal proportions of male and female residents report having high blood cholesterol.

HIGH BLOOD PRESSURE

High Blood Pressure

Healthy People 2010 Goal: Reduce the proportion of adults with high blood pressure to 16%.

Blood is carried from the heart to all parts of the body in vessels called arteries. Blood pressure is the force of the blood pushing against the walls of the arteries. The ideal blood pressure is 120/80 or below. High blood pressure, or hypertension, refers to blood pressure that is consistently over 140/90.

High blood pressure is often referred to as a "silent killer" because it usually has no symptoms until the individual is diagnosed with associated medical conditions or complications. These medial conditions or complications include heart stroke, heart attacks, congestive heart failure, blood vessel damage (arteriosclerosis), kidney failure, brain damage, and/or loss of vision. Over 95% of high blood pressure is associated with no identifiable causes and may be related to genetic and environmental factors such as salt intake and stress. Sometimes high blood pressure is caused by another disorder.

Important Statistics about High Blood Pressure

- Nearly one in three U.S. adults has high blood pressure, but because there are no symptoms, nearly one-third of these people do not know it.[105]
- High blood pressure killed 54,186 Americans in 2004. It was listed as a primary or contributing cause of death in about 277,000 U.S. deaths in 2002.[106]
- In 2003, there were more than 35 million physician office visits for hypertension.[107]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: High Blood Pressure/Hypertension?

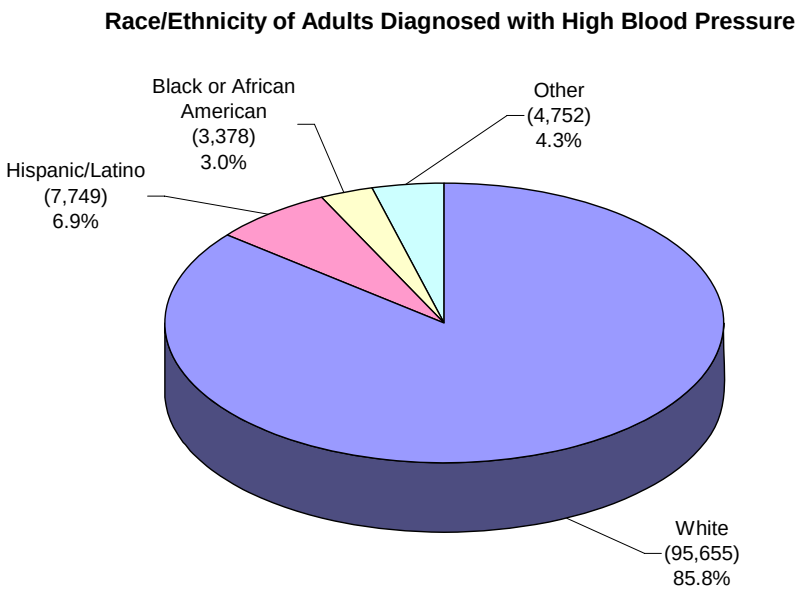
	Weighted Percent	Population Estimates	Actual Responses
Yes	35.8	112,949	640
No	64.2	202,830	851
Total	**100.0**	**315,830**	**1,491**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

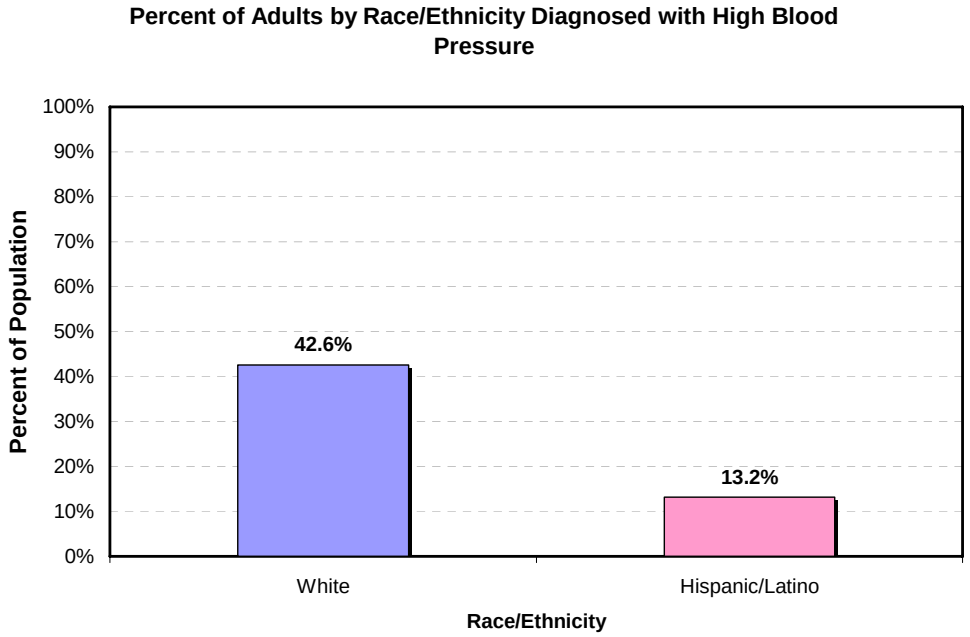
- A health practitioner has told an estimated 112,949 residents, about 36% of the population, they have high blood pressure.

[105] American Heart Association, 2002. http://www.americanheart.org/presenter.jhtmldedntifier=212
[106] Ibid.
[107] Center for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention. Facts and Statistics on High Blood Pressure. http://www.cdc.gov/bloodpressure/facts/htm

Race/Ethnicity Analyses for Adults Diagnosed with High Blood Pressure



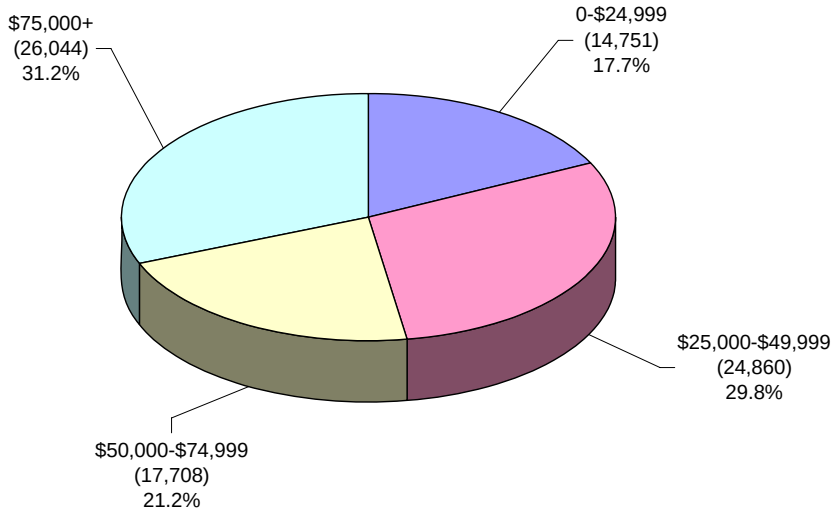
- The majority (85.8%) of residents diagnosed with high blood pressure are White.



- White residents in the Desert Health Care District were over 3 times as likely as Hispanic/Latino residents to report they have been diagnosed with high blood pressure.

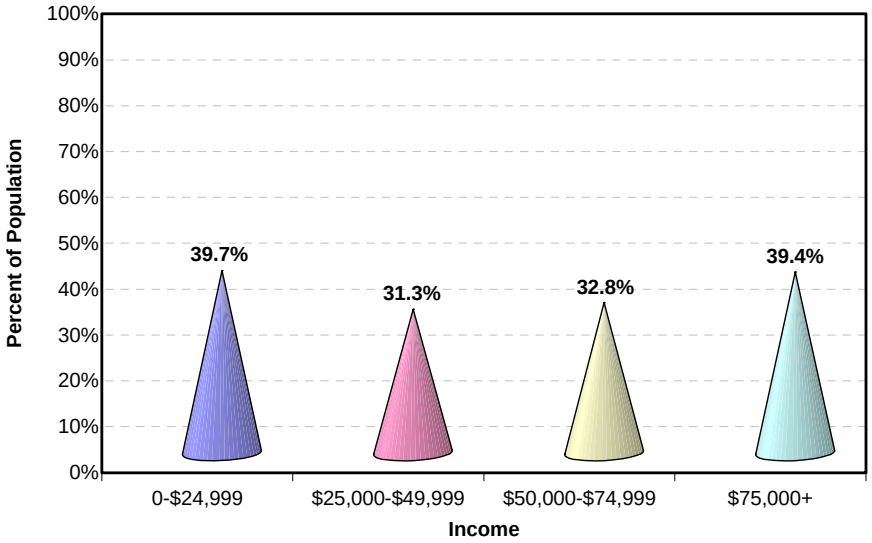
Income Analyses for Adults Diagnosed with High Blood Pressure

Income of Adults Diagnosed with High Blood Pressure



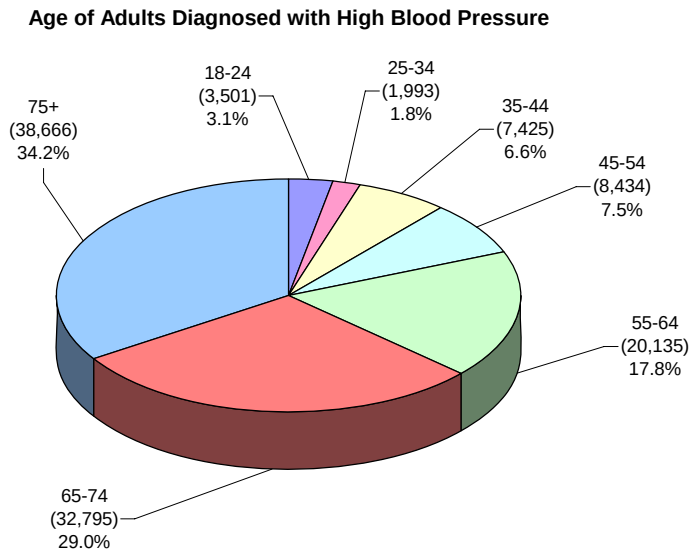
- Of those diagnosed with high blood pressure, 47.6% report incomes of less than $50,000 per year.

Percent of Adults by Income Diagnosed with High Blood Pressure

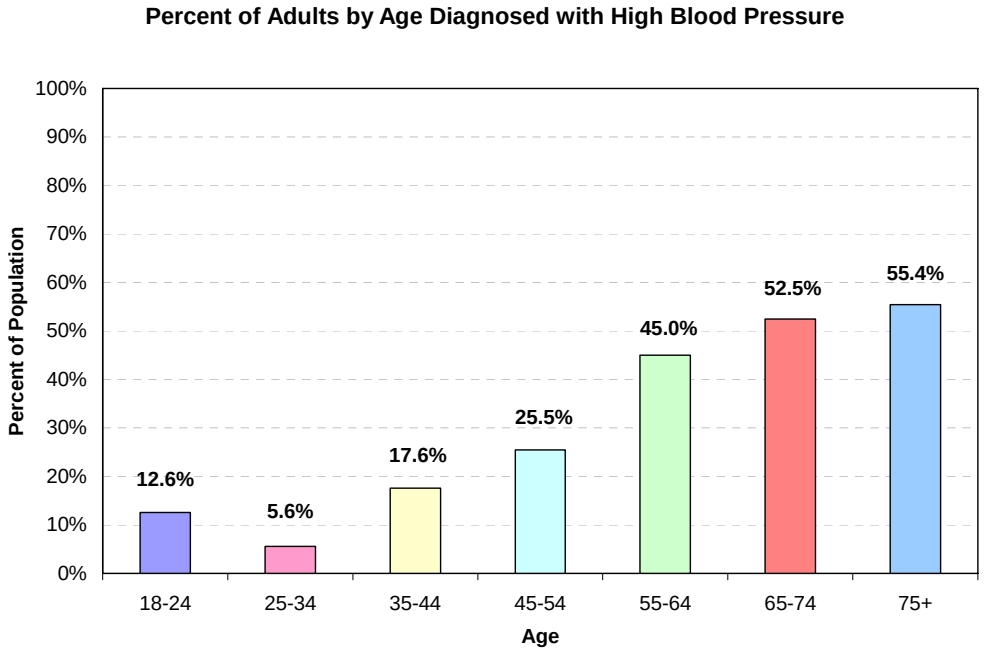


- Almost 40% of residents in the lowest and highest income categories report they have been diagnosed with high blood pressure; proportions are over 30% for residents in the two middle income categories.

Age Analyses for Adults Diagnosed with High Blood Pressure



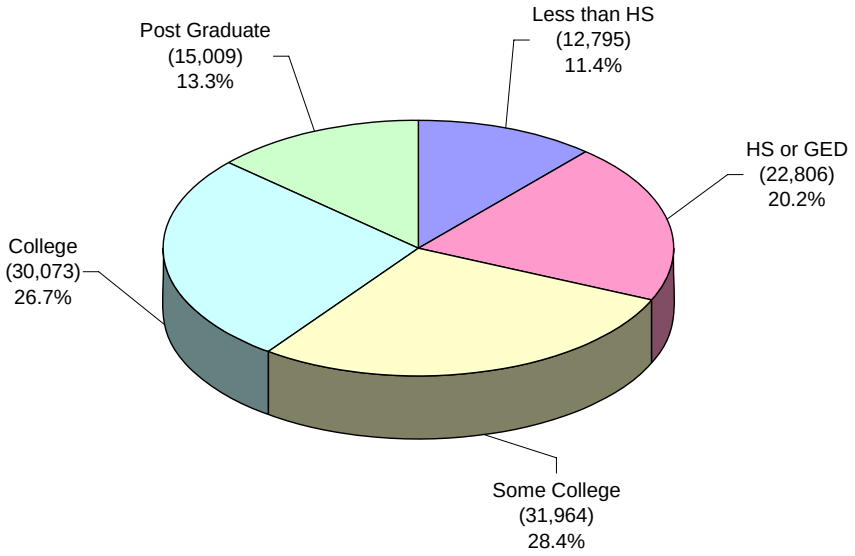
- The majority (81.0%) of residents diagnosed with high blood pressure are 55 years of age or older.



- In general, the proportion of resident with high blood pressure increases with each categorical increase in age; the exception is that 12.6% of residents 18-24 have received this diagnosis.

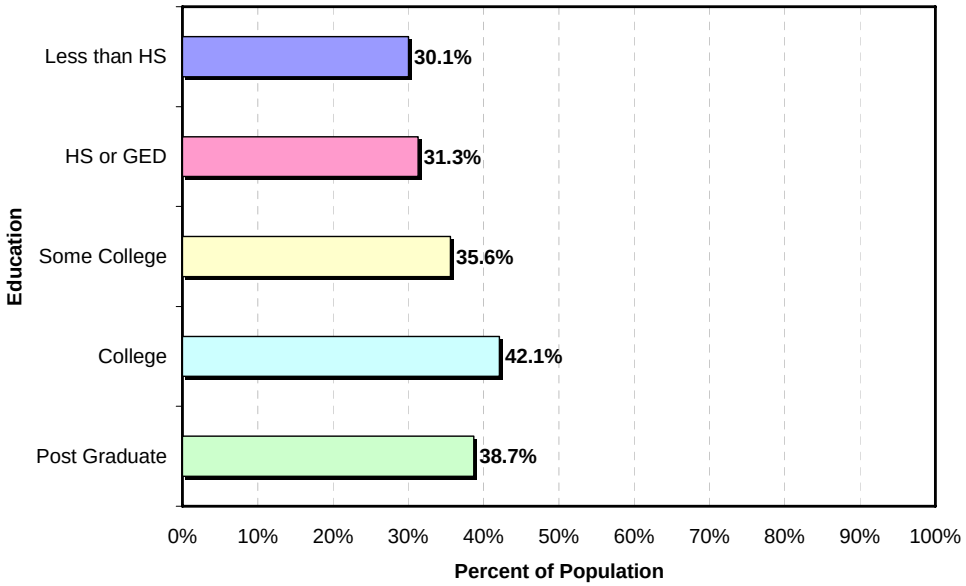
Education Analyses for Adults Diagnosed with High Blood Pressure

Education of Adults Diagnosed with High Blood Pressure



- Two in five residents (40%) diagnosed with high blood pressure have at least a college degree.

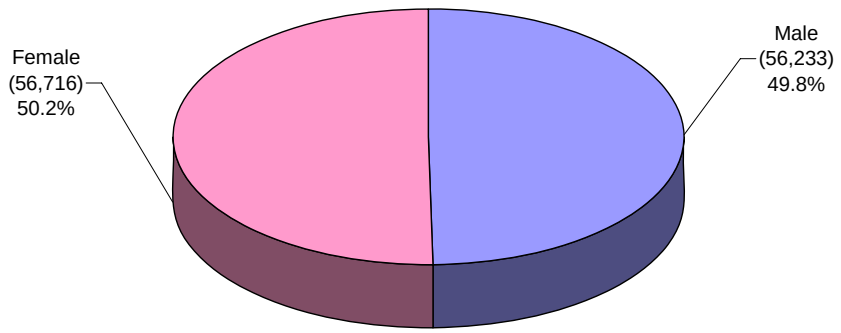
Percent of Adults by Education Diagnosed with High Blood Pressure



- As seen in the graph above, at least 30% of residents in each educational attainment category reported a diagnosis of high blood pressure.

Gender Analyses for Adults Diagnosed with High Blood Pressure

Gender of Adults Diagnosed with High Blood Pressure



- Half of the residents with high blood pressure are men and half are women.
- About one-third (34.0%) of women reported they have been diagnosed with high blood pressure; the proportion of males is slightly higher at 37.7% (graph not included).

Summary of Analyses for Adults Diagnosed with High Blood Pressure

- White residents are over 3 times as likely as Hispanic/Latino residents to report they have been diagnosed with high blood pressure.
- Almost 40% of residents in the lowest and highest income categories report they have been diagnosed with high blood pressure.
- In general, the proportion of resident with high blood pressure increases with each categorical increase in age.
- At least 30% of residents in each educational attainment category report have high blood pressure.
- Approximately equal proportions of men and women have high blood pressure.

LIVER DISEASE

Cirrhosis of the liver refers to a consequence of chronic liver disease in which normal liver cells are damaged and replaced by scar tissue, which decreases the amount of normal liver tissue. This scar tissue blocks the flow of blood to the liver which slows the production of proteins and other substances made by the liver.

Complications from cirrhosis include ascites (abnormal accumulation of fluid in the abdomen), coma, and hemorrhage from esophageal varices (dilated blood vessels within the walls of the esophagus). In the United States, the most common cause of cirrhosis is alcohol abuse. It can also result from chronic viral hepatitis, inherited or congenital diseases, parasitic infections, or long term exposure to toxins or drugs.

Important Statistics about Liver Disease

- Over 25 million Americans have liver-related diseases. Those diseases that affect the liver include cirrhosis, hepatitis A, B, and C, Wilson's disease, and gallstones.[108]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Liver Disease or Cirrhosis?

	Weighted Percent	Population Estimates	Actual Responses
Yes	1.6	4,988	25
No	98.4	312,136	1,467
Total	**100.0**	**317,125**	**1,492**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Less than 2% of respondents have been told by a doctor, nurse, or other health care professional they have liver disease or cirrhosis.

[108] American Liver Foundation, 2007. Liver Wellness Presentation. http://www.yourliver.org/learn.html

MENTAL HEALTH

Mental health disorders are common in the United States, and internationally. Mental health disorders include mood disorders (such as depression, suicide, bipolar disorder, and schizophrenia), anxiety disorders (such as panic disorder, obsessive compulsive disorder, and post-traumatic stress), eating disorders, attention deficit hyperactivity disorder (ADHD), autism, and Alzheimer's disease.

One of the most common mental health disorders is depression, a serious mental illness that affects the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. Signs and symptoms of depression include persistent sadness; anxiousness or "empty" mood feelings; feelings of hopelessness and pessimism; feelings of guilt, worthlessness, and helplessness; and loss of interest or pleasure in hobbies and activities that were once enjoyed.

Important Statistics about Mental Health

- An estimated 26.2% of Americans ages 18 and older—about one in four adults—suffer from a diagnosable mental disorder in a given year. They represent 57.7 million people in the United States.[109]
- Even though mental illness is widespread in the population, the main burden of illness is concentrated in a much smaller population—about 6 percent, or 1 in 17, who suffer from a serious mental illness.[110]
- Mental disorders are the leading causes of disability in the United States for ages 15-44.[111]
- Nearly half (45%) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity.[112]
- The burden of mental illness on health and productivity in the United States and throughout the world has been underestimated. Data developed by the Global Burden of Disease Study reveal that mental illness, including suicide, accounts for over 15% of the burden of disease in established countries such as the United States.[113]

[109] National Institute of Mental Health, www.nimh.nih.gov/health/statistics/index.shtml
[110] Ibid.
[111] Ibid.
[112] Ibid.
[113] Ibid.

Q: Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Yes	24.4	77,473	299
No	75.6	239,511	1,190
Total	**100.0**	**316,983**	**1,489**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 1 in 4 Desert Health Care District respondents (77,473 people) have had an emotional, mental, or behavioral problem such as stress, anxiety, or depression that concerned them during the past 12 months.

Needed Professional Help

Q: Did you consider any of these problems severe enough that you felt you needed professional help?

	Weighted Percent	Population Estimates	Actual Responses
Yes	50.1	39,120	165
No	49.9	38,997	138
Total	**100.0**	**78,117**	**303**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents who reported being concerned about emotional, mental, or behavioral problems, half (50.1%) believed their problems were severe enough to need professional help.

Visited Mental Health Professional in Past 12 Months

Q: During the past 12 months, did you visit a mental health professional such as a therapist, psychologist, psychiatrist, family counselor or clinical social worker for your emotional, mental, and behavioral problems?

	Weighted Percent	Population Estimates	Actual Responses
Yes	32.9	25,998	100
No	67.1	52,968	207
Total	**100.0**	**78,966**	**307**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those with mental health concerns, nearly 1 in 3 (32.9% or 25,998 residents) visited a mental health professional during the past 12 months.

Diagnosed with a Mental Health Disorder

Q. Have you ever been told by a doctor or other health care professional that you have any of the following mental health conditions?

	Weighted Percent	Population Estimates	Actual Responses
Depressive Disorder	10.1	32,215	161
Generalized Anxiety Disorder (GAD)	5.4	17,192	86
Phobia	4.2	13,117	46
Panic Disorder	3.7	11,822	50
Post-Traumatic Stress Disorder (PTSD)	3.6	11,314	51
Bipolar Disorder	2.6	8,098	29
Obsessive-Compulsive Disorder (OCD)	1.8	5,592	23
Schizophrenia	0.5	1,464	8
Other	0.8	2,570	11

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents could select more than one answer so a total percent is not provided.

- All respondents indicated if they had been diagnosed as suffering from any of several mental health conditions. The two most common mental health diagnoses were depressive disorder (10.1% of respondents) and generalized anxiety disorder (5.4%).

Note: If respondents reported being diagnosed with at least one mental health condition, they were asked a series of follow up questions, presented next.

Ever Received Treatment

Q: Have you ever received treatment for any of your mental health conditions?

	Weighted Percent	Population Estimates	Actual Responses
Yes	78.1	39,457	189
No	21.9	11.056	65
Total	**100.0**	**50,513**	**254**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those diagnosed with a mental health condition, approximately 78% have received treatment and 22% have not.

Main Reason Did Not Receive Treatment

Q: What was the main reason you did not get the mental health services or counseling you needed?

	Weighted Percent	Population Estimates	Actual Responses
Problem corrected	73.9	7,179	27
Could not afford it	4.8	467	4
No Further Improvement Expected	3.2	312	3
Shame, Embarrassment	1.5	144	1
No Services Available	1.0	101	2
Couldn't find help	1.0	92	1
Other	14.6	1,419	10
Total	**100.0**	**9,716**	**48**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the respondents who did not receive treatment, the main reason provided was that the problem was corrected (73.9%). Almost 5% of respondents (467 residents) reported they did not receive treatment because they could not afford it.

Still Bothered about Problems

Q: Are you still bothered or concerned about your emotional, mental and behavioral problem?

	Weighted Percent	Population Estimates	Actual Responses
Yes	35.7	17,920	101
No	64.3	32,213	148
Total	**100.0**	**50,133**	**249**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those diagnosed with a mental health condition, around one-third, 35.7% or 17,920 residents, reported they are still bothered or concerned about their emotional, mental, or behavioral problem.

Currently Receiving Treatment

Q: Are you currently receiving treatment for your emotional, mental and behavioral problem?

	Weighted Percent	Population Estimates	Actual Responses
Yes	77.7	13,944	69
No	22.3	3,992	33
Total	**100.0**	**17,936**	**102**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those still bothered by their problems, nearly 78% are currently receiving treatment and 22.3% are not.

Why Not Receiving Treatment

Q: What is the MAIN reason you are not currently receiving treatment for your emotional, mental or behavioral problems?

	Weighted Percent	Population Estimates	Actual Responses
Could not afford it	40.9	1,559	11
Didn't feel I needed help	29.2	1,114	12
No services available	14.4	547	2
Shame, embarrassment	9.2	350	1
Transportation problems/No one to take me	0.7	25	1
Other	5.6	215	3
Total	**100.0**	**3,810**	**30**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those not currently receiving treatment, 2 in 5 indicated they cannot afford it (40.9%); 29.2% indicated they do not feel they need help.

OBESITY

Obesity

Healthy People 2010 Goal:
Reduce the proportion of adults who are obese to 15%.

Overweight is the excess amount of body weight that includes muscle, bone, fat, and water, while obesity is the excess accumulation of body fat. Obesity for adults is measured using the Body Mass Index (BMI). According to the Centers for Disease Control and Prevention (CDC), the BMI is more correlated with body fat than any other indicator. The BMI is a ratio of an individual's weight-to-height (weight in kilograms over the square of height in meters). Individuals with a BMI of 25-29.9 are considered "overweight" and those with a BMI of 30 or more are considered "obese."

Obesity is directly caused by two factors: poor nutrition and lack of physical activity. Poor nutrition refers to the consumption of foods high in calories and often with inadequate nutritional content. Individuals who are inactive do not burn all of these calories and unused calories are converted to fat.

Obesity has serious medical consequences. It can lead to increased risk for type 2 diabetes, hypertension, coronary heart disease, ischemic stroke, colon cancer, gall bladder disease, osteoarthritis, and obstructive sleep apnea.

Important Statistics about Obesity

- About two thirds of adults 20 years of age or older in the United States are overweight (BMI at or over 25); almost one third are obese (BMI at or over 30).[114]
- The CDC ranks obesity, after smoking, as the second leading cause of preventable death in the United States. It accounts for approximately 280,000 deaths each year.[115]
- Obesity accounts for $22.2 billion, or 19 percent, of the total cost of heart disease.[116]

[114] Weight Control Information Network, National Institute of Health, 2001. http://win.niddk.nih.gov/statistics/index.htm

[115] Ibid.

[116] Coldilz, G.A. Economic costs of obesity. Medicine & Science in Sports & Exercise, 1999, S663-S667.

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Obesity?

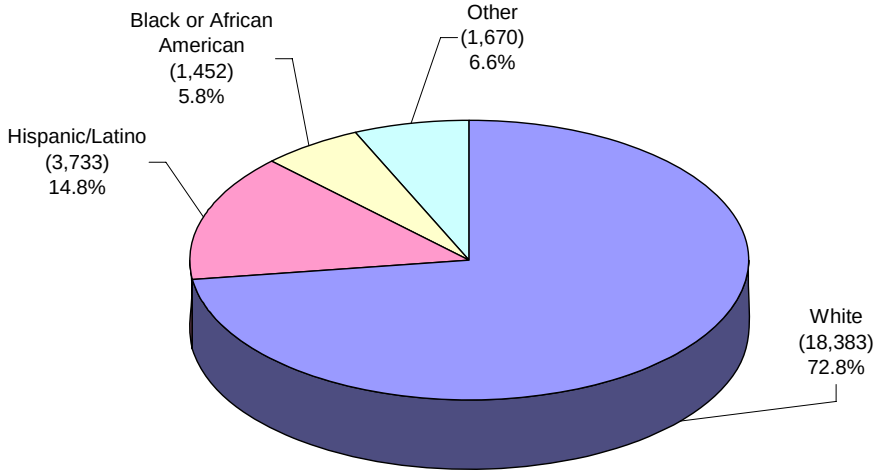
	Weighted Percent	Population Estimates	Actual Responses
Yes	8.0	25,382	133
No	92.0	291,329	1,351
Total	**100.0**	**316,711**	**1,487**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- 8% of respondents have been diagnosed by a doctor, nurse, or other health care professional with obesity as a medical condition. This represents approximately 25,382 residents.

Race/Ethnicity Analyses for Adults Diagnosed with Obesity

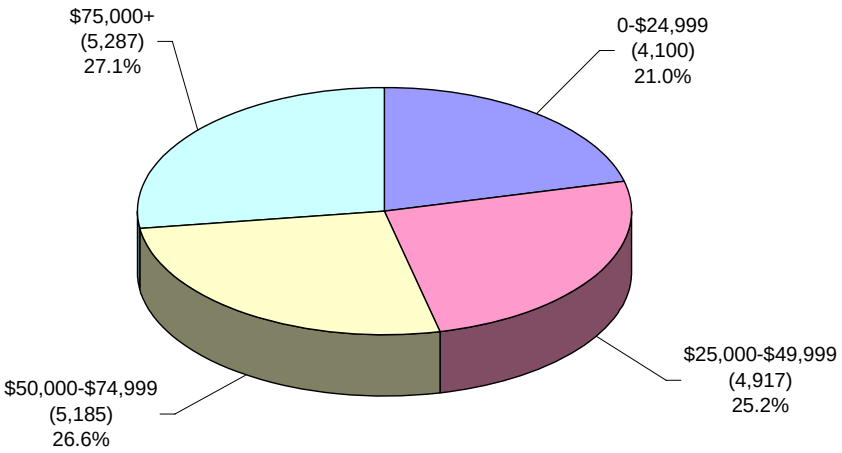
Race/Ethnicity of Adults Diagnosed with Obesity



- Almost 15% of residents diagnosed with obesity are Hispanic/Latino; the majority (72.8%) is White.
- 8.2% of White and 6.2% of Hispanic/Latino residents have been diagnosed with obesity (graph not included).

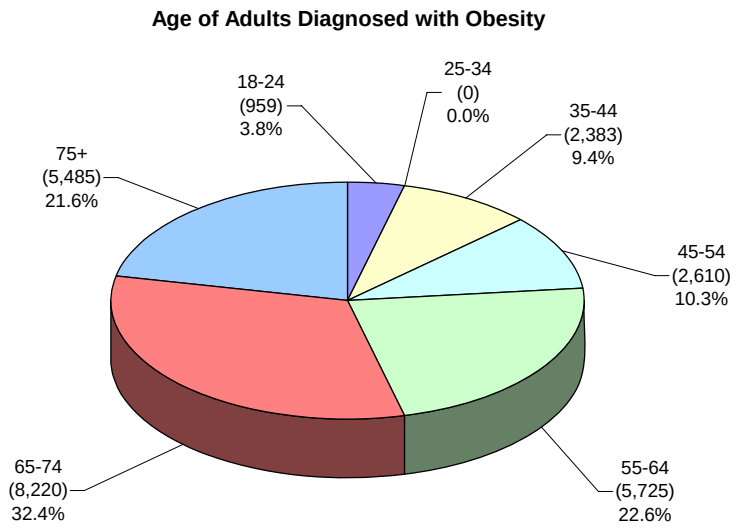
Income Analyses for Adults Diagnosed with Obesity

Income of Adults Diagnosed with Obesity

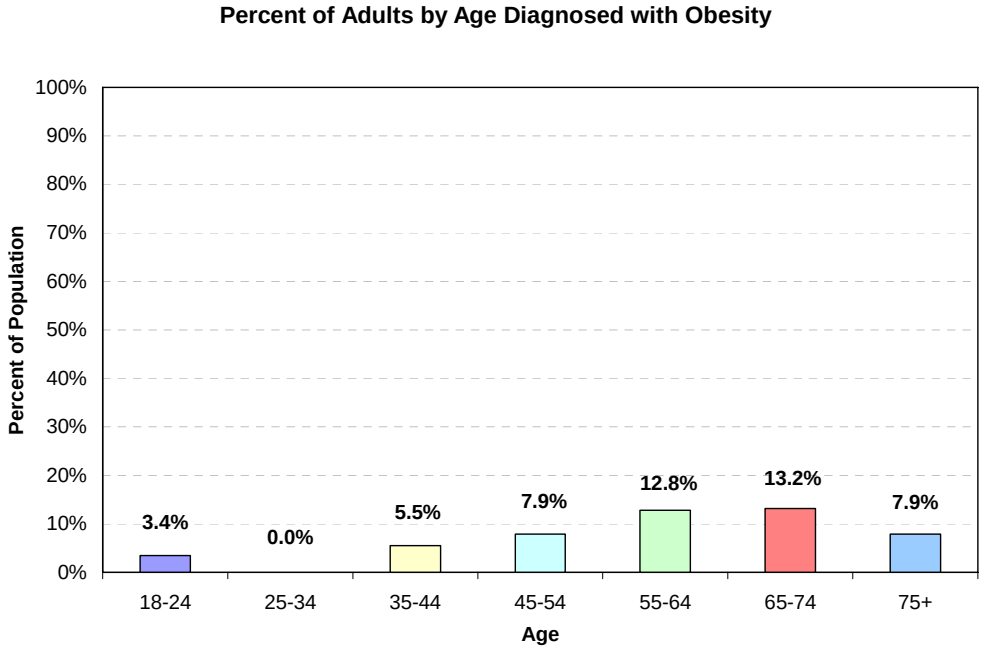


- Almost 54% of residents diagnosed with obesity earn $50,000 or more annually.
- While the proportion of residents in the lowest income category diagnosed with obesity is highest at 10.7%, the proportion of obese residents in the other income categories is not very different (6.2% for those earning $25,000-$49,999; 9.6%, for those earning $50,000-$74,999; and 8.0% for those in the highest income category (graph not included)).

Age Analyses for Adults Diagnosed with Obesity

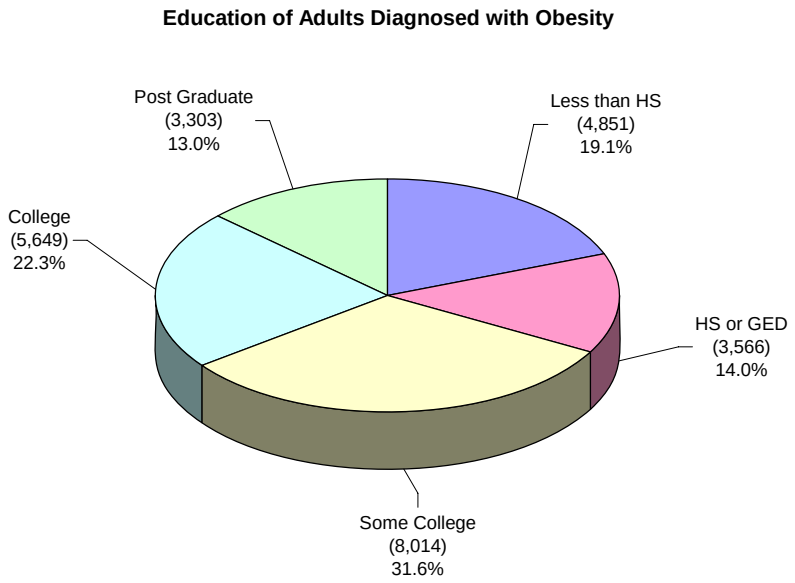


- Almost 1 in 3 residents diagnosed with obesity are between 65 and 74 years of age; 76.6% are 55 years of age or older.

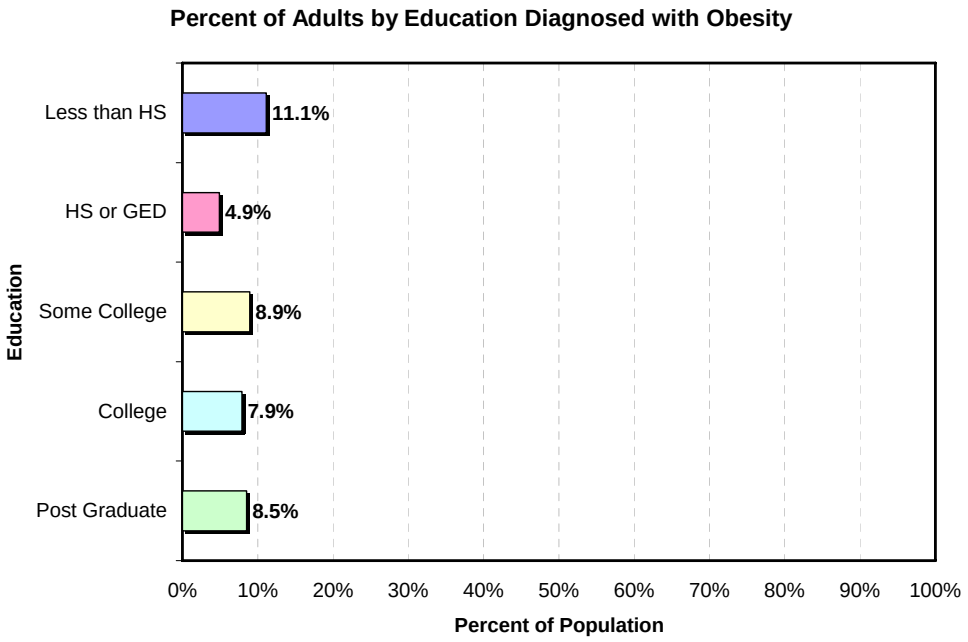


- Beginning with residents 25-34 and ending with residents 65-74, the proportion diagnosed with obesity increases.

Education Analyses for Adults Diagnosed with Obesity



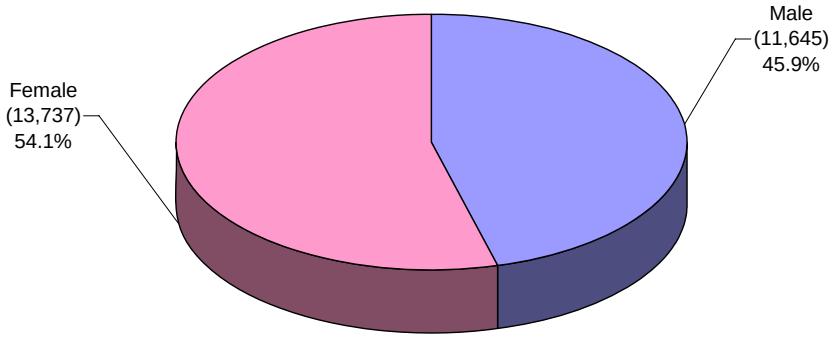
- About 1 in 3 residents diagnosed with obesity has a high school degree or less education; about the same proportion has completed some college (31.6%) and has a college or post graduate degree (35.3%).



- Residents with less than a high school degree are more likely than residents with more education to report receiving a diagnosis of obesity; however, some differences are not too pronounced.

Gender Analyses for Adults Diagnosed with Obesity

Gender of Adults Diagnosed with Obesity



- Of residents diagnosed with obesity, 54.1% are female and 45.9% are male.
- Approximately 8% of males (7.8%) and females (8.2%) reported they have been diagnosed with obesity (graph not included).

Summary of Analyses for Adults Diagnosed with Obesity

- About equal proportions of White and Hispanic/Latino residents have been diagnosed with obesity.
- Between 10% and 6% of residents in each income category have been diagnosed with obesity.
- Beginning with residents 25-34 and ending with residents 65-74, the proportion diagnosed with obesity steadily increases.
- Residents with less than a high school degree are more likely than residents with more education to report receiving a diagnosis of obesity.
- Approximately 8% of both males and females report they have been diagnosed with obesity.

RESPIRATORY DISEASE—EMPHYSEMA

Respiratory diseases primarily affect the lungs, causing difficulty breathing and a decreased supply of oxygen to the body through the bloodstream. Chronic obstructive pulmonary disease (COPD) refers to two related diseases: chronic bronchitis and emphysema.

Emphysema destroys the lung tissues necessary to support the physical shape and function of the lung. It is a long-term, progressive disease of the lungs that primarily causes shortness of breath. Other symptoms include cough and limited tolerance for exercise. Over time, those with COPD have difficulty breathing because their air passageways become clogged with mucus. Damage to the air passageways and lungs is irreversible. Other types of lung diseases are asthma, cystic fibrosis, lung cancer, pneumonia, and tuberculosis.

Important Statistics about Emphysema

- Emphysema is a major cause of death and disability. It is the fourth leading cause of death in the United States, accounting for over 100,000 annual deaths, yet it is not a highly publicized disease. Smoking is a major risk factor and cause of emphysema.[117]
- Between 16-30 million people are currently affected by emphysema in the United States.[118]

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Respiratory Disease or Emphysema?

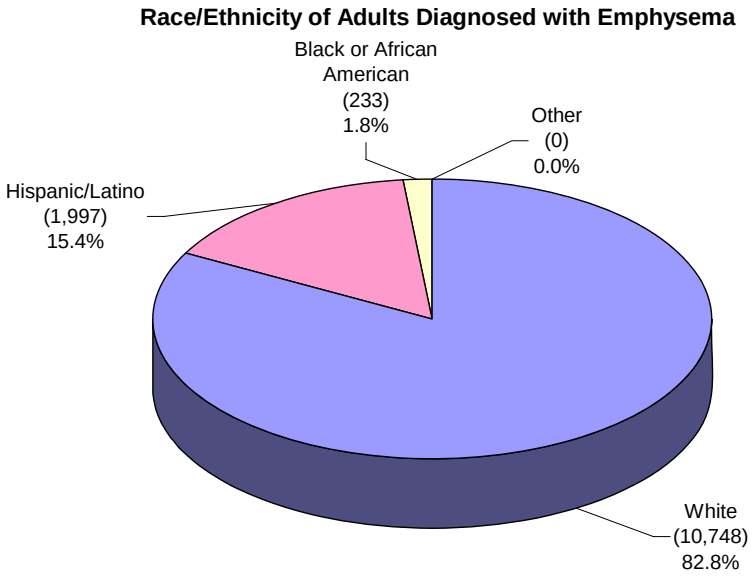
	Weighted Percent	Population Estimates	Actual Responses
Yes	4.2	13,191	101
No	95.8	303,901	1,390
Total	**100.0**	**317,092**	**1,491**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 4% of respondents have been told by a doctor, nurse, or other health care professional they have respiratory disease or emphysema.

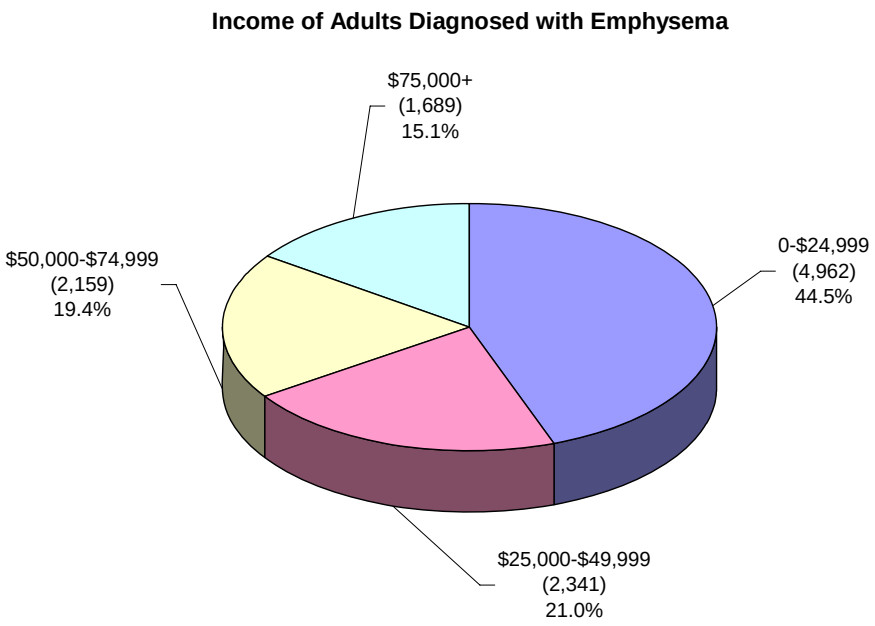
[117] National Emphysema Foundation. http://www.aemphysemafoundation.org:9001/nefusa/
[118] Ibid.

Race/Ethnicity Analyses for Adults Diagnosed with Emphysema

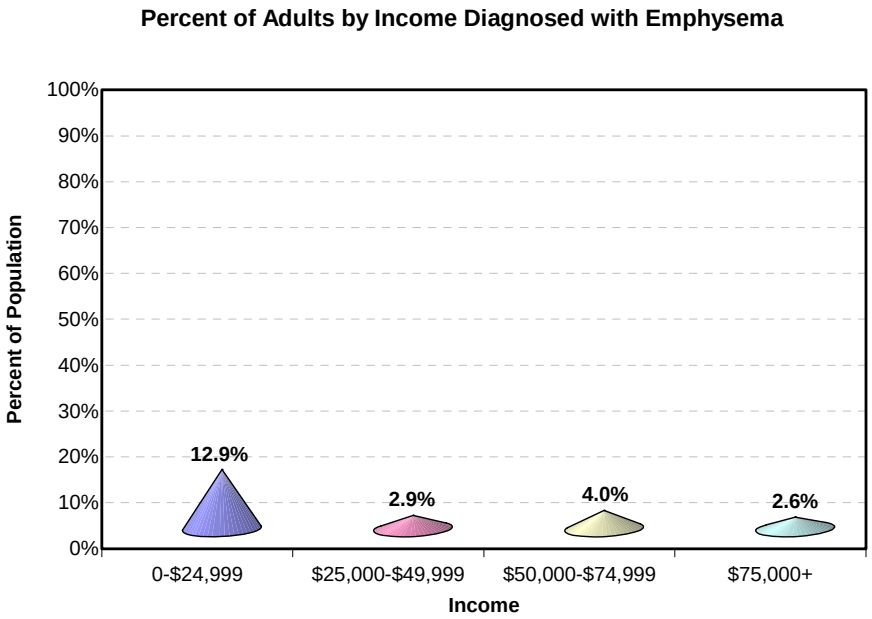


- The majority of DHCD residents diagnosed with emphysema are White and 15.4% are Hispanic/Latino.
- 4.8% of Whites and 3.3% of Hispanic/Latino residents reported having emphysema (graph not included).

