

# HEALTH OF UNINSURED ADULTS IN THE COACHELLA VALLEY



**A SPECIAL REPORT**

**BY HARC**



**HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES**

*Funded by*



**DESERT HEALTHCARE DISTRICT**

*Doing Healthy Deeds*

*March 2016*

## About HARC

HARC, Inc. is the Coachella Valley's premier source for research and evaluation in the field of health and wellness.

HARC provides research driven data and recommendations to nonprofits, businesses and governments that, in turn, help create programs and policies to improve community health and well-being.

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## About this report

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Maps in this report were created by David Robinson, GIS Specialist at Coachella Valley Economic Partnership (CVEP).

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## EXECUTIVE SUMMARY

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### ***Background***

HARC, Inc. is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California. To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013. This report represents one of several special reports that have been created using data from the 2013 survey. This special report is focused on the health of uninsured adults in the Coachella Valley.

### ***Rate of Uninsured***

Results of the 2013 survey indicate that there are approximately 74,700 uninsured adults in the Coachella Valley, comprising approximately 21.8% of the adult population age 18 and older. The proportion of uninsured adults (aged 18 to 64) in the Coachella Valley has steadily risen from 23% in 2007, to 28.6% in 2010, to 33.6% in 2013.

### ***Uninsured Demographics***

When compared to insured adults, uninsured adults are more likely to be Hispanic, young, low-income, low-education, and unemployed. Overall, insurance status in the Coachella Valley is clearly tied to socioeconomic status.

### ***General Health***

Uninsured adults in the Coachella Valley are less likely than their insured counterparts to rate their health as "excellent". In contrast, over 21% of uninsured adults rate their general health as "fair" or "poor".

### ***Utilization***

Uninsured adults go longer without care than their insured counterparts. Those who are uninsured also tend to receive care from multiple sources rather than a single source; including: medical clinics, doctor's offices, and emergency rooms/hospitals. In comparison, those who are insured most commonly receive care from a doctor's office. The diverse sources of care for the uninsured suggests that this group does not have a strong continuity of care. Those who are uninsured also experience more barriers to receiving care than their insured counterparts. Specifically, the uninsured have difficulty securing transportation and struggle with language barriers/problems. Uninsured adults in the Coachella Valley are also more likely to seek medical treatment in Mexico than insured adults.

### ***Prevention***

In the Coachella Valley, uninsured adults are significantly less likely than their insured counterparts to have had many recommended preventative screenings, including blood cholesterol screening, colorectal cancer screenings, dental cleanings, regular dental care, vision screenings, flu vaccinations, women's health screenings, and men's health screenings. Those uninsured adults who *have* had these important exams are less likely than insured adults to have had them recently—many have not had these exams for five years or more.

### ***Health Behaviors***

Those who are uninsured are more likely to binge drink, smoke cigarettes, and smoke medicinal marijuana, in comparison to those who are insured. Rates of sexual activity—and using protection during sex—did not differ between uninsured adults and insured adults. However, uninsured adults are significantly more likely than insured adults to have been tested for HIV.

### ***Major Disease***

Overall, Coachella Valley uninsured adults have a significantly smaller number of diagnosed diseases, compared to the insured. This is likely due to their relatively young age—many chronic diseases do not present until middle age. Specifically, uninsured adults are significantly less likely than insured adults to have been diagnosed with cancer, diabetes, high blood pressure, high cholesterol, osteoporosis, arthritis, and stroke. Diabetics without insurance are less likely to receive many preventative health measures to help manage their diabetes, including eye exams, hemoglobin checks, and feet checks. Without this type of preventative health care, uninsured diabetics have an elevated risk for many diabetes-related complications.

### ***Disability***

Coachella Valley uninsured adults are significantly less likely than their insured counterparts to require the use of assistive technology (such as wheelchairs or canes). This may be due to the age difference, as the need for assistive technology can be a result of age-related infirmity.

### ***Mental Health***

The most common mental health disorders in Coachella Valley are depressive disorders, anxiety disorders, and phobia. There are no significant differences between the insured and uninsured in mental health disorders. However, those who are uninsured are significantly more likely than their insured counterparts to indicate they have been concerned with their mental, emotional, or behavioral health in the last year. Additionally, uninsured adults with mental health diagnoses and/or concerns are significantly less likely than their insured counterparts to have received treatment for their mental health condition or concern.

### ***Obesity and Fitness***

BMI analysis shows that most Coachella Valley adults are “overweight” or “obese”. This did not differ based on insurance status. Uninsured and insured also engage in a similar frequency of physical activity and strength-building exercises.

### ***Social and Economic Needs***

Likely due to their sub-par economic stability, Coachella Valley uninsured adults are more likely than their insured counterparts to have cut or skipped meals due to a lack of money. Specifically, about 30% of uninsured adults have cut or skipped meals in the past year, while only 7% of insured have done the same. Uninsured adults in the Coachella Valley are also more likely to report needing utility assistance, food assistance, and financial assistance.

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## INTRODUCTION

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HARC, Inc. is a 501(c)(3) nonprofit, community-based organization developed by a collaboration of community agencies and individuals in response to a scarcity of objective, timely, and comprehensive health data for the Coachella Valley, California.

To that end, in 2007, HARC conducted the region's first community-wide survey. In addition to providing the needed data, the 2007 survey also established baseline data for several measures. HARC conducted another community-wide survey in 2010, and a third in 2013.

HARC shared the results of the most recent survey with the public in February 2014 in the form of an Executive Report. Although this Executive Report was substantial (over 100 pages of narrative, graphs, and tables), it was only the tip of the iceberg in terms of the data. To supplement the Executive Report, HARC released the data in an online database format in April 2014. This database, called HARCSearch, covered many of the variables from the survey for all three surveys. HARCSearch allows users to run specific queries, and to dissect the results further into demographic groups.

However, even HARCSearch does not encompass the entire wealth of information provided by the survey. Thus, in order to bring this valuable information to the general public, HARC sought funding to release several special reports, which provided in-depth examinations of the latest data to highlight health disparities in populations of interest.

This report represents one of several special reports. This special report focused on the health of people without insurance in the Coachella Valley. Results of the 2013 CHM indicated that there are approximately 21.8% of adults in Coachella Valley (approximately 76,700 people) who lack any type of healthcare coverage.

This report focuses on the health status of the Coachella Valley. The region is composed of nine incorporated cities and a large, but sparsely populated, unincorporated area. The nine incorporated cities in the Coachella Valley are Cathedral City, Coachella, Desert Hot Springs, Indian Wells, Indio, La Quinta, Palm Desert, Palm Springs, and Rancho Mirage. The unincorporated areas within the Coachella Valley include Bermuda Dunes, Indio Hills, Mecca, North Palm Springs, Oasis, Sky Valley, Thermal, and Thousand Palms. Several Indian reservations are home to the Cahuilla band of Indians in the Coachella Valley, including the Agua Caliente Indian Reservation, the Augustine Reservation, the Cabazon Indian Reservation, and the Torres-Martinez Desert Cahuilla Indian Reservation.

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## METHODS

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The data presented in this report are from the Community Health Monitor, a systematic survey of households in Coachella Valley 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 Coachella Valley between January and September, 2013. Surveys were conducted in English and Spanish.

Survey data were collected via a random digit dialing (RDD) sample of both landline and cellular telephones. Due to this method of phone data collection, the homeless, and persons in institutions including penal facilities, hospitals, and military barracks, are excluded from the sampling frame. Participants were screened to ensure that they were within Coachella Valley.

The survey included two samples, representing adults and children. However, only data from the adult sample (1,962 adults) are included here. This report does not examine the issue of uninsured children simply because the vast majority of Coachella Valley children (over 90%) are insured. Thus, the group of uninsured children is too small to generalize with confidence, and therefore is not examined here. Children in Coachella Valley are more likely to be covered than their adult counterparts because of increased poverty rates in the child population, which makes them eligible for Medi-Cal (California's version of the federal Medicaid program) or the Children's Health Insurance Program (CHIP), which covers children in families that earn too much money to qualify for Medicaid.

The information from these participants was "weighted" in a complex statistical method that allows the actual survey responses to more accurately reflect the entire population of Coachella Valley. The weights were post-stratified to 2010 population data by age, gender, and race using U.S. Census Bureau's datasets. These were then adjusted to be consistent with total population estimates developed from figures in the "Riverside County Progress Report 2012," obtained from the Riverside County Administrative Services Department. Thus, while 1,962 adult participants actually participated in this survey, the figures you will see in this report will be closer to 350,000, the estimated adult population of the entire Coachella Valley. Weighting techniques utilized in this survey are standard practice for other major surveys, such as the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS). Please contact HARC if you would like more detailed information about population estimates.