Income Analyses for Adults Diagnosed with Emphysema



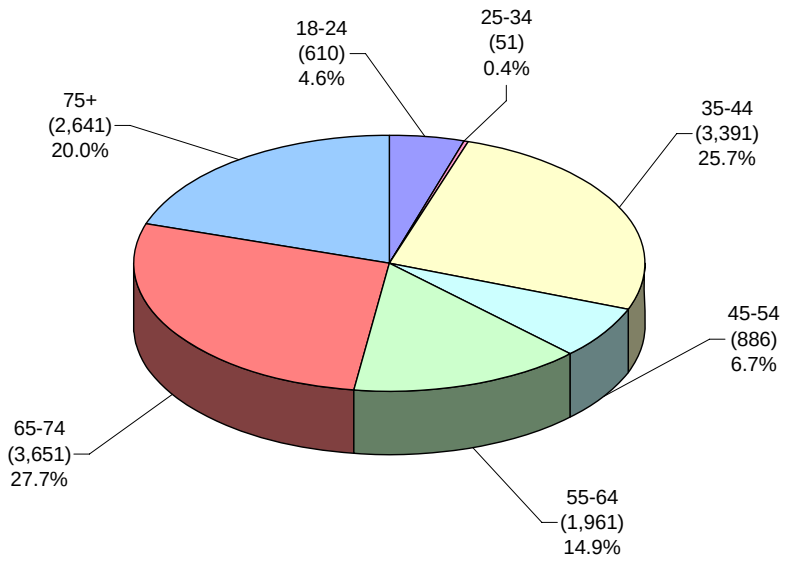
- Of the residents diagnosed with emphysema, the largest proportion (44.5%) report incomes between zero and $24,999 annually.



- DHCD residents with the lowest incomes report the highest rate of emphysema (12.9%) compared to 4.0% or less for wealthier residents.

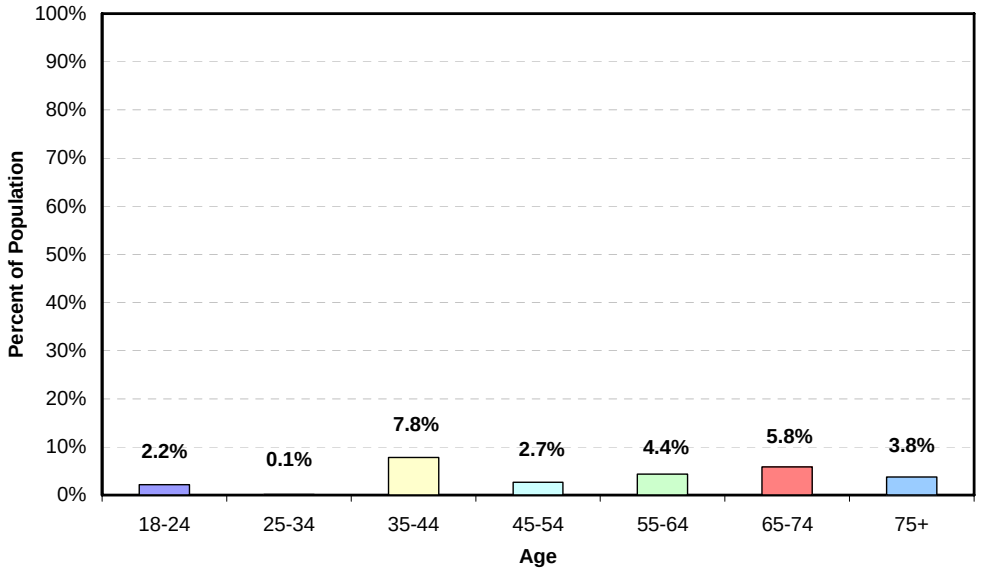
Age Analyses for Adults Diagnosed with Emphysema

Age of Adults Diagnosed with Emphysema



- One in five residents diagnosed with emphysema are 75 or older; over 1 in 4 (27.7%) are 65-74.

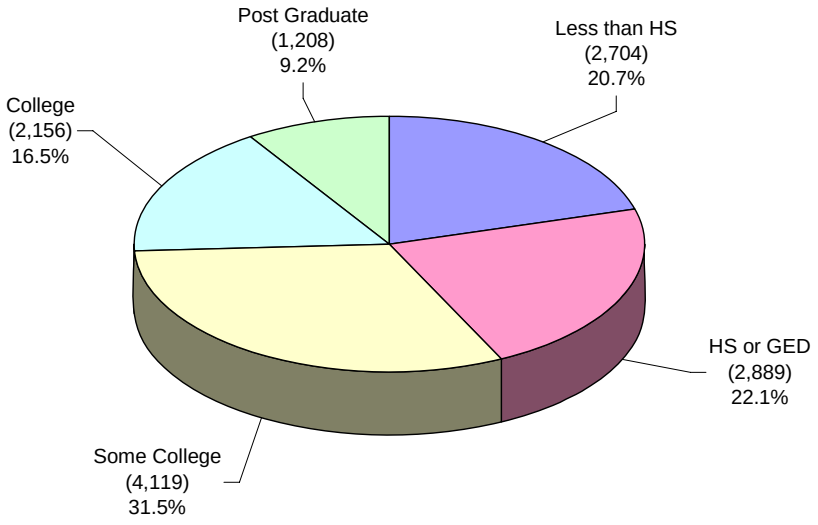
Percent of Adults by Age Diagnosed with Emphysema



- Comparing residents in different age groups, those 35-44 have the highest rate (7.8%) of emphysema, followed by residents 65-74 (5.8%) and 55-64 (4.4%).

Education Analyses for Adults Diagnosed with Emphysema

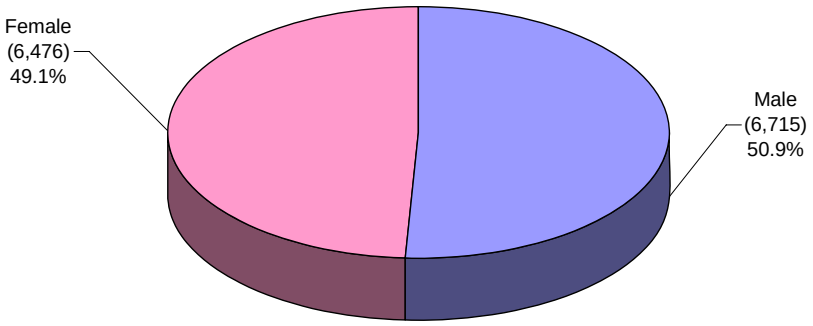
Education of Adults Diagnosed with Emphysema



- About 43% of DHCD residents with emphysema report a high school degree or less education.
- Of residents with less than a high school degree, 6.2% have been diagnosed with emphysema. Proportions fall to 4.0%, 4.7%, 3.0%, and 3.1%, respectively, as the level of education increases (graph not included).

Gender Analyses for Adults Diagnosed with Emphysema

Gender of Adults Diagnosed with Emphysema



- Of those with emphysema, approximately equal proportions are male and female.
- 4.5% of men and 3.9% of women have been diagnosed with emphysema (graph not included).

Summary of Analyses for Adults Diagnosed with Emphysema

- About equal proportions of Whites and Hispanic/Latinos have emphysema.
- DHCD residents with the lowest incomes report the highest rate of emphysema.
- Residents 35-44 have the highest rate of emphysema, followed by residents 65-74, and 55-64.
- Between 6% and 3% of residents education category have been diagnosed with emphysema.
- About equal proportions of men and women have been diagnosed with emphysema.

STROKE

Stroke

Healthy People 2010 Goal: Reduce stroke deaths to 48 deaths per 100,000 in the population.

A stroke is a type of cardiovascular disease that affects the arteries leading to and within the brain. Strokes occur when a blood vessel leading to the brain is blocked by a clot (called an ischemic stroke) or bursts (called a hemorrhagic stroke), thus depriving the brain of essential oxygen and nutrients carried within the blood stream. This causes a portion of the brain to die, which can cause long-term neurological and motor impairments.

A related condition is cerebral arteriosclerosis, which is the thickening and hardening of the artery walls in the brain. Individuals with cerebral arteriosclerosis are at increased risk of having a stroke because the blood is already restricted by the narrowing of the artery walls. Most strokes are serious; many are fatal. Risk factors for stroke include age, family history of strokes and heart disease, race, high blood pressure, high blood cholesterol, smoking, diabetes, inactivity, and/or excessive alcohol use.

Important Statistics about Strokes

- Strokes are the third leading cause of death in the United States and a leading cause of serious long-term disability. Over 160,000 people die each year from a stroke in the United States.[119]
- According to the Centers for Disease Control and Prevention (CDC), about 700,000 strokes occur in the United States each year. About 500,000 of these are first or new strokes. Nearly three-quarters of all strokes occur in people over the age of 55.[120]
- According to American Stroke Association figures, someone in the United States has a stroke every 53 seconds and someone dies of one every 3.1 minutes. The direct and indirect costs for stroke in the United States in 2002 approached $50 billion.[121]

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[119] Centers for Disease Control and Prevention (2005). *Stroke facts and statistics.* Atlanta, GA: U.S. Department of Health and Human Services, http://www.cdc.gov/stroke/stroke_facts.htm
[120] Ibid.
[121] American Heart Association (2002). Stroke - America's No. 3 killer. http://www.americanheart.org/presenter.jhtml?identifier=3002566

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Stroke?

	Weighted Percent	Population Estimates	Actual Responses
Yes	3.1	9,692	66
No	96.9	306,096	1,424
Total	**100.0**	**315,788**	**1,490**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3% of respondents have been told by a doctor, nurse, or other health care professional they have had a stroke. This represents approximately 9,700 Desert Health Care District residents.

TUBERCULOSIS

Tuberculosis

Healthy People 2010 Goal: Reduce tuberculosis to 1 new case per 100,000 in the population.

Tuberculosis (TB) is an infection caused by Mycobacterium tuberculosis bacteria that can attack any part of the body, but usually affects the lungs. TB is spread airborne from person to person through tiny droplets that are released when an individual with untreated lung TB coughs. When another person inhales these droplets, TB bacteria enter the lungs and multiply in a small area of the lung's aveoli and airways.

When the body's immune system defenses cannot control the initial TB infection, TB disease develops. Symptoms include a bad cough lasting more than two weeks, pain in the chest, coughing up blood or sputum, weakness or fatigue, weight loss, lack of appetite, chills, fever, and night sweats. TB is diagnosed using a tuberculin skin test, either the Mantoux test or PPD skin test.

The number of TB cases increased in the early 1990s, but as a result of increased funding and attention to the TB problem, there has been a steady decline in the number of persons with TB since 1992.

Important Statistics about TB

- Tuberculosis is one of the most common infections in the world. Nearly 2 billion--about one out of every three people in the world--is infected with tuberculosis.[122]
- According to the Centers for Disease Control and Prevention (CDC), there were 13,779 cases reported in the United States and 2,779 cases reported in California in 2006. California ranked 4th in the nation.[123]
- Although approximately 10 million Americans are infected with TB germs, only about 10% of those infected will develop the disease during their lifetime.[124]

[122] Centers for Disease Control and Prevention. Division of Tuberculosis Elimination National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. http://www.cdc.gov/tb/WorldTBDay/default.htm
[123] Centers for Disease Control and Prevention, 2005. *Tuberculosis Cases and Case Rate per 100,000 Population: States, 2005 and 2006* (see Table 28). Atlanta, GA: U.S. Department of Health and Human Services, http://www.cdc.gov/tb/surv/surv2006/pdf/FullReport.pdf
[124] American Lung Association, 2007. http://www.lungusa.org/site/apps/s/content.asp?c=dvLUK9O0E&b=34706&ct=67355

Q: Have you been told by a doctor, nurse, or other health care professional that you have any of the following conditions: Tuberculosis?

	Weighted Percent	Population Estimates	Actual Responses
Yes	0.3	858	8
No	99.7	316,325	1,485
Total	**100.0**	**317,183**	**1,493**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- A very small proportion (0.3%) of Desert Health Care District respondents have been told by a doctor, nurse, or other health care professional they have tuberculosis.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Seniors Aged 55+

DEMOGRAPHICS

HEALTH CARE COVERAGE

GENERAL HEALTH

DAILY CARE

NUTRITION

ELDER ABUSE

MOBILITY

TRANSPORTATION

WEIGHT CONCERNS

SENIOR DEMOGRAPHICS

This section provides general demographic characteristics for Desert Healthcare District seniors—those residents 55 years of age and older.
The tables show the percentage of responses for each question, the estimated population that those responses represent, and the actual number of respondents. Population estimates are derived using the most recent population numbers available for the region. They are calculated using a statistical weighing method that allows the survey data to more accurately reflect the entire population of the Desert Healthcare District.

Race/Ethnicity by Age

Senior Age Distribution by Race/Ethnicity

	55-64 Years	*65-74 Years*	*75 and Older*
White	88.6	94.2	94.2
Hispanic/Latino	7.1	3.9	2.1
Black or African American	3.2	0.8	1.2
Other	1.1	1.1	2.4
Total	**100.0**	**100.0**	**100.0**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Whites comprise the largest proportion of seniors in each age group.

Race/Ethnicity and Marital Status

	Weighted Percent	Population Estimates	Actual Responses
Race/Ethnicity			
White	92.8	163,084	1,027
Hispanic/Latino	4.0	7,056	39
Black or African American	1.6	2,785	18
Other	1.6	2,822	14
Total	**100.0**	**175,747**	**1098**
Marital Status			
Married	55.9	99,431	456
Widowed	15.1	26,878	265
Divorced	14.2	25,227	171
Single, never married	11.7	20,809	190
Cohabitating	2.0	3,590	21
Separated	1.1	2,023	11
Other	0.0	57	1
Total	**100.0**	**178,015**	**1115**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 92% of DHCD seniors report they are White.
- The majority (55.9%) of seniors 55 and older is married, 15.1% are widowed, 14.2% are divorced, and 11.7 report they have are single, having never married.

Citizenship

	Weighted Percent	Population Estimates	Actual Responses
Citizenship Status			
U.S. Citizen	93.9	166,931	1,078
Not a U.S. Citizen	6.0	10,754	38
Total	**100.0**	**177,685**	**1,116**
Residency Status			
Permanent Residents (of the 38 non-U.S. citizens)	33.9	3,646	25
No temporary visa (of the 13 non-permanent residents)	95.6	6,798	12

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 94% of DHCD seniors reported they are U.S. citizens; of those who are not, one-third (33.9%) reported they are permanent residents. Of those who are not permanent residents, 95.6% reported not having a temporary visa (it is possible these individuals are seasonal residents of the area).

Level of Education

	Weighted Percent	Population Estimates	Actual Responses
Education			
Less than High School	7.0	12,547	69
High School or GED	17.4	31,092	225
Some College	29.1	51,903	344
College Degree	30.5	54,373	302
Post-Graduate	15.9	28,326	176
Total	**100.0**	**178,243**	**1,116**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About equal proportions of DHCD seniors have completed some college (29.1%) and have a college degree (30.5%).

Employment Status and Income

	Weighted Percent	Population Estimates	Actual Responses
Employment Status			
Retired	69.0	122,202	747
Employed and Self-Employed	20.4	36,217	267
Homemaker	5.5	9,820	36
Unable to Work	3.0	5,251	38
Unemployed	1.5	2,554	22
Student	0.6	1,147	3
Total	**100.0**	**177,190**	**1,113**
Household Income			
Less than $25,000	12.1	15,320	159
$25,000 to $49,000	29.9	37,933	280
$50,000 to $74,999	27.2	34,511	194
$75,000 or more	30.9	39,229	187
Total	**100.0**	**126,993**	**820**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 70% of seniors report they are retired; about 1 in 5 seniors is currently employed for wages.
- Income is fairly evenly distributed in the three higher income categories.

Housing Characteristics

	Weighted Percent	Population Estimates	Actual Responses
Home Ownership			
Own	86.6	152,598	961
Rent	13.4	23,675	137
Total	**100.0**	**176,273**	**1,098**
Household Size			
1 Person	30.2	52,555	523
2 People	63.4	110,263	533
3 or More People	6.4	11,191	49
Total	**100.0**	**174,009**	**1,105**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (86.6%) of senior residents in the Desert Healthcare District report owning their home.
- The majority of seniors (63.4%) live in households with 2 people

SENIOR HEALTH CARE COVERAGE

Medicare is a federally funded health insurance program for those aged 65 and over. The Medicare plan has two main components: Part A and Part B. Medicare Part A helps pay for in-patient hospital stays, skilled nursing facilities, limited home health, and hospice care. Medicare Part A is an entitlement to seniors if they are receiving or are eligible for retirement benefits or have earned a minimum of 40 credits in Medicare-covered employment; this is usually earned in 10 years of employment. Medicare Part B helps pay for doctors' services and outpatient hospital services. Individuals 65 and older who are not automatically eligible for Medicare through employment can be eligible if they are a U.S. citizen or permanent legal resident with 5 years residency in the U.S. They may enroll in Part A, Part B, or both; however, a monthly premium is required.

Some older adults who have limited income and resources, and who qualify for Medicare, may also be eligible for Medi-Cal. Medi-Cal helps pay for medically necessary health care, including physician visits, x-rays and laboratory tests, home health care, prescription drugs, and medical equipment. Medi-Cal also assists in paying for medical deductibles, co-insurance, and Part B monthly premiums.

Important Statistics about Senior Health Care Coverage

- About 354,000 uninsured people 65 years and older in the United States—approximately 1.1% of the country's elderly—had no health insurance in 2000. The uninsured elderly were more likely to be relatively younger (65 to 74 years old) and to be unmarried (divorced, widowed or never married). The proportion of African American, Asian American and Hispanic uninsured exceeded their proportions in the general population.[125]
- In 2000, 72.3% of the uninsured were aged 65 to 74; 24.3% were 75 to 84; and 3.4% were 85 or older.[126]

[125] *Surprising Number* of *U.S. Elders Do Not Have Health Insurance Coverage - Not Even Medicare.* American Academy of Family Physicians. http://www.aafp.org/online/en/home/press/aafpnewsreleases/april/seniorsinsurance.html
[126] Ibid.

Senior Health Care Insurance Coverage

Q: Do you have ANY kind of health care coverage including health insurance, prepaid plans such as HMO's or government plans such as Medicare, Medi-Cal (IEHP) or the VA (CHAMP-VA)?

	Weighted Percent	Population Estimates	Actual Responses
Yes	96.9	128,717	794
No	3.1	4,056	16
Total	**100.0**	**132,772**	**810**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The vast majority of seniors 65 and older have health care coverage (96.9%); 3.1% do not have insurance coverage.

Medicare Part B

Q: Thinking about your medical coverage, do you have Medicare Part B?

	Weighted Percent	Population Estimates	Actual Responses
Yes	82.6	90,464	614
No	14.4	19,118	66
Total	**100.0**	**109,582**	**680**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 80% of residents 65+ indicated they have Medicare Part B insurance, leaving an estimated 19,118 residents (14.4%) without this type of coverage.

Supplemental Insurance

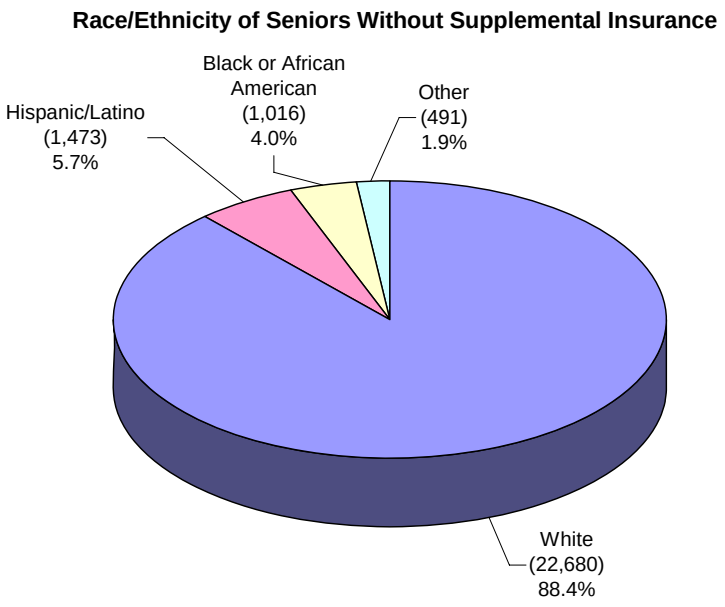
Q: Do you have supplemental insurance

	Weighted Percent	Population Estimates	Actual Responses
Yes	78.7	95,365	539
No	21.3	25,839	207
Total	**100.0**	**121,204**	**746**

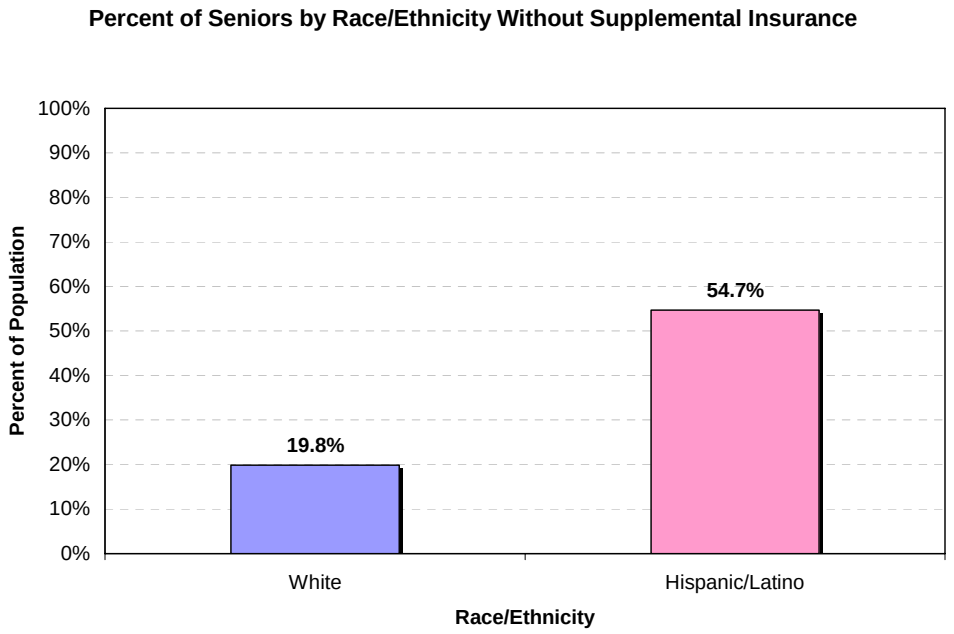
Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 3 in 4 residents 65+ indicated they have supplemental insurance; however 21.3% (over 25,800 residents) do not have supplemental insurance.

Race/Ethnicity Analysis for the 21.3% of Seniors Without Supplemental Insurance

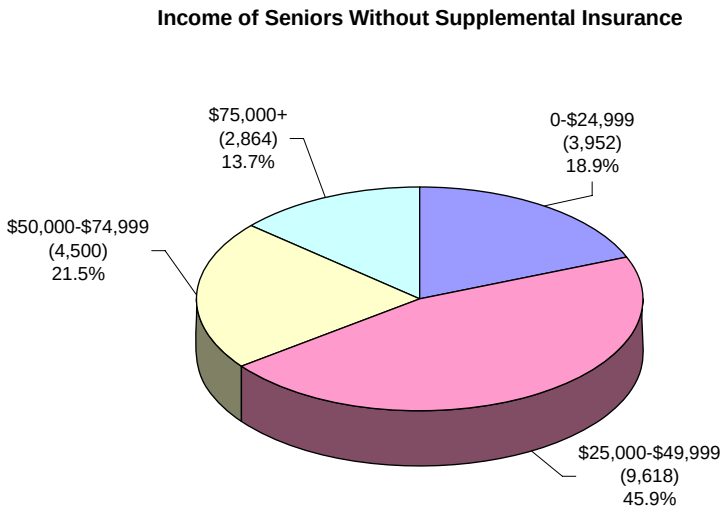


- The majority (88.4%) of seniors without supplemental insurance are White.

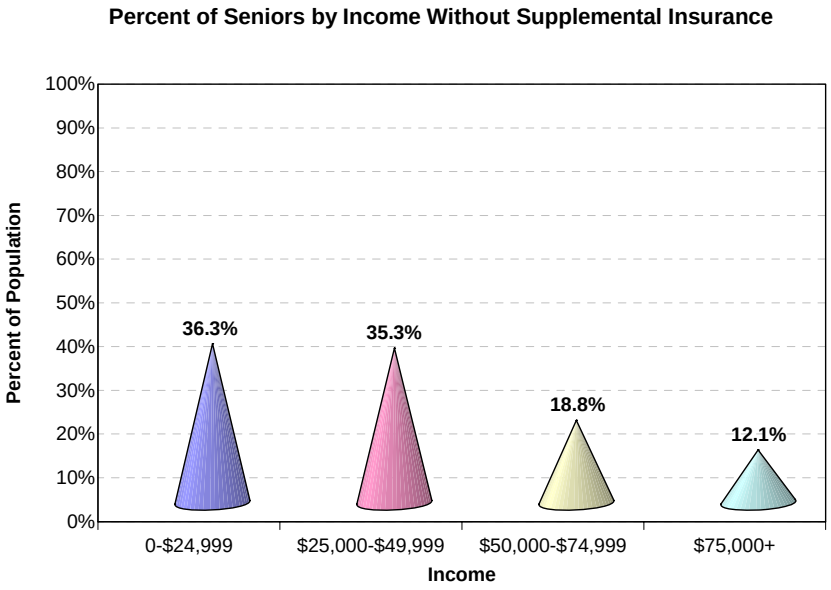


- Over half (54.7%) of Hispanic/Latino seniors are without supplemental insurance; about 20% of Whites (19.8%) lack supplemental insurance.

Income Analysis for the 21.3% of Seniors Without Supplemental Insurance



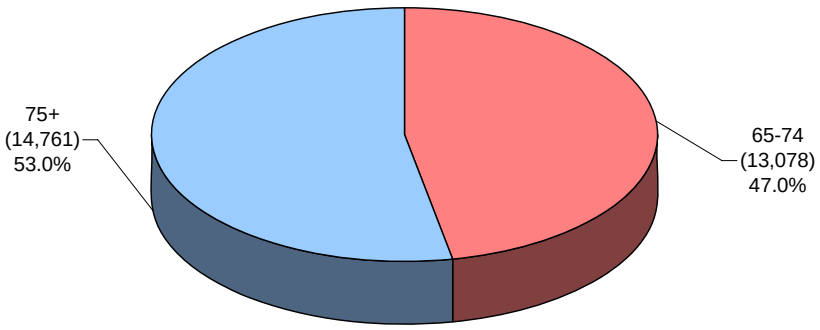
- The majority (64.8%) of seniors without supplemental health insurance have incomes less than $50,000.



- Equal proportions of respondents earning less than $25,000 annually (36.3%) and $25,000-$49,999 (35.3%) do not have supplemental insurance; proportions are lower for respondents with more income.

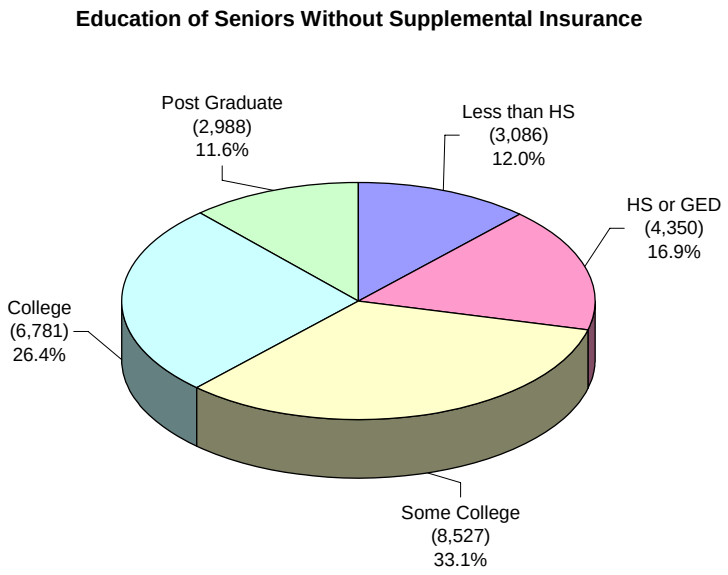
Age Analysis for the 21.3% of Seniors Without Supplemental Insurance

Age of Seniors Without Supplemental Insurance

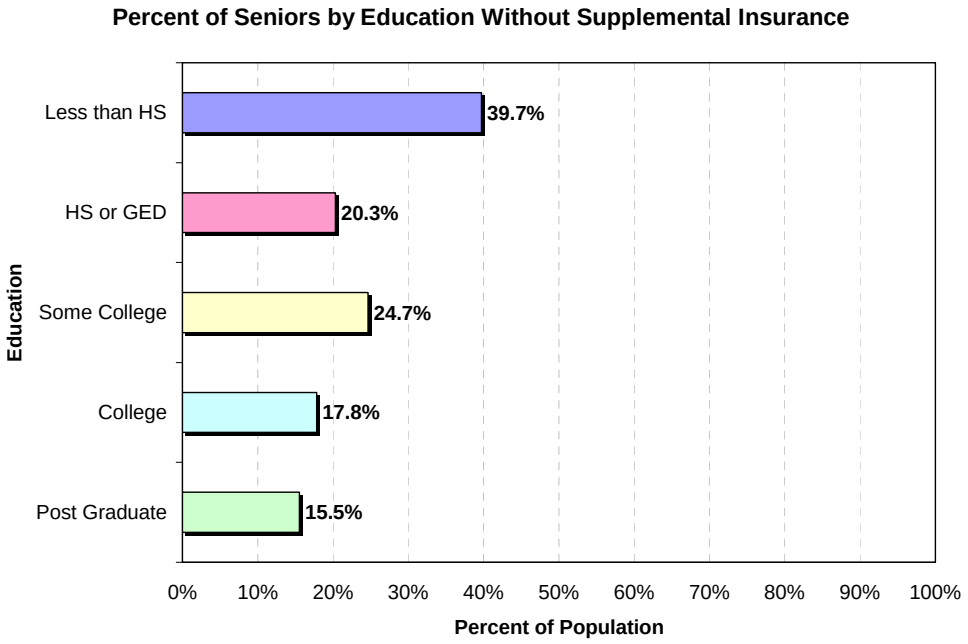


- Approximately half (50.6%) of seniors without supplemental insurance are 65-74 and half (49.4%) are 75 and older.
- Approximately equal proportions of seniors 65-74 (22.4%) and 75+ (20.8%) do not have supplemental insurance (graph not included).

Education Analysis for the 21.3% of Seniors Without Supplemental Insurance



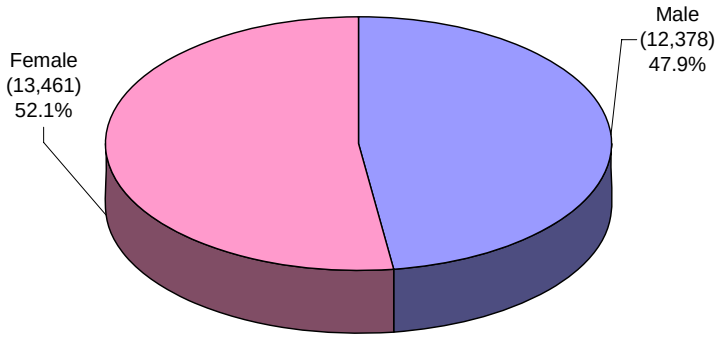
- One-third (33.1%) of seniors without supplemental insurance have some college; 28.9% have a high school/GED or less education.



- Two in five (39.7%) seniors with less than a high school education do not have supplemental insurance; additionally, one-quarter (24.7%) of seniors with some college lack this type of coverage, as do 1 in 5 seniors with a high school diploma or GED.

Gender Analysis for the 21.3% of Seniors Without Supplemental Insurance

Gender of Seniors Without Supplemental Insurance



- Of the seniors 65+ without supplemental insurance, 52.1% are female and 47.9% are male.
- Nearly 1 in 4 males (23.9%) and 1 in 5 females (19.4%) do not have supplemental insurance (graph not included).

Summary Analyses for the 21.3% of Seniors Without Supplemental Insurance

- Hispanic/Latino seniors are 2.5 times more likely than White seniors to be without supplemental insurance.
- Seniors with lower incomes are more likely to lack supplemental insurance.
- Equal proportions of seniors age 65-74 and 75+ are without supplemental insurance.
- Those with less than a high school education are at least 1.5 times more likely to be without supplemental health insurance than any other education category.
- Males are only slightly more likely to lack supplemental insurance.

SENIOR GENERAL HEALTH

Older adults are living longer, developing more chronic conditions, and experiencing a higher prevalence of functional limitations as they age. Maintaining good health enables older adults to remain independent, stay socially engaged, and enjoy a good quality of life. General health is measured by asking respondents to assess their own health status as excellent, very good, good, fair or poor.

Important Statistics about General Health

- Data (January to March 2007) from the Centers for Disease Control and Prevention (CDC) show that 38.3% of adults aged 65 and older rated their health as excellent or very good; 39.0% of males and 37.8% of females rated their health as excellent or very good.[127]
- For persons of all ages, the percent reporting excellent or very good health was 65.9%.[128]

General Health

Q: Would you say, in general, that your health is excellent, very good, good, fair or poor?

	Weighted Percent	Population Estimates	Actual Responses
Excellent	21.6	38,465	266
Very Good	36.1	64,371	379
Good	25.8	45,989	274
Fair	12.4	22,023	134
Poor	4.1	7,340	62
Total	**100.0**	**178,187**	**1,115**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (36.1%) of Desert Healthcare District seniors rated their health as "very good," followed by 25.8% who indicated "good." About 1 in 5 indicated their health is "excellent" and 16.5% rated their health as fair or poor.

[127] Early Release of Selected Estimates Based on Data from the January-March 2007 National Health Interview Survey: Personal Care Needs. Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/nhis/earlyrelease/200709_11.pdf
[128] Ibid.

Q: What is the main reason you think your health is fair or poor?

	Weighted Percent	Population Estimates	Actual Responses
Chronic illnesses	32.1	8,965	72
Physical disabilities	27.3	7,633	37
Severe illnesses	26.6	7,424	42
Mental or emotional health problems	5.3	1,472	7
Old age	5.1	1,412	18
Other	3.7	1,036	4
Total	**100.0**	**27,943**	**180**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those rating their health as fair or poor, the largest proportion (32.1%) cited chronic illness as the main reason, followed by 27.3% who cited physical disabilities, and 26.6% who have severe illnesses.

SENIOR DAILY CARE

Seniors who live alone sometimes need assistance with the activities of daily living (ADLs). Activities of daily living, sometimes referred to as personal care needs, are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring. When people are unable to perform these activities, they need help either from other human beings, mechanical devices, or both.

Although persons of all ages may have problems performing ADLs, prevalence rates are much higher for seniors. Within the senior population, problems performing ADLs rise steeply with advancing age and are especially high for persons aged 85 and older. Measuring prevalence is critical because ADLs are significant predictors of admission to a nursing home; use of physician services, paid home care, and hospital services; changes in living arrangements; and increased mortality for seniors.

Seniors sometimes need assistance with the instrumental activities of daily living (IADLs) such as shopping, doing light housework, and paying bills. A range of home support services are available in many communities to provide assistance with ADLs and IADLs so that seniors can continue living independently in their own homes.

Important Statistics about Senior Daily Care

- According to the Centers for Disease Control and Prevention, the percent of adults aged 65 and over who needed help with personal care from another person from January-March, 2007 was 7.5%.[129]
- In 2006, the percent of adults 65+ who needed help with personal care from another person was 6.1%; the annual percent has ranged from 6.1% to 7.5% during the past decade.[130]

Q: Does someone help you with your daily care such as dressing, bathing, or feeding?

	Weighted Percent	Population Estimates	Actual Responses
Yes	3.2	5,527	43
No	96.8	166,846	1,044
Total	**100.0**	**172,373**	**1,087**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3% of the Desert Healthcare District's senior residents indicated that someone helps them with their daily care activities.

[129] Early Release of Selected Estimates Based on Data from the January-March 2007 National Health Interview Survey: Personal Care Needs. Centers for Disease and Prevention. http://www.cdc.gov/nchs/data/nhis/earlyrelease/200709_12.pdf
[130] Ibid.

Q: If you need help is there someone to assist you?

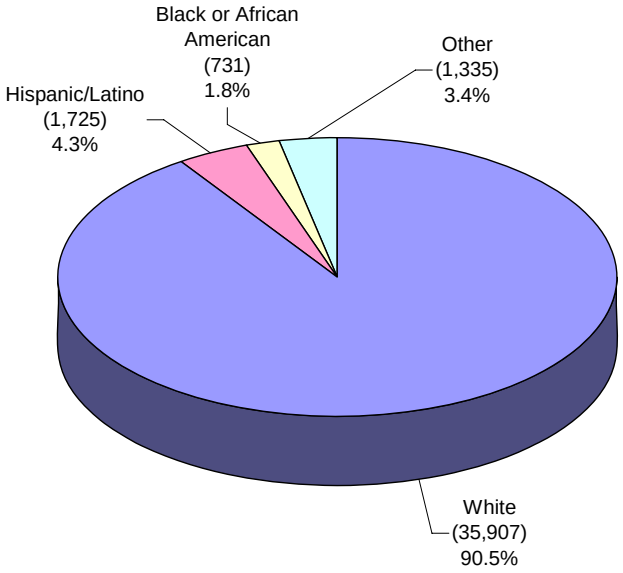
	Weighted Percent	Population Estimates	Actual Responses
Yes	76.3	129,582	767
No	23.7	40,256	300
Total	**100.0**	**169,838**	**1,067**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3 in 4 (76.3%) seniors report that someone is available to assist them if they require help; 23.7% of seniors do not have someone to help them if they need it.

Race/Ethnicity Analysis for the 23.7% of Seniors Without Someone to Assist Them

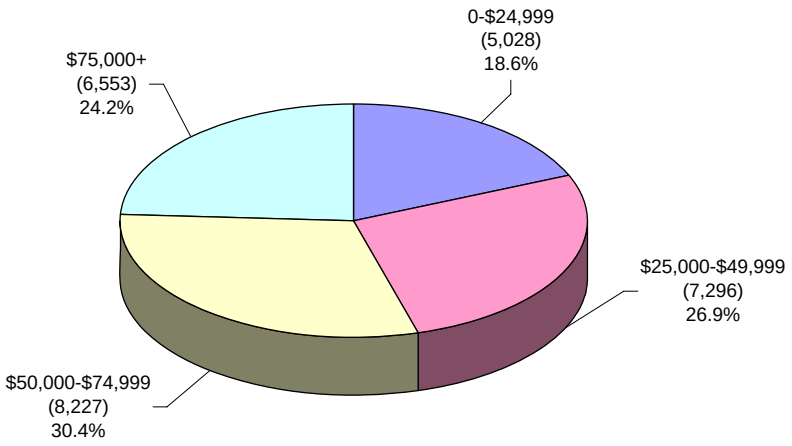
Race/Ethnicity of Seniors Without Someone to Assist Them



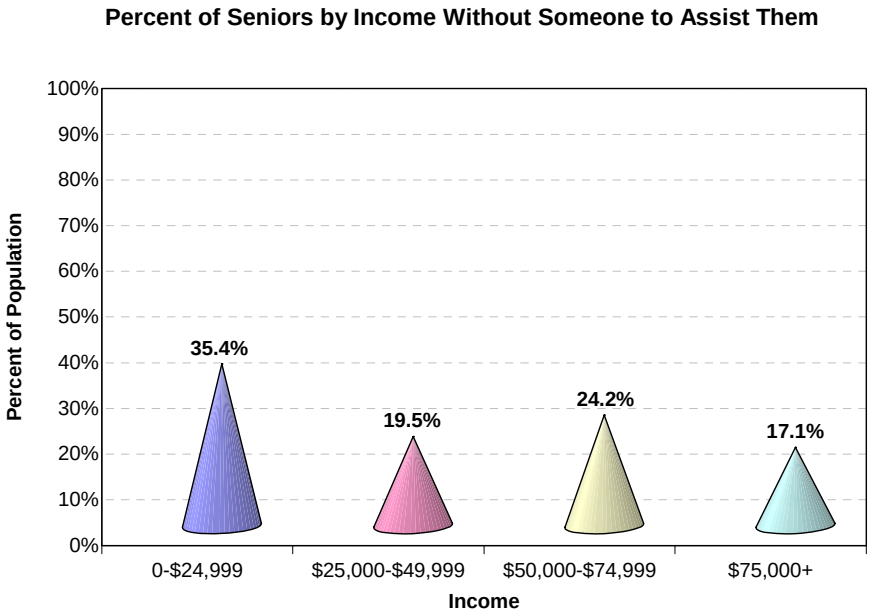
- The majority (90.5%) of seniors without someone to assist them is White; 4.3% are Hispanic/Latino.

- Whites (22.9%) and Hispanics/Latinos (27.4%) are approximately equally likely to be without someone to assist them (graph not included).

Income Analysis for the 23.7% of Seniors Without Someone to Assist Them

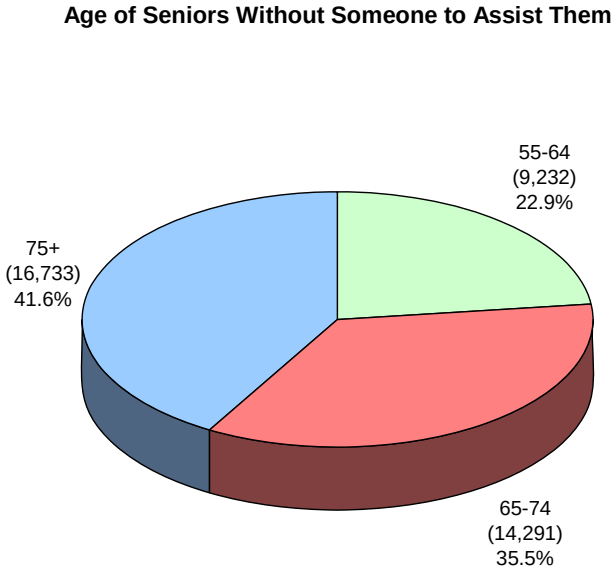


- Of seniors without someone to assist them, 18.6% reported incomes less than $25,000; the largest proportion (30.4%) earn between $50,000 and $74,999 annually.

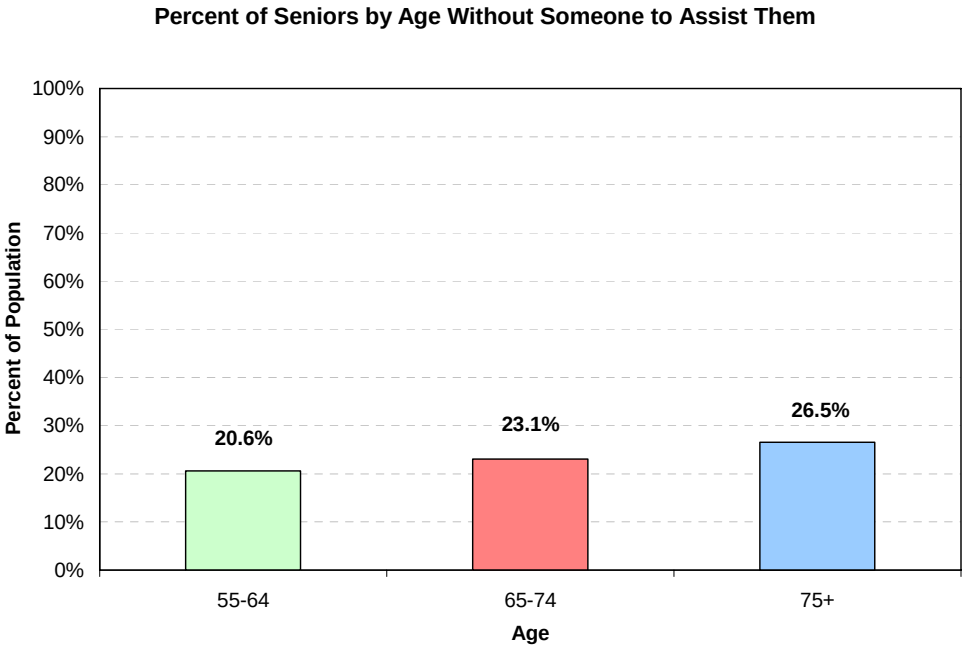


- Over one-third (35.4%) of seniors with incomes below $25,000 are without someone to assist them; 24.2% of those with incomes between $50,000 and $74,999 are also without assistance if needed.

Age Analysis for the 23.7% of Seniors Without Someone to Assist Them



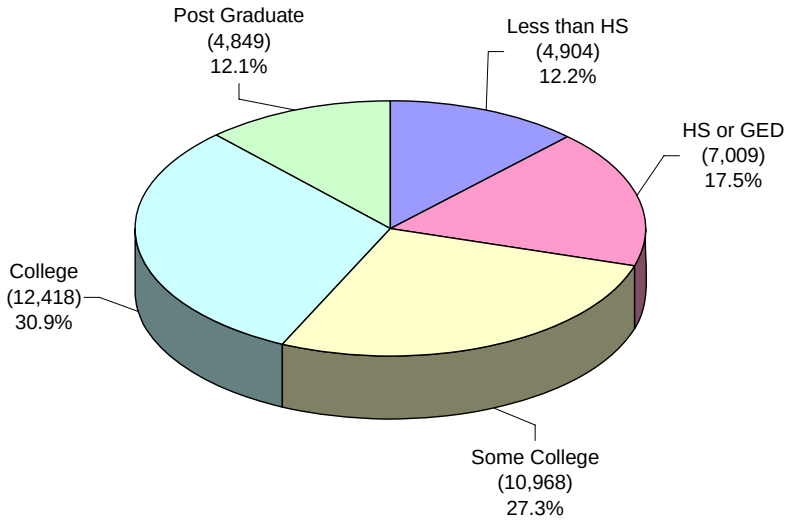
- More than 2 in 5 (41.6%) seniors without someone to assist them if they need it are 75+.



- At least 20% of seniors from each category are without someone to assist them; being without this assistance is more likely as residents age.

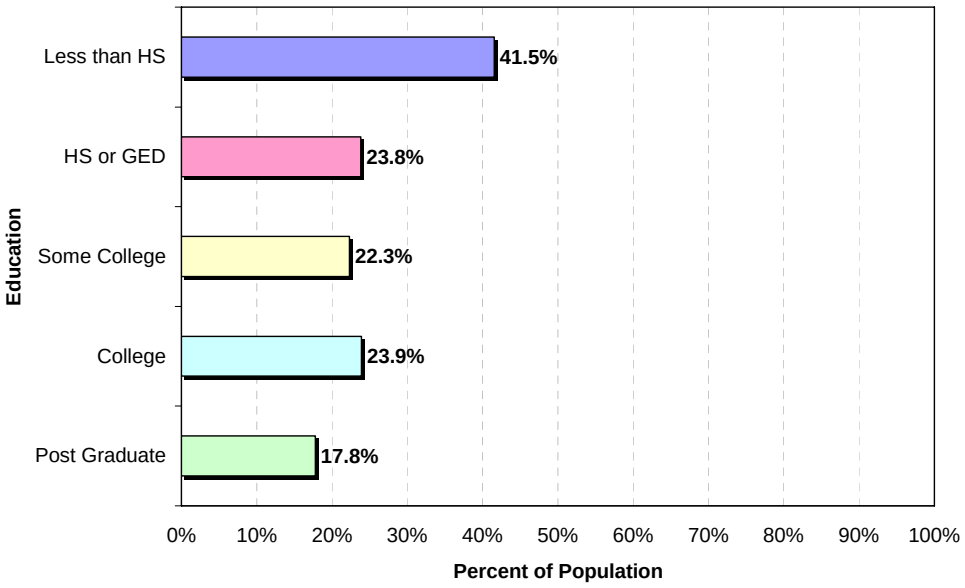
Education Analysis for the 23.7% of Seniors Without Someone to Assist Them

Education of Seniors Without Someone to Assist Them



- The majority of seniors (57.0%) without someone to assist them report some college education or less education; 30.9% have a college education.

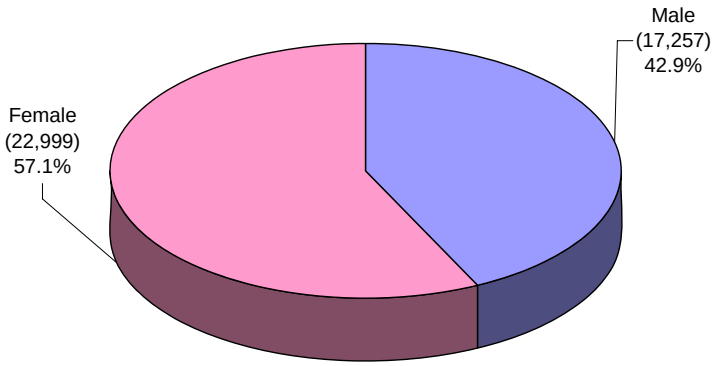
Percent of Seniors by Education Without Someone to Assist Them



- Two in five seniors (41.5%) with less than a high school education are without someone to assist them; 17.8% of seniors with post graduate educations lack someone to assist them as do between 22% and 34% of seniors in the other educational attainment categories.

Gender Analysis for the 23.7% of Seniors Without Someone to Assist Them

Gender of Seniors Without Someone to Assist Them



- Females comprise 57.1% of seniors without someone to assist them in their daily care activities if they needed it.
- Equal proportions of males (23.1%) and females (24.2%) are without someone to assist them (graph not included).

Summary Analyses for the 23.7% of Seniors Without Someone to Assist Them

- Hispanic/Latino and White seniors are equally likely not to have someone to assist them in their daily care activities if they needed it.
- Senior residents most likely to be without someone to assist them earn incomes less than $25,000.
- Respondents from each age categories are about as equally likely not have someone to assist them if they need it.
- Seniors with less than a high school education are nearly twice as likely to be without someone to assist them.
- Males and females are equally likely not to have someone to assist them in their daily care activities.

SENIOR NUTRITION

Nutrition is a fundamental element of healthy human development and a vital contributor to the overall health of seniors. Healthy eating provides essential energy and nutrients for general wellbeing, maintenance of health and functional autonomy, and prevention of chronic diseases at older ages. Combined with physical activity, good nutritional status is a key element for seniors to remain independent, maintain their quality of life, and avoid progression of chronic conditions.

Seniors over 60 years of age who meet the eligibility requirements may receive a meal subsidized by the federal government under the Older Americans Act. The meals are provided at the community level for those who are homebound.

Important Statistics about Senior Nutrition

- The federal nutrition program is the largest publicly funded nutrition service for older adults in the country.[131]
- Local providers that deliver meals to the homebound elderly are oversubscribed; 40% nationwide and 30% in California have waiting lists. At the same time, senior centers are struggling to entice 60- and 70-year-olds to come in and dine.[132]
- Fourteen percent of congregate meal program participants and 26% of home-delivered participants are 85 years and older.[133]
- The needs of the homebound are growing. Over the last 20 years, home-delivered meals, which are pricier than those offered in senior centers, have gone from 15% of the elderly nutrition program to about 58%, according to the Administration on Aging.[134]

[131] *Meals on Wheels. Articles.* Meals on Wheels Association of America. http://www.mowaa.org/displayContent.asp?MemberNo=5E5C58&type=&CurrentNo=5E5C57
[132] Ibid.
[133] *Meals on Wheels. How Great is the Need?* Meals on Wheels Association of America. http://www.mowaa.org/displayContent.asp?MemberNo=5E5C58&type=&CurrentNo=5E5C57
[134] Ibid.

Q: Do you feel that you are getting enough to eat on a daily basis?

	Weighted Percent	Population Estimates	Actual Responses
Yes	97.4	167,783	1,044
No	2.6	4,495	42
Total	**100.0**	**172,278**	**1,086**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 4,500 seniors 55+ reported they are not getting enough to eat on a daily basis.

ELDER ABUSE

Elder mistreatment, or elder abuse, refers to acts of commission or omission that result in harm, or threats to harm, the health or welfare of an older adult, occurring within any relationship in which there is an expectation of trust. Elder abuse also includes psychological or physical abuse, neglect by a family member, relatives or strangers taking financial advantage of seniors, and self-neglect (the most common form of abuse).

Important Statistics about Elder Abuse

- According to the best available estimates, between 1 and 2 million Americans age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.[135]
- Estimates of the frequency of elder abuse range from 2% to 10% based on various sampling, survey methods, and case definitions.[136]
- Current estimates put the overall reporting of financial exploitation at 1 in 25 cases, suggesting there may be at least 5 million financial abuse victims each year.[137]
- In 2003, state Long Term Care Ombudsman programs nationally investigated 20,673 complaints of abuse, gross neglect, and exploitation on behalf of nursing home and board and care residents. Among seven types of abuse categories, physical abuse was the most common type reported.[138]
- It is estimated that for every one case of elder abuse, neglect, exploitation, or self-neglect reported to authorities, about five more go unreported.[139]

[135] *Statistics at a Glance.* National Center on Elder Abuse, http://www.ncea.aoa.gov/ncearoot/Main_Site/Library/Statistics_Research/Abuse_Statistics/Statistics_At_Glance.aspx
[136] Ibid.
[137] Ibid.
[138] Ibid.
[139] Ibid.

Mistreatment and Neglect

Q: Has anyone mistreated or neglected you physically or mentally in the past 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Yes	2.7	4,591	33
No	97.3	167,658	1,052
Total	**100.0**	**172,249**	**1,085**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Fewer than 3% of 55+ respondents indicated they had been mistreated or neglected physically or mentally during the past 12 months. They represent approximately 4,600 seniors in the Desert Healthcare District.

Financial Abuse

Q: Has anyone (merchant, neighbor or family member) taken advantage of you financially?

	Weighted Percent	Population Estimates	Actual Responses
Yes	5.7	9,759	62
No	94.3	162,178	1,024
Total	**100.0**	**171,938**	**1,086**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 6% of seniors (9,759 residents) reported they have been taken advantage of financially by someone such as a merchant, neighbor or family member.

SENIOR MOBILITY

Senior Mobility

Healthy People 2010 Goal:
Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance.

Among older adults, falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions from trauma. The risk of being seriously injured in a fall increases with age. Falls occurring among older adults is a serious problem and may be symptomatic of untreated chronic health conditions including but not limited to osteoporosis. A fall with a fracture is a frequent precursor to long term residence in a nursing home.

Many seniors choose to avoid activities because they fear falling. By stopping activities, the physical condition of seniors may deteriorate making them even more prone to falling.

Some of the interventions to prevent falls include education on fall risk factors, referrals to community exercise programs to increase strength and balance, reviewing prescription and over-the-counter medications to reduce side effects and interactions, regular vision exams, and home modifications to reduce fall hazards.

Important Statistics about Senior Mobility

- Among older adults, falls are the leading cause of injury deaths. They are the most common cause of nonfatal injuries and hospital admissions for trauma.[140]
- The rates of fall-related deaths among older adults rose significantly over the past decades.[141]
- By 2020, the annual direct and indirect cost of fall injuries is expected to reach $43.8 billion.[142]

Note: Questions in this section were asked to respondents 45 years of age or older; however, this section presents results for older adults only, those 55 years of age and older.

[140] *Falls Among Older Adults: An Overview*. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.aoa.gov/ncipc/factsheets/adultfalls.htm
[141] Ibid.
[142] *Costs of Falls Among Older Adults*. Department of Health and Human Services, Centers for Disease Control and Prevention. http://www.aoa.gov/ncipc/factsheets/fallcost.htm

Number of Falls

Q. In the past 3 months, how many times have you fallen? A fall is when a person unintentionally comes to rest on the ground or another lower level.

	Weighted Percent	Population Estimates	Actual Responses
None	88.1	151,477	927
Once	7.6	13,102	102
Two or more falls	4.3	7,411	54
Total	**100.0**	**171,991**	**1,083**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

- About 88% of respondents age 55 and older reported they had not fallen in the past three months; 7.6% fell once and 4.3% fell more than once in the past three months.

Injuries from Falls

Q. Did this fall cause an injury? By an injury, we mean did the fall cause you to limit your regular activities for at least a day or to go see a doctor. How many of these falls caused an injury?

	Weighted Percent	Population Estimates	Actual Responses
None	56.6	11,569	88
One	38.0	7,753	53
Two or more falls	5.4	1,107	14
Total	**100.0**	**20,429**	**155**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

- Of the older adults who had fallen, the majority (about 56.6%) reported that none of their falls caused an injury. Around 7,700 residents (38.0%) reported experiencing an injury resulting from one fall; 5.4% reported that two or more falls resulted in an injury.

Fear of Falling[143]

Q. Do you have a concern or fear that you may fall?

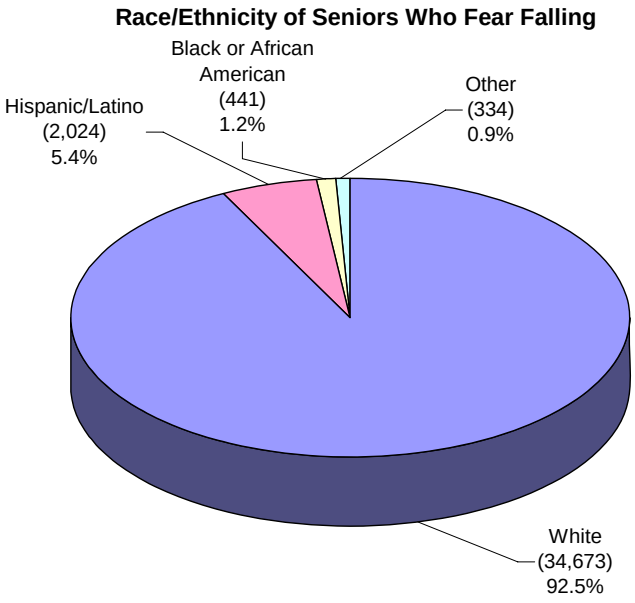
	Weighted Percent	Population Estimates	Actual Responses
Yes	25.3	38,012	229
No	74.7	112,270	703
Total	**100.0**	**150,282**	**932**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding

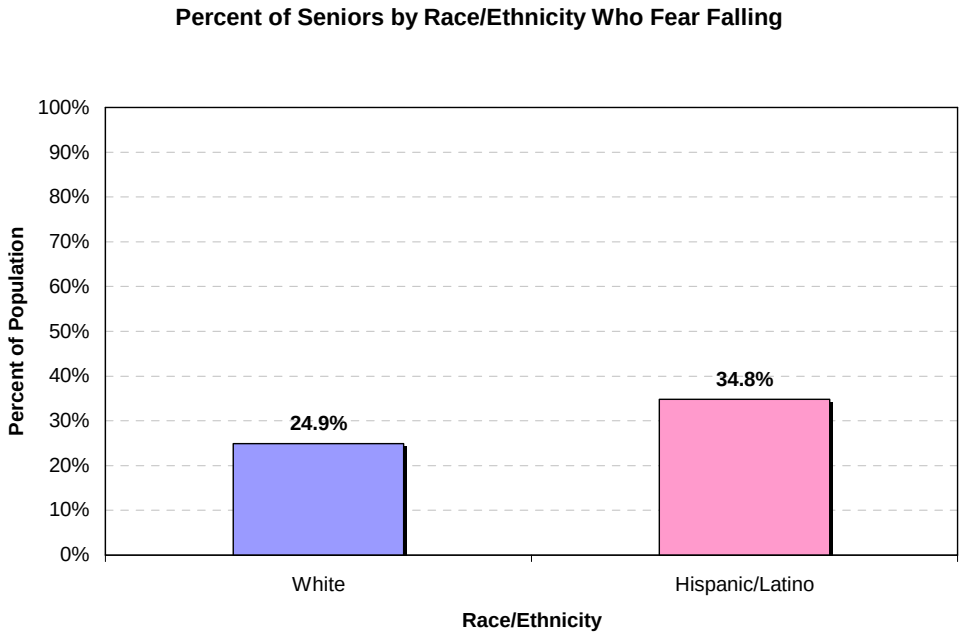
- Of the respondents 55+ asked this question (see footnote), 1 in 4 (25.3%) reported they were concerned or feared they may fall.

[143] During the first seven days of data collection, only respondents who reported they had fallen in the last three months were asked if they were concerned or feared they may fall. After this error was discovered, the questionnaire was changed so that all respondents eligible for this section (adults 45 and older) were asked the question. Respondents who completed the questionnaire prior to the change are coded "missing" for this item.

Race/Ethnicity Analysis for the 25.3% of Seniors with a Fear of Falling



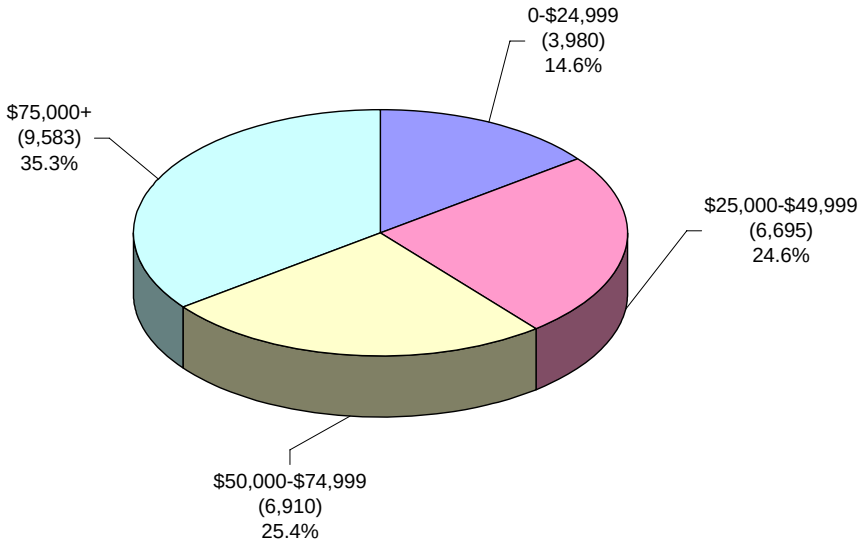
- Nearly all seniors with a fear of falling are White (92.5%); 5.4% are Hispanic/Latino.



- Nearly one-quarter (24.9%) of Whites and over one-third (34.8%) of Hispanic/Latino seniors fear falling.

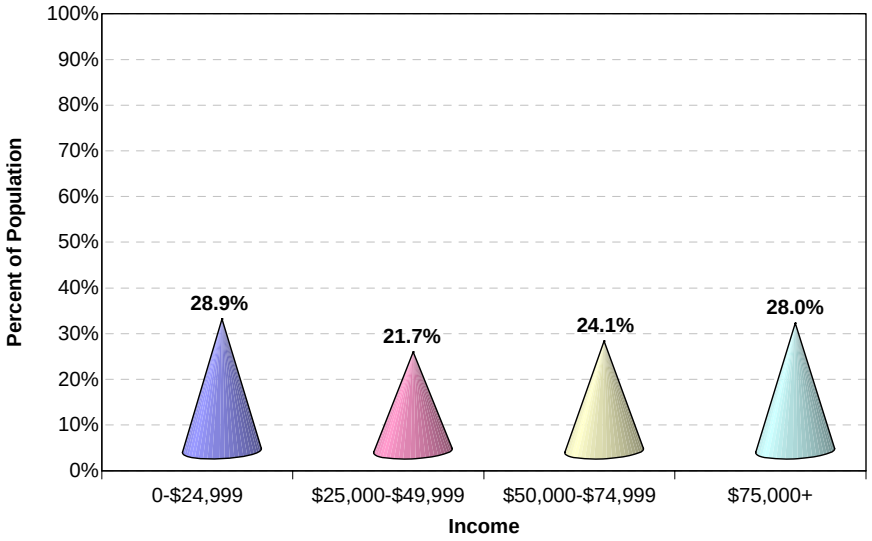
Income Analysis for the 25.3% of Seniors with a Fear of Falling

Income of Seniors Who Fear Falling



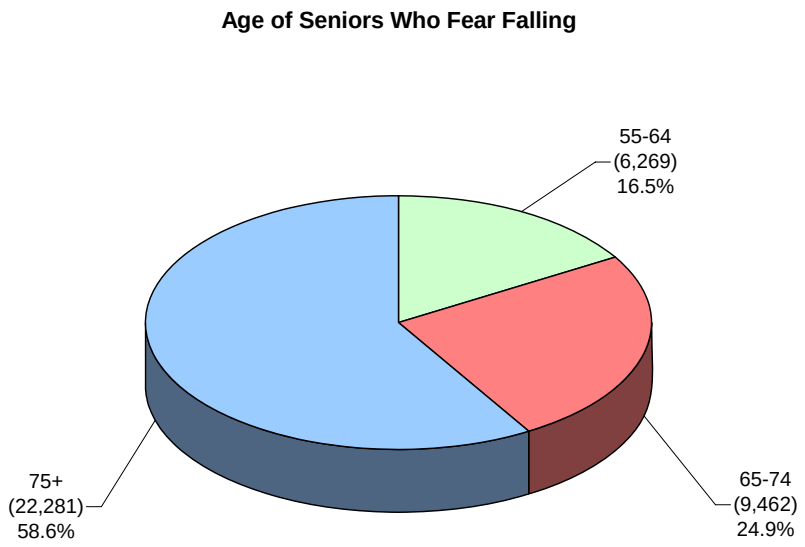
- Of seniors 55+ with a fear of falling, the largest proportion (35.3%) report incomes of $75,000 or more annually.

Percent of Seniors by Income who Fear Falling

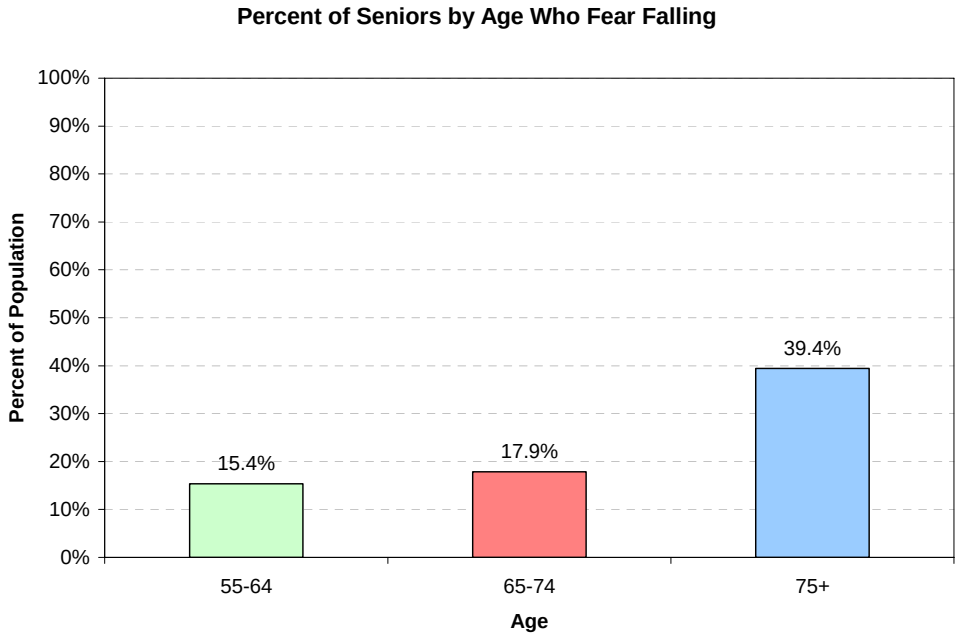


- At least 1 in 5 seniors from each income categories indicated they fear falling.

Age Analysis for the 25.3% of Seniors with a Fear of Falling

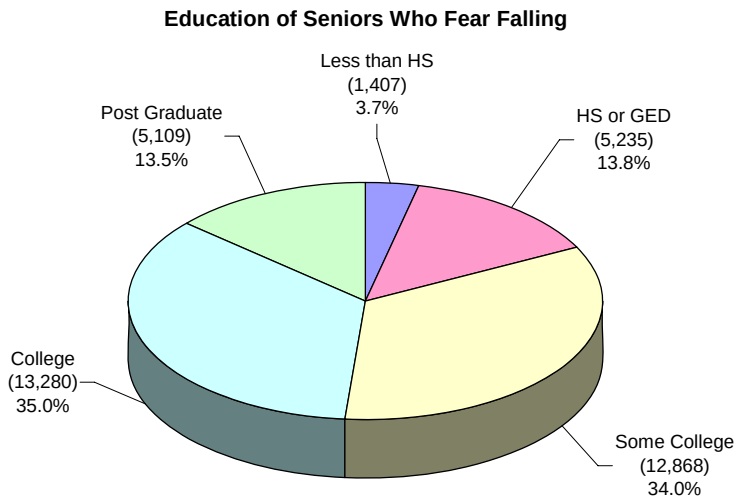


- Over half (58.6%) of the seniors who fear falling are 75+ years of age.

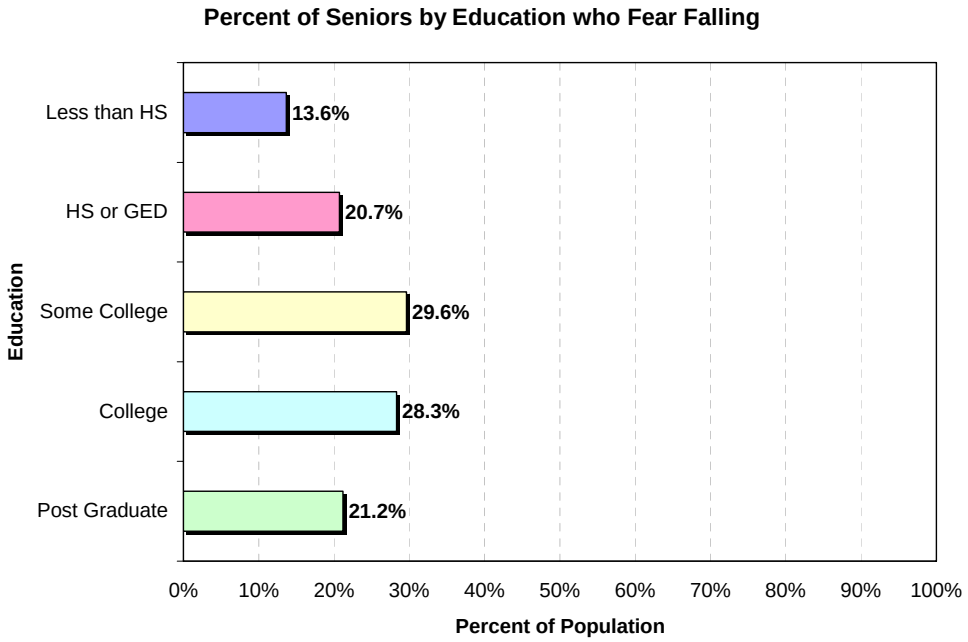


- About 2 in 5 seniors (39.4%) age 75+ have a fear of falling; fear of falling decreases as age decreases.

Education Analysis for the 25.3% of Seniors with a Fear of Falling

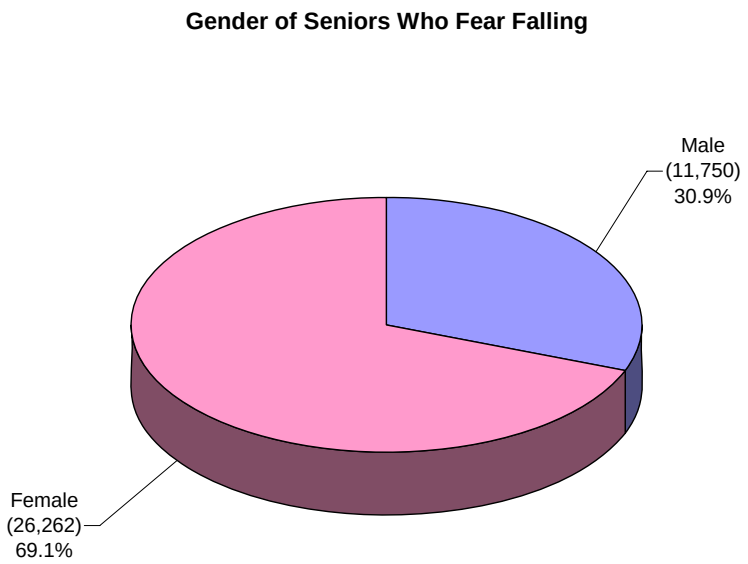


- Of those with a fear of falling, 69% reported completing some college or having a college degree.

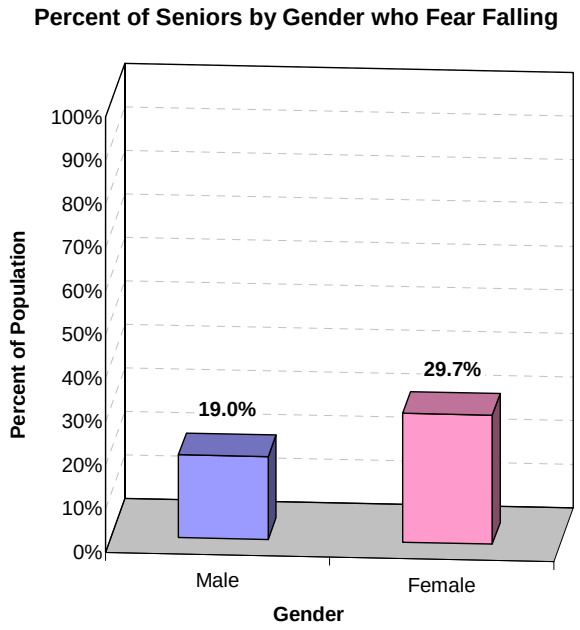


- As shown, a curvilinear relationship exists between fear of falling and level of education. The proportion of residents with this fear is smallest for those with less than a high school education and those with a post graduate degree and higher for respondents within the middle categories.

Gender Analysis for the 25.3% of Seniors with a Fear of Falling



- Females comprise the majority (69.1%) of seniors who fear they will fall.



- Females are 1 ½ times more likely than males to report they have a fear of falling (29.7% compared to 19.0%, respectively).

Summary Analyses for Seniors with a Fear of Falling

- Hispanic/Latino seniors, compared to White seniors, are more likely to be concerned with or fear falling.
- At least 1 in 5 seniors from each income category reported they are concerned with or feared falling.
- As their age increases, seniors increasingly report a fear of falling.
- A fear of falling is most prevalent among those with some college or a college education.
- Females are more likely to report a fear of falling than males.

SENIOR TRANSPORTATION

Being able to drive is essential if older adults are to maintain their independence. Unfortunately, age-related changes in vision, and physical and cognitive skill declines, can challenge lifelong patterns of driving, walking, or transit use. Even with these limitations, seniors need to travel to lead independent and vital lives.

The aging of the population will have transportation implications for seniors and transportation providers in many ways since it is expected that driving will still be the preferred means of travel for many seniors. First, seniors of the future are likely to travel more than seniors do today. Second, there will be a greater emphasis on high quality transportation services. Third, more travel options will be needed, especially for seniors with mobility and income limitations. Lastly, new transportation options will be needed in suburban and rural areas.

As the population ages, it is important that older adults are able to drive as long and as safely as possible. It is also important that alternatives are available for individuals who no longer drive. Many communities are providing such services in the way of para-transit, public transportation, senior van services, taxi vouchers, medical vans, and ride share programs.

Important Statistics about Senior Transportation

- The number or older persons making trips is rapidly increasing as are the frequency of their trips and the distance traveled.[144]
- Most seniors avoid rush hour and drive fewer miles, shorter distances, and less at night. Collision rates decrease steadily with age; by the time a driver is 65, the risk of a major accident drops to less than 1%.[145]
- Two-thirds of older adults who stop driving say it was because of physical impairments.[146]
- One-third of older adults who do not drive rely on family and friends for their transportation. Others rely on public and volunteer transportation alternatives to maintain their mobility and independence.[147]

[144] *Aging Well Living Well Fact Sheet – Transportation.* Administration on Aging. http://www.aoa.gov/press/oam/May_2004/media/factsheets/Transportation%20FS.pdf
[145] Ibid.
[146] Ibid.
[147] Ibid.

Senior Transportation

Q: Is it difficult for you to obtain transportation when you need it to accomplish the things you want and need to do?

	Weighted Percent	Population Estimates	Actual Responses
Yes	3.0	5,147	55
No	97.0	166,503	1,206
Total	**100.0**	**171,650**	**1,081**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Most residents (97.0%) did not report difficulty in obtaining transportation to accomplish the things they want and need to do; however, an estimated 5,147 residents (3.0%) did report difficulty in obtaining transportation when they need it.

SENIOR WEIGHT CONCERNS

Obesity and overweight have reached epidemic proportions in the United States and may soon rival smoking as a major cause of preventable disease and premature death. Among older adults, the increase in prevalence of obesity has been especially dramatic.

Weight loss research shows that American women gain an average of 16 pounds of body weight from age 25 to age 54. Only at about age 55 does their weight decline. Men gain an average of 10 pounds of body weight from age 25 to age 45. They too begin to lose weight at about age 55.

Possible causes of this weight gain during middle and senior age include reduced physical activity, increased food intake, slowing metabolism, and genetics.

Important Statistics about Senior Weight

- The proportion of obese men 65-74 has increased from 13% for 1976-1980 to 33% for 2003-2004. Similarly, the proportion of obese women 65-74 has increased from 22% for 1976-1980 to 36% for 2003-2004.[148]
- A recent study has shown that steady loss of weight (body mass) over time appears to be strongly linked to older adults' risks of developing Alzheimer's disease; the greater the loss, the greater the chance of developing the disease. This loss of body mass may reflect disease processes; therefore changes in BMI might be a clinical predictor of the development of Alzheimer's.[149]

Weight Status

Q: Are you now trying to lose weight? Are you now trying to maintain your current weight, that is, to keep from gaining weight?

	Weighted Percent	Population Estimates	Actual Responses
Trying to lose weight	40.4	71,815	446
Trying to maintain weight	44.5	79,068	451
Neither losing nor maintaining	15.1	26,928	215
Total	**100.0**	**177,811**	**1,112**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 44% of senior respondents are trying to maintain their current weight and an additional two in five (40.4%) are trying to lose weight.

[148] Older American Update 2006: Key Indicators of Well-being. Health Risks and Behaviors. http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2006_Documents/Health_Risks&Behaviors.pdf

[149] Steady Weight Loss May Indicate Alzheimer's Onset for Senior Citizens http://seniorjournal.com/NEWS/Alzheimers/5-09-26WeightLoss-Alzheimers.htm

Weight Loss or Maintenance Behaviors

Q: Are you eating fewer calories or fat to lose/keep from gaining weight? Are you using physical activity or exercise to lose/keep from gaining weight?

	Weighted Percent	Population Estimates	Actual Responses
Eating fewer calories and/or less fat	71.1	99,557	645
Using physical activity/exercise	67.5	101,595	572

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents could select each of these options so a total percent is not included.

- Of respondents trying to lose or maintain their weight, 71.1% are eating fewer calories and/or less fat and 67.5% are using physical activity or exercise.

BMI Status

	Weighted Percent	Population Estimates	Actual Responses
Underweight	2.2	3,488	31
Normal Weight	44.3	71,452	444
Overweight	38.3	61,861	372
Obese	15.2	24,589	155
Total	**100.0**	**161,391**	**1,002**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Based on self-reported height and weight, the computed Body Mass Index (BMI) of senior residents indicates that over half (53.5%) of seniors 55+ are overweight (38.3%) or obese (15.2%); 44.3% are of normal weight.

Advice from Doctor

Q: In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

	Weighted Percent	Population Estimates	Actual Responses
No	84.5	150,834	925
Yes…			
Lose Weight	10.6	18,943	132
Gain Weight	3.1	5,599	36
Maintain Current Weight	1.8	3,143	26
Total	**100.0**	**178,519**	**1,119**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Even though 53.5% of senior respondents are overweight or obese, only 10.6% report they had been given advice from a doctor, nurse, or other health professional in the past 12 months to lose weight.

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Adult Community Health

LIVABLE COMMUNITY

SOCIAL AND ECONOMIC NEEDS

LIVABLE COMMUNITY

Q: What is the one greatest concern in your community?

Issue	Weighted Percent	Population Estimates	Actual Responses
I don't have any concerns	23.0	64,489	348
Crime	11.6	32,482	155
Neighborhood safety and security	8.6	24,127	117
Gang activity	5.9	16,446	35
Healthcare	5.8	16,323	104
Overcrowding/ Population growth	5.5	15,409	65
Drug trafficking	5.5	15,356	44
Cost of living	4.2	11,876	29
Affordable housing	3.9	10,892	48
Weather, Earthquake, Natural Disasters, or Fire	2.7	7,507	38
Vandalism	2.6	7,287	28
Schools/Education	1.6	4,463	9
Senior Issues/Aging	1.4	3,973	33
Illegal Immigration	1.4	3,916	25
Political/Government Issues	1.4	3,884	17
Lack of Transportation	1.1	3,197	20
Air Quality	1.1	3,001	19
Other	12.7	36,084	193
Total	**100.0**	**280,712**	**1,327**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion of respondents (23.0%) indicated they had no concerns about their community; they represent approximately 64,489 Desert Healthcare District residents.

- About 1 in 10 respondents indicated crime (11.6%) was their greatest concern, followed by neighborhood safety and security (8.6%); all responses provided by over 1% of the population are depicted in the table above.

SOCIAL AND ECONOMIC NEEDS

Survey respondents were asked if they required any assistance in each of the following areas during the last 12 months.

Q: Have you ever needed help with any of the following in the last 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Financial Assistance	8.2	26,045	90
Transportation	5.8	18,508	100
Utility Assistance	5.6	17,822	100
Home Health Care	5.1	16,329	80
Housing Assistance	4.6	14,709	60
Food Assistance	4.5	14,378	65
Child Care Assistance	2.5	8,037	11
Rental Assistance	2.5	7,917	48
Parenting Skills	0.7	2,337	3

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding
Note: Respondents could select more than one answer so a total percent is not included.

- Respondents were most likely to report needing financial assistance (8.2%), followed by transportation (5.8%), utility assistance (5.6%), home health care (5.1%), housing assistance (4.6%), and food assistance (4.5%).

Q: Were you able to receive these services?

	Weighted Percent	Population Estimates	Actual Responses
Yes	68.9	36,388	176
Sometimes	5.8	3,088	18
No	25.2	13,315	46
Total	**100.0**	**52,791**	**240**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of respondents needing one or more services, 68.9% indicated they had received the services they required.

Q: Why were you not able to receive these services?

	Weighted Percent	Population Estimates	Actual Responses
Did not meet the requirements	46.4	4,741	16
Did not know where to go	22.9	2,346	5
Didn't need it or Didn't ask for it	20.5	2,097	7
Other	10.2	1,040	7
Total	**100.0**	**10,224**	**35**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those not receiving needed services, 46.4% indicated they did not meet the requirements. About equal proportions indicated they did not receive needed services because they did not know where to go (22.9%) or they didn't need it or didn't ask for it (20.5%).

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-17 Access

HEALTH CARE COVERAGE

PRESCRIPTION COVERAGE

DENTAL COVERAGE

VISION COVERAGE

MENTAL HEALTH COVERAGE

HEALTH CARE COVERAGE

Having access to health care is a foundation for optimal health. Health insurance is the primary financial vehicle for obtaining access to quality medical care and for reimbursing providers who deliver care. Unfortunately, access to health care has become increasingly difficult to obtain for a number of children. Approximately two-thirds of Californians obtain health insurance through the private market, yet almost 1 in 5 Californians remains uninsured.

The state of California provides residents with a variety of health insurance programs. For those who qualify, these programs help individuals pay for the costs associated with providing health care to them and their family. However, many children that qualify for public-based health plans are not enrolled.

Important Information about Child Health Care Coverage

- Children with health insurance are more likely to receive regular checkups, immunizations, vision screenings, routine dental care, and have overall better health.[150]
- Healthier children exhibit better school performance, gain a finer quality of education and have a greater chance of strengthening California's economy.[151]
- Children without health care coverage are at a greater risk for health problems. Without health insurance coverage, children may be unable to see a doctor when needed.[152]

Health Care Coverage Status

Q: Does the child have any kind of health care coverage including health insurance, prepaid plans such as HMO's, CaliforniaKids or government plans such as AIM, Healthy Families, or Medi-Cal (IEHP)?

	Weighted Percent	Population Estimates	Actual Responses
Yes	85.1	61,677	239
No	14.9	10,820	43
Total	**100.0**	**72,498**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Around 1 in 7 respondents (14.9%) indicated their child does not have health care coverage. This represents over 10,800 Desert Healthcare District children.

[150] California HealthCare Foundation http://www.chcf.org/topics/healthinsurance/
[151] Ibid.
[152] Ibid.

Why Without Health Care Coverage

Q: What is the MAIN reason your child is without health care coverage?

	Weighted Percent	Population Estimates	Actual Responses
Couldn't afford to pay the premiums	19.3	1,740	8
Lost Medi-Cal/IEHP or medical assistance eligibility (Medicaid)	12.1	1,091	4
Insurance company refused coverage	10.2	920	2
Currently applying for health care coverage	10.1	909	4
Lost job or changed employers	8.3	752	6
Lack of documentation to prove legal residency	8.2	739	4
Loss of TANF benefits (cash aid, state aid or welfare)	5.5	498	2
Employer doesn't offer or stopped offering coverage	5.4	488	1
Became divorced or separated	3.4	309	1
Do not need it	1.2	107	1
Some other reason	16.4	1,485	5
Total	**100.0**	**61,755**	**38**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The inability to pay the cost of premiums (19.3%) was the most common reason given for why the child is without health care coverage. Approximately equal proportions indicated they lost Medi-Cal/IEHP or medical assistance eligibility (12.1%), their insurance company refused coverage (10.2%), and they are currently applying for coverage (10.1%).

Without Health Care Coverage Past Year

Q: During the past 12 months, was there any time when the child had no health care coverage?

	Weighted Percent	Population Estimates	Actual Responses
Yes	13.3	8,115	27
No	86.7	52,848	210
Total	**100.0**	**60,964**	**237**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 8,100 children (13.3%) were without health care coverage at some time during the past 12 months.

Health Care Resources for Riverside County Children

	Medi-Cal	**Healthy Families**	**Healthy Kids (IEHP)**	Kaiser Child Health Plan	Child Health & Disability Prevention Program
PROGRAM SUMMARY	No-cost health, dental and vision care for children and pregnant women. Must be US citizen/national or have satisfactory immigration status. Covers children under age 19, adults may be eligible.	Low-cost health, dental and vision care for children who are not eligible for no-cost Medi-Cal. Must be US citizen/ national or have satisfactory immigration status. Covers children under age 19. Cost based on family size and income.	Low-cost health, dental and vision care for children who are not eligible for Medi-Cal or Healthy Families. Covers undocumented children. Covers children under age 19.	Low-cost health insurance for children who are not eligible for Medi-Cal or Healthy Families. Covers children under age 19 in Kaiser Permanente California's area.	Well child exams for uninsured children through age 18. Young adults 19-20 years, with Medi-Cal, may also be eligible. Exams may find health problems before they become serious.
SERVICES	Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization.	Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization.	Check-ups, immunizations (shots), sick care, specialty care, medicine, vision, dental and hospitalization.	Check-ups, immunizations (shots), sick care, specialty care, medicine, vision and hospitalization.	Check-ups and immunizations (shots). Help with finding further medical or dental services, if needed.
COST	No monthly cost. No co-payments.	$4 to $15 per child monthly. $5 co-payment for some visits.	No monthly cost. $20 application/ annual fee. $5 to $15 co-payment for some visits.	$15 per child monthly (4th child free). $5 to $10 co-payment for some visits.	Free check-ups for those who qualify.
TO APPLY:	For application assistance call 1-888-934-5437 For State assistance call: 1-800-880-5305 **www.medi-cal.ca.gov**	For application assistance call 1-888-934-5437 For State assistance call: 1-800-880-5305 **www.healthyfamilies.ca.gov**	Call 1-888-355-2523 **www.californiahealthykids.org**	Call 1-800-255-5053 **www.kp.org**	Call 1-800-346-6520 **www.rivcoph.org/ cms/chdp.htm**

Riverside County Department of Public Health

Printed by Riverside County CHDP Program 10/07

Type of Coverage

Q: What is Child's Health Care Coverage?

	Weighted Percent	Population Estimates	Actual Responses
Medi-Cal/IEHP	45.1	26,802	85
Healthy Families	16.8	9,953	30
Blue Cross	8.4	5,012	29
Blue Shield	6.7	3,998	16
PPO or HMO (unspecified)	6.6	3,940	22
Kaiser Kids/Kaiser	1.9	1,125	5
California Kids	1.8	1,082	2
Aetna	1.6	978	6
Employer Plan (unspecified)	1.3	797	5
Health Net	1.0	606	4
Pacificare	1.0	565	3
Other	7.6	4,521	21
Total	**100.0**	**59,379**	**228**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

Note: Population estimates are not an exact reflection of the number of enrollees in each specific insurance program. The figures only reflect the number of respondents who indicated their child's health provider is one of the above.

- Close to one-half of parents/guardians (45.1%) indicated their child was covered through Medi-Cal/ IEHP and 16.8% reported their child is covered through Healthy Families.

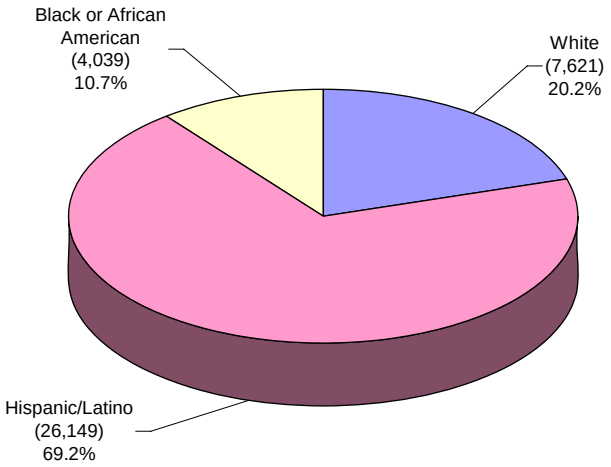
	Weighted Percent	Population Estimates	Actual Responses
Publicly Funded Health Insurance	67.4	38,008	118
Employer Based or Private Insurance	32.6	18,345	99
Total	**100.0**	**56,353**	**217**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the responses that could be classified, two-thirds of Desert Healthcare District children (representing over 38,000 child residents) were enrolled in publicly funded health insurance programs.