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



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## THIS REPORT

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This report contains narrative text, tables, and charts to communicate information. Text descriptions that accompany the tables and charts often state something like, “uninsured adults are less likely than insured adults to have had a colonoscopy.” Given that these are self-report data, it might be more appropriate to write, “uninsured adults are less likely than insured adults to report that they have had a colonoscopy.” For parsimony and readability, we have omitted reference to “reporting.”

Throughout the text of this report, many differences are described as “statistically significant”. Statistical significance means that the differences are 95% sure to be “real” differences in the entire population of the Coachella Valley (and not just a fluke of HARC’s sample of Coachella Valley residents). This means that there is a 95% likelihood that the differences described here are true differences, not just due to chance.

Most tables display both the estimated population and the weighted percent of responses for each question reported. The “Population Estimate” refers to the estimated number of people in the population (the Coachella Valley) represented by the actual number of survey respondents. The “Weighted Percent” is the proportion of people that the population estimate represents.

Charts are used in this report to visually compare the data from the seniors to the younger adults. Given the different sample sizes, charts routinely use the weighted percent, as it is easier to compare the two populations in this manner.

If you have any questions or concerns about this report, please contact the HARC team for explanation. You can reach HARC by phone at 760-404-1945 or by email at [staff@HARCdata.org](mailto:staff@HARCdata.org).



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## **RESULTS**

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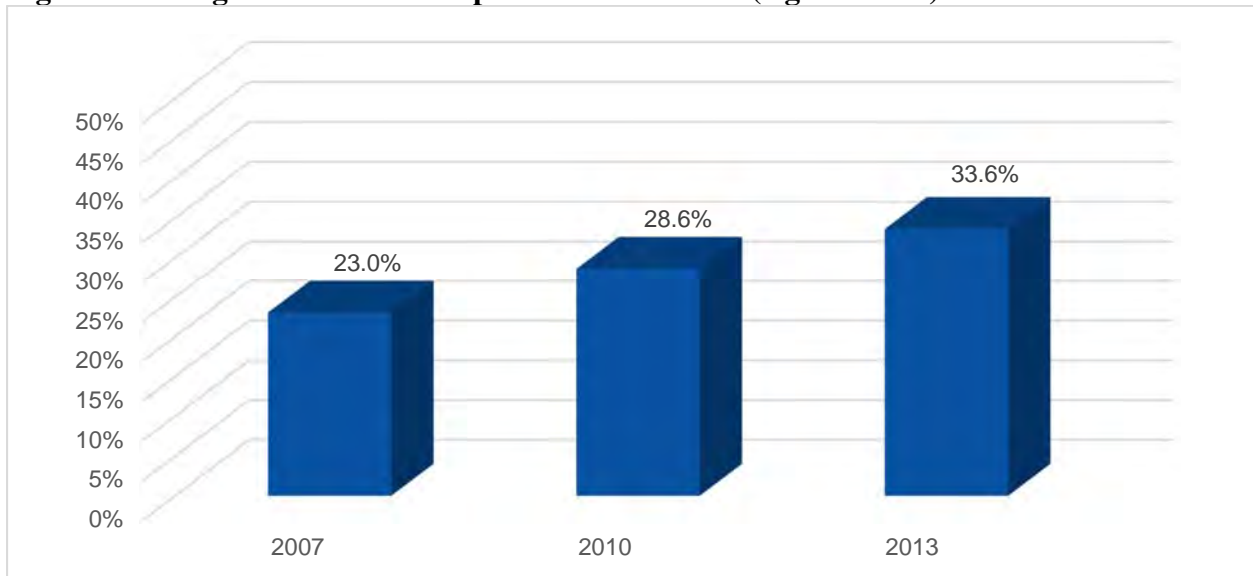
## Section 1: Health Insurance in the Coachella Valley

Access to healthcare is a crucial component of health. Healthcare is provided in doctor's offices, clinics, hospitals, nursing homes, assisted living facilities, and many other types of facilities. However, as the United States has no socialized medicine, nearly all visits to all types of healthcare providers incur substantial costs. Without health insurance coverage to absorb some of the cost of these visits, many people are unable to afford healthcare. Thus, health insurance coverage is a key aspect to protecting and promoting health and wellness.