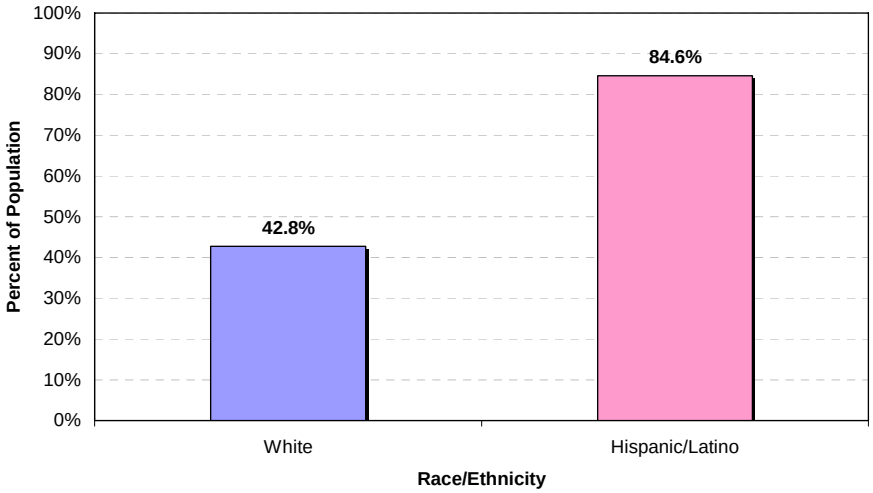
Race/Ethnicity Analyses for the 67.4% of Children with Publicly-Funded Health Care Coverage

Race/Ethnicity of Children with Publicly-funded Health Care Coverage



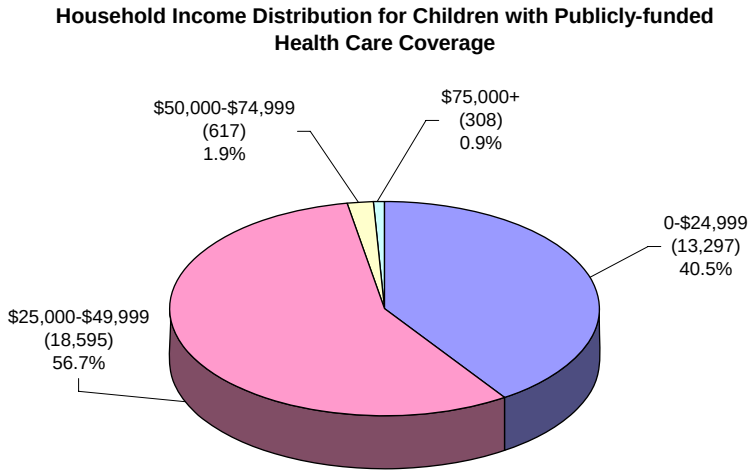
- Of the Desert Healthcare District children with publicly-funded health care coverage, over two-thirds (69.2%) are Hispanic/Latino, 20.2% are White and 10.7% are Black or African American (none self-identified as "other.").

Percent of Children by Race/Ethnicity with Publicly-funded Health Care Coverage

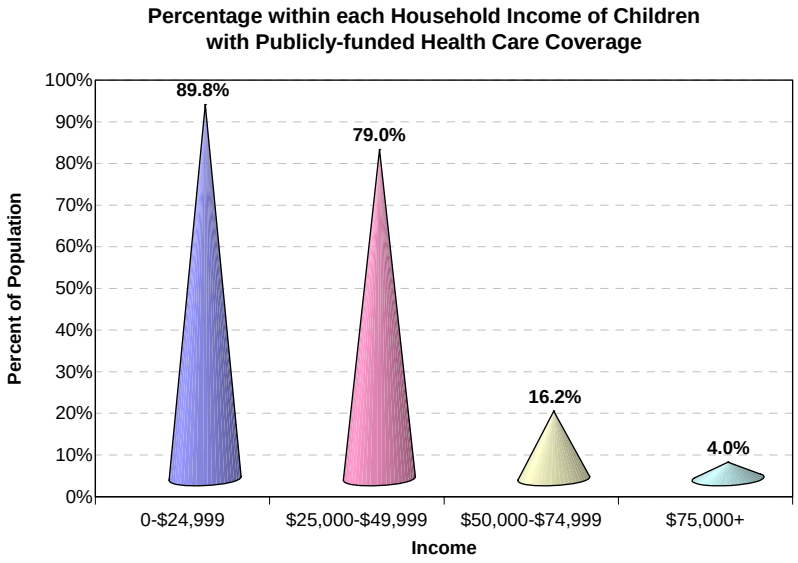


- About twice as many Hispanic/Latino (84.6%) children, compared to White children (42.8%) have publicly-funded health care coverage.

Income Analyses for the Parent/Guardian of the 67.4% of Children with Publicly-Funded Health Care Coverage



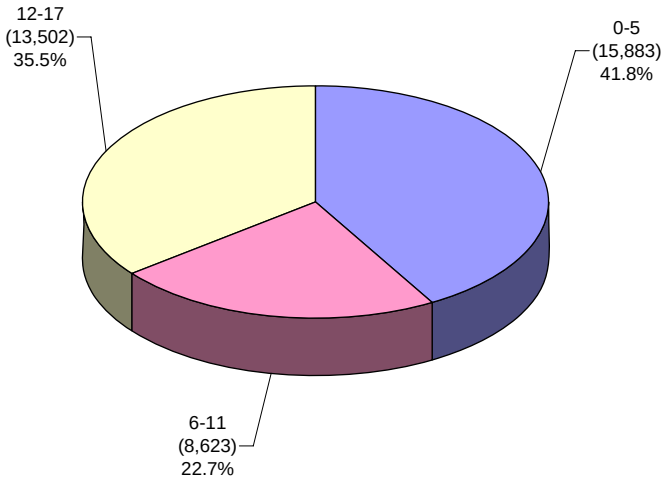
- Almost all (97.2%) children with publicly-funded health care coverage reside in households with annual income of less than $50,000.



- The majority of children from households with annual incomes less than $25,000 (89.8%) and $25,000-$49,999 (79.0%) have publicly-funded health care coverage.

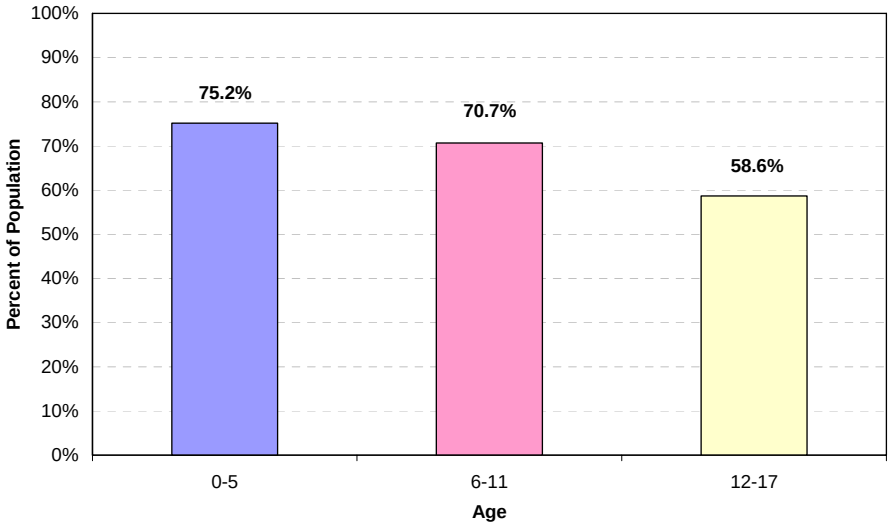
Age Analyses for the 67.4% of Children with Publicly-Funded Health Care Coverage

Age of Children with Publicly-funded Health Care Coverage



- Of the children with publicly-funded health care coverage, 41.8% are 0-5, 22.7% are 6-11 and 35.5% are 12-17 years old.

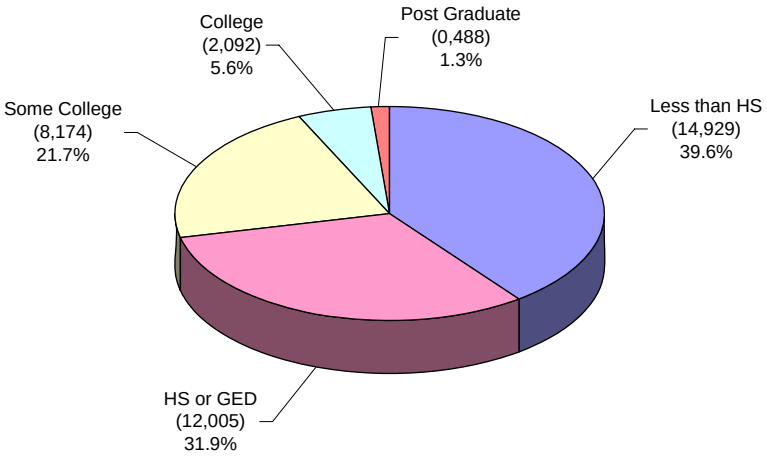
Percent of Children by Age with Publicly-funded Health Care Coverage



- Between 58.6% and 75.2% of children from each age group have publicly-funded health care coverage.

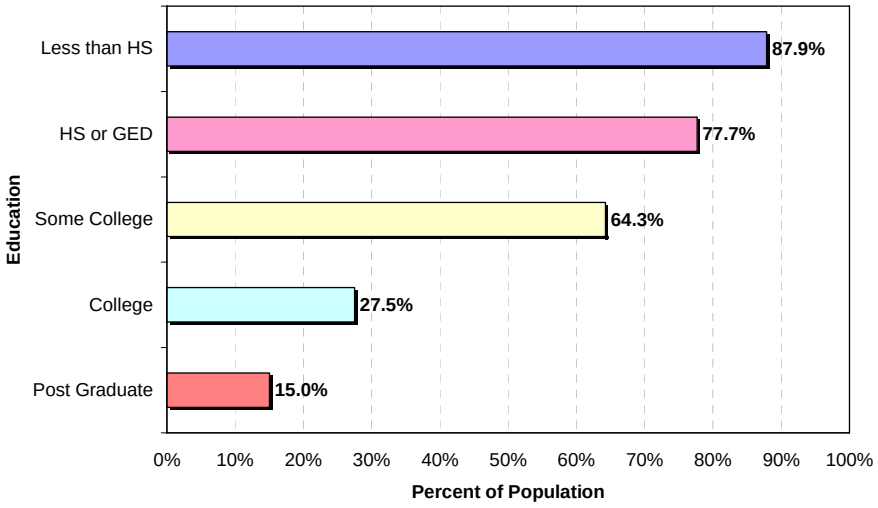
Education Analyses of Parent/Guardian for the 67.4% of Children with Publicly-Funded Health Care Coverage

Education Distribution of the Parent/Guardian for Children with Publicly-funded Health Care Coverage



- About 7 in 10 of the children (71.5%) with publicly-funded health care coverage have parents with a high school/GED or less education; 21.7% have some college education.

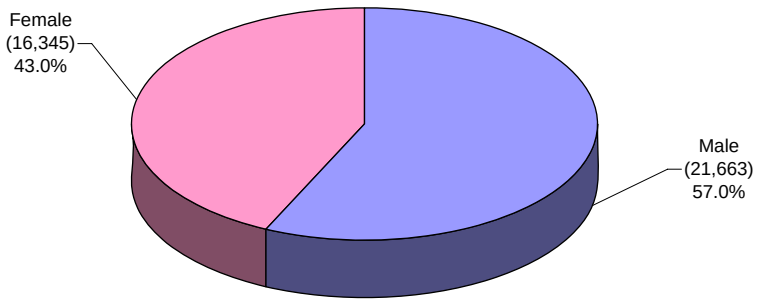
Percentage within each Education Group of the Parent/Guardian for Children with Publicly-funded Health Care Coverage



- Children with parents who have less than a high school education (87.9%) are most likely to have publicly-funded health insurance; with each categorical increase in parent's education level, reports of children with publicly-funded health insurance decrease.

Gender Analyses for the 67.4% of Children with Publicly-Funded Health Care Coverage

Gender of Children with Publicly-funded Health Care Coverage



- Of the children with publicly-funded health coverage, 57.0% are male.
- Female children (70.3%) and male children (66.9%) are about equally likely to have publicly-funded health care coverage (graph not included).

Summary Analyses for the 67.4% of Children with Publicly-Funded Health Care Coverage

- Hispanic/Latino children are twice as likely as White children are to be on publicly-funded health care coverage.
- Children from households with income less than $50,000 are at least five times more likely than other children to have publicly-funded health care coverage.
- Children under 12 years of age are slightly more likely to have publicly-funded health care coverage; however, at least half of the children from each age group receive publicly-funded health insurance.
- Children with parents who have less education are disproportionately more likely to have publicly-funded health care coverage.
- Male and female children are equally likely to have publicly-funded health insurance.

PRESCRIPTION COVERAGE

Some chronic conditions that children take prescription medication for are ADHD, allergies, and asthma. Unfortunately, there are few generic drugs used in pediatrics, which means the prescription costs to patients are often high, depending on what type of prescription coverage they have.

Prescription Coverage Status

Q: Do you have any kind of health care coverage that covers some or all of the cost of prescription drugs for your child?

	Weighted Percent	Population Estimates	Actual Responses
Yes	77.5	55,129	217
No	22.5	16,042	60
Total	**100.0**	**71,117**	**277**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (77.5%) of Desert Healthcare District children has prescription coverage; however, 22.5%, or about 16,000 children, do not.

Q: Have you ever NOT obtained a needed prescription for your child because of the cost?

	Weighted Percent	Population Estimates	Actual Responses
Yes	12.1	8,722	29
No	87.9	63,248	252
Total	**100.0**	**71,970**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 12% of parents/guardians indicated they haven't obtained a needed prescription for their child because of the cost.

DENTAL COVERAGE

According to the American Academy of Pediatric Dentistry, children should have a dental check-up at least twice a year. Regular dental visits can help children stay cavity free. In addition to regular dental check-ups, brushing teeth twice a day, flossing once a day, eliminating frequent snacking, and drinking plenty of fluorinated water are also important to good oral hygiene. Good dental health contributes to children's overall well-being as untreated dental problems can cause pain, dysfunction, absence from school, underweight, and poor appearance—problems that can greatly reduce a child's capacity to succeed in life.

Important Statistics about Dental Care

- Dental cavities, or tooth decay, are the single most common problem for children—five times more common than asthma. Children from low income households are often the hardest hit.[153]

Dental Coverage Status

Q: Do you have any kind of health care coverage that pays for some or all of your child's routine dental care?

	Weighted Percent	Population Estimates	Actual Responses
Yes	70.9	50,247	193
No	29.1	20,608	81
Total	**100.0**	**70,855**	**274**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Slightly less than one-third (29.1%) of the children in the Desert Healthcare District do not have dental care coverage.

[153] U.S. Department of Health and Human Services. 2000

VISION COVERAGE

Vision coverage helps to pay for vision care and eye checks. Several common eye conditions screened for during vision exams are amblyopia (lazy eye), strabismus (crossed eyes), refractive errors (nearsightedness, farsightedness and astigmatism), ptosis (drooping of the upper eyelid), and color deficiency (color blindness).

Important Statistics about Vision Care

- Vision disorders are the fourth most common disability in the United States and the most prevalent handicapping condition during childhood. Conducting a comprehensive vision test when a child is 3 years of age can be effective at detecting eye and vision problems and treating them early. [154]

Vision Coverage Status

Q: Do you have any kind of health care coverage that pays for some or all of the routine vision care for your child?

	Weighted Percent	Population Estimates	Actual Responses
Yes	65.2	44,789	180
No	34.8	23,943	89
Total	**100.0**	**68,732**	**269**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 1 in 3 children (34.8%) lack vision coverage. This represents approximately 24,000 children who are without vision coverage.

[154] American Optometric Association, 2007

MENTAL HEALTH COVERAGE

Mental health coverage helps to pay for mental health services and treatment, which for children can include counseling, therapy and/or medication. Mental health is a reflection of how people think, feel, and act as they face life's situations. When left untreated, mental health problems can disrupt children's functioning at home, school, and in the community.

Important Statistics about Mental Health Coverage

- Without treatment, children with mental health issues are at increased risk of school failure, contact with the criminal justice system, dependence on social services, and even suicide.[155]

Mental Health Coverage Status

Q: Does your child have any kind of health coverage that pays for some or all of the cost of mental health care services?

	Weighted Percent	Population Estimates	Actual Responses
Yes	64.7	32,937	129
No	35.3	17,973	64
Total	**100.0**	**50,910**	**193**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately one-third (35.3%) of children 0-17 in the Desert Healthcare District lack coverage for their mental health care services.

[155] Mental Health America, 2007.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-17 Utilization

ROUTINE CARE

EMERGENCY ROOM USE

ROUTINE CARE

Regular visits to the doctor are essential for ensuring that a child is healthy and safe. Routine care is important because it helps to foster a relationship between the child and the health care provider. Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development, plus, regular checkups can help to identify children with disabilities or delays in their development—and early detection means early treatment. Moreover, with early detection, children are able to receive the necessary guidance from the health care provider. Lack of appropriate physician guidance may result in delays in diagnosis and appropriate intervention.

Measuring satisfaction with care is an essential tool for assessing the quality of health care services and identifying areas for improvement. Satisfaction is a multidimensional concept that takes into account the patient's perceptions, needs, and expectations. Some factors that affect patient satisfaction are wait times, communication between health care provider and patient, competency of health care staff, and participation in decision-making.

Last Visit to Health Care Provider

Q: About how long has it been since your child last visited a doctor or other health care provider?

	Weighted Percent	Population Estimates	Actual Responses
Less than 6 months	66.0	46,465	192
Six months to less than one year	17.3	12,136	47
One year to less than two years	11.2	7,878	23
Two years to less than five years	5.3	3,755	12
Five or more years ago	0.2	118	1
Total	**100.0**	**70,353**	**275**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- While 83.3% of children have visited a doctor within the past year, approximately 17.7% of parents or guardians reported it had been one year or more since their child last visited a doctor.

Reason for Last Visit

Q: What was the reason for this visit?

	Weighted Percent	Population Estimates	Actual Responses
Routine check-up or general prevention	65.7	38,140	143
Treatment of an acute illness that just occurred such as flu	19.8	11,476	54
Treatment of an injury	8.4	4,862	17
Treatment of a chronic illness	5.6	3,224	21
Other	0.5	307	2
Total	**100.0**	**58,009**	**237**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (65.7%) of respondents reported last taking their child to the doctor for a routine checkup or general prevention visit; approximately 1 in 5 (19.58%) took their child to the doctor to treat an acute illness (e.g., the flu).

Satisfaction on Last Visit

Q: How satisfied are you with the quality of care your child received?

	Weighted Percent	Population Estimates	Actual Responses
Very satisfied	45.1	26,421	109
Satisfied	46.6	27,315	111
Neither satisfied nor dissatisfied	3.1	1,827	10
Dissatisfied	3.9	2,304	8
Very dissatisfied	1.3	734	1
Total	**100.0**	**58,602**	**239**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Most respondents (91.7%) reported being "very satisfied" or "satisfied" with the quality of care their child received on their last visit; 5.2% were "dissatisfied" or "very dissatisfied."

Difficulties on Last Visit

Q: On your last visit, did you have difficulties with any of the following aspects of your child's care? (Yes)

	Weighted Percent	Population Estimates	Actual Responses
Time waiting for doctor	20.5	11,907	48
Attitude of staff	17.9	10,241	29
Time to get appointment	14.2	8,235	34
Attitude of doctor	12.0	6,919	22

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents could select each option so a total percent is not included.

- In descending order based on the proportion who said they encountered the difficulty, respondents had difficulties with the amount of time their child waited to see the doctor (20.5%), the attitude/demeanor of the staff (17.9%), the time before their child could get an appointment (14.2%), and the attitude or demeanor of the doctor (12.0%).

Evening and Weekend Hours

Q: Does this health provider have services available during evenings and weekends?

	Weighted Percent	Population Estimates	Actual Responses
Yes	40.9	22,510	85
No	59.1	32,558	140
Total	**100.0**	**55,067**	**225**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over half (59.1%) of the parents/guardians indicated their child's health provider does not have services available during evenings and weekends; 40.9% do have services available.

Delaying or Not Getting Treatment

Q: During the past 12 months, did you delay or not get a test or treatment that a doctor ordered for your child?

	Weighted Percent	Population Estimates	Actual Responses
Yes	6.5	4,673	20
No	93.5	66,943	261
Total	**100.0**	**71,616**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- In the past 12 months, 6.5% of respondents (representing approximately 4,675 children) reported delaying or not getting a treatment for their child ordered by his/her doctor.

Q: What is the main reason why you delayed or did not get the test or treatment?

	Weighted Percent	Population Estimates	Actual Responses
Couldn't afford/cost too much/co-payment too much	47.7	2,191	6
No insurance/health coverage	28.6	1,315	6
They wouldn't take/accept my insurance	4.8	222	1
Did not see the need for the test/treatment	4.2	195	1
Insurance wouldn't approve, cover, pay for care	3.4	155	1
Hours not convenient/unable to take off work	3.4	155	1
Transportation problems	2.4	111	1
Other	5.5	253	2
Total	**100.0**	**4,596**	**19**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the parents/guardians who delayed or did not get a test or treatment, 47.7% indicated they did so because it was too expensive; nearly 3 in 10 (28.6%) indicated it was because they had no insurance or health coverage.

EMERGENCY ROOM USE

The Desert Healthcare District does not have a specialized hospital devoted to treating children. This presents a challenge for emergency rooms in the area because to offer such a service would require that they have constant access to physicians specially trained in pediatric emergency medicine.

Important Statistics about Emergency Room Use

- Falls are the leading cause of emergency room visits among children, accounting for nearly 3 million visits each year.[156]
- Of those 3 million emergency room visits, more than 40% occur among infants, toddlers, and preschoolers.[157]
- Approximately 200,000 children each year visit emergency rooms for playground-related injuries.[158]

Q: Have you taken your child to a hospital emergency room in the last twelve months?

	Weighted Percent	Population Estimates	Actual Responses
Yes	18.9	13,712	68
No	81.1	58,785	214
Total	**100.0**	**72,498**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 19% of children in the Desert Healthcare District were taken to the emergency room in the past year. This represents about 13,700 children.

[156] CDC website, www.cdc.gov. "Injury Research Agenda." http://www.cdc.gov/ncipc/pub-res/research_agenda/Research%20Agenda.pdf
[157] Ibid
[158] Ibid.

Q: On your last visit what was the medical problem that caused you to seek treatment for your child at an emergency room?

	Weighted Percent	Population Estimates	Actual Responses
Injury	14.7	1,948	13
Earache	8.9	1,177	4
Fever	7.6	1,016	5
Difficulty Breathing/Asthma	7.5	990	5
Infection	6.8	910	5
Allergic Reaction/Allergy	5.8	774	4
Flu	5.8	767	5
Seizures/Convulsions	5.7	753	2
Sore throat	5.4	712	2
Stomach ache/Pain	4.8	641	4
Coughing/Cold/Congestion	3.8	509	3
Laceration/Wound	1.9	251	2
Heart/Chest Pains	1.7	222	1
Other	19.7	2,621	11
Total	**100.0**	**13,291**	**66**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The main reasons adults took their child to the ER were injury (14.7% of children), earache (8.9%), fever (7.6%), and difficulty breathing or asthma (7.5%). All reasons are shown in the table above.

Visit the American Trauma Society http://www.amtrauma.org/tiep/index.html to locate the trauma center nearest to you.

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-17 General Health

GENERAL HEALTH

DENTAL AND ORAL HEALTH

VISION CARE

SAFETY AND INJURY PREVENTION

GENERAL HEALTH

Good health is a central component of well-being and a good quality of life. Three different descriptions of well-being can be identified: *material well-being*, often expressed as "having enough;" *bodily well-being*, which means to be strong, healthy and good-looking; and *social well-being*, which includes self-respect, security and confidence in the future, freedom of choice and action, and being able to help others.[159]

General Health Status

Q: In general, would you say your child's health is excellent, very good, good, fair or poor?

	Percent	Population Estimates	Number of Respondents
Excellent	36.8	26,706	120
Very good	30.6	22,183	74
Good	27.2	19,710	76
Fair	4.9	3,557	11
Poor	0.6	419	2
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Near equal proportions of children were reported to be in "excellent" health (36.8%) or "very good" health (30.6%); 5.5% of children were reported to have "fair" or "poor" health.

[159] World Health Organization. Dying for change - Poor peoples experience of health and ill health Available at: http://www.who.int/hdp/publications/dying_change.pdf p.20

Why is Health Fair or Poor?

Q: What is the one main reason your child's health is fair or poor?

	Percent	*Population Estimates*	*Number of Respondents*
Eating disorders	49.6	1,517	4
Developmental delays	10.5	321	1
Cerebral Palsy	10.1	309	2
Asthma	8.7	267	1
Infections (such as ear, throat infections)	5.1	155	1
Other	16.0	488	2
Total	**100.0**	**3,056**	**11**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of those who indicated their child had "fair" or "poor" health, 49.6% have a child with an eating disorder, and 1 in 10 have a child with developmental delays (10.5%) or cerebral palsy (10.1%).

DENTAL & ORAL HEALTH

Instilling proper oral habits early ensures that your child does not get cavities or gingivitis. However, cavity prevention is not the only concern parents should have when considering their children's oral health. According to the American Dental Hygienists' Association, recent studies show that periodontal disease continues to plague millions of Americans, including children.

Good oral hygiene routines should be established as early as infancy and continued throughout life. Gently brushing a baby's teeth after each feeding with a soft-bristled toothbrush and a pea-sized amount of fluoridated toothpaste act to inhibit tooth decay. At age two or three, you can begin to teach your child proper brushing techniques.

Flossing plays a key role in ensuring good dental hygiene. Parents can begin teaching their child proper flossing techniques around age two or three, although parents will probably need to monitor flossing until their child reaches the age of seven or eight. Often there are natural spaces between the primary teeth to hold the place for the permanent teeth. If spaces are present, parents do not need to begin flossing until the teeth touch.[160]

Important Statistics about Dental and Oral Care

- The most common oral diseases are dental cavities and periodontal (gum) disease.[161]
- 60-90% of school children worldwide have dental cavities.[162]
- Incidence of oral cancer ranges from 1 to 10 cases per 100,000 in most countries.[163]

Dentist Visit

Q: Has your child ever been to a dentist?

	Percent	*Population Estimates*	*Number of Respondents*
Yes	76.4	55,341	213
No	23.6	17,128	69
Total	**100.0**	**73,469**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

[160] American Dental Hygienists' Association. *Oral Health Care for Children fact sheet, 2006*
[161] World Health Organization 2007. Oral Health Fact Sheet. Available at: http://www.who.int/mediacentre/factsheets/fs318/en/print.html
[162] Ibid.
[163] Ibid.

- Nearly 24% of children in the Desert Healthcare District have never been to a dentist; this represents approximately 17,128 children.

Age of First Dentist Visit

Q: At what age did your child first visit the dentist?

	Percent	Population Estimates	Number of Respondents
0-1 yr	61.1	30,225	114
2-3 yrs	14.6	7,244	26
4-5 yrs	12.5	6,201	28
6-11 yrs	10.1	5,015	21
12-17 yrs	1.6	773	1
Total	**100.0**	**49,458**	**190**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Dentists recommend that a child go for their first dental visit within six months of the eruption of the first tooth, but no later than their first birthday.[164] The majority (61.1%) of children in the Desert Healthcare District who have been to a dentist did so by their first birthday. However, this means 2 in 5 children (39.9%) did not.

Dentist Visit in Past 12 Months

Q: Has child been to the dentist in the past 12 months/year?

	Percent	Population Estimates	Number of Respondents
Yes	79.8	44,000	166
No	20.2	11,121	45
Total	**100.0**	**55,121**	**211**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the children who have been to the dentist, around one-fifth (20.2%), roughly 11,100 children, have not been in the past 12 months.

[164] American Dental Association, 2007

Reason for Dentist Visit

Q: Did child go for a routine check-up or cleaning or was it for a specific problem?

	Percent	Population Estimates	Number of Respondents
Routine check-up or cleaning	78.6	34,341	132
Had a dental problem e.g., cavities, pain	17.9	7,813	27
Both	1.8	786	3
Other	1.8	773	2
Total	**100.0**	**43,712**	**164**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the children who had visited the dentist in the past year, the majority (78.6%) were brought to the dentist for a routine check-up or cleaning.

Flossing

Q: How many times during the week does your child floss?

	Percent	Population Estimates	Number of Respondents
0 times per week	28.5	13,534	55
1 to 2 times per week	26.3	12,485	43
3 to 4 times per week	8.4	3,967	17
5 to 6 times per week	2.9	1,397	6
7 or more times per week	33.9	16,071	54
Total	**100.0**	**47,454**	**175**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over one-quarter (28.5%) of children do not floss their teeth and about the proportion (26.3%) floss one or two times per week; one-third (33.9%) floss seven or more times per week.

School Missed Due to Dental Problems

Q: Did your child miss any days of school due to dental problems?

	Percent	Population Estimates	Number of Respondents
Yes	10.5	4,957	17
No	89.5	42,152	165
Total	**100.0**	**47,109**	**182**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- An estimated 5,000 Desert Healthcare District children missed school due to dental problems.

Q: How many days did your child miss school due to dental problems?

	Percent	Population Estimates	Number of Respondents
1 day	52.6	2,567	8
2 days	14.2	692	2
3 days	5.8	283	1
4 or more days	27.5	1,337	5
Total	**100.0**	**4,879**	**16**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (52.6%) of children who missed school because of dental problems missed one day; 27.5% missed four or more days.

Visit the American Dental Hygienists' Association for proper brushing techniques: http://www.adha.org/oralhealth/brushing.htm and proper flossing techniques: http://www.adha.org/oralhealth/flossing.htm

VISION CARE

Proper eye care is very important. Vision problems can begin at an early age, and without treatment, can worsen and lead to permanent vision loss and delayed development. Because a child can have a serious vision problem without parents being aware of it, infants should be screened for common eye problems during their regular pediatric appointments.

According to the American Academy of Ophthalmology, screening for eye disease by an ophthalmologist, pediatrician or trained screener should be conducted four times in early childhood: newborn to 3 months, 6 months to one year, approximately 3 years, and approximately 5 years. They recommended all children begin receiving vision testing by age three.[165]

Important Statistics about Vision Health

- Vision problems affect one in twenty preschoolers and one in four school-aged children.
- More than 12 million children suffer from visual impairment.

Note: The following question was asked about children 3-17.

Vision Exam in Past 12 Months

Q: Has your child had a vision exam in the past 12 months?

	Percent	Population Estimates	Number of Respondents
Yes	44.8	25,565	103
No	55.2	31,506	116
Total	**100.0**	**57,071**	**219**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- More than half (55.2%) of the Desert Healthcare District children aged 3-17 had not had a vision exam in the past 12 months.

For more children's eye health information, visit The Children's EyeCare Program of the Foundation of the American Academy of Ophthalmology
http://www.eyecareamerica.org/eyecare/treatment/childhood-assessment.cfm

[165] American Academy of Ophthalmology, 2007
http://www.medem.com/medlb/article_detaillb_for_printer.cfm?article_ID=ZZZKHI7CI5D&sub_cat=117

SAFETY AND INJURY PREVENTION

Unintentional injuries kill more children in the U.S. each year than anything else. Drowning and head injuries rank among the top causes of injury death. The good news is that measures can be taken to avoid these tragedies. For instance, there are some key actions that can prevent accidental drowning. First, have a removable pool or spa cover to make access difficult for children. Second, install fencing around the pool that is at least four feet high on all sides. Third, make sure gates have a lock or a latch that prevent access to the pool. Adults should always supervise children in or near water and should have a plan for what to do in case of an emergency.

Head injuries can be devastating to the lives of children and their families. Recuperating from a head injury can be a process that takes a very long time. A child who sustains a very serious head injury might be unable to go to school.

Important Statistics about Safety and Injury Prevention

- Drowning is the second leading cause of injury death among children under the age of 14. A child underwater can lose consciousness in two minutes and suffer brain damage after five.[166]
- An estimated 140,000 children end up in emergency rooms each year due to head injuries resulting from biking accidents.[167] Making sure children use bicycle helmets when riding their bikes can reduce the risk of brain injury by 88%.[168]

Pool Safety

Q: Does your house or apartment have a pool or spa on the premises?

	Percent	Population Estimates	Number of Respondents
Yes	31.1	22,479	109
No	68.9	49,864	172
Total	**100.0**	**73,343**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- It is estimated that approximately 22,500 children, 31.1% of survey respondents, live in a house or apartment with a pool or spa on the premises.

[166] Centers for Disease Control and Prevention, 2003
[167] Centers for Disease Control and Prevention, 2003. *Head Injuries and Bicycle Safety.* (*http://www.cdc.gov/healthmarketing/entertainment_education/tips/headinjury.htm*)
[168] Ibid.

Q: Does fencing separate your house or apartment from the pool, so that a person would have to pass through a gate or door in the fence to get from the house to the pool?

	Percent	Population Estimates	Number of Respondents
Yes	74.8	16,812	81
No	25.2	5,667	28
Total	**100.0**	**22,479**	**109**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the residences with a pool, 25.2% do not have fencing that separates the house or apartment from the pool.

Q: Is anything else, such as a latch, lock, or pool/spa cover, used to prevent entry to the pool or spa?

	Percent	Population Estimates	Number of Respondents
Yes	67.3	15,123	75
No	32.7	7,356	34
Total	**100.0**	**22,479**	**109**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- While the majority of respondents indicated there was a latch, lock, or cover used to prevent entry to the pool or spa; 32.7%, about 7,356 children, do not have one of these safety devices to prevent access to the pool or spa at their home.

Helmet use

Q: During the past 12 months, how often has your child worn a helmet when riding a bicycle, scooter, skateboard or skates?

	Percent	*Population Estimates*	*Number of Respondents*
Always	32.1	19,829	87
Nearly always	10.5	6,460	22
Sometimes	9.5	5,833	18
Seldom	3.5	2,175	8
Never	18.8	11,572	40
Never rides a bicycle	25.6	15,824	57
Total	**100.0**	**61,694**	**232**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion of children are reported to "always" wear a helmet; however, close to 1 in 5 children (18.8%) reportedly "never" wear a helmet when they ride a bicycle or scooter or use a skateboard or skate.

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-17 Health Behaviors

MENTAL HEALTH

BMI

PARENT'S PERCEPTION OF WEIGHT

GENERAL NUTRITION

EATING BREAKFAST

MENTAL HEALTH

Mental health is central to the health and well-being of children. Good mental health allows children to develop socially and intellectually, build self-esteem, learn new skills, and develop a positive mental outlook.

Important Statistics about Mental Health

- Nearly one in five children has a diagnosable mental health problem.[169]
- In the U.S. today, one in ten children suffer from a mental disorder severe enough to cause some level of impairment.[170]
- 70% of youth involved in state and local juvenile justice systems throughout the country suffer from mental disorders, with at least 20% experiencing symptoms so severe their ability to function is significantly impaired.[171]

Diagnosed by Doctor or Health Professional

Note: The following question was asked about children 4-17.

Q: Has a doctor or health professional every told you that your child had…?

	Weighted Percent	Population Estimates	Actual Responses
Developmental delay	7.4	4,196	19
Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)	5.7	3,264	18
Eating Disorder	4.3	2,511	9
Suicidal Thoughts	2.3	1,365	5
Mood Disorder (Depressive or Bipolar Disorders)	2.1	1,225	7

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Adult respondents indicated if their child had been diagnosed with any of eight mental health conditions. The top five conditions noted by respondents were developmental delay, attention deficit hyperactivity/attention deficit disorder, eating disorders, suicidal thoughts, and mood disorders.

[169] Mental Health America, 2006. *Back to School: Your Child's Mental Health* http://www.mentalhealthamerica.net/go/information/get-info/children-s-mental-health/back-to-school--your-childs-mental-health/back-to-school-your-child-s-mental-health
[170] National Institute of Mental Health, 2007 www.nimh.nih.gov
[171] Blueprint for Change, National Center for Mental Health and Juvenile Justice, 2006

Parent's Perception of Mental and Emotional Health

Q: Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?

	Weighted Percent	Population Estimates	Actual Responses
Yes	19.7	11,285	48
No	80.3	45,954	172
Total	**100.0**	**57,239**	**220**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 1 in 5 (19.7%) children 0-17 were reported by a parent or guardian to have difficulties with emotions, concentration, behavior, or being able to get along with others.

Q: Are these difficulties minor or severe?

	Weighted Percent	Population Estimates	Actual Responses
Minor	94.6	10,075	41
Severe	5.4	574	5
Total	**100.0**	**10,649**	**46**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of children experiencing difficulties with emotions, concentration, behavior, or being able to get along with other people, the majority (94.6%), according to adult respondents, have minor difficulties.

Q: Are you still concerned about your child's emotional, mental and behavioral problem?

	Weighted Percent	Population Estimates	Actual Responses
Yes	51.2	5,573	24
No	48.8	5,322	23
Total	**100.0**	**10,895**	**47**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Half (51.2%) of parents/guardians with children who have difficulties are still concerned about the problem.

Contact with Health Care Provider

Note: All respondents were asked this question about their child.

Q: During the past 12 months, did you ever see or talk to a health care provider because of an emotional or behavioral problem that your child may have?

	Weighted Percent	Population Estimates	Actual Responses
Yes	8.0	5,747	26
No	92.0	66,428	256
Total	**100.0**	**72,175**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 1 in 10 (8.0%) parents of all children in the sample reported contacting a health care provider about an emotional or behavior problem their child had in the past 12 months.

Contact with School Staff/Personnel

Note: The following question was asked about children 5-17.

Q: During the past 12 months, did you ever see or talk to any school staff/personnel about difficulties your child has with emotions, concentration, behavior, or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	18.6	10,454	46
No	81.4	45,809	168
Total	**100.0**	**56,263**	**214**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of school-aged children, 18.6% of parents reported contacting school staff/personnel during the past 12 months about their child's difficulties with emotions, concentration, behavior, or being able to get along with others.

Using Prescriptions

Note: The following questions were asked of children between the ages of 4 and 17.

Q: During the past 12 months, was your child ever prescribed medication for difficulties with emotions, concentration, behavior or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	5.0	2,939	15
No	95.0	55,361	208
Total	**100.0**	**58,300**	**223**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- One in 20 respondents (5.0%) reported their child was prescribed medication for difficulties during the past 12 months with emotions, concentration, behavior, or getting along with others.

Receiving Non-Prescription Treatment

Q: During the past 12 months, has your child EVER received ANY treatment or help, other than medication for difficulties with emotions, concentration, behavior or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	4.5	2,588	16
No	95.5	55,013	205
Total	**100.0**	**57,600**	**221**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 1 in 20 respondents (4.5%) reported their child had received treatment or help other than medication for their difficulties during the past 12 months.

To learn more about ADD/ADHD visit SAMSHA's National Mental Health Information Center http://www.mentalhealth.org/publications/allpubs/CA-0008/default.asp

To get more information on the causes of eating disorders visit the National Eating Disorder Association website http://www.nationaleatingdisorders.org/p.asp?WebPage_ID=320&Profile_ID=41144

For information on how to recognize mental health problems in children visit Mental Health America http://www.mentalhealthamerica.net/go/information/get-info/children-s-mental-health/recognizing-mental-health-problems-in-children/

Children's Mental Health Services in Eastern Riverside County*

Eastern Riverside County has four mental health facilities that offer comprehensive mental health services for children. The services include mental health assessments and evaluations, medication management, ongoing treatment, case management, and referral and support services for emotionally disturbed children and adolescents from birth to18 years of age.

http://mentalhealth.co.riverside.ca.us/opencms/english/services/desertregion.html

Indio Mental Health Clinic	*Banning Mental Health Clinic*	*Cathedral Canyon Mental Health/Substance Abuse Clinic*	*Blythe Mental Health/Substance Abuse Clinic*
47-825 Oasis Avenue, Indio, CA 92201	*1330 West Ramsey Street, #100 Banning, CA 92220*	*68-615 A Perez Road, Cathedral City, CA 92234*	*1267 W. Hobson Way, Blythe, CA 92225*
(760) 863-8455	*(951) 849-7142*	*(760) 770-2222*	*(760) 921-5000*
▪ *Individual, family, and group outpatient services for the child and family.* ▪ *Psychological testing and psychiatric evaluation/medication.* ▪ *Intensive group treatment twice per week for qualified younger children.* ▪ *Also provides adult services.*	▪ *Crisis intervention, referral services, intake assessments, case management, psychiatric evaluations, psychiatric treatment, dual-diagnosis services, 5150 evaluations, and short-term individual therapy, group therapy, and family therapy for children and adolescents.* ▪ *Also provides adult services.*	▪ *A variety of mental health and substance abuse services for children and adolescents, including medication services, outpatient, and case management.* ▪ *Day treatment program for women with children.* ▪ *Also provides adult services.*	▪ *Outpatient mental health services for severely, acutely, or persistently mentally ill children and adolescents.* ▪ *Substance/alcohol abuse treatment for adolescents, including assessment, crisis intervention, individual and group counseling, medication, case management referral, and consultation.* ▪ *Also provides adult services.*

* Riverside County Department of Mental Health, 2005
http://mentalhealth.co.riverside.ca.us/opencms/english/services/childrens/index.html
http://mentalhealth.co.riverside.ca.us/opencms/english/services/desertregion.html

BMI

According to information on KidsHealth.org, overweight children are stigmatized by their peers; however, weight problems get more serious than just how a child looks. Overweight children have a higher risk of developing health problems, such as diabetes and high blood pressure. They are also more likely to be overweight as adults, and overweight adults may develop other serious health conditions, such as heart disease.

Body mass index, or BMI, is a calculation tool that uses a child's height and weight to estimate how much body fat he or she has. Doctors use the BMI number to determine how appropriate a child's weight is for a certain height and age, and whether they are underweight, normal weight, overweight, or obese.

Figuring out the BMI for a child is slightly different than for an adult. BMI charts for kids and teens use percentiles that compare their BMIs to those of a very large group of kids and teens the same age and gender. There are different BMI charts for boys and girls under the age of 20.

A child's BMI number is plotted on the chart for their age and gender. Each BMI chart has percentile lines for 5th, 10th, 25th, 50th, 75th, 85th, 90th, and 95th percentiles.

A child whose BMI is at the 50th percentile is close to the average of the age group. A child above the 95th percentile is considered obese because 95% of the age group has a BMI less than he or she does. A child below the 5th percentile is considered underweight because 95% of the age group has a higher BMI.

Important Statistics about Childhood Overweight and Obesity

- Currently, 33.6% of American children and adolescents are either obese or at risk of becoming obese.[172]

[172] Fact Sheet • September 2006 What Government Can Do To Respond To Childhood Obesity *Progress in Preventing Childhood Obesity: How Do We Measure Up? (2007).*

Child's BMI

Note: BMI is calculated for children 2-17 only.

Body Mass Index (BMI) for Children 2-17

	Weighted Percent	Population Estimates	Actual Responses
Underweight (<5th percentile)	5.3	2,620	11
Healthy Weight (5th to 84th percentile)	50.8	24,901	105
Overweight (85th to 94th percentile)	17.2	8,446	34
Obese (≥95th Percentile)	26.7	13,076	44
Total	**100.0**	**49,042**	**194**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of children ages 2-17, 17.2% are overweight and about 1 in 4 (26.7%) are obese according to their BMI scores.

Although it is better if a doctor determines a child's BMI, those who want to get an idea of how their child or teen is doing can determine the BMI number by putting their child's measurements into the KidsHealth BMI Calculator. http://kidshealth.org/parent/food/weight/bmi_charts.html Nemours Foundation/KidsHealth, 2007.

PARENT'S PERCEPTION OF WEIGHT

Parents play an important role in influencing a child's weight status. For example, regulating their child's nutrition or limiting their television watching time are just a few ways parents can impact their child's weight. It is important for parents to be aware of the negative and long lasting physical, emotional, and social consequences of childhood obesity.[173]

Important Statistics about Childhood Weight

- The Institute of Medicine reported that among obese children aged 5 to 10 years, approximately 60% had at least one cardiovascular disease risk factor and 25% had two or more.[174]

  Other physical health consequences include Type 2 diabetes, hypertension, elevated cholesterol, sleep apnea, menstrual abnormalities, impaired balance, and orthopedic problems.[175]

- Emotional health problems include low self-esteem, negative body image, and depression. Social health consequences include stigma, negative stereotyping, discrimination, teasing and bullying, and social marginalization.[176]

Parent's Perception of Weight

Q: Do you consider your child to be overweight, underweight, or about the right weight?

	Weighted Percent	Population Estimates	Actual Responses
Underweight	19.3	5,350	23
About the right weight	7.4	53,148	216
Overweight	73.3	13,979	43
Total	**100.0**	**72,478**	**282**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- While survey results indicate that 43.9% of Desert Healthcare District children are either overweight or obese, only 19.3% of parents/guardians perceive their child to be overweight.

[173] Orange County Health Needs Assessment (OCHNA) 2005
[174] Ibid
[175] Ibid
[176] Ibid

GENERAL NUTRITION

Good nutrition and a balanced diet help children grow up healthy. Unfortunately, many children are denied access to food. Children who do not receive an adequate diet have a greater risk of not reaching their full potential as individuals. Undernourished children have trouble concentrating, bonding with other children, and are more likely to suffer illnesses which force them to spend more days absent from school.[177]

A recent literature review found that increased fruit and vegetable consumption has consistently been demonstrated by academic research to help combat obesity and maintain a healthy weight.[178]

Important Statistics about Nutrition

- Children who do not receive enough to eat are more likely to have to repeat grades in school, be suspended from school, and to perform poorly on standardized tests, placing them at greater risk for dropping out of school in their later years.[179]
- Studies show that even a mildly undernourished child can potentially suffer brain, cognitive, and psychological impairments which, if not corrected, can be irreversible.[180]
- Federally assisted meal programs distribute nutritious meals to thousands of low-income children in Eastern Riverside County's public and non-profit private schools each day. In the 2005-2006 academic year, approximately 42,889 students received free meals in Eastern Riverside County.[181]
- In 2006, 7.9 million U.S. children received free or reduced-priced meals.[182]
- More than 60% of young people eat too much fat, and less than 20% eat the recommended five or more servings of fruits and vegetables each day.[183]

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[177] Farmers and Hunters Feeding the Hungry (FHFH). *Hunger in America.* http://www.fhfh.org/hunger.html
[178] *Running on Empty: A report on the School Breakfast Program in California*. California Food Policy Advocates, September 2007. http://www.cfpa.net/press/2007%20breakfast%20report.pdf
[179] Ibid.
[180] Ibid
[181] California Department of Education, 2007
[182] United Stated Department of Agriculture, 2007
[183] *Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity.* Centers for Disease Control and Prevention, August 2003.

Going Hungry

Q: In the past 12 months did anyone in the household ever go hungry because there is not enough money for food?

	Weighted Percent	Population Estimates	Actual Responses
Yes	9.3	6,741	16
No	90.7	65,834	267
Total	**100.0**	**72,575**	**283**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 10% of adults (9.3%) reported someone in the household had gone hungry in the past 12 months.

Note: The following two questions were asked about children 1 to 17.

Eating Fruits and Vegetables

Q: Some people do not eat 5 servings of fruits and vegetables in their daily diet, if this is true for your child can you tell me the main reason your child does not eat more fruits and vegetables?

	Weighted Percent	Population Estimates	Actual Responses
My child eats 5 servings of fruit/vegetables per day	32.5	21,047	80
I believe he/she eats enough now	32.4	20,952	80
Don't like the taste	16.8	10,850	47
Not in habit/don't think about it/ not used to eating them	3.8	2,471	12
Take too much time to prepare and cook	3.8	2,483	6
Don't have them available, lack of access	3.3	2,126	6
Not sure how to tell if the quality is good/ not sure how to select	2.4	1,539	3
Too expensive	1.8	1,178	6
Other people in the family don't like them	0.7	443	2
Other	2.5	1,637	6
Total	**100.0**	**64,725**	**248**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Less than one-third of the children (32.5%), according to the adult respondent, met the daily-recommended servings of fruits/vegetables. Although it is unknown how much they eat, 32.4% of adult respondents believe their child eats "enough" fruits and vegetables.

Drank Milk Yesterday

Q: Yesterday, how many glasses or small cartons of milk did he/she drink, including chocolate, soy, goat, and lactose free milk?

	Weighted Percent	Population Estimates	Actual Responses
0 - 1 Glasses	36.0	22,388	86
2 - 3 Glasses	52.3	32,479	125
4 or more glasses	10.3	6,389	27
My child is still breast feeding/drinking formula	1.4	883	3
Total	**100.0**	**62,140**	**241**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately half (52.3%) of the children one years of age and older drank 2-3 glasses of milk and one-third (36.0%) drank 0-1 glasses of milk the day before the survey.

More information on hunger in America can be found by visiting The America's Second Harvest Network website (The Almanac of Hunger and Poverty in America 2007) http://www.secondharvest.org/learn_about_hunger/hunger_almanac_2007.html

More information on hunger in California can be found by visiting The America's Second Harvest Network (The Almanac of Hunger and Poverty in America 2007) http://www.secondharvest.org/export/sites/harvest/learn_about_hunger/hunger_almanac_2007/WEBAlmanac_CA.pdf

Participation in Free/Reduced Meal Programs

Number of students enrolled in Eastern Riverside County public schools that participate in federally-funded free/reduced meal programs*

School District	*Enrollment*	*Free Meals*	*Reduced Meals*	*Free &Reduced Meals*
Banning	4,953	2,934 (59.3)	854 (17.2)	3,788 (76.5)
Beaumont	5,913	2,268 (38.4)	1,024 (17.3)	3,292 (55.7)
Desert Sands	25,304	9,909 (39.2)	2,734 (10.8)	12,643 (50.0)
Palm Springs	23,689	13,200 (55.7)	4,009 (16.9)	17,209 (72.6)
Palo Verde	3,704	1,868 (50.4)	241 (6.5)	2,109 (56.9)
Coachella Valley Joint	16,531	12,710 (76.9)	2,040 (12.3)	14,750 (89.2)
Total	**80,094**	**42,889 (53.5)**	**10,902 (13.6)**	**53,791 (67.2)**

* California Department of Education, 2005/2006. *Nutritional Services*

EATING BREAKFAST

Many children have days when they go to school hungry. That hunger can result from families not having the resources to provide breakfast or families having a day when they are simply too rushed to eat breakfast. The benefits of school breakfast are widely documented. Recent studies have reported improved test scores and attendance among children who participated in the School Breakfast Program. In schools where breakfast is served, teachers notice marked improvement in behavior, attendance, and classroom performance.

Important Statistics about Eating Breakfast

- Of public schools K-12, 6,924 of 8,438 (82.0%) offer the School Breakfast Program in California; about 18 % of students eat breakfast in school on any given morning.[184]

- Across Riverside County, 59,722 students receive free breakfast daily through the School Breakfast Program.[185]

Eating Breakfast

Q: Which one of the following is true for your child for most days? He/She…(Asked about children 2-17).

	Weighted Percent	Population Estimates	Actual Responses
Eats breakfast at home	78.2	48,302	188
Eats breakfast at school	18.1	11,182	29
Does not eat breakfast	2.0	1,231	10
Eats breakfast at daycare provider	0.9	545	3
Eats breakfast at a fast food restaurant or convenience store	0.8	475	2
Eats breakfast at a neighbor's house	0.1	71	1
Total	**100.0**	**61,805**	**233**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Most respondents (78.2%) indicated their child eats breakfast at home; 18.1% of children eat breakfast at school, while 2.0% do not eat breakfast on most days.

Visit http://www.youtube.com/watch?v=sKQAYb1gWgw for an excellent brief video demonstrating how the breakfast options work and why they are so successful.

[184] *Running on Empty: A report on the School Breakfast Program in California*. California Food Policy Advocates, September 2007. http://www.cfpa.net/press/2007%20breakfast%20report.pdf
[185] Ibid

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-17 Social Health

PARENTAL CONCERNS

SOCIAL AND EMOTIONAL DEVELOPMENT

SOCIAL HEALTH

PARENTAL CONCERNS

Making sure children receive a quality education has always been a top priority for parents. They understand that the more education their child receives, the more options they have in life. In many areas, parents can choose from neighborhood schools, charter schools, public schools, private schools (religious or secular) or they can opt to teach their child at home.[186]

Across California, the numbers of overweight children continues to rise. Between 2001 and 2004, the percent of overweight children increased among all demographic groups: boys and girls, students in all grades studied, and children of all racial/ethnic backgrounds.[187] Overweight children are more susceptible to chronic diseases like Type 2 diabetes and asthma; they also have increased chances of developing cardiovascular diseases. Also of importance is that children who are overweight are more likely to experience problems with behavior and depression.[188]

[186] U.S. Department of Education, August, 2007
http://www.ed.gov/parents/schools/find/choose/choosing.pdf
[187] California Center for Public Health Advocacy, August 2005.
http://www.publichealthadvocacy.org/research_pdfs/docs/policybrieffinal.pdf
[188] Ibid.

Q: Please tell me what your one greatest concern is for your child.

	Weighted Percent	Population Estimates	Actual Responses
Quality of education	27.4	14,945	53
Child's weight and/or physical fitness	15.0	8,216	24
Lack of health care	10.0	5,472	18
Child's development (physical or mental)	8.4	4,599	25
Physical safety	8.1	4,423	21
Emotional well-being	8.0	4,370	20
Gang involvement	6.8	3,742	12
Poor nutrition	4.4	2,423	3
Alcohol and drug use	2.1	1,136	10
Lack of food	1.8	981	3
Lack of supervision	1.5	846	3
Availability of child care	1.5	795	6
Quality of housing	0.7	408	2
Access to specialty care	0.4	222	1
Other	3.8	2,064	12
Total	**100.0**	**54,641**	**213**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of the 213 respondents who expressed a concern for their child, the most common concern, mentioned by 27.4% of respondents, is the quality of their child's education. This is followed by concern for their child weight and/or physical fitness (15.0%), and lack of health care (10.0%).

SOCIAL AND EMOTIONAL DEVELOPMENT

Q: Your child is generally well behaved, and usually does what adults request.

	Weighted Percent	Population Estimates	Actual Responses
Not true	5.5	3,986	17
Somewhat true	20.2	14,569	49
Mostly true	74.3	53,523	215
Total	**100.0**	**72,078**	**281**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About three-quarters of respondents (74.3%) reported it is "mostly true" that their child is generally well behaved and usually does what adults request.

Q: During the past 6 months, your child gets along better with adults than with other children?

	Weighted Percent	Population Estimates	Actual Responses
Not true	40.1	27,941	99
Somewhat true	36.5	25,452	105
Mostly true	23.4	16,281	70
Total	**100.0**	**69,674**	**274**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion of respondents (40.1%) indicated it is "not true" that their child gets along better with adults than with other children; 36.5% indicated this statement was "somewhat true" and 23.4% that it is "mostly true."

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-5

DEMOGRAPHICS

This section provides general demographic characteristics for a randomly selected child, aged 0-5, in the HARC households in the Desert Healthcare District.
The tables show the percentage of responses for each question, the estimated population that those responses represent, and the actual number of respondents. Population estimates are derived using the most recent population numbers available for the region. They are calculated using a statistical weighing method that allows the survey data to more accurately reflect the entire population of the Desert Healthcare District.

Q: Which one of these groups would you say best represents [child]'s race?

	Weighted Percent	Population Estimates	Actual Responses
Hispanic	69.4	16.607	54
White	22.0	5,255	37
Black	5.6	1,334	4
Other	3.1	741	3
Total	**100.0**	**23,938**	**98**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About two-thirds (69.4%) of respondents self-reported their child's race as Hispanic; one-fifth (22.0%) self-reported their child's race as White.

Demographic Characteristics of Adult Respondents

	Weighted Percent	Population Estimates	Actual Responses
Marital Status of Child's Parents or Guardians			
Married	56.5	13,504	57
Single, never married	16.6	3,982	15
Cohabitating	11.0	2,631	11
Separated	6.7	1,596	6
Divorced	5.7	1,373	7
Widowed	1.5	348	2
Other	2.0	481	1
Total	**100.0**	**23,915**	**99**
Birth Mother	74.6	17,560	70
Birth Father	12.1	2,845	19
Grandparents	9.7	2,279	6
Other	3.5	844	3
Total	**100.0**	**23,528**	**98**
Citizenship Status			
U.S. Citizen	66.3	15,632	70
Not a U.S. Citizen	33.7	7,962	27
Total	**100.0**	**23,594**	**97**
Residency Status			
Permanent Residents (of the 27 non-U.S. citizens)	56.1	4,467	14
No temporary visa (of the 13 non-permanent residents)	90.5	3,162	11

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About half (56.5%) of survey respondents with a child 0-5 report that the child's parents are married; 16.6% of the child's parents/guardians are single, having never married, and 11.0% of the child's parents/guardians are cohabitating.

- Three-quarters (74.6%) of respondents are the birth mother of the child chosen to participate in the survey, about 12% are birth fathers, and 9.7% are a grandparent.

- About 66% of respondents reported being U.S. citizens. Of the non-citizens, 56.1% reported being permanent residents.

Socioeconomic Characteristics of Adult Respondents

	Weighted Percent	Population Estimates	Actual Responses
Education of Parent or Guardian			
Less than High School	37.7	9,104	30
High School Graduate or GED	23.9	5,763	24
Coursework beyond High School	25.7	6,193	26
College Degree	10.4	2,513	16
Post-Graduate	2.3	563	4
Total	**100.0**	**24,137**	**100**
Employment Status of Parent or Guardian			
Employed for Wages / Self - employed	52.4	12,658	58
Stay-at-Home Parent	30.6	7,398	29
Unemployed	13.9	3,368	9
Unable to Work	2.2	521	2
Retired	0.5	112	1
Student	0.3	81	1
Total	**100.0**	**24,137**	**100**
Household Income			
Less then $25,000	35.6	7,004	26
$25,000 - 49,999	50.0	9,835	36
$50.000 - 74,999	7.5	1,470	10
$75,000 or more	7.0	1,369	12
Total	**100.0**	**19,678**	**84**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The largest proportion (37.7%) of respondents reporting on children 0 to 5 indicated they did not complete high school; about equal proportions have a high school diploma/GED (23.9%) or coursework beyond high school (25.7%).
- Just over half of the adult respondents (52.4%) reported being employed or self-employed, while about one-quarter (30.6%) are stay-at-home parents/guardians; over 1 in 10 are unemployed (13.9%).
- Half of the respondents (50.0%) have household incomes between $25,000 and $49,999; one-third (35.6%) have incomes less than $25,000.

Housing Characteristics of Adult Respondents

	Weighted Percent	Population Estimates	Actual Responses
Own or Rent			
Own	33.6	8,022	40
Rent	66.4	15,822	59
Total	**100.0**	**23,843**	**99**
Number of People in Household			
2 persons in household	3.2	779	6
3 persons in household	13.6	3,285	28
4 persons in household	24.1	5,827	28
5 persons in household	35.6	8,583	24
6 or more in household	21.5	5,663	14
Total	**100.0**	**24,137**	**100**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Two-thirds (66.4%) of respondents report renting their home.
- Five person households are most common with 35.6% of parents/guardians of a zero to five year old reporting this number of adults and children in their household.

GENERAL HEALTH AND PREVENTION

Vision Examination

According to the American Academy of Ophthalmology, children should have their vision screened four times between birth and 5 years of age: at 3 months, between 6 months and 1 year, at about 3 years, and at about 5 years.

Q: Has your child had his/her eyes checked by an eye doctor (optometrist)?

	Weighted Percent	Population Estimates	Actual Responses
Yes	42.2	10,066	47
No	57.8	13,766	51
Total	**100.0**	**23,831**	**98**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (57.8%) of children 0-5 in the Desert Healthcare District have not had their eyes checked by an eye doctor.

Hearing Tests

Babies learn through hearing; and according to the American Academy of Pediatrics, language development can be normalized if hearing is corrected by 6 months old. Therefore, infants should have their hearing tested before 6 months of age. Even if hearing is not corrected at 6 months, the earlier a problem is detected, the better the child's chance of learning.

Q: Has your child ever has his/her hearing checked by a doctor or health care provider?

	Weighted Percent	Population Estimates	Actual Responses
Yes	77.1	18,474	78
No	22.9	5,501	20
Total	**100.0**	**23,975**	**98**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- While the majority of children 0-5 have had their hearing tested, 22.9%, representing about 5,500 children, have not been tested for hearing abnormalities.

Immunizations

Before immunizations (vaccines), over 50,000 children per year in the United States were killed or disabled by currently preventable diseases. These diseases include Polio, Rubella (German measles), Measles, Diphtheria, and Influenza B Pertussis (whooping cough). Health care providers should educate care givers about immunizations and vaccines. It is recommended that a "reminder system" be in place to help caregivers with the proper schedule for immunizations.[189]

Q: My doctor or clinic reminds me of immunizations for the child

	Weighted Percent	Population Estimates	Actual Responses
True	60.9	14,473	66
False	39.1	9,279	31
Total	**100.0**	**23,752**	**97**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 61% of respondents reported that their doctor or clinic reminds them about immunization for their child; nearly 2 in 5 (39.1%) caregivers reported they do not receive such reminders.

Q: Immunization schedules are clear and easy to understand

	Weighted Percent	Population Estimates	Actual Responses
True	90.9	20,990	82
False	9.1	2,090	14
Total	**100.0**	**23,081**	**96**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (90.9%) of caregivers said that immunization schedules are clear and easy to understand.

[189] American Academy of Pediatrics (2007) Parent Education Sheets. Downloaded from www.aap.org on 10/4/07

Q: I need help using immunization services in my community

	Weighted Percent	Population Estimates	Actual Responses
True	21.7	4,932	17
False	78.3	17,745	77
Total	**100.0**	**22,677**	**94**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 1 in 5 (21.7%) caregivers of young children indicated they need help using the immunization services in their community.

HEALTH BEHAVIORS

Body Mass Index (BMI)

Using the parent's report of the child's height and weight, the Body Mass Index (BMI) was calculated for children 2 to 5 years of age. For children, there are four categories: underweight, healthy weight, overweight, and obese.

Body Mass Index (BMI) for Children 2 to 5

	Weighted Percent	*Population Estimates*	*Actual Responses*
Underweight (<5th percentile)	13.5	1,282	6
Healthy Weight (5th to 84th percentile)	24.8	2,357	18
Overweight (85th to 94th percentile)	28.0	2,668	10
Obese (≥95th Percentile)	33.7	3,206	11
Totals	**100.0**	**9,513**	**45**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over one-quarter (28.0%) of children 2 to 5 years of age in the Desert Healthcare District are overweight and 33.7% are considered obese.

SOCIAL HEALTH

Preschool and Head Start

Head Start (HS), and Early Head Start (EHS) programs provide educational, economic, health, social, and socio-economic benefits.[190] Some of the benefits cited are:

Important Statistics about Early Head Start and Head Start

- EHS children at age 3 had larger vocabularies than the control children.
- EHS parents appeared to be more emotionally supportive with their children than control group parents were with their children.
- HS children are significantly more likely to complete high school and attend college than their siblings who did not attend HS.
- HS children are significantly less likely to have been charged with a crime than their siblings who did not participate in HS.

Note: Head Start questions were asked about children 3-5 years of age only.

Q: Does your child currently have any physical conditions that limit or prevent him or her from attending preschool or Head Start regularly?

	Weighted Percent	Population Estimates	Actual Responses
Yes	10.1	994	2
No	89.9	8,867	38
Total	**100.0**	**9,861**	**40**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Around 9 in 10 children (89.9%) between 3 and 5 years of age in the Desert Healthcare District sample are physically able to attend preschool or Head Start; 1 in 10 children have a physical condition that limits or prevents him/her from attending these programs.

[190] Head Start (n.d.) Benefits of Head Start and Early Head Start Programs. Downloaded from www.nhsa.org 10/5/07

Suspension /Expulsion

Q: Has your child ever been suspended or expelled from preschool or Head Start because of his or her behavior?

	Weighted Percent	Population Estimates	Actual Responses
Yes	0.8	81	1
No	99.2	9,780	39
Total	**100.0**	**9,861**	**40**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Less than 1% of all parents/guardians reported that their child received a suspension from preschool or Head Start.

Reading to Child

Reading aloud with children is an essential component to language development and is one of the most important activities for preparing them to succeed as readers. The National Association for the Education of Young Children recommends reading with a child every day at a regularly scheduled time, reading at a leisurely pace, selecting books that relate to what's happening in the child's life, and patiently reading the same story over and over again.[191]

Q: On average, during the last three (3) months, how often has an adult read to your child in your child's home?

	Weighted Percent	Population Estimates	Actual Responses
5 or more times each week	57.6	13,740	60
2 to 4 times each week	27.7	6,606	23
Once a week	4.0	964	5
Less than once a week	0.7	160	1
Never	9.9	2,366	9
Totals	**100.0**	**23,837**	**98**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- More than half of the respondents (57.6%) indicated an adult read to the child in their own home 5 or more times each week during the last 3 months; an additional 27.7% indicated the child was read to 2-4 times each week.

[191] National Association for the Education of Young Children http://www.naeyc.org/ece/1998/19.asp

Child Care

According to the American Academy of Pediatrics, a majority of young children are enrolled in out-of-home childcare programs.[192] As the early years are most critical for cognitive, social and emotional development, access to quality childcare that provides a nurturing and safe environment is essential.

Q: What type of childcare does your child receive on a regular basis?

	Weighted Percent	Population Estimates	Actual Responses
At home by parent	62.7	14,901	65
At home by relative	18.2	4,331	11
At home by non-family member	2.2	521	3
At a relative's home	2.1	495	3
At a non-family member's home	6.3	1,488	2
At a daycare or preschool	8.5	2,014	15
Totals	**100.0**	**23,750**	**99**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Over 3 in 5 children (62.7%) in the Desert Healthcare District are cared for in their own home by a parent; approximately 18% remain in the home with a relative. Daycares and preschools provide less than 10% of childcare for children 0 to 5 years of age.

[192] Graham, FP (1999) The Abecedarian Project and the High/Scope Perry Preschool Project. Downloaded from www.healthychildcare.org on 10/4/07

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 6-17

DEMOGRAPHICS

The section gives the general demographic characteristics of the HARC Desert Healthcare District child survey respondents for children 6 to 17 years of age.
The tables show the percentage of responses for each question, the estimated population those responses represent, and the actual number of respondents. Population estimates are derived using the most recent population numbers available for the region. They are calculated using a statistical weighing method that allows the survey data to more accurately reflect the entire population of Eastern Riverside County.

Q: Which one of these groups would you say best represents [child]'s race?

	Weighted Percent	Population Estimates	Actual Responses
Hispanic	53.7	25,425	76
White	34.5	16,340	83
Black	8.0	3,789	10
Other	3.7	1,765	10
Total	**100.0**	**47,230**	**179**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 53.7% of respondents self-reported their child's race to be Hispanic; 34.5% of children aged 6-17 are White

Demographic Characteristics of Adult Respondents

	Weighted Percent	Population Estimates	Actual Responses
Marital Status of Child's Parents or Guardians			
Married	65.2	31,580	120
Separated	14.0	6,795	14
Divorced	9.6	4,669	24
Single, never married	6.7	3,266	15
Cohabitating	3.6	1,750	7
Widowed	0.8	379	3
Total	**100.0**	**48,439**	**183**
Relationship to Child			
Birth Mother	63.6	30,016	118
Birth Father	28.3	13,348	48
Grandparents	2.0	923	5
Step Father	1.9	890	2
Adoptive Parent	1.4	643	2
Unrelated Legal Guardian or Foster Parent	0.4	178	2
Step Mother	0.3	149	2
Other Related Person	2.2	1,053	2
Total	**100.0**	**47,199**	**181**
Citizenship Status			
U.S. Citizen	70.3	33,839	137
Not a U.S. Citizen	29.7	14,280	45
Total	**100.0**	**48,119**	**182**
Residency Status			
Permanent Resident (of the 45 non-U.S. citizens)	46.3	6,609	23
No temporary visa (of the 22 non-permanent residents)	84.7	6,497	18

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority (65.2%) of adult respondents reported that the child's parents or guardians are married; 14.0% are separated and 9.6% are divorced.

- About two-thirds (63.6%) of respondents are the birth mother of the child and 28.3% are the birth father.

- About 70% of respondents report being U.S. citizens. Of the non-citizens, 46.3% reported being permanent residents.

Socioeconomic Characteristics of Adult Respondents

	Weighted Percent	*Population Estimates*	*Actual Responses*
Education of Parent or Guardian			
Less than High School	33.7	16,005	50
High School Grad or GED	27.3	12,994	40
Some College	19.4	9,208	42
College Degree	13.6	6,446	37
Post-Graduate	6.1	2,900	12
Total	**100.0**	**47,553**	**181**
Employment Status of Parent or Guardian			
Employed for Wages /Self - employed	58.9	27,918	111
Homemaker	23.8	11,294	38
Unemployed	9.3	4,437	14
Unable to Work	5.8	2,766	11
Retired	1.7	827	5
Student	0.4	208	2
Total	**100.0**	**47,450**	**181**
Household Income			
Less then $25,000	30.0	12,545	44
$25,000 - 49,999	45.6	19,032	59
$50.000 - 74,999	6.6	2,751	17
$75,000 or more	17.8	7,452	33
Total	**100.0**	**41,780**	**153**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Close to equal proportions of respondents reporting on children 6 to 17 indicated they had not completed high school (33.7%) or have a high school diploma/GED (27.3%); 19.4% have completed some college.

- The majority of respondents (58.7%) reported being employed for wages or self-employed. Almost 24% reported being stay at home parents/guardians; 9.3% are unemployed.

- The largest proportion of respondents (45.6%) reported incomes between $25,000 and $50,000 annually; 30.0% earn less than $25,000 per year.

Housing Characteristics of Adult Respondents

	Weighted Percent	*Population Estimates*	*Actual Responses*
Own or Rent			
Own	52.1	24,947	103
Rent	47.9	22,958	79
Total	**100.0**	**47,905**	**182**
Number of Persons in Household			
2	2.6	1,243	15
3	9.7	4,707	40
4	28.1	13,615	55
5	23.2	11,216	39
6	10.7	5,181	15
7	15.2	7,375	10
8	5.2	2,504	4
9	2.2	1,061	2
10 or more in household	3.2	1,535	3
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About half (52.1%) of respondents reporting on children 6 to 17 own their home.

- The majority (87.8%) of families have 4 or more persons in their household.

GENERAL HEALTH AND PREVENTION

Vision Exam

Q: Has your child had a vision exam in the past 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Yes	44.9	21,181	87
No	55.1	26,029	92
Total	**100.0**	**47,210**	**179**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 55% of children, representing 26,029 child residents age 6-17, had not had a vision exam within the past year.

HEALTH BEHAVIORS

Extracurricular Activities

There are many health benefits gained by being physically active. A child who engages in regular physical activity will have stronger muscles and bones, have a leaner body and be less likely to become overweight.[193] Kids who are physically fit sleep better and are better able to handle the physical and emotional challenges that a typical day presents—be that running to catch a bus, bending down to tie a shoe, or studying for a test.[194]

Important Statistics about Physical Activities

- The percentage of overweight children in the United States is growing at an alarming rate. Now, more than ever, life is sedentary. Kids are spending less time exercising and more time in front of the TV, computer, or video-game console.[195]
- It is recommended that all children 2 years and older should get 60 minutes of moderate to vigorous exercise on most, preferably all, days of the week.[196]

Q: From the following list please tell me, during the past week what was the ONE MAIN activity your child spent most of the time doing? (Children 7-17 Only

	Weighted Percent	Population Estimates	Actual Responses
Played outside	30.6	14,732	58
Studied or read	22.4	10,803	44
Talked to friends via phone or the Internet	13.8	6,660	15
Played with friends	10.0	4,818	19
Played video games with a game player or on the Internet	9.7	4,658	17
Watched television	6.5	3,121	13
Indoor activity-listen/play music-computer	3.7	1,783	7
Other	3.3	1,579	8
Total	**100.0**	**48,154**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

[193] *Kids and Exercise*. KidsHealth, 2005. http://kidshealth.org/parent/nutrition_fit/fitness/exercise.html
[194] Ibid
[195] *Overweight and Obesity*. KidsHealth, 2005. http://kidshealth.org/parent/growth/feeding/overweight_obesity.html
[196] U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS). *Dietary Guidelines for Americans, 2005.*

- According to respondents, the top three activities children participated in the week before the survey was administered were playing outside (30.6%), studying or reading (22.4%), and talking to friends on the phone or the internet (13.8%).

Main Child Activity

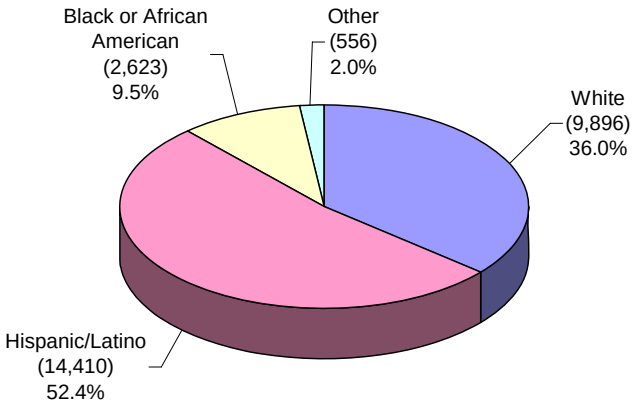
	Weighted Percent	Population Estimates	Actual Responses
Physical activity	40.6	19,550	77
Sedentary activity	59.4	28,604	104
Total	**100.0**	**48,154**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Parents' responses were recoded such that children's primary activities could be classified as either physical activity or sedentary activity. As shown, approximately 60% of respondents indicated their child spent most of the previous week engaged in sedentary activities.

Race/Ethnicity Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

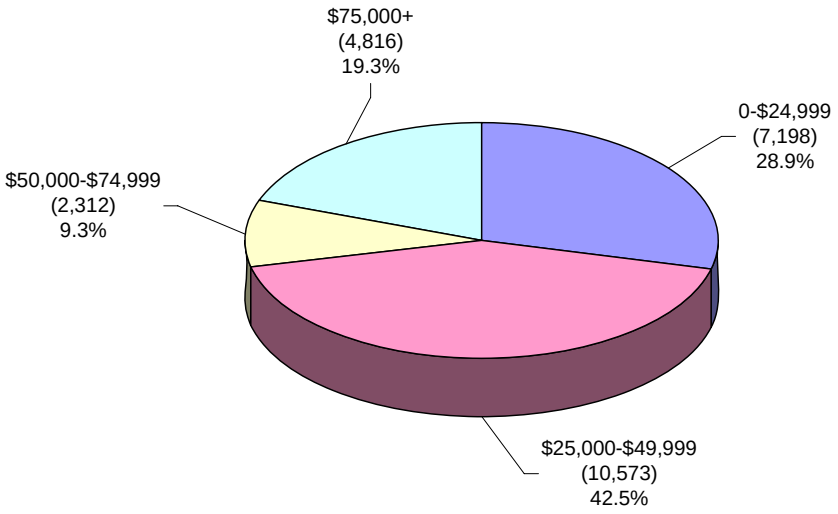
Race/Ethnicity of Children Who Engaged in Sedentary Activities



- Of children who engaged in sedentary activities, half (52.4%) are Hispanic/Latino, 36.0% are White and 9.5% are Black/African American.
- About equal proportions of White (61.0%) and Hispanic/Latino (57.1%) children engaged in sedentary activities in the past week (graph not included).

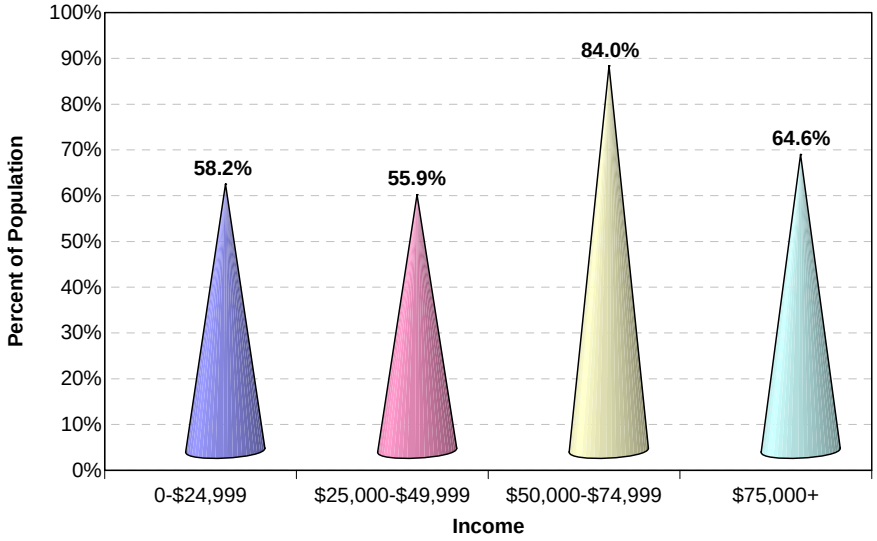
Income Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

Household Income Distribution for Children Who Engaged in Sedentary Activities



- 71.4% of children who engaged in sedentary activities reside in a household with less than $50,000 in annual income.

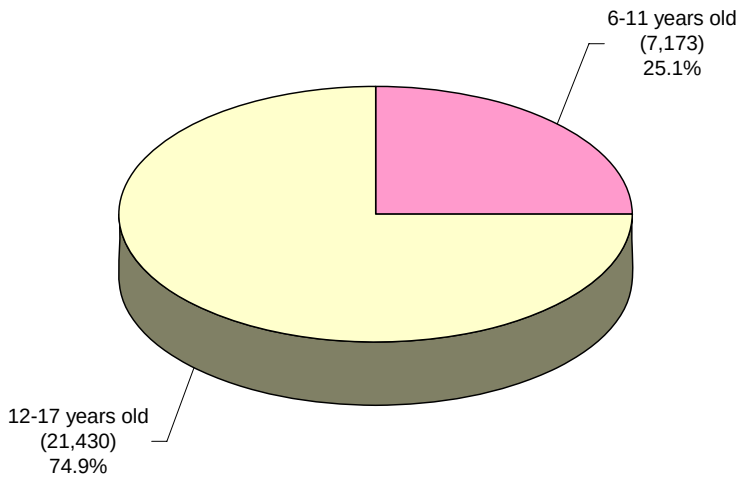
Percentage Within Each Household Income of Children Who Engaged in Sedentary Activities



- Children from households with $50,000 to $74,999 in annual income are most likely (84.0%) to have engaged in sedentary activities during the past week.

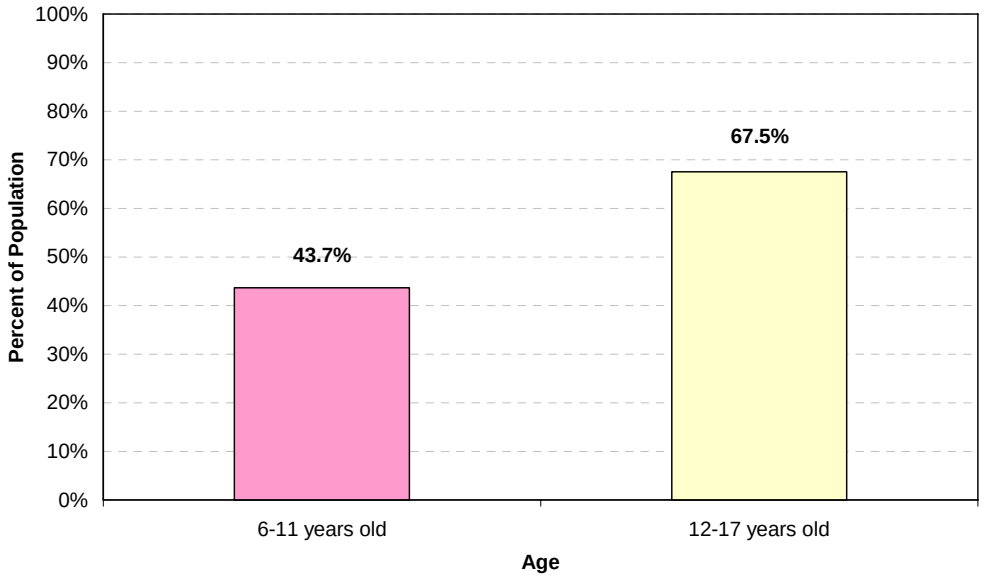
Age Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

Age of Children Who Engaged in Sedentary Activities



- Of children engaged in sedentary activities, three-quarters (74.9%) are 12 to 17 years old; 25.1% are 6 to 11 years old.

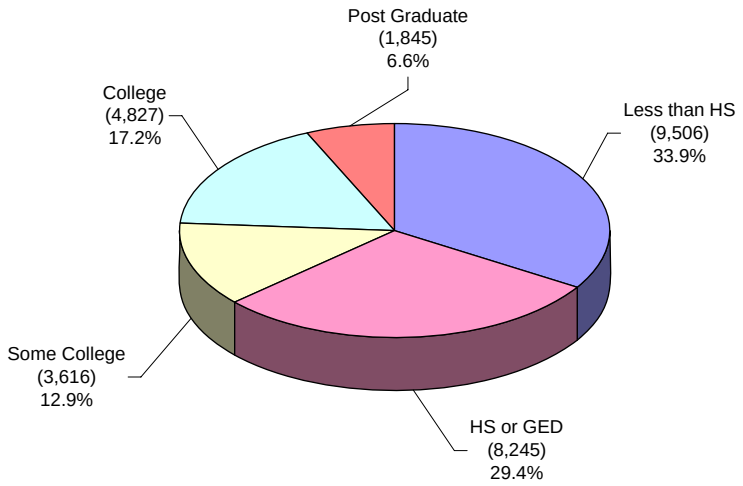
Percent of Children by Age Who Engaged in Sedentary Activities



- Less than half of children 6 to 11 years old (43.7%) engaged in sedentary activities, while 67.5% of children 12 to 17 years old did so.

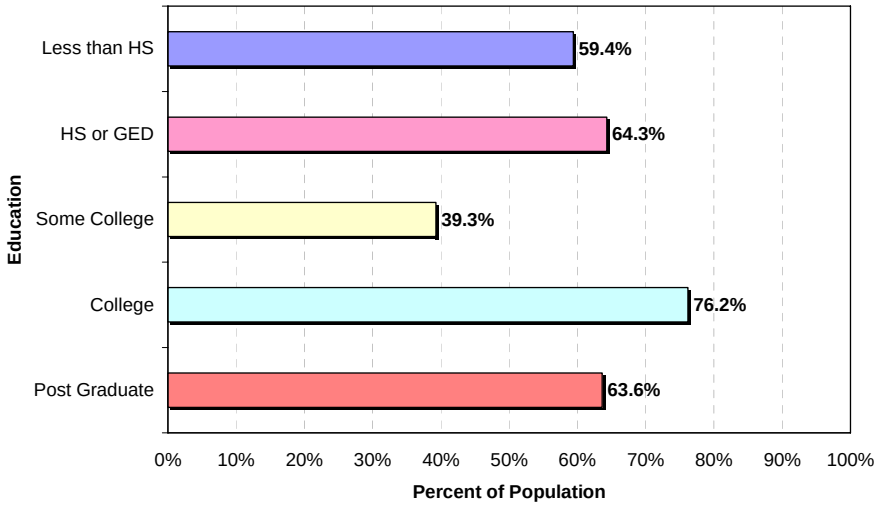
Education Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

Education Distribution of the Parent/Guardian for Children Who Engaged in Sedentary Activities



- Close to two-thirds (63.3%) of parents with children who mainly engaged in sedentary activities during the past week have a high school/GED education or less.

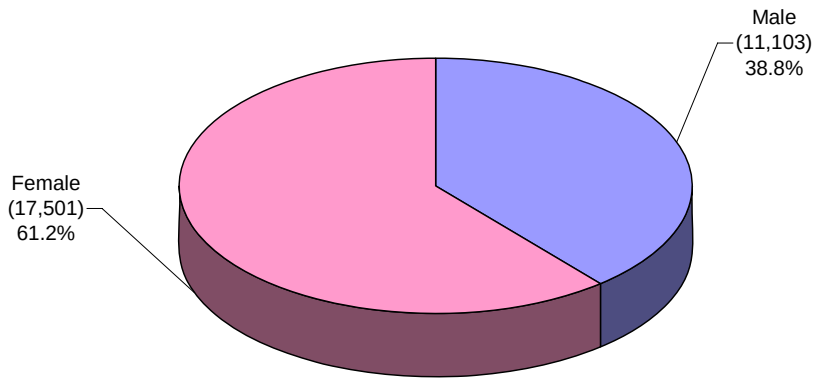
Percentage within each Education Group of the Parent/Guardian for Children Who Engaged in Sedentary Activities



- Parents with some college (39.3%) are least likely and parents with a college education are most likely (76.2%) to have children who primarily engaged in sedentary activities.

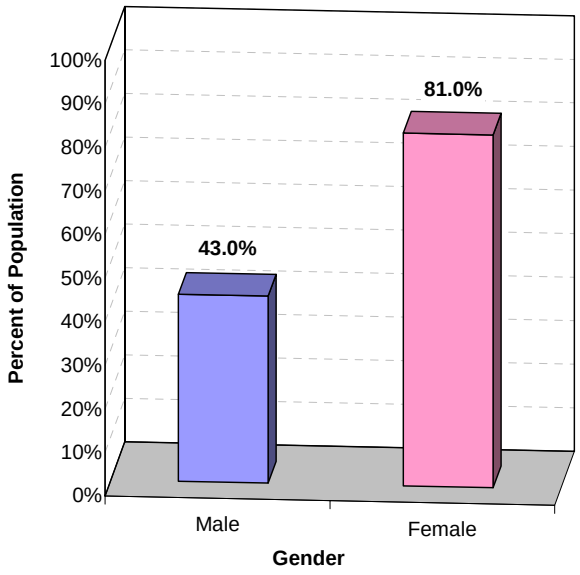
Gender Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

Gender of Children Who Engaged in Sedentary Activities



- About 3 in 5 (61.2%) children engaged in sedentary activities are female.

Percent of Children by Gender Who Engaged in Sedentary Activities



- Females (81.0%) are almost twice as likely as males (43.0%) to have engaged in sedentary activities.

Summary Analyses for the 59.4% of Children 7-17 Who Engaged in Sedentary Activities

- Hispanic/Latino and White children are equally likely to engage in sedentary activities, according to their parents.
- Households with greater than $50,000 in annual income are morel likely to have children engaged in sedentary activities.
- Older children are 1.5 times more likely to engage in sedentary activities than younger children are.
- Parents with a college education are most likely to have children engaged in sedentary activities; at least 2 in 5 children of parents from each educational category are engaged in sedentary activities.
- Females are twice as likely as male children to engage in sedentary activities are.

Fast Food

Fast food (e.g., burgers, tacos and pizza) is easy to obtain, usually high in fat, sugar and calories, and often replaces healthy food in the American child's diet. Consistently eating these foods will increase a child's weight beyond what they need to grow, contributing to obesity. It will also replace nutrients that help a child's immune system, cardiovascular system and other essential systems develop properly. As a result, the risk of diseases once found only in adults, like high blood pressure and Type 2 diabetes, are increasing in teens and younger children.[197] In addition to decreasing fast food and increasing fresh fruits and vegetables in a child's diet, exercise can go far to protect a child from obesity and its health effects.[198]

Important Statistics about Fast Food

- The average American family spends about 40% of their income on fast food.[199]

Q: Including school lunches, about how many days in the past week did [child] eat fast food such as burgers, fries, tacos, burritos and pizza?

	Weighted Percent	Population Estimates	Actual Responses
None	14.5	6,615	30
1	40.2	18,281	65
2	24.9	11,338	42
3	7.4	3,384	17
4	4.1	1,889	7
5	3.1	1,390	5
6	0	0	0
7	5.8	2,633	8
Total	**100.0**	**45,530**	**174**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of respondents (65.1%) indicated their child ate fast food once (40.2%) or twice (24.9%) in the previous week; 14.5% said their child did not eat fast food at all in the previous week.

[197] www.mayoclinic.com/health/childhood-obesity
[198] Ibid
[199] Joint Informational Hearing of the California Health and Human Services Committee, 2001. "Childhood obesity and the role of California's Schools."

SOCIAL HEALTH

Mental Health

Q: Has a doctor or health professional ever told you that your child had…

	Weighted Percent	Population Estimates	Actual Responses
Developmental delay	8.3	3,893	17
ADHD or ADD	6.8	3,264	18
Eating Disorders	4.5	2,179	8
Suicidal Thoughts	2.8	1,365	5
Mood Disorder (Depressive or Bipolar Disorders)	2.5	1,225	7

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Respondents could select more than one option, so a total percent is not included.

- Approximately 8% of respondents reported their child had been diagnosed with a developmental delay, followed by ADHD/ADD (6.8%), eating disorders (4.5%), suicidal thoughts (2.8%), and mood disorders (2.5%).

Q: Overall do you think that your child has difficulties in any of the following area: emotions, concentration, behavior, or being able to get along with other people?

	Weighted Percent	Population Estimates	Actual Responses
Yes	21.8	10,331	42
No	78.2	37,047	138
Total	**100.0**	**47,378**	**180**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About one-fifth of parents (21.8%) indicated they thought their child had difficulty in some area of social or emotional health.

Q: Are these difficulties minor or severe?

	Weighted Percent	Population Estimates	Actual Responses
Minor	94.1	9,121	35
Severe	5.9	574	5
Total	**100.0**	**9,694**	**40**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Of parents concerned about the social/emotional health of their child, 94.1% believe the difficulties are "minor."

Q: Are you still concerned about your child's emotional, mental and behavioral problem?

	Weighted Percent	Population Estimates	Actual Responses
Yes	51.7	5,139	22
No	48.3	4,801	19
Total	**100.0**	**9,940**	**41**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About half of respondents (51.7%) continue to be concerned about their child's emotional, mental or behavioral problem.

Q: During the past 12 months, did you ever see or talk to a health care provider (such as a general doctor, pediatrician, family doctor, or internal medicine doctor) because of emotional or behavioral problem that your child may have?

	Weighted Percent	Population Estimates	Actual Responses
Yes	9.2	4,464	21
No	90.8	43,975	162
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About one in 10 parents (9.2%) talked with a health provider in the past year regarding their child's emotional or behavioral problems.

Q: During the past 12 months did you ever see or talk to any school staff/personnel about difficulties your child has with emotions concentration, behavior or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	20.2	9,780	40
No	79.8	38,659	143
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- One-fifth (20.2%) of parents/guardians reported talking with school personnel about their child's emotional or behavioral problems.

Q: During the past 12 months was your child ever prescribed medication for difficulties with his/her emotions, concentration, behavior, or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	6.1	2,939	15
No	93.9	45,499	168
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 6% of all children were reportedly prescribed medication for emotional or behavioral problems, according to their parent/guardian.

Q: During the past 12 months has your child ever received any treatment or help, other than medication, for difficulties with emotions, concentration, behavior or being able to get along with others?

	Weighted Percent	Population Estimates	Actual Responses
Yes	4.6	2,206	14
No	95.4	45,534	167
Total	**100.0**	**47,739**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Nearly 5% of children were reported to have received help, other than medication, for emotional or behavioral problems during the past 12 months.