In March of 2010, The Affordable Care Act (ACA) was created with the aim to "provide affordable, quality health care for all Americans."<sup>1</sup> At the time of this 2013 report, the national uninsured rate was at its highest with 18% of Americans uninsured. Roughly 13.4% of Americans were uninsured for the entire duration of 2013. In California, it is estimated that 17.2% were uninsured in 2013.<sup>2</sup> Since that time, there has been a vast increase in the number of health insurance marketplaces, and correspondingly, the uninsured rate has consistently declined.<sup>3</sup>

The proportion of Coachella Valley adults living without health insurance has steadily increased over time. As illustrated in Figure 1, the uninsured rate for those aged 18 to 64 (i.e., those adults not eligible for Medicare) has increased significantly from 22.5% in 2007 to 33.6% in 2013.

**Figure 1. Change in Uninsured Population Over Time (Age 18 to 64)**



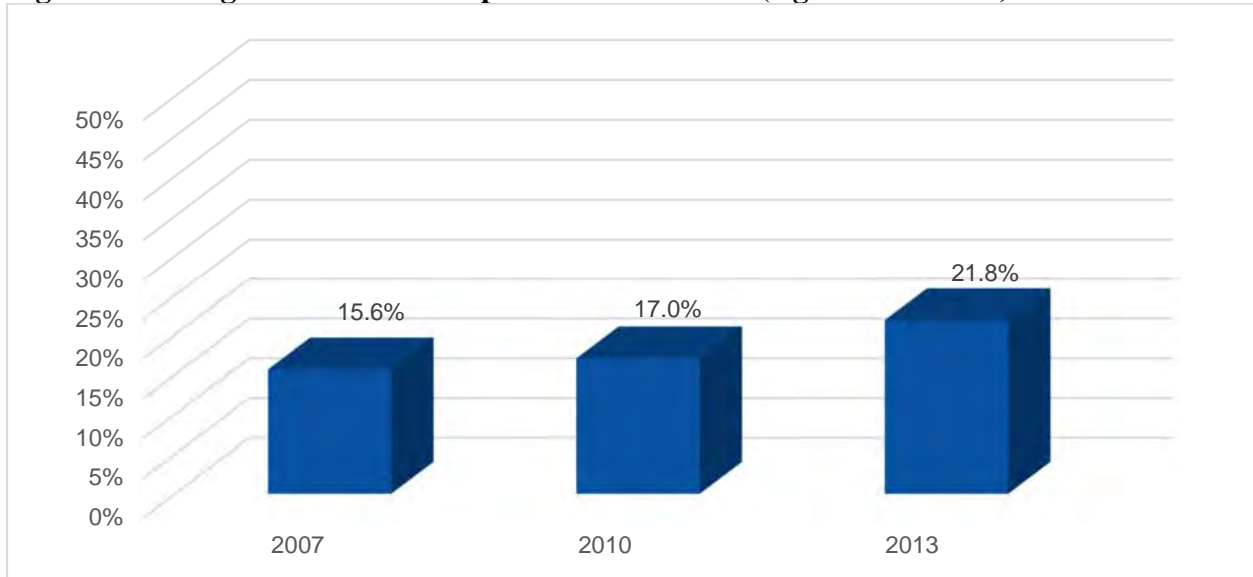
<sup>1</sup> U.S. Census Bureau. Health Insurance Coverage in the United States: 2013. (2014). Available online at: <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>

<sup>2</sup> American community survey. Uninsured Estimates of the Total Population. (2013). Available online at: <http://kff.org/uninsured/state-indicator/total-population-2/>

<sup>3</sup> Gallup Polls. U.S. Uninsured Rate drops to 13.4%. (2014). Available online at: <http://www.gallup.com/poll/168821/uninsured-rate-drops.aspx>

When including the senior population (i.e., 18 and up), the uninsured rate is somewhat lower, although still climbing over the years, as illustrated in Figure 2. Due to seniors' eligibility for Medicare, most seniors are insured, and thus, including them in the sample dilutes the proportion that lack healthcare coverage.