Q: During the past 12 months, how many days of work have you lost due to child's emotional, mental and behavioral health problems?

	Weighted Percent	Population Estimates	Actual Responses
0 Days	92.6	42,976	165
1 to 2	4.8	2,241	8
3 or more	2.6	1,214	5
Total	**100.0**	**46,431**	**178**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of all respondents (92.6%) had not missed work due to an emotional, mental, or behavioral difficulty with their child.

Parental Concerns

Q: Please tell me what your one greatest concern is for your child.

Top Six Concerns for Child	*Weighted Percent*	*Population Estimates*	*Actual Responses*
Quality of education	33.6	13,173	43
Child's weight and or physical fitness	11.6	4,566	15
Lack of Health Care	11.4	4,452	13
Emotional well-being	9.4	3,696	14
Gang involvement	8.5	3,327	9
Physical Safety	6.7	2,610	12
Child's Development (Physical or Mental)	5.6	2,196	12

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.
Note: Seven most common answers are provided in the table above.

- Of the parents/guardians who indicated they had a concern, the largest proportion (33.6%) indicated they are concerned about the quality of their child's education. The second most common concern was their child's weight and/or physical fitness (11.6%), followed closely by lack of health care (11.4%). The top seven responses are presented in the table above.

Academic Performance

Q: How is your child performing is his/her academic classes at school? Would you say…?

	Weighted Percent	*Population Estimates*	*Actual Responses*
Excellent	25.2	12,171	60
Very good	29.9	14,447	46
Good	18.2	8,784	29
Average	20.8	10,068	35
Poor	6.0	2,892	12
Totals	**100.0**	**48,361**	**182**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- An estimated 55.1% of respondents believed their child was doing "excellent" or "very good" in their academic classes; 26.8% thought their child was doing "average" or "poor."

Q: Has your child been disciplined by a school official during the past 12 months?

	Weighted Percent	Population Estimates	Actual Responses
Yes	19.9	9,482	31
No	80.1	38,239	149
Total	**100.0**	**47,721**	**180**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 20.0% of children were reported to have been disciplined by a school official in the past 12 months.

Parent Discussions

One of the most important actions an adult can do for a child or adolescent is to listen well and talk about difficult subjects. Talking about issues like drugs, sex, and depression helps the child understand the subject, but even more importantly those discussions lead to solid and trusting relationships between adults and children. These relationships directly influence the child's self esteem and ability to make wise choices. When a parent is willing to talk about these subjects, their children are more likely to come to them first when tough choices are presented to them. When the relationship is strong, the child will also able to trust the parent when problems arise as a result of unwise choices.[200]

Some adults may be hesitant to talk with younger children about some of these subjects. However, there are at least two reasons why they should talk to kids early. First, kids are often already hearing about these topics from other places, notably television, and getting a message that may not help the child make wise decisions. Secondly, younger children tend to talk with their parents first about tough issues; as a child grows older, he/she tends to talk first with their peers. If a parent wants to significantly influence a child in these areas, early is the best time.[201]

Analyses in this section are presented in descending order based on the proportion of parents who indicated they, or another adult in the household, have talked with their child about the issue. The order is dealing with anger, drugs, alcohol, gangs/violence, smoking, sexual issues/pregnancy, depression/isolation, eating disorders, interpersonal/domestic violence, and suicide.

[200] http://www.talkingwithkids.org/index.htm

[201] Reese, E., Bird, A., & Tripp, G. (2007, August). Children's Self-esteem and Moral Self: Links to Parent–Child Conversations Regarding Emotion. *Social Development*, *16*(3), 460-478. Retrieved December 7, 2007, from Academic Search Premier database.

Dealing with Anger

Anger is a normal reaction and is a regular part of growing up. Feeling angry is not always bad; when properly dealt with, it can be a productive emotion. However if a child does not learn to control his/her anger, it can lead to difficulties ranging from mild peer relationship interruption to Oppositional/Defiance Disorder—which can lead to full scale social aggression.[202] [203]

Important Statistics about Dealing with Anger

- While professional help is available for these disorders, talking with children about their behaviors (both the positive and negative aspects) and actively listening to how they feel can do a lot to help them learn to control their anger.[204]

Q: During the past 12 months, have you or another adult in the household spoken with your child about dealing with anger?

	Weighted Percent	Population Estimates	Actual Responses
Yes	73.2	34,944	122
No	26.8	12,777	58
Total	**100.0**	**47,721**	**180**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of respondents (73.2%) reported they have talked with their child in the past year about dealing with anger.

[202] www.mayoclinic.com/health/oppositional-defiant-disorder
[203] *NYU Child Study Center, 2004. "Anger: Helping children cope with this complex emotion."*
[204] Borba, M. (1999) *Parents Do Make a difference.* Retrieved Dec 3, 2007 from http://www.parentingbookmark.com/pages/articleMB01.htm

Drugs

Some teens experiment with drugs out of boredom as a way to fill their time, while others turn to drugs to help them deal with uncomfortable emotions or problems they have. In addition to illicit drugs, there is a new array of substances that today's kids use to get high. Research shows that more teenagers are getting high through the intentional abuse of prescription and over-the-counter medications.

Important Statistics about Drugs

- Teens today are more likely to have abused prescription pain medicines to get high than they are to have tried other drugs like ecstasy, cocaine, crack or LSD.[205]
- Many teens think these drugs are safe because they have legitimate uses, but taking them without a prescription to get high or "self-medicate" can be as dangerous and addictive as using street narcotics and other illicit drugs.[206]
- Parents or caregivers that stay involved in their kid's lives and talk with them about the risks of drugs can have a lasting impact on their child's decision not to take drugs.

Q: During the past 12 months, have you or another adult in the household spoken with your child about Drugs?

	Weighted Percent	Population Estimates	Actual Responses
Yes	70.9	34,252	122
No	29.1	14,073	60
Total	**100.0**	**48,326**	**182**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Almost 71% of respondents reported they or another adult in the household have talked with their child about drugs during the past 12 months.

[205] http://www.drugfree.org/Portal/About/NewsReleases/Generation_Rx_Teens_Abusing_Rx_and_OTC_Medications
[206] http://www.drugfree.org/Parent/Resources/Prescription_Medicine_Misuse

Alcohol

Alcohol is the number one choice of drug among young people, making underage drinking a leading public health problem in the U.S. Young people who drink heavily may be putting themselves at risk for a range of potential health problems such as brain damage, liver damage, and damaged reproductive systems. The younger children and adolescents are when they start to drink, the more likely they will be to engage in risky behaviors that harm themselves and others, like using marijuana and cocaine, having sex with multiple partners, drinking and driving, and earning poor grades in school. [207]

Important Statistics about Alcohol

- Three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol.[208]
- Youth tend to drink intensively when they drink, often consuming four to five drinks at one time, referred to as "binge drinking."[209]
- Identifying youth at risk, and early intervention, are very helpful at preventing underage drinking.[210]

Q: During the past 12 months, have you or another adult in the household spoken with your child about Alcohol?

	Weighted Percent	Population Estimates	Actual Responses
Yes	69.9	33,835	117
No	30.9	14,603	66
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Again, about 70% of respondents (or another adult) have talked with their child about alcohol in the past year.

[207] National Institute on Alcohol Abuse and Alcoholism, 2006. "Alcohol Alert." http://pubs.niaaa.nih.gov/publications/AA67/AA67.htm
[208] Ibid.
[209] Ibid.
[210] Ibid.

Gangs or Violence

Gang violence is a serious problem in California, and no one is immune from the impact gangs and youth violence can have on a community. Today, gangs and the violence they attract draw young people from all walks of life, socio-economic backgrounds, races, and ethnic groups. Youth violence is a problem not only for law enforcement but also for the community.

Important Statistics about Gangs/Violence

- Street gangs recruit members at young ages. These children become part of dangerous crimes such as drug distribution, drive-by shootings, carjacking, home invasions and taking innocent lives. Early interventions by school programs and community involvement show positive results in helping lead these kids down a different path.[211]

Q: During the past 12 months, have you or another adult in the household spoken with your child about gangs or violence?

	Weighted Percent	Population Estimates	Actual Responses
Yes	65.6	31,799	110
No	34.4	16,640	73
Total	**100.0**	**48,439**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About two-thirds of respondents (65.6%) have talked with their child about gangs or violence in the past year.

[211] California Attorney General's Crime and Violence Prevention Center, 2007 http://www.safestate.org/index.cfm?navID=12

Smoking

Smoking cigarettes has very harmful affects on the bodies of young kids and adolescents, especially at a time when they are still growing and developing. Tobacco use in adolescents exposes them to the many dangers that come as a result of using tobacco: cancer, heart disease, lung disease, nicotine addiction, oral cancer, gum disease, emphysema, and an increased risk of cardiovascular disease, including heart attacks.

Important Statistics about Smoking

- Because tobacco is such an addictive substance (due to the nicotine), a person who starts smoking at an early age is more likely to develop a strong addiction.[212]
- Youth who currently use tobacco products are more likely than youth who do not to use tobacco products other than cigarettes, illicit drugs, and alcohol.[213]
- Data from the 2006 National Survey on Drug Use and Health show that the number of girls who smoke cigarettes slightly outnumber the boys who smoke.[214]

Q: During the past 12 months, have you or another adult in the household spoken with your child about Smoking?

	Weighted Percent	Population Estimates	Actual Responses
Yes	65.3	31,541	119
No	34.7	16,785	63
Total	**100.0**	**48,326**	**182**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Roughly the same percent as have talked to their child about gangs or violence (65.6%, previous page) have talked with their child about smoking (65.3%).

[212] Kids Health-The Nemours Foundation http://www.kidshealth.org/parent/positive/talk/smoking.html
[213] U.S. Department of Health and Human Services and SAMSHA's National Clearinghouse for Alcohol and Drug Information, 2005. http://oas.samhsa.gov/nsduh/2k5nsduh/2k5results.htm#Ch4
[214] U.S. Department of Health and Human Services and SAMSHA's National Clearinghouse for Alcohol and Drug Information, 2007. "Tips for Teens: The Truth About Tobacco." http://ncadi.samhsa.gov/govpubs/sma4280/default.aspx

Sexual Issues or Pregnancy

Despite achievements made in reducing teenage pregnancy rates, the U.S. still ranks the highest among the western industrialized world for teen pregnancies and births. More than 30% of girls in the U.S. will become pregnant at least once by the age of 20.[215]

Important Statistics about Sexual Issues or Pregnancy

- According to he Youth Risk Behavior Survey developed by the Centers for Disease Control and Prevention, roughly half (47 %) of all high school students in the U.S. report having sex at least once, (this behavior puts them at risk of both pregnancy and infection with a sexually transmitted disease, or STD).
- The estimated number of HIV/AIDS cases among teens rose between 2001 and 2005. By the end of 2005, 6,324 AIDS cases had been reported among 13- to 19-year olds.
- Studies have shown that teenage pregnancy rates are lowered when parents provide guidance and maintain open communication with their children about sexuality, contraception, STDs, and the responsibilities of intimate relationships and pregnancy.[216]

Q: During the past 12 months, have you or another adult in the household spoken with your child about sexual issues or pregnancy?

	Weighted Percent	Population Estimates	Actual Responses
Yes	61.8	29,365	97
No	38.2	18,190	82
Total	**100.0**	**47,555**	**179**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 3 in 5 (61.8%) respondents reported they have talked with their child about sexual issues or pregnancy.

[215] The National Campaign to Prevent Teen and Unplanned Pregnancy, *Emerging Answers 2007: Research Findings on Programs to Reduce the Problems of Teen Pregnancy and Sexually Transmitted Disease.* 2007 http://www.thenationalcampaign.org/EA2007/default.aspx
[216] Ibid.

Depression or Isolation

Clinical depression is a mental, emotional, and behavioral disorder that can appear during childhood and adolescence. Depression in children can lead to school failure, alcohol or other drug use, and even suicide.

Important Statistics about Depression and Isolation

- Children under stress, who experience loss, or who have attention, learning or conduct disorders are at a higher risk for depression.
- It can be difficult to diagnose depression among adolescents, particularly because normal teenage behaviors and attitudes are often troubling to parents.[217]

Q: During the past 12 months, have you or another adult in the household spoken with your child about depression or isolation?

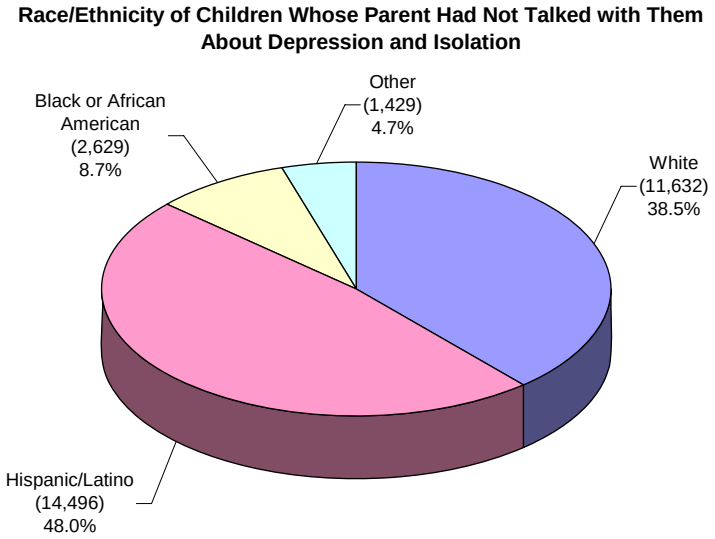
	Weighted Percent	Population Estimates	Actual Responses
Yes	35.0	16,789	64
No	65.0	31,228	117
Total	**100.0**	**48,017**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

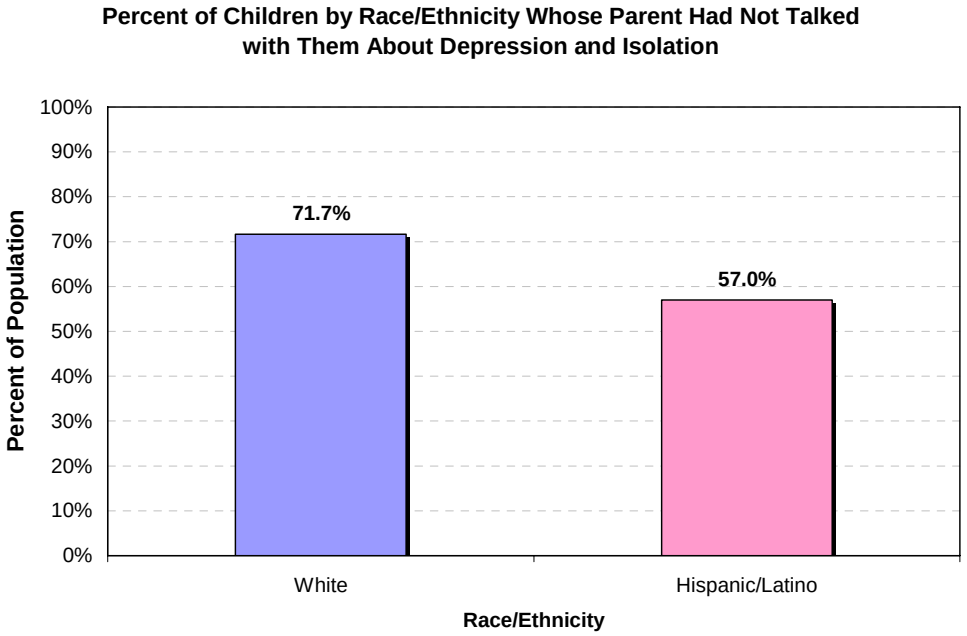
- This topic, depression or isolation, is the first in which the majority of parents (65.0%) reported they have not talked to their child about it in the past year.

[217] National Mental Health Association, 2005

Race/Ethnicity Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation

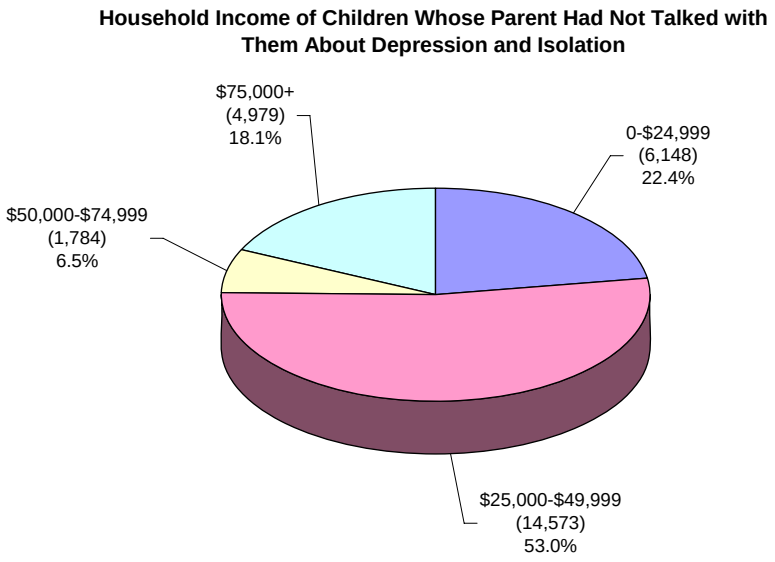


- Of the children whose parents have not talked with them about depression or isolation, 48.0% are Hispanic/Latino, 38.5% are White and 8.7% are Black or African American.

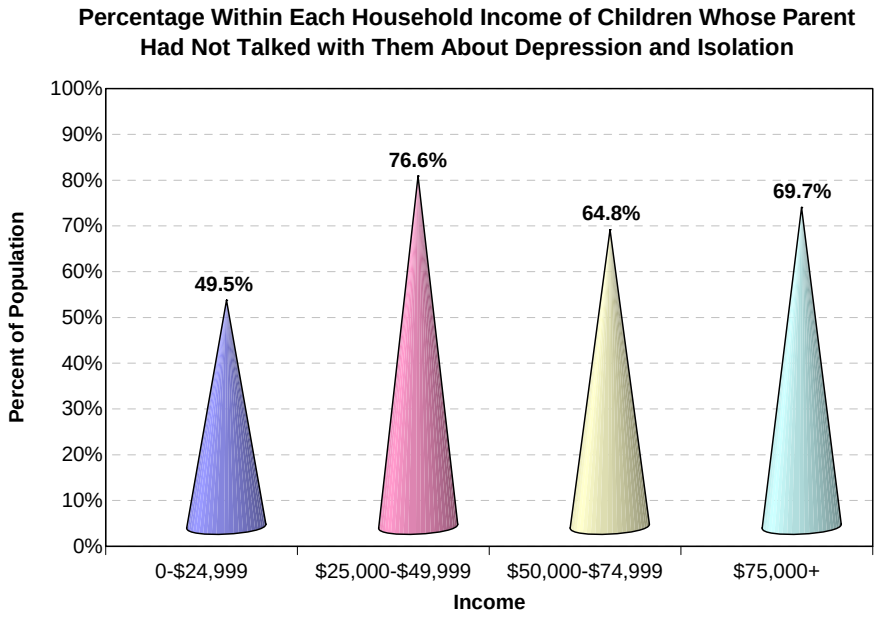


- Seven in 10 White children (71.7%), compared to 57.0% of Hispanic/Latino children, have not talked with their parent about depression/isolation.

Income Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation



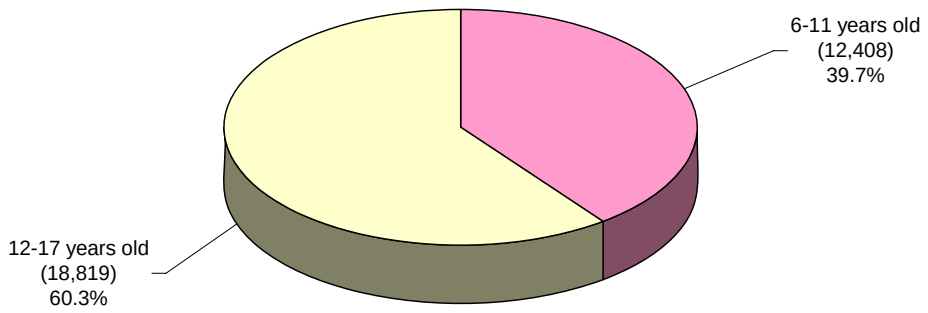
- The majority (53.0%) of children whose parents had not talked with them about depression and isolation live in households with annual incomes of $25,000-$49,999; about 1 in 5 (18.1%) are in households with incomes of $75,000 or more.



- Parents with incomes of $25,000 and higher are more likely <u>not</u> to have talked with their children about depression and isolation.

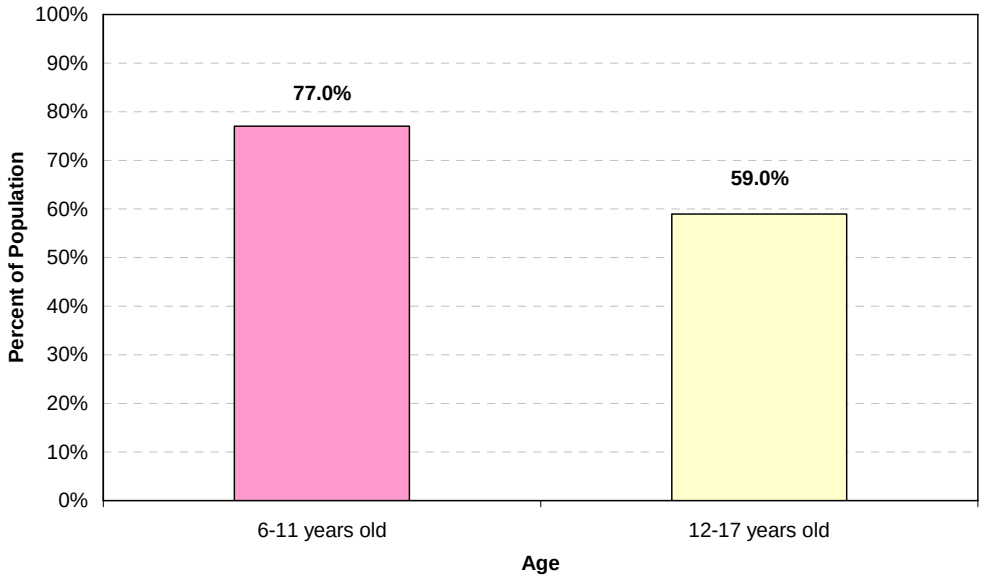
Age Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation

Age of Children Whose Parent Had Not Talked with Them About Depression and Isolation



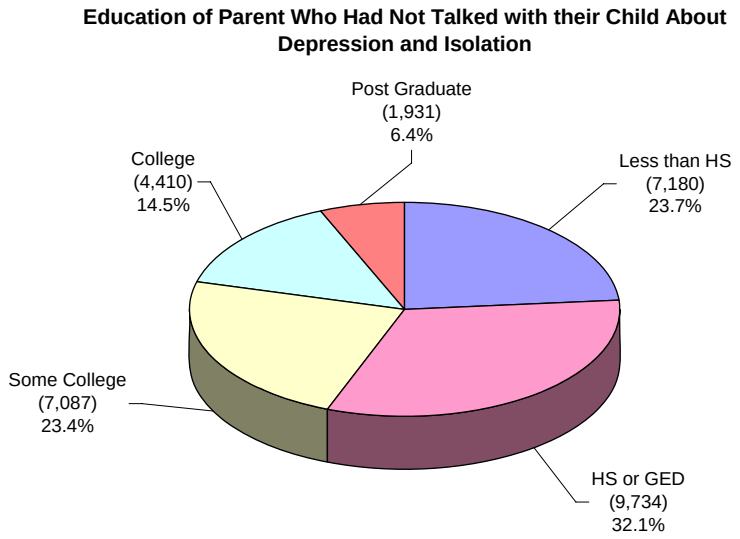
- Of children who have not talked with their parents about depression and isolation, the majority (60.3%) are 12 to 17 years old.

Percentage Within Each Age Group of Children Whose Parent Had Not Talked with Them About Depression and Isolation

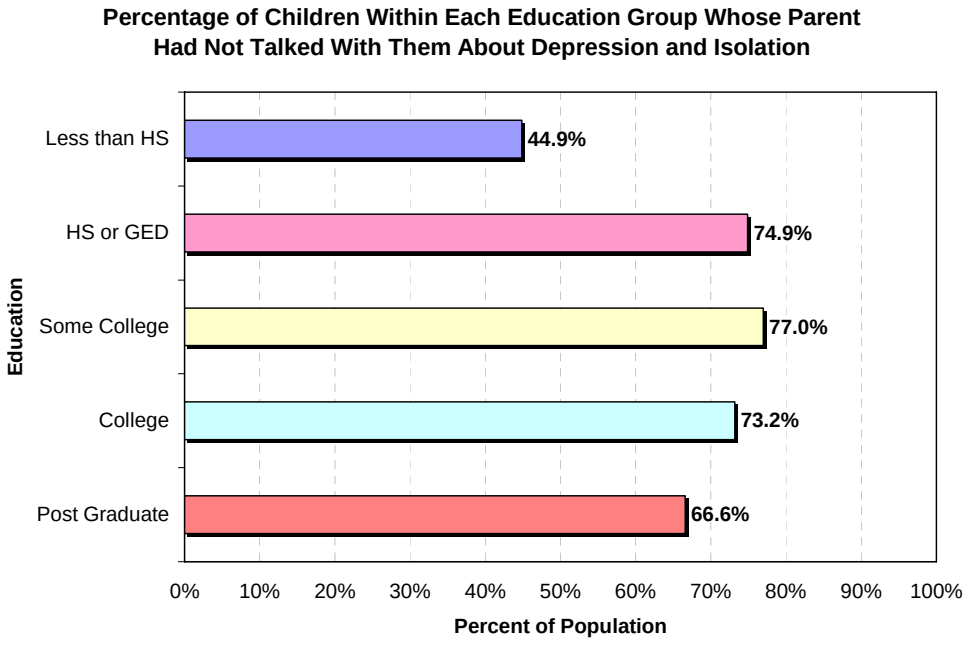


- Three-quarters of children 6 to 11 (77.0%), and about 60% of older children, have not talked with their parent about depression and isolation.

Education Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation



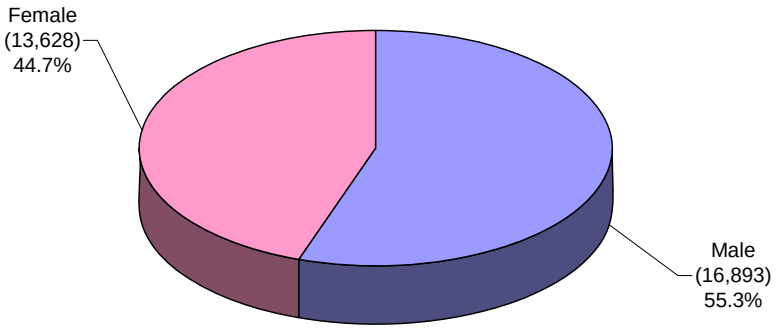
- The largest proportion (32.1%) of adults who have not talked with their child about depression/isolation have a high school or GED education; about equal proportions have less than a high school (23.7%) or some college (23.4%) education.



- Parents with less than a high school education are more likely than higher educated parents/caretakers to talk with their child about depression and isolation.

Gender Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation

Gender of Children Whose Parent Had Not Talked with Them About Depression and Isolation



- About half of the children (55.3%) whose parents had not talked with them about depression and isolation are male; 44.7% are female.
- Equal proportions of males (66.1%) and females (62.6%) have not discussed depression and isolation with their parent (graph not included).

Summary Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Depression and Isolation

- Hispanic/Latino children are more likely to have talked with their parents about depression/isolation than White children are.
- At least fifty percent of parents from all income categories had not talked with their child about depression and isolation.
- Younger children are more likely not to have talked with their parents about depression and isolation than older children are.
- Parents in the lowest education categories are most likely to talk with their child about depression and isolation.
- Male and female children are equally likely to have discussed depression and isolation with their parent.

Interpersonal or Domestic Violence

Domestic violence is a serious problem encountered by many young people living in the U.S. It is estimated that each year in this nation 3.3 million children are exposed to violence by family members.

Important Statistics about Interpersonal or Domestic Violence

- Data show that slightly more than half of females in violent relationships live in households with children under age 12.
- In homes where partner abuse occurs, it is estimated that children are 1,500 times more likely to be abused.
- An alarming 40-60% of men who abuse women also abuse children.
- Children who are exposed to violence and maltreatment often suffer increased depression, anxiety, post traumatic stress, anger, alcohol and drug abuse, and lower academic achievement. [218]

Q: During the past 12 months, have you or another adult in the household spoken with your child about interpersonal (domestic) violence?

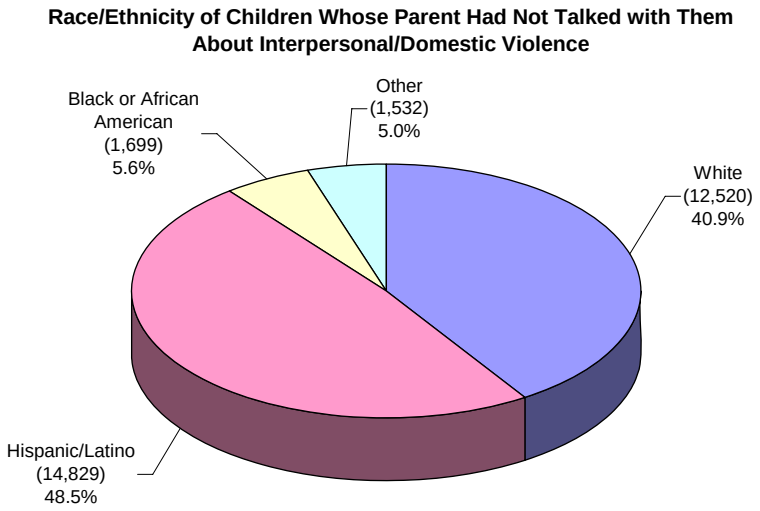
	Weighted Percent	Population Estimates	Actual Responses
Yes	34.3	16,422	49
No	65.7	31,417	132
Total	**100.0**	**47,838**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

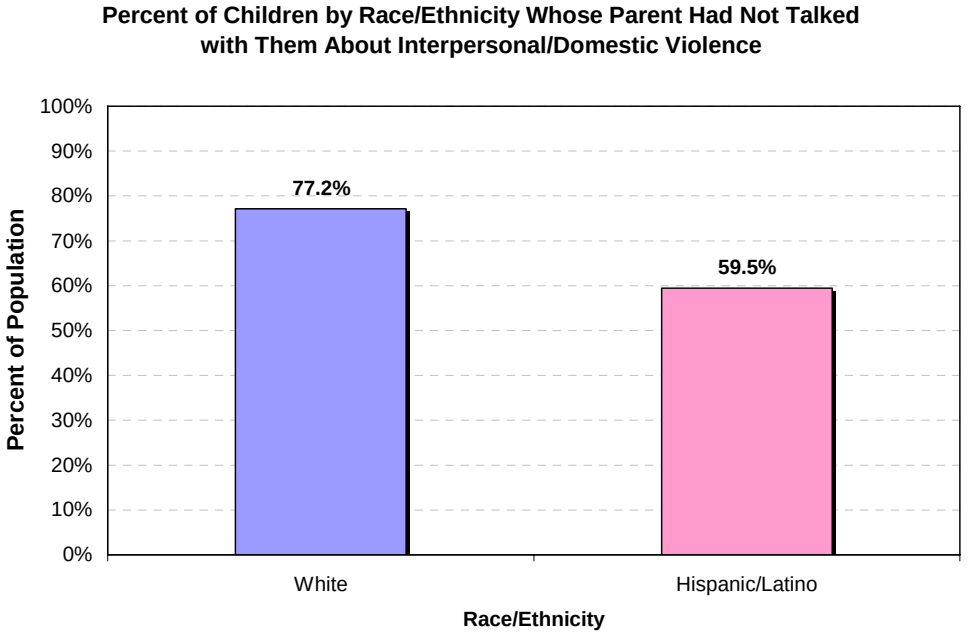
- About 66% of respondents reported they have not talked with their child, during the past 12 months, about interpersonal (domestic) violence.

[218] California Attorney General's Crime and Violence Prevention Center, 2007. *Facts: Domestic Violence and Children*
http://www.safestate.org/index.cfm?navid=214

Race/Ethnicity Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence



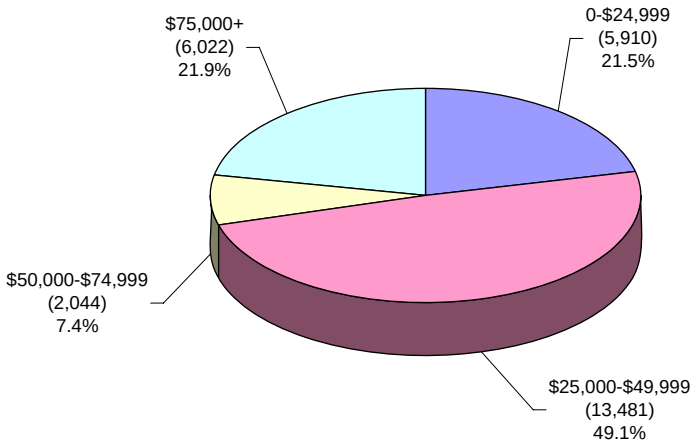
- Of the children whose parents had not talked with them about interpersonal/domestic violence, 48.5% are Hispanic/Latino and 40.9% are White.



- Over three-fourths (77.2%) of White children's parents reported they had not talked with their child about interpersonal/domestic violence; the comparable proportion for Hispanic/Latino parents is 59.5%.

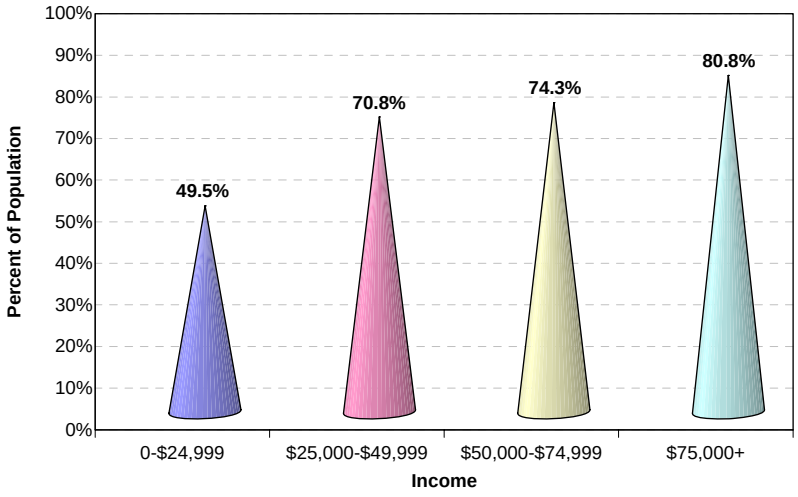
Income Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence

Household Income of Children Whose Parent Had Not Talked with Them About Interpersonal/Domestic Violence



- Nearly half (49.1%) of the children whose parents had not talked with them about interpersonal/domestic violence live in a household with an income between $25,000 and $49,999.

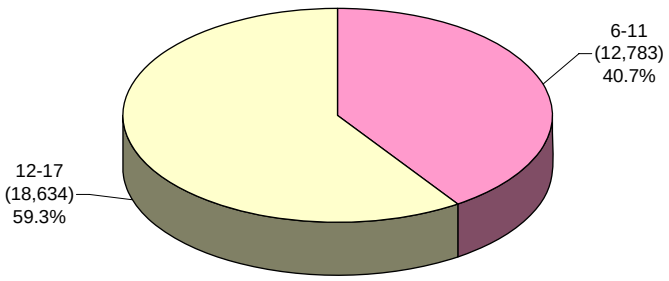
Percentage Within Each Household Income of Children Whose Parent Had Not Talked with Them About Interpersonal/Domestic Violence



- As income rises, the proportion of who have <u>not</u> had a parent/adult talk with their child about interpersonal violence increases.

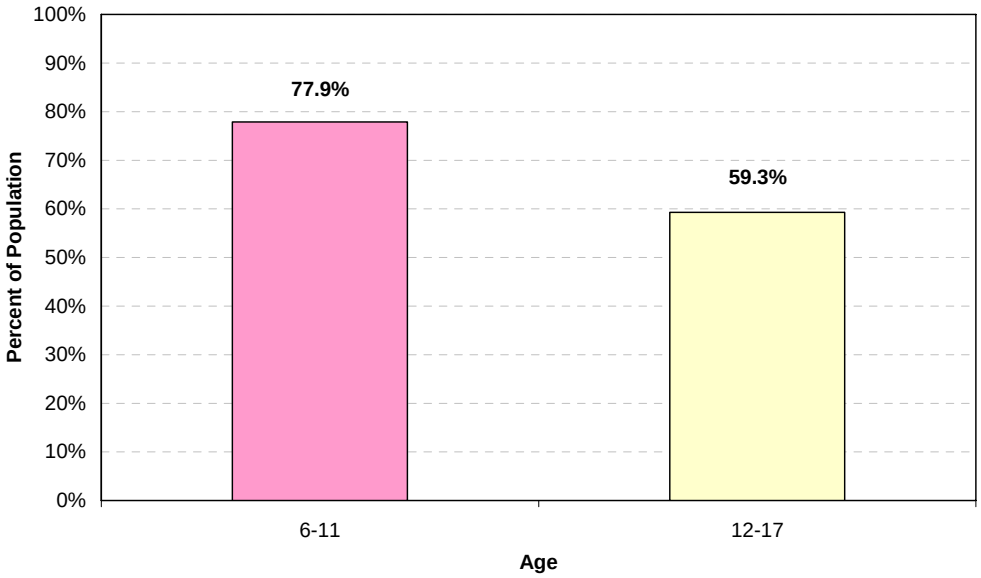
Age Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence

Age of Children Whose Parent Had Not Talked with Them About Interpersonal/Domestic Violence



- About 3 in 5 children (59.3%) whose parent had not talked with them about interpersonal/domestic violence are age 12 to 17; 40.7% are 6-11 years old.

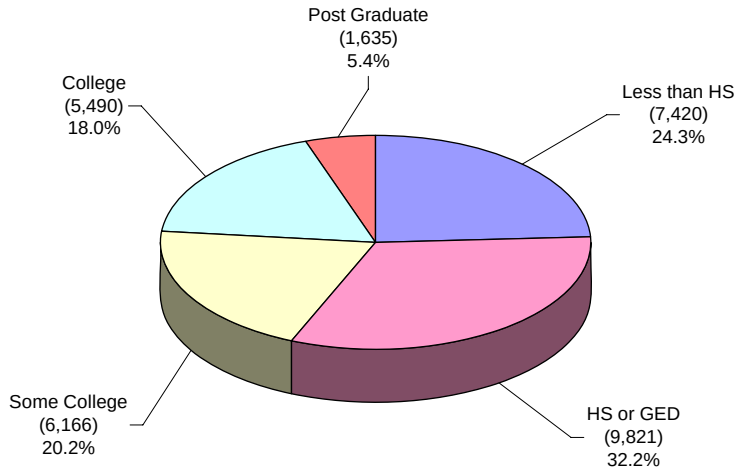
Percentage Within Each Age Group of Children Whose Parent Had Not Talked with Them About Interpersonal/Domestic Violence



- Children 6 to 11 (77.9%) were more likely not to have talked with a parent/adult about interpersonal/domestic violence than children age 12 to 17 (59.3%).

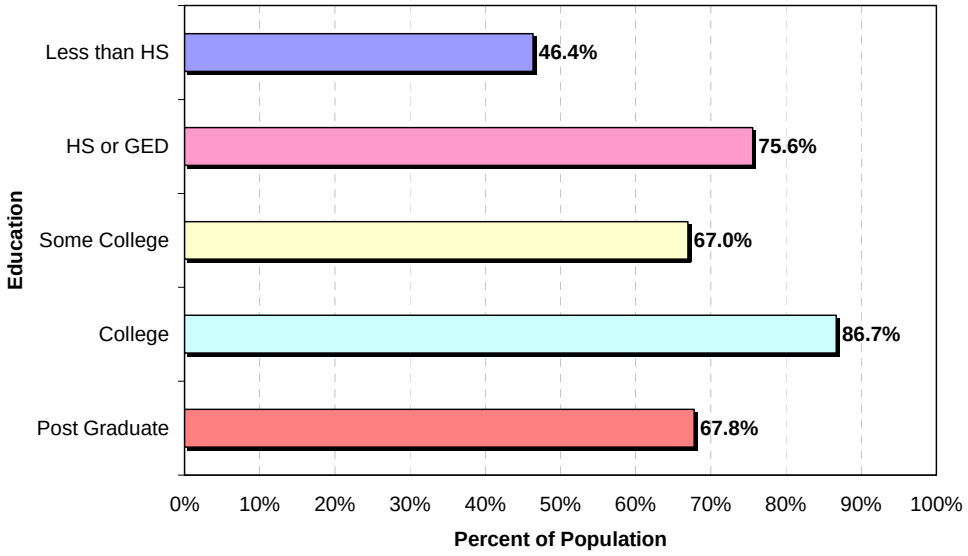
Education Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence

Education of Parent Who Had Not Talked with their Child About Interpersonal/Domestic Violence



- Of parents who had not talked to their child about interpersonal/domestic violence, 43.6% have some college, college, or a post-graduate education.

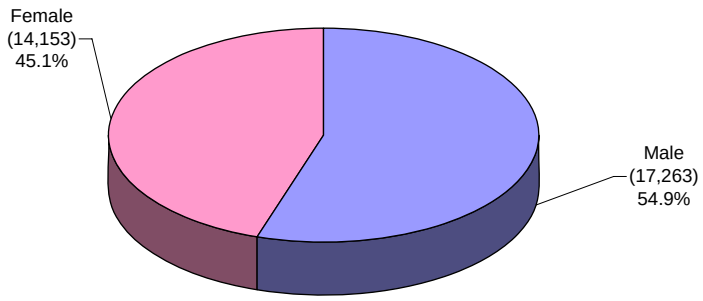
Percentage of Children Within Each Education Group Whose Parent Had Not Talked With Them About Interpersonal/Domestic Violence



- Parents with the least amount of education are most likely (they have the smallest percent in the graph above) to have talked with their child about interpersonal/domestic violence.

Gender Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence

Gender of Children Whose Parent Had Not Talked with Them About Interpersonal/Domestic Violence



- Slightly more than half (54.9%) of children whose parents had not talked with them about interpersonal/domestic violence are male.
- Equal proportions of male (66.8%) and female (66.5%) children had not talked with their parent about interpersonal/domestic violence (graph not included).

Summary Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Interpersonal/Domestic Violence

- White children are more likely than Hispanic/Latino children not to have talked with their parents about interpersonal/domestic violence.
- Children from households with higher incomes are more likely not to have talked with their parents about interpersonal/domestic violence.
- Children 6-11 are more likely not to have talked with their parents about interpersonal/domestic violence than children 12-17 are.
- At least 46% of parents from every education group had not talked with their child about interpersonal/domestic violence.
- Males and females are equally likely not to have talked with their parents about interpersonal/domestic violence.

Eating Disorders

Eating disorders are medical illnesses marked by severe disturbances in eating behavior. The two main types of eating disorders are anorexia nervosa and bulimia nervosa. A third category, which includes several variations of eating behaviors, is "eating disorders not otherwise specified (EDNOS)." [219]

Important Statistics about Eating Disorders

- 40% of newly identified cases of anorexia are in girls 15-19 years old.[220] Although eating disorders are typically considered a "female" disorder, more and more males are being affected; one in four preadolescent cases of anorexia occurs in boys.
- The prevalence of eating disorders among younger age groups, as young as 7 years of age, is increasing.[221]
- Many people who suffer from eating disorders also have coexisting psychiatric illnesses.
- While researchers are unsure of the underlying causes and nature of eating disorders, there are psychological and medicinal treatments available to help treat these illnesses.

Q: During the past 12 months, have you or another adult in the household spoken with your child about eating disorders?

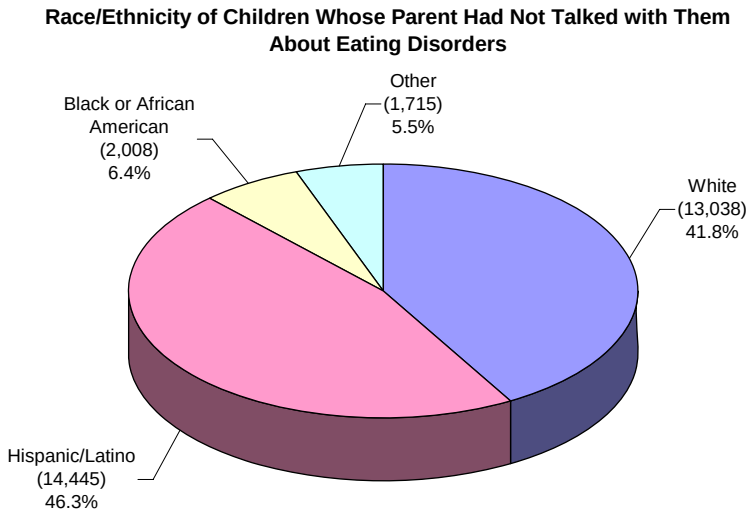
	Weighted Percent	Population Estimates	Actual Responses
Yes	33.5	16,079	60
No	66.5	31,965	121
Total	**100.0**	**48,043**	**181**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

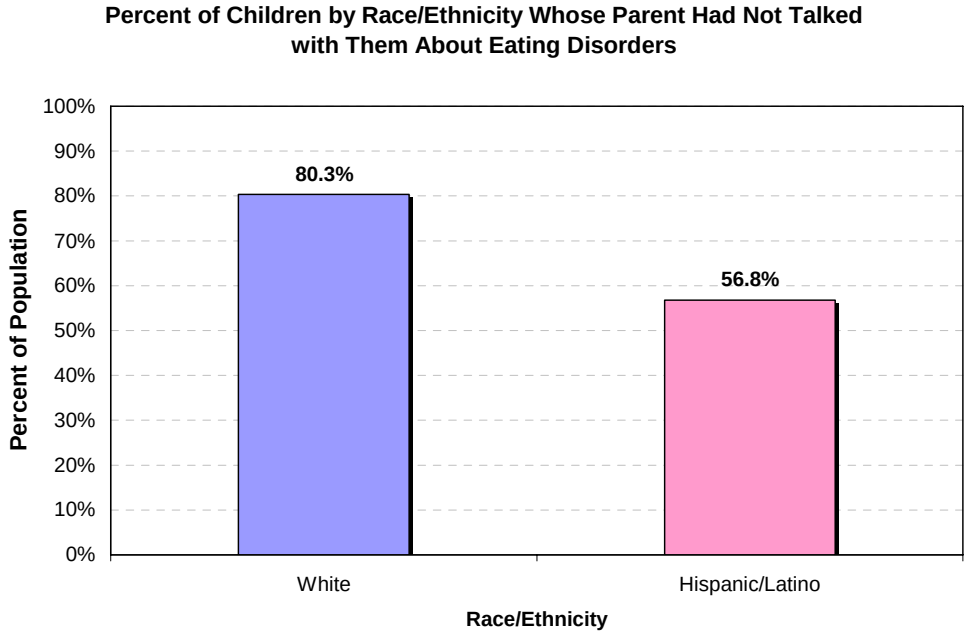
- About two-thirds (66.5%) of respondents reported not having talked with their child about eating disorders in the past 12 months.

[219] National Institute of Mental Health, 2007. http://menanddepression.nimh.nih.gov/health/publications/eating-disorders/summary.shtml
[220] National Eating Disorders Association, 2006 "Anorexia Nervosa." http://www.edap.org/p.asp?WebPage_ID=286&Profile_ID=41142&gt
[221] 2007 Eating Disorders Coalition for Research
(Sources: Susan Ice, M.D., Medical Director, The Renfrew Center, and the *Journal of the American Academy of Child and Adolescent Psychiatry)*

Race/Ethnicity Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders

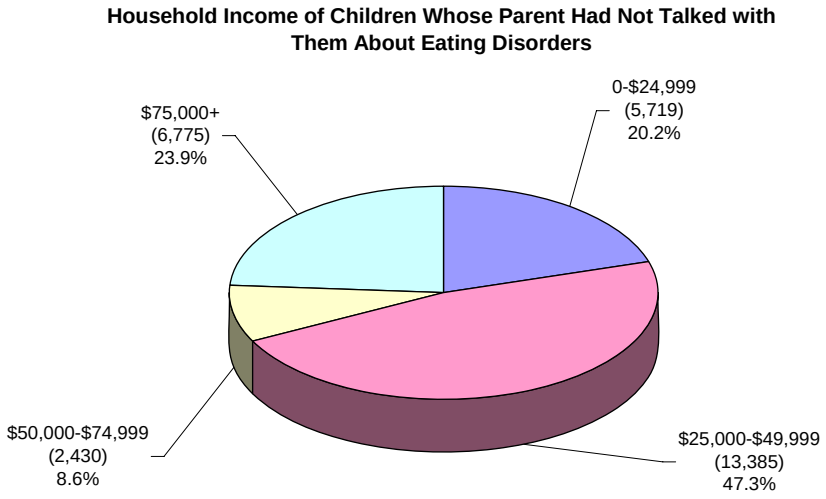


- Nearly equal portions of children whose parent had not talked with them about eating disorders are Hispanic/Latino (46.3%) and White (41.8%).

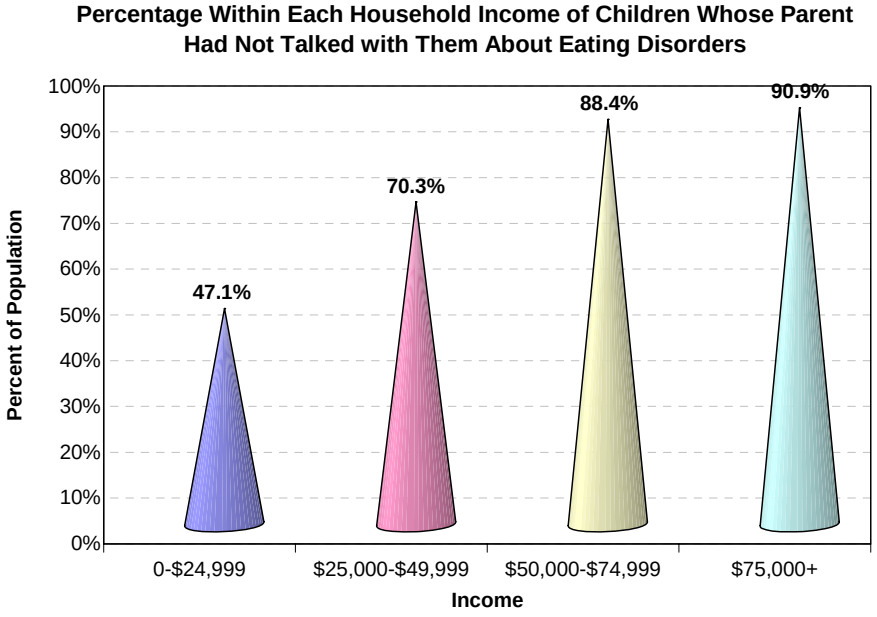


- According to their parents, White children (80.3%) are more likely than Hispanic/Latino children (56.8%) are <u>not</u> to have talked with a parent about eating disorders.

Income Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders



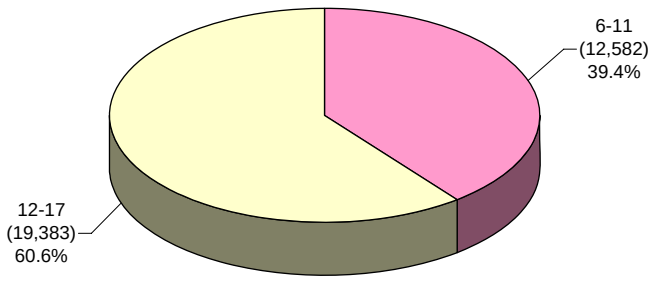
- Two-thirds of children (67.5%) whose parents have not talked with them about eating disorders live in households with incomes less than $50,000.



- About 91% of parents who earn annual incomes of $75,000+ report they have not talked with their child about eating disorders; proportions decline with each categorical decrease in parental income.

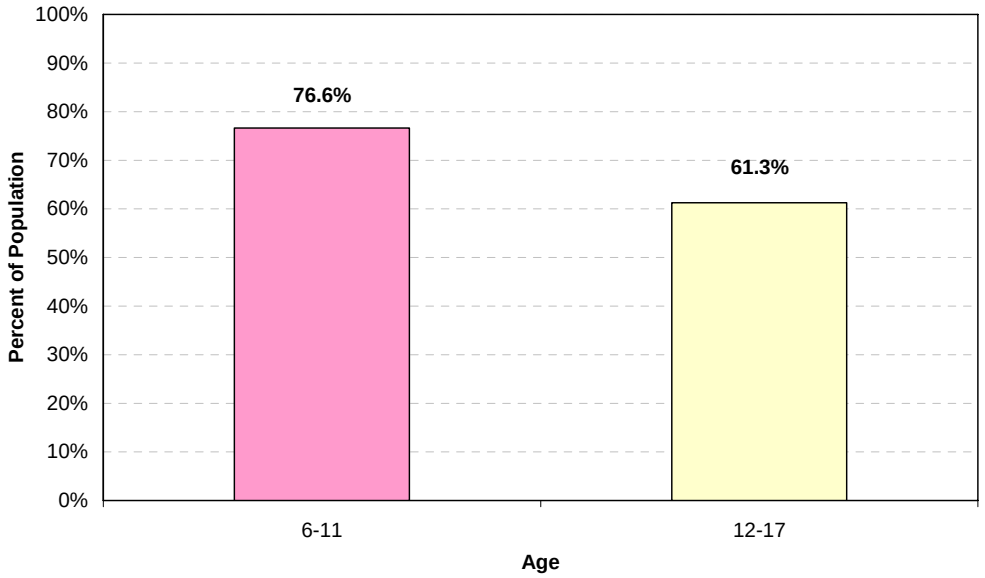
Age Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders

Age of Children Whose Parent Had Not Talked with Them About Eating Disorders



- The majority of children (60.6%) who have not talked with their parent about eating disorders are 12 to 17 years old; 39.4% are 6 to 11 years of age.

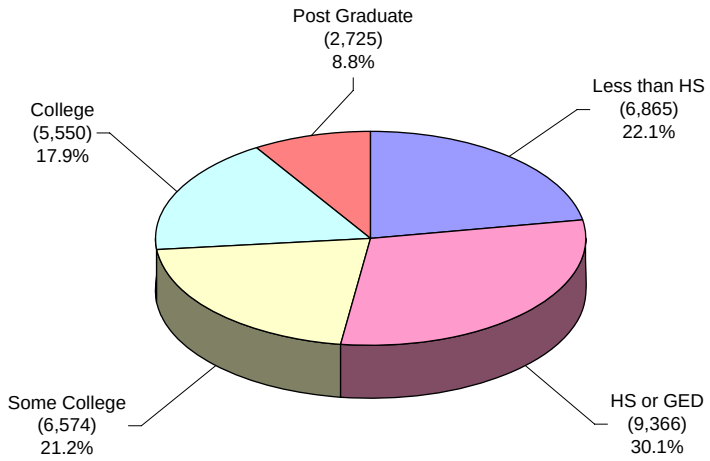
Percentage Within Each Age Group of Children Whose Parent Had Not Talked with Them About Eating Disorders



- Three-quarters (76.6%) of children 6 to 11 years old and 61.3% of children 12 to 17 years old have not talked with their parent about eating disorders.

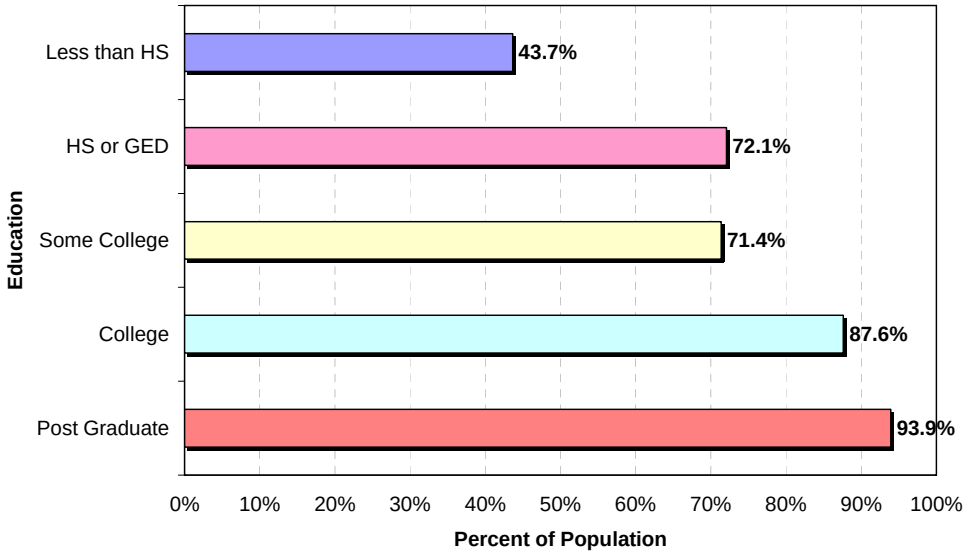
Education Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders

Education of Parent Who Had Not Talked with their Child About Eating Disorders



- Over one-quarter (26.7%) of the parents who had not talked with their child about eating disorders have a college or post-graduate degree.

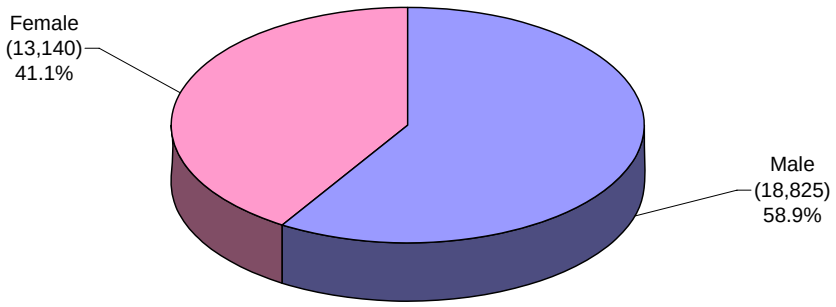
Percentage of Children Within Each Education Group Whose Parent Had Not Talked With Them About Eating Disorders



- Parents with a post graduate degree (93.9%) were most likely not to have talked with their child about eating disorders; in general, parents with less education are more likely to have talked with their child about eating disorders.

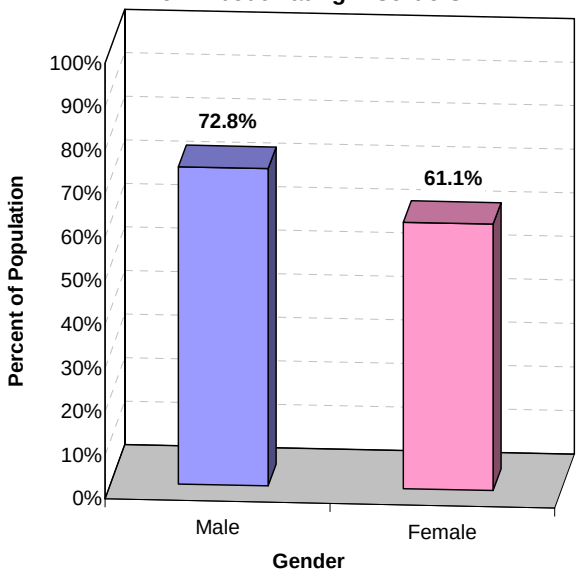
Gender Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders

Gender of Children Whose Parent Had Not Talked with Them About Eating Disorders



- Of the children whose parents have not talked with them about eating disorders, 58.9% are male and 41.1% are female.

Percentage of Children by Gender Whose Parents Had Not Talked with Them About Eating Disorders



- Male children (72.8%) are more likely not to have talked with their parents about eating disorders than female (61.1%) children are.

Summary Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Eating Disorders

- White children are 1.5 times more likely than Hispanic/Latino children not to have talked with their parent about eating disorders.
- With each categorical increase in income, the likelihood the parent has talked with their child about eating disorders decreases.
- Younger children are more likely not to have talked with their parent about eating disorders.
- As parents' education category increases, the likelihood of having talked with their child about eating disorders decreases.
- Female children are more likely to have talked with their parents about eating disorders than male children are.

Suicide

Suicide is the third leading cause of death for 15- to 19- year olds in the United States; even more adolescents attempt suicide each year. The exact number pf attempted suicides is unknown because some are not treated in a hospital and/or attempts may not be recorded as self-inflicted injury.

Important Statistics about Suicide

- A survey conducted in 2001 showed that 19% of high school students had seriously thought about suicide, 14.8% had made plans to attempt suicide, and 8.8% had made a suicide attempt during the year before the survey.[222]
- Teens with an increased risk for suicide include those who are depressed and experience feelings of worthless, rejection, helplessness, or isolation.
- Other risk factors for adolescent suicide are: previous suicidal behavior, history of psychiatric disorder or substance abuse, family history of suicide, psychiatric disorder or substance abuse, loss of a parent through any means, a history of abuse, violence or neglect, social isolation/alienation because of being gay, and being bullied.[223]

Q: During the past 12 months, have you or another adult in the household spoken with your child about suicide?

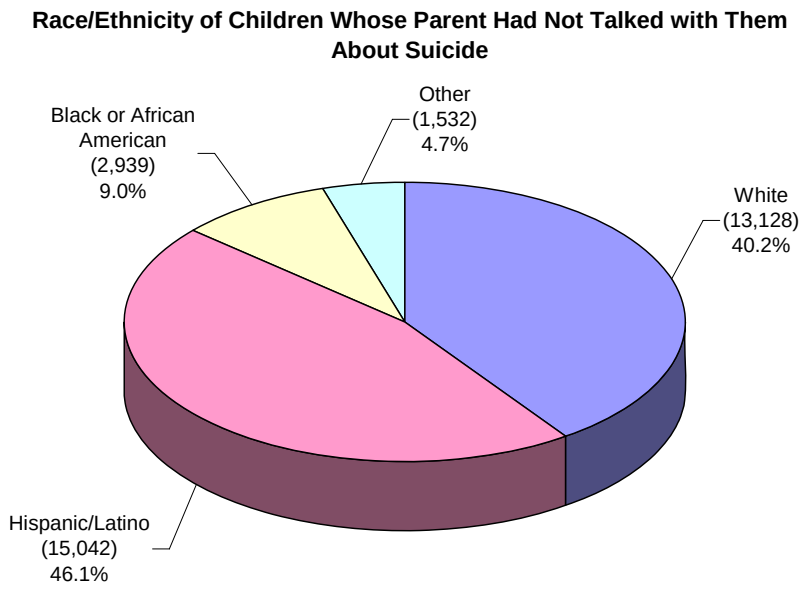
	Weighted Percent	Population Estimates	Actual Responses
Yes	30.1	14,567	47
No	69.9	33,759	135
Total	**100.0**	**48,326**	**182**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

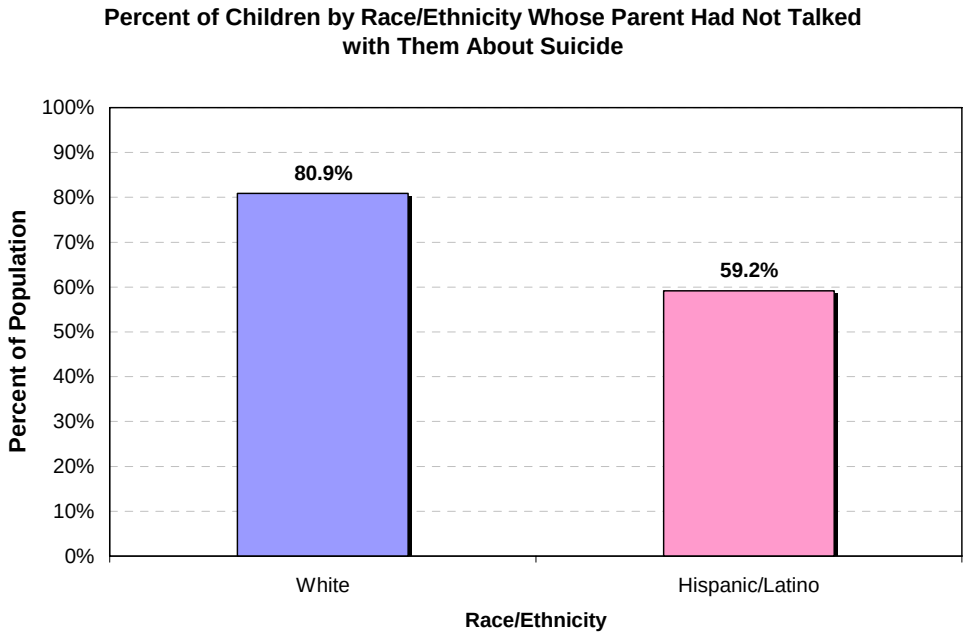
- Over two-thirds (69.9%) of respondents reported they have not talked with their child about suicide in the past year.

[222] SAMHSA (2006) Children and Suicide Warning Signs. You are Not Alone. Retrieved December 7, 2007.
[223] American Psychiatric Association, 1996.

Race/Ethnicity Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide



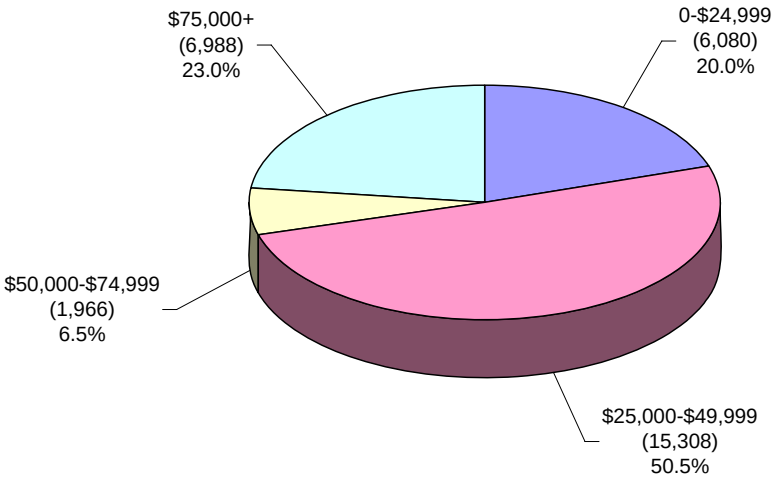
- 46.1% of children whose parents have not talked with them about suicide are Hispanic/Latino; 40.2% are White.



- White children (80.9%) are more likely than Hispanic/Latino children (59.2%) are not to have talked about suicide with their parent.

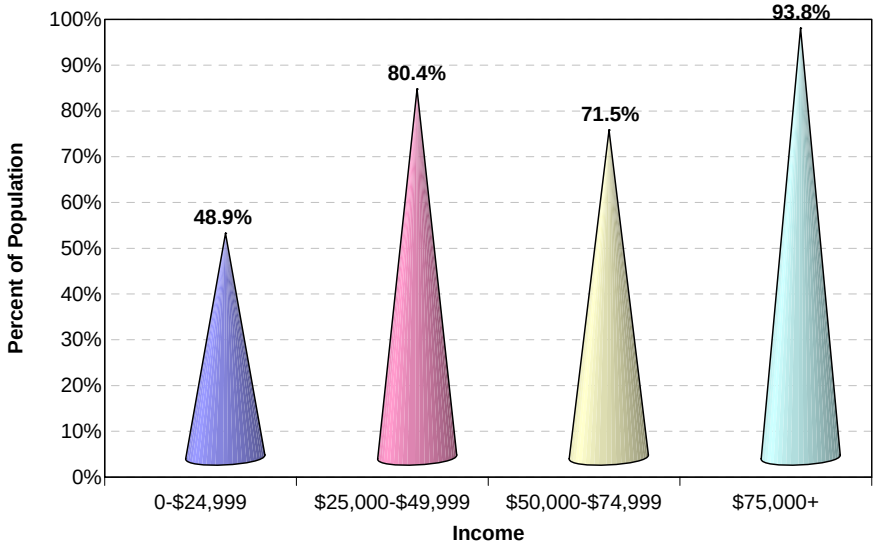
Income Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide

Household Income of Children Whose Parent Had Not Talked with Them About Suicide



- Half (50.5%) of children who have not discussed suicide with their parent live in households with annual incomes between $25,000 and $49,999.

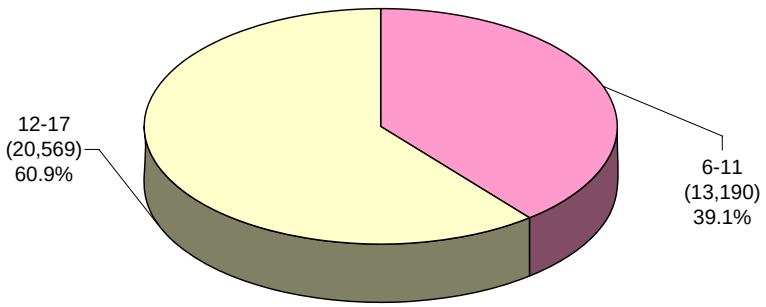
Percentage Within Each Household Income of Children Whose Parent Had Not Talked with Them About Suicide



- Parents earning $75,000+ (93.8%) are most likely not to have talked with their child about suicide; those earning less than $25,000 are the most likely to have talked with their child about suicide.

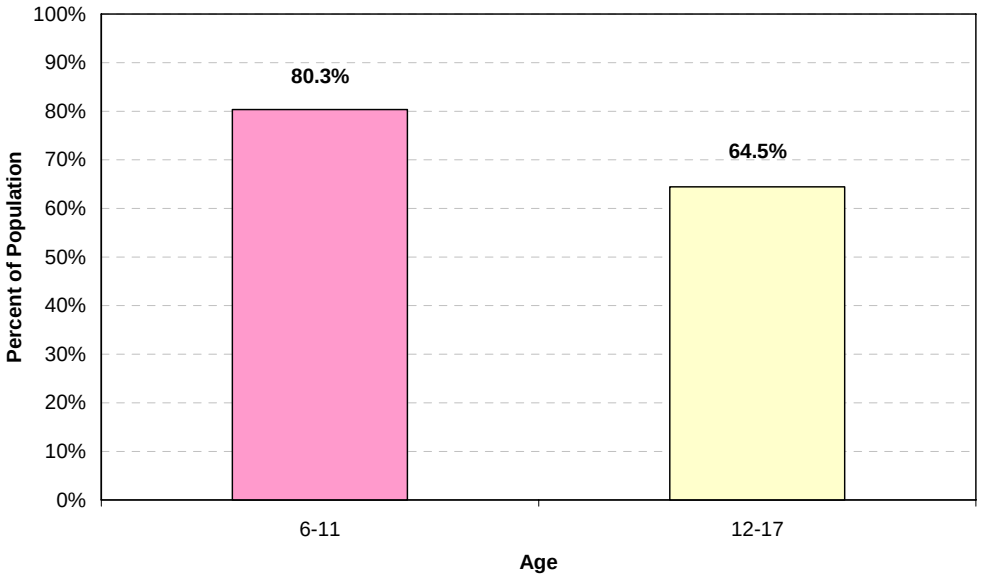
Age Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide

Age of Children Whose Parent Had Not Talked with Them About Suicide



- Six in 10 children (60.9%) who have not discussed suicide with their parents are 12 to 17 years of age.

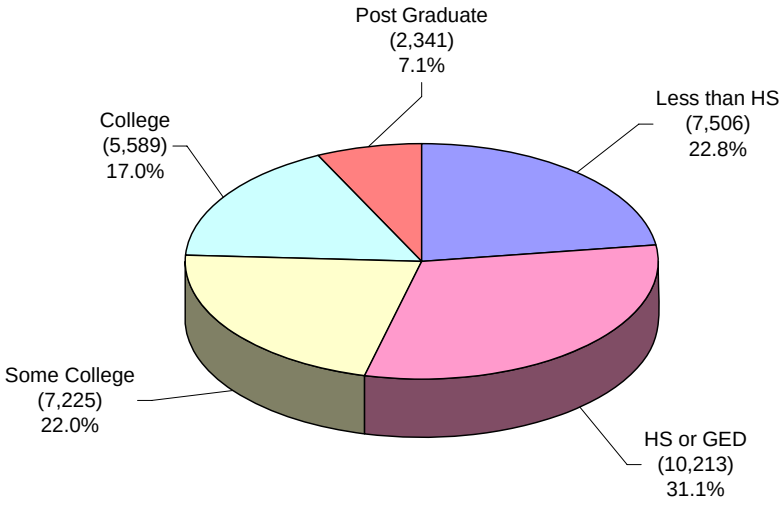
Percentage Within Each Age Group of Children Whose Parent Had Not Talked with Them About Suicide



- Six to eleven year olds (80.3%) are most likely not to have conversed with their parents about suicide; 64.5% of 12 to 17 years olds had not.

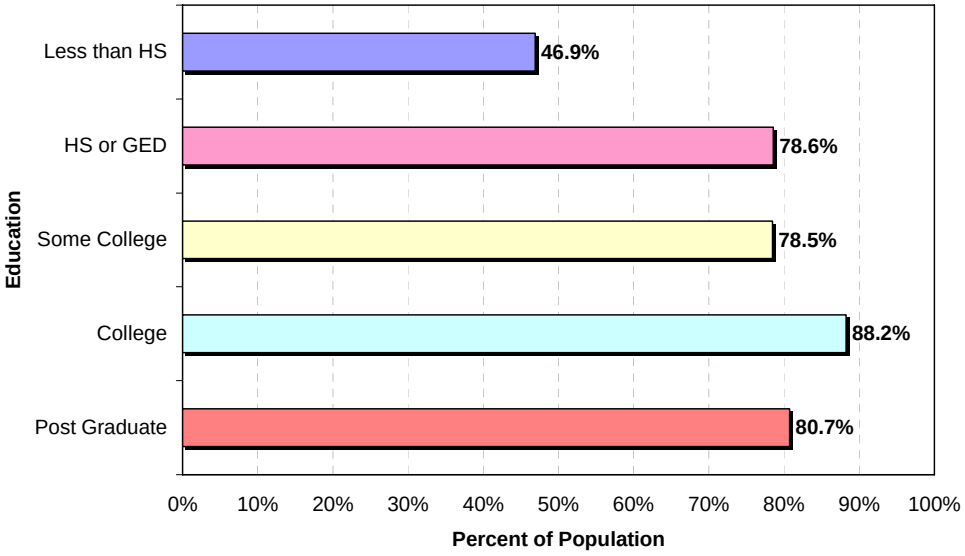
Education Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide

Education of Parent Who Had Not Talked with their Child About Suicide



- Of the parents who have not talked about suicide with their child, 46.1% have some college, or higher, education.

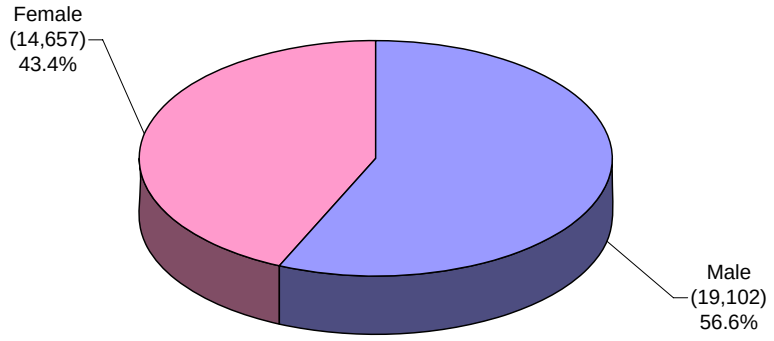
Percentage of Children Within Each Education Group Whose Parent Had Not Talked With Them About Suicide



- Parents with less than a high school education (46.9%) are most likely to have talked with their child about suicide.

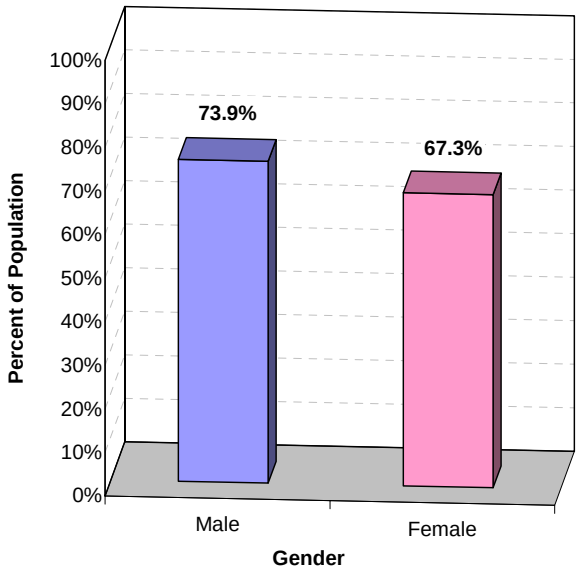
Gender Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide

Gender of Children Whose Parent Had Not Talked with Them About Suicide



- Of children who have not had a conversation with their parent about suicide, over half (56.6%) are male.

Percentage of Children by Gender Whose Parents Had Not Talked with Them About Suicide



- Males (73.9%) are slightly more likely than females (67.3%) not to have had a conversation about suicide with their parents.

Summary Analyses for the 65.7% of Children Whose Parents Reported an Adult Had Not Talked to Them About Suicide

- White children are about 1.5 times more likely than Hispanic/Latino children are not to have talked with their parent about suicide.
- Parents in the higher income categories are least likely to have spoken with their child about suicide.
- Older children are more likely to have talked with their parents about suicide; even so, almost two-thirds have not talked with their parents about suicide.
- Parents with less than a high school education are most likely to talk with their children about suicide.
- Although females are slightly more likely to have discussed suicide with their parent, at least two-thirds of males and females have not done so.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Children Ages 0-5 and 6-17

ACCESS TO HEALTH CARE

UTILIZATION OF HEALTH CARE

GENERAL HEATLH STATUS

DENTAL AND ORAL HEALTH

INJURY PREVENTION

NUTRITION AND ACTIVITY

ACCESS TO HEALTH CARE

The following tables summarize and compare the access and utilization of health care for children 0-5 and 6-17 years of age.

Health Care Coverage

	0 - 5 Years Old		6 - 17 Years Old	
Lack of Coverage by Type	*Weighted Percent*	*Population Estimates*	*Weighted Percent*	*Population Estimates*
Primary Health Coverage	10.3	2,478	17.2	8,342
Prescription Coverage	15.8	3,804	26.0	12,239
Dental Coverage	27.0	6,262	30.1	14,346
Mental Health Coverage	27.7	2,389	36.8	15,585
Vision Coverage	33.6	7,244	35.4	16,699

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- As shown in the table above, children 0-5 years of age had a higher rate of coverage (the proportion without coverage is smaller) than older children and adolescents in all categories; although some differences are not very pronounced.

- Children are more likely to have primary health care insurance than other types of coverage such as prescription, dental, mental health, and vision.

Type of Insurance Coverage

	0 - 5 Years Old			6 - 17 Years Old		
	Weighted Percent	*Population Estimates*	*Actual Responses*	*Weighted Percent*	*Population Estimates*	*Actual Responses*
Government Health Care	81.3	15,883	51	71.8	21,953	66
Private Health Care	18.7	3,657	23	28.2	8,623	40
Total	**100.0**	**19,540**	**74**	**100.0**	**30,581**	**106**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Based on information provided by adult respondents, about 81% of children 0-5, and 72% of children 6-17, have insurance coverage through government (public) sources such as Healthy Families, Medi-Cal/IEHP, California Kids or AIM.

Q: During the past 12 months, was there anytime when your child had no health coverage at all?

	0 - 5 Years Old			6 - 17 Years Old		
	Weighted Percent	*Population Estimates*	*Actual Responses*	*Weighted Percent*	*Population Estimates*	*Actual Responses*
Yes	17.2	3,676	11	11.2	4,439	16
No	82.8	17,724	71	88.8	35,124	139
Total	**100.0**	**21,400**	**82**	**100.0**	**39,563**	**155**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Adult respondents reported that 17.2% of children 0-5 and 11.2% of children 6-17 had been without health coverage in the past 12 months

UTILIZATION OF HEALTH CARE

	0 - 5 Years Old		6 - 17 Years Old	
	Weighted Percent	*Population Estimates*	*Weighted Percent*	*Population Estimates*
Last Doctor Visit				
Less than 6 months ago	79.0	18,613	59.5	27,853
6 or more months ago	21.0	4,937	40.5	18,950
Reason for Doctor Visit				
Routine	68.1	15,014	64.3	23,125
Acute illness	25.3	5,568	16.4	5,908
Chronic illness	3.8	848	6.6	2,377
Injury	1.4	299	12.7	4,563
Other	1.4	307	0.0	0
Satisfaction With Quality of Care at Last Doctor Visit				
Very Satisfied	50.0	11,202	42.1	15,220
Satisfied	41.6	9,321	49.7	17,994
Neutral, dissatisfied, or very dissatisfied	8.5	1,900	8.2	2,965
Difficulties with Any of the Following on Last Doctor Visit				
Time waiting for doctor	27.7	6,102	16.1	5,805
Time to get appointment	14.8	3,260	13.8	4,974
Attitude of staff	10.0	2,168	22.7	8,073
Attitude of doctor	11.3	2,444	12.4	4,475
Are Services Available Evenings and Weekends				
Yes	38.9	7,716	42.0	14,794
Visit ER in the Last 12 Months				
Yes	30.3	7,318	13.2	6,394
Top Reasons for Children 0-5 & 6-17				
Fever	11.0	764	4.0	252
Seizures/Convulsions	10.9	753	0.0	0
Flu	10.3	714	0.8	52
Injury	10.3	714	19.4	1234
Sore Throat	10.3	712	0.0	0
Difficulty breathing/Asthma	10.2	708	4.4	283
Earache	5.8	404	12.2	773
Infection	1.2	81	13.0	829

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately 20% of children 0-5 had not seen a health care provider within the past 6 months; nearly double that proportion (40.5%) of children 6-17 had not seen a provider in the past 6 months.

- During the past 6 months, the majority of health care provider visits for children 0-5 (68.1%) and children 6-17 (64.3%) were for routine care.

- About half of the survey respondents with children 0-5 years old reported they were "very satisfied" with the quality of care on their last doctor visit; only 2 in 5 respondents (42.1%) with a child 6-17 were "very satisfied." About 8% of adults with children in each age group indicated they were neutral, dissatisfied or very dissatisfied (8.5 % and 8.2%).

- While adults with a child 0-5 years old were more likely to report time spent waiting for a doctor as a difficulty (27.7%), adults with children 6-17 were more likely to indicate that the attitude of the doctor's staff was a difficulty (22.7%). Time to get an appointment and attitude of the doctor were equally common complaints among both age groups.

- Less than 2 in 5 (38.9%) adults with a child 0-5 indicated their child's health care provider had services available evenings and weekends; 42.0% of adults with children 6-17 indicated the same.

- As shown, the reason for the last ER visit for children 0-5 were equally distributed between fever, seizures/convulsions, flue, injury, sore throat, and difficulty breathing. The top three reasons that older children visited the emergency department were injury, infection, and earache.

GENERAL HEALTH STATUS

Q: In general, would you say your child's health is excellent, very good, good, fair or poor?

	0 - 5 Years Old			6 - 17 Years Old		
	Weighted Percent	*Population Estimates*	*Actual Responses*	*Weighted Percent*	*Population Estimates*	*Actual Responses*
Excellent	45.2	10,920	50	32.6	15,786	70
Very good	22.3	5,374	18	34.7	16,809	56
Good	26.6	6,424	27	27.4	13,286	49
Fair	4.1	1,000	3	5.3	2,557	8
Poor	1.7	419	2	0.0	0	0
Total	**100.0**	**24,137**	**100**	**100.0**	**48,438**	**183**

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- Approximately two-thirds of children 0-5 (67.5) and children 6-17 (67.3%) were reported as having "excellent" or "very good" health.

DENTAL AND ORAL HEALTH

	0 - 5 Years Old		6 - 17 Years Old	
	Weighted Percent	*Population Estimates*	*Weighted Percent*	*Population Estimates*
Never been to dentist	46.8	11,298	12.1	5,830
Has not been to dentist within the past 12 months	12.4	1,593	22.5	9,528
Reason for Dental Visit				
Routine check up/Cleaning	77.7	8,625	78.9	25,716
Dental problem	22.3	2,475	16.4	5,338
Both	0.0	0	2.4	786
Other	0.0	0	2.4	773
Missed days of for Dental Problems				
Yes	Not Asked	Not Asked	10.5	4,957

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- About 47% of children 0-5 and 12.1% of children 6-17 have never been to the dentist; about 1 in 8 children 0-5 and 1 in 5 children 6-17 had not been to a dentist within the past 12 months.

- The majority of children in both age groups last went to the dentist for a routine check up.

INJURY PREVENTION

	0 - 5 Years Old		6 - 17 Years Old	
	Weighted Percent	*Population Estimates*	*Weighted Percent*	*Population Estimates*
Car Safety				
Safety Seat (less than or equal to 60 pounds)				
Always	85.7	14,378	71.4	5,202
Almost always	11.4	1,918	0.0	0
Sometimes/ seldom/ never	2.9	481	28.6	2,088
Seatbelt (> 60 pounds)				
Always	93.3	3,703	96.8	34,457
Almost always	0.0	0	2.1	748
Sometimes /seldom /never	6.7	267	1.1	391
Pool and Spa Safety				
Families who have a pool/spa at their home	21.6	5,207	35.8	17,272
Fence separates it from the house or apartment	65.3	3,399	77.7	13.413
Latch, lock or pool/spa cover to prevent entry	69.1	3,597	66.7	11,526
Child uses Helmet on Bike, Scooter, Skateboard or Skates				
Always	40.8	4,113	43.9	15,717
Almost always	7.8	788	15.9	5,671
Sometimes /seldom /never	51.4	5,191	40.2	14,390

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of children 0-5 (85.7%) and 6-17 (71.4%), according to the adult survey respondents, are "always" in a safety seat (for children less than or equal to 60 pounds). Likewise, over 93% of children 0-5 and 6-17 weighing more than 60 pounds are reported to be restrained with a seatbelt.

- A fence separates the pool from the residence in 65.3% of homes in which children 0-5 reside and in 77.7% of the homes where children 6-17 reside. At least two-thirds of the homes with children 0-5 (69.1%), and 6-17 (66.7%), are reported to have other pool safety devices such as a latch, lock, or cover.

- The largest proportions of children age 0-5 (51.4%) reportedly use a helmet "sometimes," "seldom," or "never," while the largest proportion of children age 6-17 report "always" (43.9%) using a helmet while on a bike, scooter, skateboard or skates.

NUTRITION AND ACTIVITY

	0 - 5 Years Old		6 - 17 Years Old	
	Weighted Percent	*Population Estimates*	*Weighted Percent*	*Population Estimates*
Parent/Guradian Perception of Child's Weight				
Underweight	8.3	2,006	6.9	3,345
About the right weight	87.0	20,918	66.5	32,230
Overweight	4.6	1,115	26.6	12,864
Did Anyone in Household Go Hungry due to Lack of Money				
Yes	13.4	3,246	7.2	3,495
Child Eats Breakfast Most Days (children over 2 years)				
At home	89.1	12,046	75.1	36,256
At school	6.9	931	21.2	10,251
At fast food restaurant/convenience store	0.0	0	1.0	475
Daycare	4.0	545	0.0	0
At neighbor's house	0.0	0	0.1	71
Does not eat breakfast	0.0	0	2.5	1,231
Drank Milk Yesterday (children 1 year or older)				
0 - 1 glasses	11.4	2,059	46.0	20,330
2 - 3 glasses	67.2	12,079	46.2	20,400
4 or more	16.5	2,966	7.8	3,424
My child is still breast feeding/drinking formula	4.9	883	0.0	0
Family Eats Together				
1-2 times per week	10.0	2,416	10.7	5,182
3-4 times per week	7.9	1,898	14.5	7.041
5-6 times per week	21.2	5,123	11.4	5,508
Every Day	55.2	13,323	59.9	29,038
None	5.7	1,377	3.4	1,669
Child Plays Outside as Often as Respondent Would Like				
Yes	65.6	15,165	81.1	39,296

Note: "Population Estimate" may not reflect actual population due to non-responses and/or rounding.

- The majority of children in both age groups are reported to be "about the right weight" by their parent/guardian; 26.6% of children 6-17 compared to 4.6% of children 0-5 are reported to be overweight.

- More than 1 in 10 (13.4%) adults with a child 0-5 reported that someone in the household went hungry due to a lack of money during the past 12 months; 7.2% of adults with a child 6-17 years old reported the same.

- The majority of children over 2 years of age reportedly eat breakfast at home; 21.2% of children 6-17 (compared to 6.9% of children 2-5) eat breakfast at school on most days.

- About two-thirds (67.2%) of children 1-5 drank 2-3 glasses of milk the day before the survey; equal proportions of children 6-17 drank 0-1 glasses (46.0%) or 2-3 glasses (46.2%) of milk the day before the survey.

- It is most common for children 0-5 (55.2%) and 6-17 (59.9%) to eat meals with their family every day.

- The majority of children in both age groups (65.6% and 81.1%) are reported to play outside as much as their parents/guardians would like.

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DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Other Recent Community Surveys

2007 COUNTY OF RIVERSIDE HOMELESS COUNT

2006 COACHELLA VALLEY FARM WORKERS SURVEY

2007 COACHELLA VALLEY HEALTH COLLABORATIVE REPORT

OTHER RECENT COMMUNITY SURVEYS

Two groups that require different survey methods are the homeless and farm worker populations. Since these groups are not readily available by telephone, studies of these populations relied upon direct field interview techniques to gather their data. Surveys of these two groups were completed recently and their results are summarized here to complete the profile of Eastern Riverside County.

2007 County of Riverside Homeless Count[224]

A survey of homeless people was completed in January 2007 for all of Riverside County, which provided a picture of how many people are homeless on a particular day. Although the study does not address health care needs of this population, having an idea of the number of people can be helpful in determining the extent of the need. The study presents a summary for all of Riverside County, but city-based numbers are provided as well. Here is the Executive Summary from the report. The jurisdictions that represent Eastern Riverside County are highlighted in the summary table.

Executive Summary

How many homeless people are there in the County of Riverside who live on the streets, shelters, or transitional housing programs on any give day? The answer is **4,508 adults and children** according to the 2007 County of Riverside Homeless Count.

Background Information

The 2007 County of Riverside Homeless Count was a street-based and service-based enumeration of all homeless individuals in the cities, communities, and unincorporated areas of Riverside County during the designated day-of-the-count which was January 24, 2007.
The street-based enumeration included homeless encampments and other places that homeless people use as part of their daily activities. Homeless encampments are those places that homeless people use primarily for sleeping. Other places (non-encampments) include streets and sidewalks where homeless people are usually en route and locations where homeless people gather such as vacant lots, parks, municipal service or business centers, parked cars, abandoned buildings, and other locations that are not homeless encampments.