**Figure 2. Change in Uninsured Population Over Time (Age 18 and Over)**

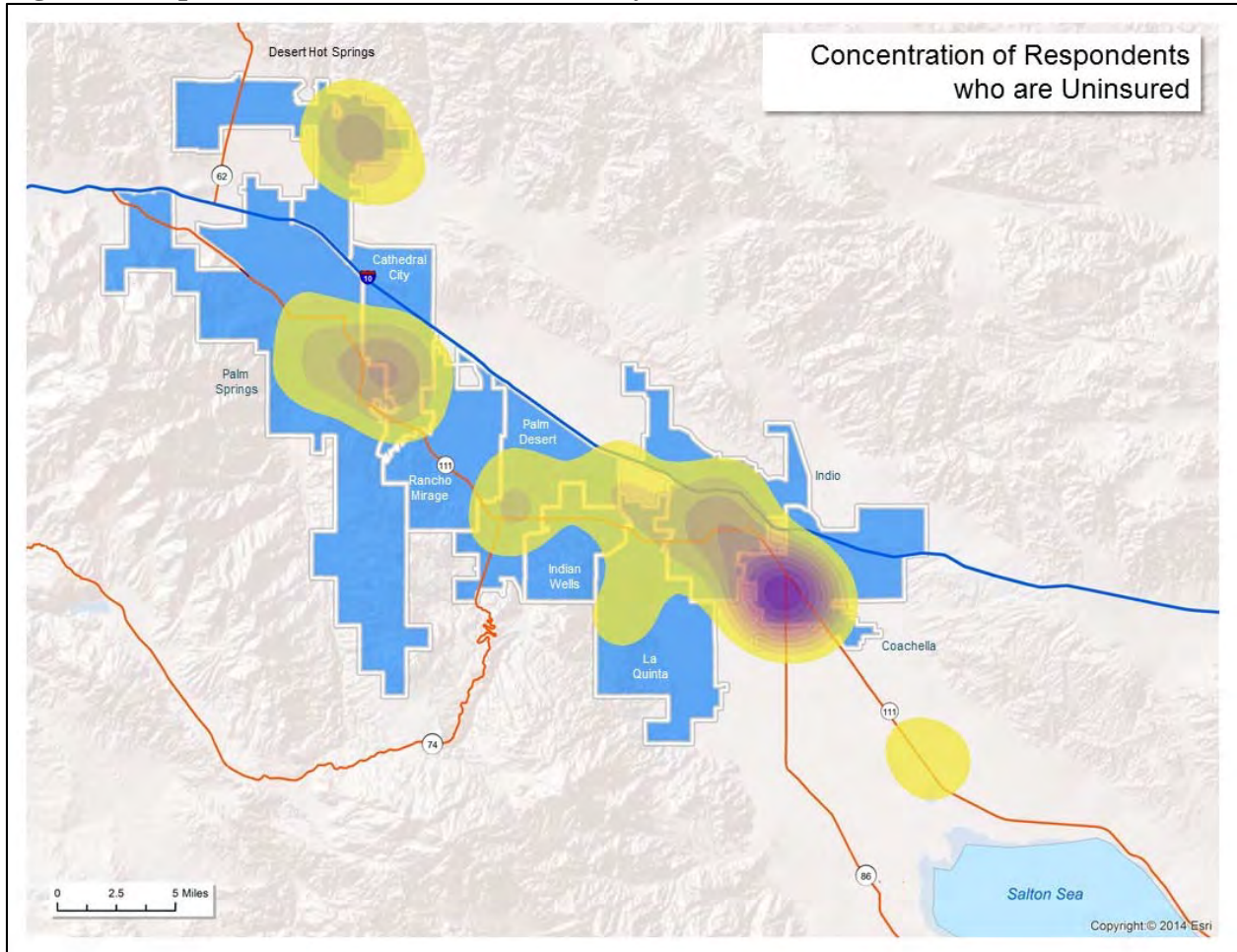


Note that throughout this report, references to ‘adults’ will encompass those who are age 18 and older unless otherwise specified.



Not surprisingly, lack of insurance seems tied to poverty. As illustrated in Figure 3, most people who lack healthcare coverage are living in some of the most impoverished areas in the Coachella Valley, including Desert Hot Springs, Cathedral City, Indio, Coachella, and Mecca.

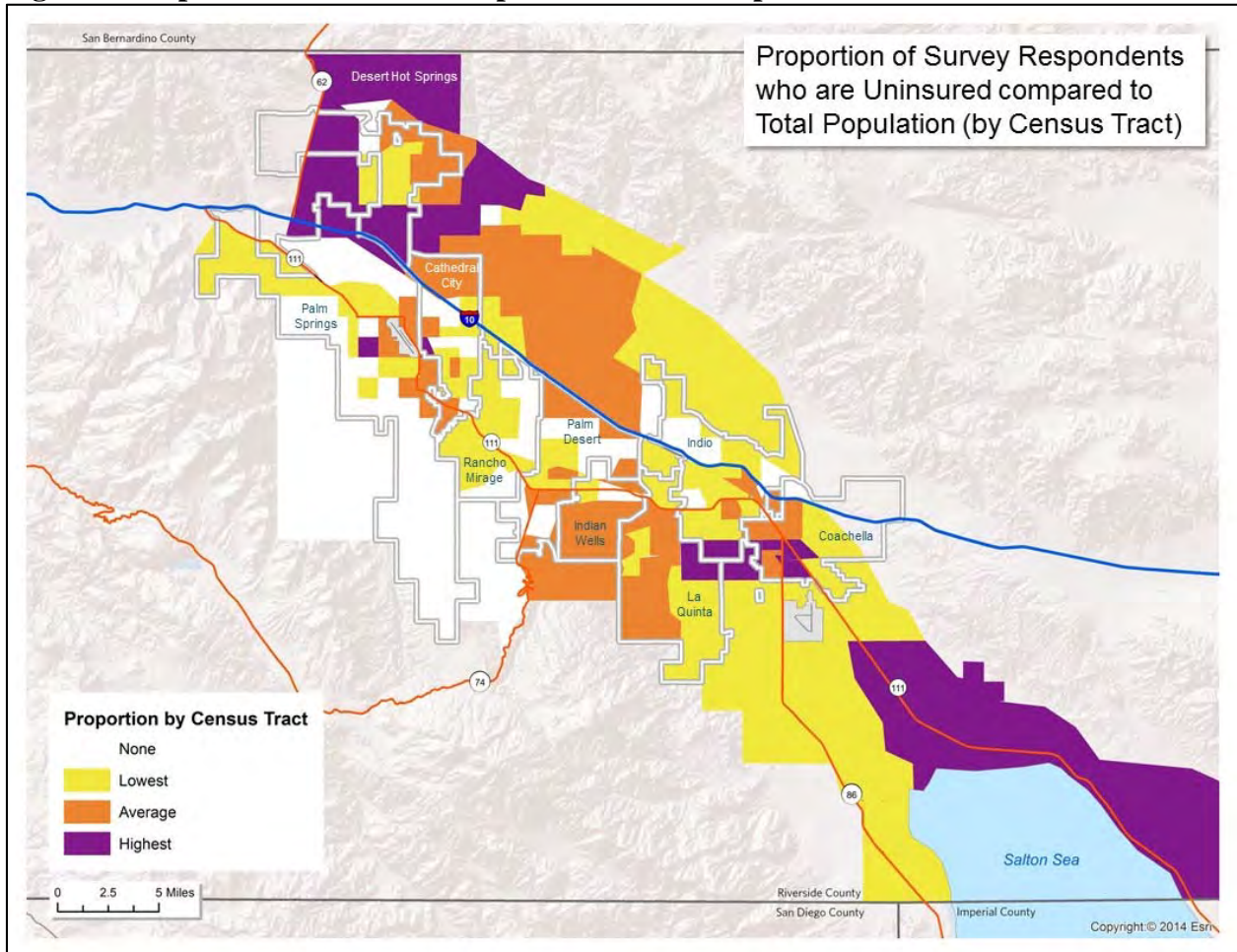
**Figure 3. Map of Uninsured in Coachella Valley**



*Note.* This map was created by David Robinson, GIS Coordinator, Coachella Valley Economic Partnership, using HARC data.

When examining the number of uninsured adults as a proportion of the total adult population, it is clear that Desert Hot Springs and far eastern Coachella Valley (bordering the Salton Sea) have extraordinarily high proportions of uninsured adults. As illustrated in Figure 4, there are also pockets of high proportions of uninsured adults throughout Coachella and La Quinta.

**Figure 4. Map of Uninsured as a Proportion of Total Population**



*Note.* This map was created by David Robinson, GIS Coordinator, Coachella Valley Economic Partnership, using HARC data.