The service-based enumeration included both residential and non-residential locations where homeless persons receive temporary housing and other essential services. Such places included emergency shelters, transitional housing programs, substance abuse treatment facilities, mental health service facilities, public social service agencies, public schools, food and clothing programs, etc.
The count included a methodology that relied on a simple count instrument for recording a small amount of identifier information from each homeless adult encountered during the process. The identifier prevented a person from being included in the final tally of the count more than once. During the enumeration, counters recorded the initials, gender, ethnicity, year of birth, and state born of each individual homeless person. If the same person was encountered again counters would establish the same code.

Afterwards, the information for every person every time was loaded into a data base. The information was then used to code each person. For example, a homeless person may have the following code of "WTMW1957CA. This meant that this person's first name began with "W", his last name began with "T", he was male "M", he was White "W", born in 1957, and born in California. If the code appeared more than once, however, this person would only be counted once in the final tally.

[224] The County of Riverside Department of Public Social Services Homeless Programs Unit, The 2007 County of Riverside Homeless Count, http://dpss.co.riverside.ca.us/dpss/PDFs/Homeless/HomelessCount0907.pdf

Identifier information for the count was generally not collected from children under the age of 18 unless they were emancipated or otherwise homeless and unaccompanied. The number of children under 18 years of age in homeless families during the designated day-of-the-count was captured by asking the adults encountered "how many children under 8 years old are living with you today?"

Count Results

While the primary purpose of the count was to fnd out how many people were homeless on a given day, some demographic questions can be answered as well. The homeless count gathered limited information about adults only (see Appendix A Count Instrument). Such information included location (whether a person was counted on the streets or in a residential facility that serves homeless people) age, gender, ethnicity, and state of birth. Adults were also asked if their "spouse or partner were homeless and living with them" and "how many of their children were homeless and living with them." Results are as follows:

A. Location:

2,775 (or 61.6%) of adults and children were counted on the streets;
1,733 (or 38.4%) were counted in facilities for a total of 4,508 persons.

B. Age:

Seniors (Age 62 or Older)

149 (or 4.0%) of the 3,714 adults counted were seniors age 62 or older;

93 (or 2.5%) of the 3,714 adults counted were seniors age 65 or older;

22 (or 0.6%) of the 3,714 adults counted were seniors age 75 or older.

Youth (Ages 18 – 24)

264 (or 7.1%) of the 3,714 adults counted were youth between the ages of 18 – 24.

Unaccompanied Children (Ages 1 – 17)

15 (or 0.4%) were unaccompanied (without parents) children between the ages of 13 – 17.

C. Gender:

Of the 3,714 adults counted, 2,525 (or 67.9%) were men and 1,189 (or 32.%) were women.

D. Ethnicity:

Of the 3,714 adults counted, 1,689 (or 45.5%) were White; 1,258 (or 33.9%) were Hispanic or Latino; 565 (or 15.3%) were African American or Black; 82 (or 2.2%) stated other; 81 (or 2.2%) stated American Indian or Alaskan Native; and 39 (or 1.1%) stated Asian or Pacific Islander.

E. State Born:

Of the 3,714 adults counted, 1,690 (or 45.5%) were born in California.

F. Children:

Of the 4,508 persons who were counted, 794 or 17.7% were children under the age of 18 living with a homeless parent(s) who was included in the count.

G. Household Composition:

Two-Parent Families

There were 31 two-parent families that consisted of 62 adults and 23 children.

Single-Parent Families

There were 309 single-parent families that consisted of 309 adults and 671 children.

Couples

There were 143 homeless adults who stated they were living with a spouse or partner but had no children living with them.

H. Findings By Jurisdiction:

The table below identifies the cities and communities in which homeless adults and their children were encountered during the homeless count as reported by the volunteers participating in the enumeration process.

The jurisdictions highlighted in the table above are those for Eastern Riverside County. Combined they account for 1,521 homeless persons which is about one-third (33.7%) of the county's homeless.

JURISDICTION	PERSONS COUNTED	
	#	%
Banning	**102**	**2.3**
Beaumont	**36**	**0.8**
Bermuda Dunes	**2**	**0.0**
Blythe	**106**	**2.4**
Cabazon	**7**	**0.2**
Cathedral City	**99**	**2.2**
Coachella	**33**	**0.7**
Corona	274	6.1
Desert Hot Springs	**75**	**1.7**
Glen Avon	1	0.0
Hemet	480	10.6
Highgrove	5	0.1
Homeland	8	0.2
Indio Hills	**15**	**0.3**
Indio	**684**	**15.2**
Jurupa	12	0.3
La Quinta	**0**	**0.0**
Lake Elsinore	115	2.6
Lake Mathews	1	0.0
Lakeland Village	13	0.3
March Air Force Base	131	2.9
Mead Valley	1	0.0
Mecca	**71**	**1.6**
Mesa Verde	**10**	**0.2**
Mira Loma	8	0.2
Moreno Valley	45	1.0
Murrieta	8	0.2
Norco	6	0.1
Palm Desert	**12**	**0.3**
Palm Springs	**260**	**5.8**
Pedley	1	0.0
Perris	379	8.4
Quail Valley	3	0.1
Ripley	4	0.1
Riverside	1,174	26.0
Rubidoux	32	0.7
School Districts	97	2.2
Sun City	20	0.4
Temecula	105	2.3
Thousand Palms	**9**	**0.2**
Valle Vista	20	0.4
Wildomar	5	0.1
Winchester	1	0.0
Domestic Violence Locations (Confidential)	38	0.8
TOTALS	4,508	100.0

2006 Coachella Valley Farm Workers Survey[225]

A comprehensive survey of farm workers was completed in late 2006. To complete the picture of the population in Eastern Riverside County, here is an extract from the Executive Summary of that report showing its major findings.

"In 2005, the Agricultural Industry generated over $4 billion dollars in financial impact on the Riverside County economy including over $1.7 billion in the Coachella Valley region. Critical to this significant economic impact on the local economy is a thriving and productive work force that tends the agricultural crops and livestock of the region. To gain a better understanding of the living conditions and daily service needs of the farm worker population in the eastern Coachella Valley, the office of County Supervisor Roy Wilson and the County of Riverside Department of Public Social Services commissioned the 2006 Coachella Valley Farm Worker Survey Project.

This report provides a profile of farm workers living and working in the Coachella Valley year-round and seasonally. The profile is based on a comprehensive survey in Spanish that contained more than 100 questions prepared by local community stakeholders. The survey was administered to 525 year-round and seasonal farm workers. The responses to the questions were analyzed and serve as the basis of the findings within this report. These findings relate to many aspects of the lives of farm workers and their families including housing, employment, income, health status, education, residency, social services, and transportation.

Farm Workers Who Live in the Coachella Valley Year-Round

The first set of findings concern farm workers who stated they live in the Coachella Valley year-round. Seventy-two percent (72%) of survey respondents stated they lived in the valley year-round, whereas 28% lived in the Coachella Valley seasonally.

Social Services

FINDING: Farm workers identified medical services as the first service that would be most helpful for them and their families.

Transportation

FINDING: Farm workers identified transportation as the second service that would be most helpful for them and their families.

Education

FINDING: 71% of farm workers stated they could not communicate in English and nearly two-thirds (65%) of them were interested in learning English.

Housing

FINDING: 88% of farm workers who live year-round in the Coachella Valley live in conventional housing situations including apartments, houses and mobile homes.

Employment

FINDING: 24% of farm workers reported they worked 12 months out of the year doing farm labor in the Coachella Valley.

Income

FINDING: 78% of farm workers stated their annual household income was less than $15,000.

[225] *The County of Riverside Department of Public Social Services Homeless Programs Unit.* Coachella Valley Farm Workers Survey, Final Report, 2006, http://dpss.co.riverside.ca.us/dpss/PDFs/Homeless/FarmWorkerSurvey.pdf

Farm Workers Who Live in the Coachella Valley Seasonally

Social Services

FINDING: Seasonal farm workers identified medical services as the first service that would be most helpful for them and their families.

Transportation

FINDING: Seasonal farm workers identified transportation as the second service that would be most helpful for them and their families.

Education

FINDING: 80% of seasonal farm workers stated that they could not communicate in English and nearly two-thirds (63%) of them were interested in learning English.

Housing

FINDING: 30% of seasonal farm workers live in situations not meant for human habitation such as outdoors or other locations not meant for sleeping, cars/truck/vans/trailers on streets or in parking lots, trailers or recreational vehicles on private residential property or in converted garages.

Employment

FINDING: 45% of seasonal farm workers reported they work six (6) days a week doing farm labor in the Coachella Valley.

Income

FINDING: 97% of seasonal farm workers stated their annual household income was less than $15,000

2007 Coachella Valley Health Collaborative (CVHC) Report

The Coachella Valley Health Collaborative (CVHC) is a newly formed collaborative whose individual partners have a long history of organizing and working together to create systems change. In 2006, the Coachella Valley Health Collaborative was awarded a grant from The California Endowment (TCE) to support infrastructure development of a regional health collaborative that will utilize a primary prevention approach to address the public health needs of Coachella Valley residents. One component of the grant was to perform a community strengths/ needs assessment. Consultants were hired to accomplish these three major activities:

- Review public health community indicator statistics and 21 existing local needs assessment documents from 2000-2006 including TCE funded projects in the Coachella Valley.
- Perform a community strengths and needs assessment using 10 focus groups of 157 community leaders, service providers, grassroots organizations, and area leaders.
- Distribute a written survey to 350 service providers to assess the health-related needs of various target populations and community strengths and resources.

Review of Existing Community Health Needs Assessments

A review of existing community health needs assessments revealed that diabetes, obesity, and nutrition were the major healthcare needs identified across all community needs documents. Other findings included:

- Affordable and accessible recreation, adult education and childcare are the most needed child and family services.
- Poor nutrition and senior hunger can negatively affect senior health and independence.
- Homeless individuals report persistent health care needs, symptoms of mental illness, and use of alcohol and/ or other drugs.
- Among agricultural workers, incidences of high cholesterol, obesity, hypertension, and iron deficiency anemia are higher than among all U.S. adults.
- Students in 5th, 7th, and 9th grades in Coachella, Indio, and Palm Springs have a greater percentage of students who are overweight than in Riverside County and California.
- Diabetes, alcohol drugs, obesity, cancer, and teen pregnancy were the top five health concerns among Latinos.
- The need for affordable care and health insurance, greater and easier access to care, and lack of transportation were consistent themes.
- Building capacity, engaging the community, and informing the community about available resources and opportunities are three strategic areas identified for social change.

Focus Groups

Diabetes/ obesity/ nutrition was the top priority health need for adults, children, and seniors identified by the 157 community leaders, service providers, grassroots organizations, and area leaders who participated in the 10 focus groups. More specifically,

- For **adults**, the priority health needs are diabetes/ obesity/ nutrition, access to health care, and mental health services.
- For **children**, the priority health needs are diabetes/ obesity/ nutrition, health education, and access to health care.
- For **seniors**, the priority health needs are diabetes/ obesity/ nutrition, affordable health care, and mental health services.
- The major strengths and assets in the Coachella Valley in addressing health needs identified are (1) three hospitals and lower cost public health clinics, (2) number of health, social service, and faith-based organizations, (3) collaborative efforts of organizations, (4) work of promoteras in the Latino community, (5) wealth and level of volunteerism, and (6) existence of regional collaboratives and organizational networks.
- Weaknesses of the healthcare delivery system include (1) lack of adequate mental health services, (2) lack of affordable care and health insurance, (3) insufficient number of specialists and geriatricians, and (4) inadequate funding; and (5) complexity of the system.

Service Provider Survey

The Service Provider Survey found that the major health needs and issues that need to be addressed in the next 3-5 years by the community to improve the overall health of Coachella Valley residents are: (1) Alcohol and drug abuse, (2) Diabetes, nutrition and obesity, and (3) Mental health.

- The most critical health needs of adults in the Coachella Valley are (1) Diabetes, obesity and nutrition, (2) Drug and substance abuse, and (3) Mental health. The most critical health needs of children in the Coachella Valley are (1) Diabetes, obesity and nutrition, (2) Drug and substance abuse, and (3) Health education. The most critical health needs of seniors in the Coachella Valley are (1) Diabetes, obesity, and nutrition, (2) Heart disease, and (3) Mental health.
- The major community strengths and resources in addressing the health needs are (1) the number and quality of medical facilities, (2) availability of community clinics, (3) commitment to improving health and (4) good dissemination of information was also seen as important. Lack of affordable healthcare, lack of mental health services, and shortage of medical staff was seen as major weaknesses of the healthcare system.

Recommendations

Based on the findings from the review of public health statistics and existing needs assessment documents, and the results from the Focus Groups and Service Provider Survey, the consultants identified a number of key recommendations.[226]

[226] Copies of the complete report, Branin, J. & Martinez, R., Coachella Valley Health Needs Assessments, 2000-2006, 2007, www.regionalaccessproject.org

Comparative Analysis of Coachella Valley Needs Assessments Documents (2000-2006)

	Asthma Allergies	Alcohol & Drug Abuse	Cancer	Child-hood Diseases	Dental Care	Diabetes Nutrition Obesity	Domestic Violence Abuse	Family Planning	Heart Disease	HIV/ AIDS Hepatitis C	Home-lessness	Lung Disease	Mental Health	Prenatal & Baby Care	Teen Pregnancy
Alzheimer's Assn. Latino Outreach		X	X		X	X							X		X
An Epidemic: Overweight Children						X									
Blue Ribbon Senior Nutrition						X									
Coachella Child and Family Assessment														X	
Coachella Valley Hunger Report						X									
Community Profile 2002 Riverside Cty		X			X	X	X	X		X			X	X	X
County Health Status Profiles 2002		X	X						X			X			
County of Riverside 2006 Coachella Valley Farm Worker Survey															
County of Riverside Homeless Assessment		X				X	X				X		X		
Desert Hot Springs Health Plan		X		X									X	X	
Diabetes in Two Cahuilla Communities						X									
Eastern Riverside Cty Needs Assessment	X	X	X		X	X	X		X	X			X	X	X
Eastern Riverside Cty Health Needs	X					X	X			X					X
Evaluation Agric Worker Health	X		X											X	
Growing Epidemic: Child Overweight						X									
In Their Own Words: Farmworker Access			X	X	X			X	X				X		
Pathways to Farmworker Health													X	X	
Preparing for Boom Demographics						X									
Providing Assistance to Older Adults															
Suffering in Silence: Agric Workers					X	X							X		
Summary Discussion of Mental Illness															
Total	3	6	5	2	5	12	4	2	3	3	1	1	9	6	4

(Copies of the complete report, Branin, J. & Martinez, R. (2007) *Coachella Valley Health Needs Assessments, 2000-2006,* can be downloaded from www.regionalaccessproject.org)

DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

Appendices

METHODOLOGY

DHCD ZIP CODES

GLOSSARY

2007 COMMUNITY HEALTH MONITOR METHODOLOGY

I. INTRODUCTION

The survey implementation for the Health Assessment Resource Center (HARC) 2007 Community Health Monitor is described in this section. The 2007 HARC Health Survey was conducted to obtain detailed data regarding general health status, as well as information related to access to and utilization of health care, behavioral and social health, and quality of life issues for adults and children of Eastern Riverside County, California. About 3,150 households were surveyed during a seven and one-half week period.

This report includes information about the following aspects of the survey:

- Sample design and eligibility requirements;
- Questionnaire design;
- Data collection;
- Interviewer training;
- Quality assurance protocol;
- Issues with survey implementation;
- Response rates, and
- Confidence intervals.

HARC contracted with Macro International, Inc. (Macro)—a national survey research firm with extensive experience working with a number of entities such as the Centers for Disease Control and Prevention, several state agencies, and international organizations. The 2007 HARC Health Survey was implemented in the spring of 2007. Data were collected via telephone surveys with randomly selected adults in randomly selected telephone-equipped households within Eastern Riverside County, California. After data were collected, Macro cleaned and weighted the final dataset.

II. SAMPLE DESIGN AND ELIGIBILITY REQUIREMENTS

Population

The 2007 HARC Health Survey sample was drawn from the total non-institutionalized adult population residing in telephone-equipped dwelling units (DUs); it was restricted to those living in Eastern Riverside County, California. This population excluded adults:

(1) In penal, mental, or other institutions;

(2) Living in other group quarters such as dormitories, barracks, convents, or boarding houses (with 10 or more unrelated residents);

(3) Living in a DU without a telephone; and

(4) Who, in 2007, planned to live in the county for less than one month

Adults, and parents or guardians of selected children, were also excluded from participation if they did not speak English or Spanish well enough to be interviewed, or had a physical or mental impairment that prevented them from completing an interview (as identified by the interviewer or by another member of the household).

The sample design included an oversample of residents of the city of Indio (Indio Oversample).

Sample Design

The 2007 HARC Health Survey used a stratified Random-Digit-Dialed (RDD) sample design with randomized within-household respondent selection to meet the target quotas for children and adults in two geographic areas (Eastern Riverside County and the city of Indio).

Households were selected using the RDD methodology described below. For sampling purposes, the study area of Eastern Riverside County was defined using a list of ZIP codes provided to Macro by HARC. To conduct the Indio Oversample, this list was divided into two sampling stratum prior to sampling. Three ZIP codes were identified that covered most of the city of Indio; these were assigned to the Indio sampling stratum, and the balance was assigned to the non-Indio sampling stratum. As the study progressed, sample was allocated to these two strata so as to meet both the overall number of completes (3,150) and the target number of completes for the Indio Oversample (400).

The sampling process provided a random sample of households from the ZIP-code defined study area. During initial household screening, the county of residence was confirmed. Later during the interview, the respondent's actual residential town or community was obtained. Completed interviews for the Indio Oversample were obtained from both sampling stratum; inclusion in the Indio dataset is based on the respondent's reported residence, rather than the sampling stratum from which the complete was obtained.

Within each sampled household, a respondent was selected to complete the survey. Households with children were randomly assigned to either the adult questionnaire or the child questionnaire so that households with children were represented in the data for both the adult and child studies. In order to interview sufficient numbers of children, the assignment rate was set to 0.7—that is, in a household with children, the child survey would be administered 70 percent of the time on average.

Once the survey type was assigned, an adult or a child was selected (with equal probability). If the selected respondent was a child, that is, under the age of 18, the child survey instrument was administered to a knowledgeable parent or guardian in the household. If the selected respondent was an adult, the adult survey instrument was administered.

A total of 55,077 records were released for the 2007 HARC Health Survey.

Sampling Frame Construction

Macro utilized the Genesys sampling system when drawing the frame for the 2007 HARC Health Survey. The Genesys sampling system was particularly useful due to its ability to identify and stratify sample by demographic or geographic characteristics. For this study, Macro used this feature to define Eastern Riverside County, California, and to further stratify this area into “Indio” and “Non-Indio” strata.

The RDD sample used for the 2007 HARC Health Survey was generated by first preparing, and then maintaining, an up-to-date list of all current operating telephone exchanges (three-digit prefixes) in Eastern Riverside County, California, ZIP codes. These telephone exchanges, when combined with all four-digit numbers from 0000 to 9999, constituted the set of all possible working Eastern Riverside County telephone numbers, both residential and non-residential.

The RDD procedure assured that Eastern Riverside County households with telephone numbers assigned since the publication of the current directories, as well as those with deliberately unlisted numbers, were sampled in their correct proportions. This set of all possible telephone numbers was then arranged in ascending order by exchange and suffix, and divided into blocks of 100 numbers each. Cross-reference directories were utilized to determine which of these blocks contained at least one listed residential number (a.k.a. one-plus blocks). These one-plus blocks were then combined to create the sampling frame from which the numbers were systematically sampled. During the sampling, density stratification was used to increase the efficiency of the calling process, while ensuring that all telephone numbers were represented.

Weighting

Statistical weighting accounted for differential selection probabilities at both the household and respondent level of sampling, as well as to adjust for non-response via post-stratification to control totals. Weight adjustments controlled extreme variations in the weights.

The initial sampling weight was computed as the inverse of the selection probability at both the household and respondent level of sampling. The household portion of the sampling weight was computed as the number of completed interviews divided by frame counts, thus incorporating an implicit correction for non-response at the household level.

To account for the respondent selection level, the household weights were multiplied by the inverse of the respondent selection probabilities, yielding an adjusted sampling weight.

Household weights were then adjusted for non-response and to account for differential sampling rates within strata via a ratio adjustment to household counts within four categories:—Permanent Dwellings (Indio), Seasonal Dwellings (Indio), Permanent Dwellings (non-Indio), and Seasonal Dwellings (non-Indio).

Counts for seasonal dwelling units (as well as control totals for seasonal persons) were developed based on housing occupancy data from the 2000 Census and seasonal population counts from the 2005 Wheelers Demographic Profiles.

Finally, weights were post-stratified to person-level population control totals. For nonpermanent residents, control totals were the number of seasonal residents for Indio and the balance of the study area. For permanent residents, the weights were post-stratified to 2005 population data by age, gender, and race—using a ranking algorithm. The final weights were then scaled to case counts for Indio and the total study datasets.

III. QUESTIONNAIRE DESIGN

The 2007 HARC Health Survey implemented two questionnaires—one for adult respondents and the other for a randomly selected child in the household. The adult and child questionnaires included a wide range of topics, such as:

- General health;
- Health care utilization and access;
- Health care coverage;
- Social, mental, and behavioral health;
- Injury prevention and behavioral risk;
- Diet, nutrition, and exercise;
- Prevention screening;
- Social and economical needs;
- Child care;
- Child development; and
- Demographic items.

The adult questionnaire contained 172 items and the child questionnaire 136 items. The questionnaires were administered to the selected adult respondent or the parent or guardian of the selected child respondent.

The following table shows the average interview length for the adult and child questionnaires by language of interview.

Table 1. Interview length by questionnaire type and language

	Type of Study	Average Interview Length in Minutes
Adult	English	20.0
	Spanish	24.2
	Overall	20.4
Child	English	20.2
	Spanish	25.6
	Overall	21.5

IV. DATA COLLECTION

A computer-assisted telephone interviewing (CATI) approach was implemented for data collection.

Interviewing Protocol

The telephone survey followed a 15-attempt protocol. A final disposition was attained when:

- The respondent completed the interview;
- The telephone number was found to be invalid;
- The record reached 15 attempts distributed among three different day-parts; or
- The respondent gave a final refusal.

Experienced, supervised personnel conducted the 2007 HARC Health Survey interviews using Computers for Marketing Corporation's (CfMC's) CATI software package. To maximize response rates, calls were concentrated between 5 p.m. and 9 p.m. P.S.T Monday through Friday, and between 10 a.m. and 9 p.m. P.S.T on Saturday and Sunday. In Macro's experience, these timeframes are when most respondents are available to complete interviews. A portion of calls was conducted between 9 a.m. and 5 p.m. P.S.T, Monday through Friday to complete interviews with respondents who were only at home during the day.

Contacting Respondents

The following protocols were followed when contacting households and potential respondents:

- **Treatment of No Answers.** If a call to a sampled telephone number was not answered, the number was repeatedly called at different times, during the daytime and evening hours (9 a.m. to 9 p.m. P.S.T, Monday through Friday; 10 a.m. to 10 p.m. P.S.T, Saturdays and Sundays) on different days of the week—in a pattern designed to maximize the likelihood of contact with a minimum number of calls. At least 15 contact attempts, over a minimum five-day period (typically 15 days), were made to reach a sampled number. Once any contact was made at a residence, as many calls as necessary were made to reach the selected adult or parent/guardian of the selected child (within the permitted time schedule).
- **Rings Per Attempt.** The telephone rang a minimum of five times for each attempt made on a record.
- **Busy Lines.** Busy lines were called back at least twice at 10-minute intervals. If the line was still busy after the third attempt, the number was assigned a "busy" disposition and called during the next shift.
- **Respondent Selection.** Once a household was contacted, interviewers determined the number of eligible adults and children. Households with children were randomly assigned to the adult or child questionnaire, at a ratio of 30 to 70 percent. This ensured there were sufficient adult interviews with households with children, while obtaining the desired number of child interviews.

In the following instances, no interview was conducted if:

The selected adult, or the parent or guardian of the selected child, was:

- Unavailable during the survey period;
- Unable or unwilling to participate; or
- Did not speak English or Spanish well enough to be interviewed.

A randomly sampled number yielded:

- A business;
- An institution;
- Group quarters; or
- A strictly non-residential space.

- **Language of Interviewing.** Interviewing for the 2007 HARC Health Survey was conducted in English and Spanish. Records in high-Hispanic exchanges (where 60 percent or more of the listed households in an exchange are Hispanic) that were identified as Hispanic through the use of listed-telephone directories were first called in Spanish. This protocol is designed to increase participation from Spanish-speaking households who would typically refuse to do the survey if first contacted in English. Twelve percent of all interviews were conducted in Spanish.
- **Converting Initial Refusals.** Protocol for the 2007 HARC Health Survey followed the refusal protocol developed for the Behavioral Risk Factor Surveillance System (BRFSS), which requires two refusals by a selected respondent or three refusals by a non-selected respondent.

  Once a household or individual initially refused participation, specially trained conversion interviewers made contact, at least three days later, to encourage participation in the survey. The refusal conversion rate for this study was six percent.

Number of Completed Interviews

The 2007 HARC Health Survey effort resulted in 2,501 surveys with adult respondents who answered questions about themselves. A total of 651 surveys were conducted with an adult respondent who answered questions about a randomly selected child in the household.

V. INTERVIEWER TRAINING

Interviewers underwent extensive training specific to the 2007 HARC Health Survey prior to data collection. The training, in conjunction with Macro's quality control measures (discussed in the next section), assured consistent, high quality interviewing throughout data collection.

The quality of data collection depends largely on the performance of the interviewing staff. Interviewers on this study were specifically recruited for health care research. All interviewers were required to sign a strict confidentiality agreement upon the date of hire.

Macro's training sessions for the 2007 HARC Health Survey focused on these important aspects of the survey research process:

- **Introduction to the Survey:** background about HARC; the survey's purpose and scope; the importance of conducting high quality interviews and how the data will be used.
- **Introduction to Sampling:** type of sampling being used; the interview targets; the importance of making multiple attempts and obtaining a high response rate.
- **The Role of Macro:** explanation of the role of each member of Macro's staff (such as project managers, the data collection management team, interviewers, quality assurance assistants, and the data processing team).
- **Overview of the Questionnaire:** overview of the questionnaire; brief review of the most important aspects related to administering the survey (such as survey length, verification of telephone numbers, protocol, and question type overviews).
- **Approaches to Interviewing:** moving respondents through the survey and asking the questions appropriately; keeping question non-response to a minimum; avoiding respondent refusals; and probing techniques (such as clarification of respondent responses, open-end verification, and re-reading of response categories).
- **2007 HARC Health Survey Protocols:** reading verbatim; particular respondent selection procedures; probing and clarifying; dealing with refusals; and assuring respondent confidentiality.
- **Knowing the Questionnaire:** being prepared with survey material to answer respondent questions; paying close attention to the interviewer notes provided in the script; understanding what each question is asking; being comfortable with suspending and resuming interviews; and undergoing a step-by-step review of the 2007 HARC Health Survey CATI program.

VI. QUALITY ASSURANCE PROTOCOL

Macro implements stringent quality assurance protocols to ensure the highest quality of data for their clients.

Data Collection Quality Control

Macro programmed the English and Spanish questionnaires using the CfMC's Survent software package, which is designed specifically for programming and managing CATI studies. CfMC software, used by Macro to program all of its CATI surveys, is a powerful questionnaire programming language that provides:

- Call management;
- Quota controls;
- In-bound calling capabilities;
- Multilingual interviewing capabilities;

- Data back-up;
- Monitoring; and
- Incidence tracking.[227]

Macro's programmers have augmented this package by adding a suite of database management and statistical analysis routines to support complex sampling, telephone sample management, and reporting requirements. After initial programming was finished, Macro's project managers rigorously tested the survey. Testing included:

- Developing scenarios to test all possible paths through the questionnaire;
- Checking frequencies of randomly generated data; and
- Verifying frequencies of the data after the first day of interviewing.

To track quality control indicators, Macro generated reports that read the survey data file, generating summary statistics on the following:

- Interviewer efficiencies (completes per hour, both on an individual and project level);
- Lower-bound and Upper-bound response rates;
- Demographics on completed interviews; and
- All call dispositions (both interim and final).

The reports are generated by and immediately distributed to the project management team for daily review. This enabled the management team to quickly detect and resolve any problems. Checks were performed on open-ended responses to determine the accuracy of data entry by interviewers.

Inconsistencies or problems were documented in internal progress reports. There were no issues related to quality assurance for the 2007 HARC Health Survey.

Interviewer Monitoring

Throughout data collection, interviewer performance was monitored by supervisors and a special quality control staff called quality assurance (QA) assistants—and assessed through formal and informal performance evaluations.

QA assistants monitored at least 10 percent of the interviews by tapping into interviewers' telephone lines and using the CATI system's monitoring module to follow the course of the interview on a computer screen. Interviewers were scored on several measures of interview performance designed to reinforce proper interviewer protocol:

- Verbatim response entry;
- Dispositioning calls, leaving messages, and scheduling callbacks;
- Reading scales properly;

[227] Incidence is the proportion of the survey sample that is eligible to participate in the survey.

- Knowing the mechanics of the 2007 HARC Health Survey;
- Reading and probing on open-ended questions;
- Reading multiple response lists;
- Reading the introduction and persuading respondents to complete interviews;
- Pace of reading the survey;
- Clarity and/or clarifying responses that are not clear;
- Keeping control of the interview;
- Converting refusals on specific questions;
- Overall professionalism;
- Being neutral while interviewing, not leading the respondent; and
- Overall dialing habits.

QA staff also assured that interviewers:

- Coded incomplete interviews properly;
- Left useful messages for the next interviewer; and
- Made every attempt to complete an interview on every contact.

VII. ISSUES WITH SURVEY IMPLEMENTATION

There were three issues with survey implementation: a change made to the adult questionnaire after data collection began, an incorrect skip pattern, and the refusal protocol. First, when the adult questionnaire went in to the field, only respondents who reported they had fallen in the last three months were asked question AG10 "Do you have a concern that you may fall?" After the first seven days of data collection, the logic was changed so that all respondents eligible for this section of the survey (adults aged 45 and older) were asked this question. For the 228 respondents who completed the questionnaire prior to the change, the response for AG10 was coded as "missing."

Second, at the end of the fielding period, Macro discovered a CATI error in the adult study which prevented adults who said "don't know" or "refused" to their age at question AB19, but provided a year of birth at question AB20, from answering AF14, AF15, and AF16 (colorectal cancer screening). For the 66 people who incorrectly skipped these questions, the response to AF14 and AF16 were coded as "missing" (AF15 is only asked to respondents who stated "yes" to AF14).

The third issue with survey implementation was in regards to the refusal protocol. The study began with adherence to the BRFSS refusal protocol, which stipulates that a record requires two non-selected respondent refusals, or one selected respondent refusal to move the record to the refusal conversion study. Once a record is placed in the refusal conversion study, a record must receive one refusal from a selected or non-selected respondent for the number to be removed from calling. For the last few days of data collection, HARC received some complaints from households about the refusal protocol, and therefore, the protocol was changed so that one

refusal from a selected or non-selected respondent removed the record from calling.

VIII. RESPONSE RATES

There are several different formulas for calculating response rate. All are, at a basic level, an indication of how many completed surveys are conducted out of the number of people eligible to participate (e.g., 18 years of age or older, a resident of ERC, Spanish or English speaking) and can serve as a measure of interviewing success. Several response rate calculations for the 2007 HARC Health Survey are presented in Table 2.

Table 2. Response Rates

Council of American Survey Research Organization (CASRO)	28%
American Association of Public Opinion Researchers (AAPOR) (RR1)	12%
Upper-bound/Cooperation	58%
Lower-bound	6%

IX. CONFIDENCE INTERVALS

Researchers can assess the reliability of statistics they report by estimating, within a given probability, a range of values which includes the unknown population value. This range is called a *confidence interval*, and by convention, 95% confidence intervals are routinely calculated. A narrow confidence interval indicates the population value is probably quite close to the sample estimate; a wide confidence interval indicates the population value may be quite far from the sample estimate.

To define the appropriate range, researchers use what are called critical values, or z values, taken from the standard normal distribution (regardless of whether the confidence interval is for a mean, proportion, or a rate). On that scale, 95% of the probability is contained between z values of -1.96 and +1.96.[228]

The general form of a confidence interval is:

Upper Limit = Estimate + Critical Value x Standard Error

Lower Limit = Estimate - Critical Value x Standard Error

[228] To use *z* values for proportions, the rule of thumb is that the number of observations multiplied by the proportion should equal at least 5. This means that as proportions get smaller, the sample size requirements get larger.

Estimates are obtained from the sample, and standard errors are computed based on the sample statistic and the sample size using the formula:

$$s = \sqrt{\frac{P \times Q}{n}}$$

Where:
s = standard error
P = Population parameter of a binomial (the proportion who said "Yes" for instance)
Q = 1-P
n = sample size

As an example, to construct 95% confidence intervals for the proportion of ERC respondents with arthritis (33.3% of 2,470 respondents), we first compute the standard error. Using the above formula yields a standard error of .956. Plugging this into the formula:

Upper Limit = 33.3 + 1.96 x .956 = 35.2%

Lower Limit = 33.3 - 1.96 x .956 = 31.4%

We would say, then, that 33.3% of ERC respondents reported they have arthritis. We are 95% confident the true population parameter (what we would obtain if we surveyed all ERC respondents) lies between 35.2% and 31.4%.

As is seen in the formula, confidence intervals are a function of the proportion of people responding a particular way—reaching a maximum value with a 50-50 split in the data (for instance, 50% of respondents indicate "yes" and 50% indicate "no") and the standard error, which is a function of both the split in the data and the sample size.

In general, the larger the sample size the more reliable the data, especially when breaking the data out by various population data such as race/ethnicity. For instance, say we are looking at racial/ethnic differences and 711 of 1,963 White respondents (36.2%) and 61 of 334 Hispanic/Latino respondents (18.3%) report they have arthritis. Using the above formula, we determine that the confidence interval surrounding White respondents is 38.3% and 34.1% at the 95% confidence level (a range of 4.2); for Hispanic/Latino respondents, the confidence interval is 22.5% and 14.2% (a range of 8.3). In other words, the narrower confidence interval for Whites indicates that the population value is probably quite close to the sample estimate of 36.2%; the wider confidence interval for Hispanic/Latino respondents indicates the population value may be further from the sample estimate of 18.3%.

In this report, we do not report confidence intervals for the data. However, we have performed statistical analyses (specifically bivariate crosstabulations) on a variety of data with fairly small sample sizes. Therefore we urge caution in instances when the prevalence is small and crosstabulations have been performed by demographic variables with many response categories such as level of education (which has 5 response categories) and age (which has 7 response categories).

DESERT HEALTHCARE DISTRICT ZIP CODES

DESERT HEALTHCARE DISTRICT ZIP CODES		
ZIP CODE	CITY	OTHER CITIES/AREAS IN THIS ZIP CODE
92234	Cathedral City	--
92240	Desert Hot Springs	--
92241	Desert Hot Springs	Sky Valley*
92211	Palm Desert	Sun City*
92260	Palm Desert	--
92262	Palm Springs	Barona Rancheria, Smoke Tree
92263	Palm Springs	--
92264	Palm Springs	--
92270	Rancho Mirage	--
92276	Thousand Palms*	--
92282	White Water	Cabazon

*Unincorporated

GLOSSARY[229]

The following are terms often used in data reports, some of which you will find in the DHCD Community Health Monitor Report.

Access	An individual's ability to obtain appropriate health care services. Barriers to access can be financial (insufficient monetary resources), geographic (distance to providers), organizational (lack of available providers), and sociological (discrimination, language barriers).
Access for Infants and Mothers (AIM)	The AIM program is low-cost health care coverage for mothers and their newborns. It has been designed for families in the middle income bracket who don't have health insurance and whose income is too high to qualify for no cost Medi-Cal. AIM is also available to those who have health insurance, but only if insurance deductibles or co-payments are over $500.00.
Analysis	A systematic approach to exploring and interpreting data, often by applying statistical and logical techniques, for the purpose of drawing conclusions (e.g., to describe, summarize, compare) that reflect the interests, ideas, and theories that initiated the inquiry.
Association	A measure of the relationship between the values of two variables that indicates whether a systematic pairing of the values of the variables exists.
Attribute	Characteristics or qualities that describe a person or thing. The attributes *male* and *female* make up the variable sex.
Baseline Data	Information collected about a program, or program components, prior to receipt of services or participation activities. Baseline data are often gathered through intake interviews and observations and serve as pre-test data against which posttest data are compared to assess changes in the target population resulting from treatment or program participation.

[229] Methodological and statistical definitions were obtained from *The Practice of Social Research* (10th Edition) by Earl Babbie, Belmont, CA: Wadsworth/Thomson Learning and *Multivariate Statistical Analysis: A Conceptual Introduction* (2nd Edition) by Sam Kash Kachigan New York, NY: Radius Press.

Capacity Building	Enhancing existing resources to address issues or challenges that can impede an organization's ability to serve its target population effectively.
Case	A single person, thing, or event about which attributes are observed or data are collected.
Causal Relationship	Experimental relationships in which researchers manipulate the levels of one variable and observe changes in another; in this way, one variable is said to cause a change in the other.
Centers for Disease Control and Prevention (CDC)	Recognized as the lead federal agency for protecting the health and safety of people at home and abroad; provides credible information to enhance health decisions and promote health through strong partnerships.
Central Tendency	A single summary value that suggests a typical or representative observation at which the observations tend to center. The main measures of central tendency are the mean, median, and mode.
Confidence Interval	The range of values within which a population parameter is estimated to lie.
Confidence Level	A way to express the accuracy of sample statistics that denotes how certain we are (typically 95% or 99%) that the statistics fall within a specified interval (see *Confidence Interval)* from the parameter.
Control Variable	During statistical analysis, a variable that is held constant or whose impact is removed in order to analyze the relationship between other variables without interference.
Correlation Coefficient	A numerical value that measures the degree of association or relationship between two variables. When based on a sample of data, it is designated with the letter *r*; if it is an estimate of the population, it is designated with the Greek letter , *rho*.
Cross-Sectional Data	Observations of a sample, or cross section, of a population or phenomenon made at one point in time.

Cultural Competency	The ability and capacity of organizations and individuals to function effectively within the context of the cultural beliefs, behaviors, and needs presented by clients and their communities.
Data	Facts or information used as a basis for discussing or deciding something, or prepared for computer processing.
Data Collection Instruments	Forms used to collect information used for research purposes. Forms may include interview instruments, intake forms, case logs, and attendance records. They may be developed specifically for a research study or modified from existing instruments. They often take the form of surveys such as mailed questionnaires and telephone interviews.
Demographic Question	A type of question used to compile vital background information from a population. Examples include sex (sometimes referred to as gender), race/ethnicity, household income, level of education, and age.
Dependent Variable	A variable assumed to depend on or be caused by another variable (called the independent variable).
Empirical	Relying on or derived from observation or experiment.
Generalizeability	The extent to which the findings of a study can be applied to other populations, settings, or times.
Health	A complex state of physical, mental and social well-being—it is not just the absence of disease or infirmity. Health problems can stem from social and behavioral factors as well as inadequate access to health care.
Healthy Families Program	Provides low cost health care to children under the age of 19 who are ineligible for or not enrolled in no-cost Medi-Cal. Families pay a monthly premium of $4 to $15 per child, with a maximum of $45 for all children in the family.
Healthy People 2010	A set of health objectives developed by the Department of Health and Human Services for the nation to achieve over the first decade of the new century. The goals are to increase the quality and years of healthy life, and to eliminate health disparities.

Hypothesis	A specific testable expectation about empirical reality that follows from a more general proposition. Research is designed to test hypotheses; therefore, research supports or fails to support theories indirectly through testing hypotheses derived from theories or propositions.
Incidence	The rate at which something occurs or affects people or things.
Independent Variable	A variable presumed to cause or determine the value of a dependant variable.
Indicator	A sign of the presence or absence of the concept under study; an observation a researcher concludes is a reflection of a variable under study.
Infant Mortality and Infant Mortality Rate (IMR)	Death of an infant before his or her first birthday. The infant Mortality Rate (IMR) is reported as deaths per 1,000 live births.
Interval Variable	One of four "measurement levels" of a variable in which the attributes are ordered and the actual distance separating them are interpreted as equal (the other measurement levels are ordinal, nominal and ratio).
Interviews	A data collection technique in which one person (an interviewer) asks questions of another (a respondent) in person or over the phone.
Longitudinal Data	Observations of a sample or phenomenon made at multiple points; also referred to as "time-series data."
Mean	A measure of central tendency denoting the arithmetic average of a set of observations; it is computed by summing the set of values and dividing by the number of values involved.
Measure of Association	Statistics that indicate the strength, and often the direction, of the relationship between variables—that is, some indication of whether a systematic pairing of the values of the variables exist.
Measurement	Careful, deliberate, observations of the real world for the purpose of describing objects and events in terms of the attributes composing a variable.

Measurement Error	The difference between the measured value and the empirical event.
Median	A measure of central tendency denoting the middle value, or midpoint, of a set of observations arranged from lowest to highest in value; it is the value above and below which 50% of the observations fall.
Medi-Cal	Medi-Cal is California's Medicaid health care program that pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes.
Medically Indigent Services Programs (MISP)	Under California law, counties are the "providers of last resort" for health services to low-income uninsured people with no other source of care. In Riverside County, services are provided at the County Hospital, Community Health Agency Family Care Clinics, and MISP contracted clinics. Eligibility is restricted to ages 21-64, and income at 200% of the poverty guildeline.
Medicare	MediCare is a health insurance program for people 65 and older, some disabled people under 65, and people with end-stage renal disease (permanent kidney failure treated with dialysis or a transplant).
Methodology	The way in which information is found or something is done.
Mode	A measure of central tendency denoting the value that occurs most frequently.
Nominal Variable	One of four “measurement levels” of a variable in which the attributes have no inherent order. The attributes are merely names or labels for characteristics.
Normal Distribution	A “bell-shaped” distribution in which observed values of the variable become increasingly more frequent at the intermediate values. Probability theory indicates that certain proportions of the sample estimates will fall within specified increments from the population parameter.
Null Hypothesis	A hypothesis stating there is no statistically significant relationship between two variables. If you conclude the variables are related, you reject the null hypothesis.

Ordinal Variable	One of four "measurement levels" of a variable whose attributes can be rank-ordered, but the ranks denote only more or less of the variable—differences between the attributes are relative to one another and are not absolute.
Outlier	Extreme scores in a distribution. They are often removed when calculating the mean since even a single outlier distorts the mean.
Parameter	The summary description of a variable in a population.
Participant	A resident, family, complex, neighborhood, or community receiving or participating in services provided by a program. Also know as a client or target population group.
Population	The theoretically specified aggregation of study elements. A "study population" is the aggregation of elements from which the sample is actually selected because it is not often possible to obtain an accurate listing of every element meeting the theoretical definition to ensure it has a chance of selection into the sample.
Prevalence	Related to disease, measurement (percent or proportion) of all individuals affected at a given point of time, regardless of the date of contraction.
Primary Data	Original data collected by a researcher for a specific research purpose.
Qualitative Data	Information that is expressed in non-numerical, or text, format. Qualitative data is often collected when the information desired is difficult to measure, count, or express in numerical terms.
Quantitative Data	Information that can be expressed in numerical terms.
Random Sampling	A sampling technique based on probability theory that gives every unit in the population an equal, non-zero chance of being selected into the sample.
Ratio Measure	One of four "measurement levels" of a variable which has all the attributes of nominal, ordinal, and interval measures, *and* is based on a true zero point.

Reliability	The extent to which a measurement instrument yields consistent, stable, and uniform results over repeated observations or measurements under the same conditions.
Representativeness	In terms of sampling, it refers to a sample having aggregate characteristics that closely approximate those of the larger population from which it is draw and to which one wants to generalize. For instance, if the population contains 52% women, the sample should have approximately 52% women.
Response Rate	In general, the number of people participating in a survey divided by the number selected into the sample; however different methods for calculating the response rate exist.
Sample	A subset of the population. In probability samples, elements are selected intentionally to be representative of the population from which they are drawn.
Sampling Error	The degree of error to be expected for a given sample design—it is the difference between the statistic (obtained from the sample) and the population parameter (which we cannot obtain unless we survey the entire population) we are trying to estimate.
Sampling Frame	The list or quasi list of elements from which a probability sample is selected. For instance, if a sample of students is selected from a student roster, the roster is the sampling frame.
Secondary Data	Oftentimes, official or quasi-official statistics collected by other researchers. It is not the same as "secondary analysis," in which one obtains a copy of someone else's data and undertakes independent statistical analyses.
Standard Deviation	A measure of dispersion around the mean, calculated so that approximately 68% of cases will lie within plus or minus one standard deviation (SD), 95% will lie within plus or minus two SDs, and 99% will lie within plus or minus three SDs. It is the square root of the variance.
Statistic	The summary description of a variable in a sample.

Statistical Significance	A general term referring to the likelihood that relationships observed in a sample could be attributed to sampling error alone. Typically, a relationship is considered statistically significant when the probability of obtaining a result by chance is less than 5% if there was, in fact, no relationship in the population.
Statistical Weighting	Assigning weights to cases selected into a sample with different probabilities of selection. In its simplest form, each case is given a weight equal to the inverse of its probability of selection.
Target Population	The population, clients, or subjects identified and intended to be served by a program.
Underserved	Underserved refers to populations or groups of people for whom geography, cultural barriers, language, physical ability, disability, socio-economic status, or other factors limit access to health systems and resources.
Validity	The extent to which a measurement instrument or test accurately measures what it is supposed to measure.
Variable	Logical groupings of attributes that *vary* across people; for instance the variable *sex* is comprised of the attributes male and female.
Variance	The mean of the squared deviation scores; a kind of average of how much scores deviate from the mean after they are squared. It is the standard deviation squared.