## Section 2: Demographics

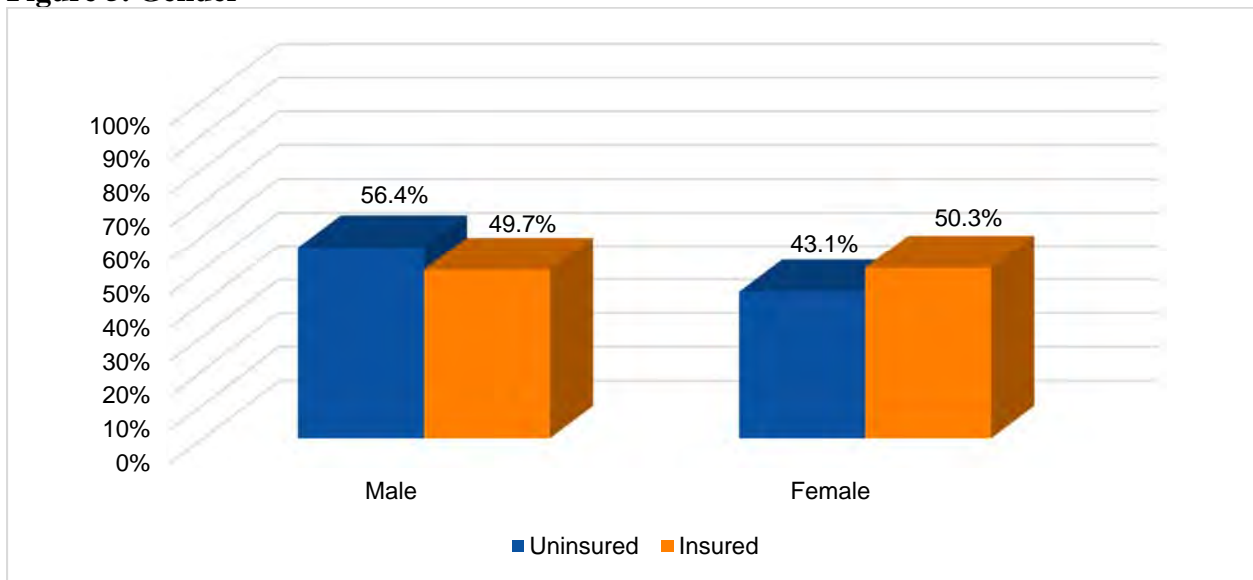
Insurance status—or the lack thereof—are not consistent across all demographic groups. This section examines demographic characteristics of the uninsured adults in the Coachella Valley as compared to insured adults.

### *Gender*

Nationally, there are a higher percentage of men than women who are uninsured. The lower number of uninsured women has been attributed to coverage provided by Medicaid, a government-assisted health coverage that is available to pregnant women.<sup>4</sup>

As illustrated in Figure 5, Coachella Valley adults are fairly evenly split between male and female. This holds true regardless of insurance status—that is, uninsured adults have a roughly equal split between the genders, as do insured adults.

**Figure 5. Gender**



<sup>4</sup> The Henry J. Kaiser Family Foundation. Key Facts about the Uninsured Population. (2014). Available online at: <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/>

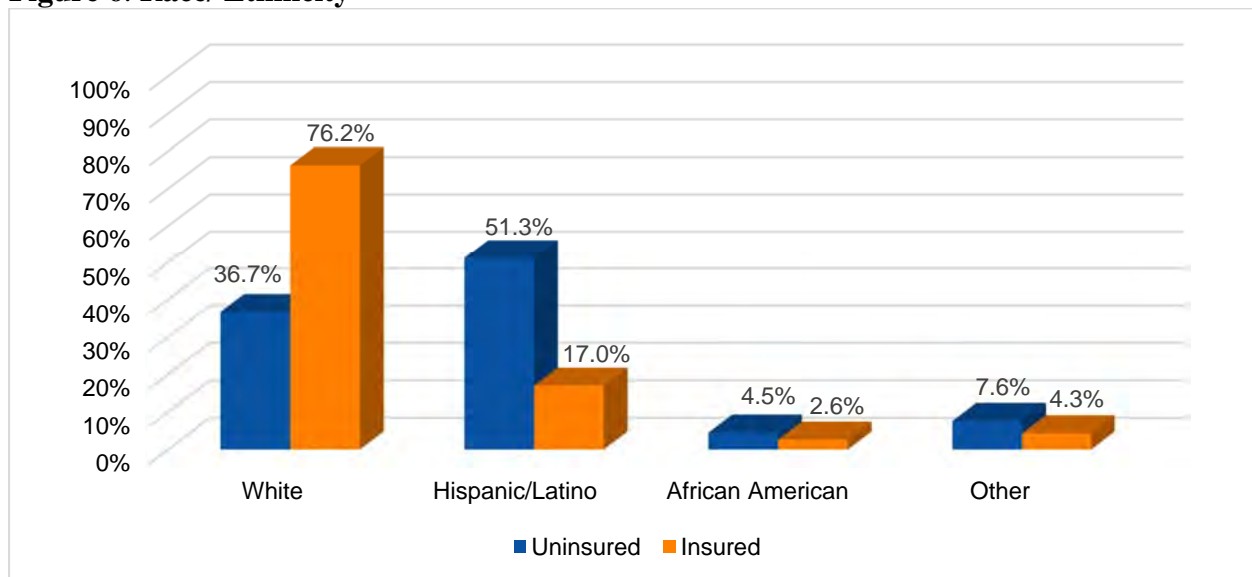
## Race/ Ethnicity

Nationally, most uninsured people—24.3%--are Hispanic. Approximately 15.9% of African Americans and 9.8% of whites are uninsured.<sup>5</sup>

Similarly, in California, Hispanics remain the highest percentage of those who are uninsured. Specifically, 26.3% of Hispanics, 15.7% of whites, 15.1% of African Americans, and 13.8% of Asians are uninsured in California.<sup>5</sup>

Similar to national and state trends, Figure 6 illustrates that in the Coachella Valley there are clear ethnic differences in the likelihood of having health insurance. More than half of uninsured adults are Hispanic, while in contrast, most insured adults are white.

**Figure 6. Race/ Ethnicity**



<sup>5</sup> American Community Survey 1-Year Estimates. (2013). United States Health Insurance Coverage Status. Available online at:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_1YR\\_S2701&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2701&prodType=table)

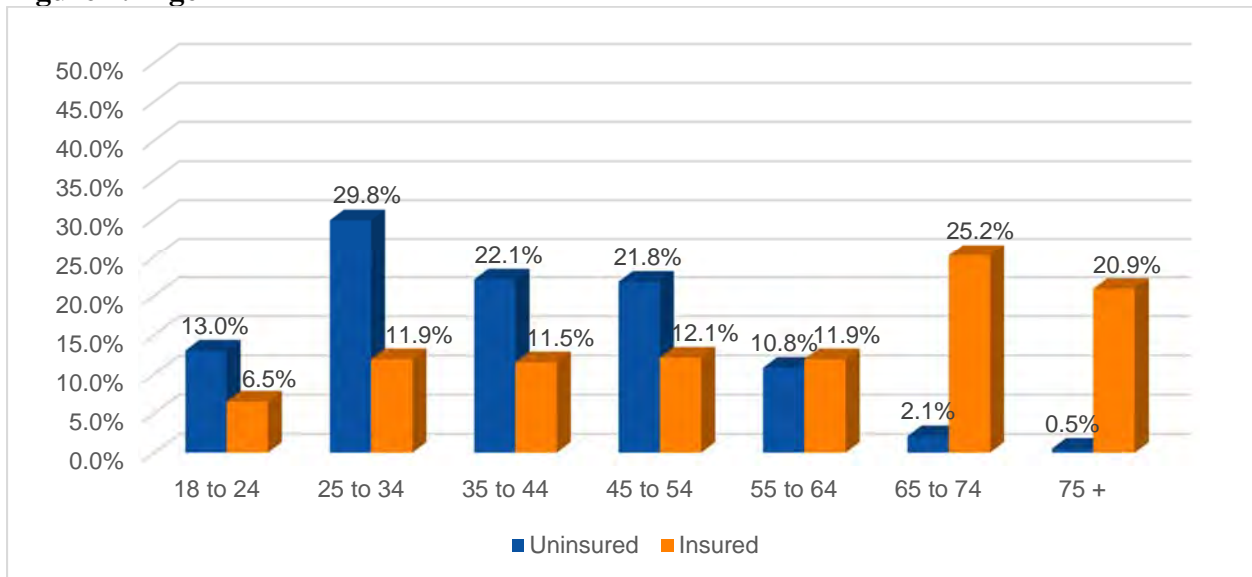


## Age

At the age of 65, individuals are eligible for Medicare—a government-provided health insurance. As a result, there is a clear distinction between age groups in the amount of people who are insured and uninsured.<sup>6</sup> It is estimated that the uninsured rate of those over 65 years of age is 1% at the national level<sup>4</sup> and 1.8% at the state level.<sup>7</sup>

This holds true in the Coachella Valley as well. As illustrated in Figure 7, nearly all adults age 65 and over are insured. Overall, uninsured adults are younger than their insured counterparts. Most uninsured adults (64.9%) are under the age of 45.

**Figure 7. Age**



<sup>6</sup> U.S. Census Bureau. Health Insurance Coverage in the United States: 2013. (2014). Available online at: <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>

<sup>7</sup> American Community Survey 1-Year Estimates. (2013). United States Health Insurance Coverage Status. Available online at:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_1YR\\_S2701&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2701&prodType=table)

## Socioeconomic Status

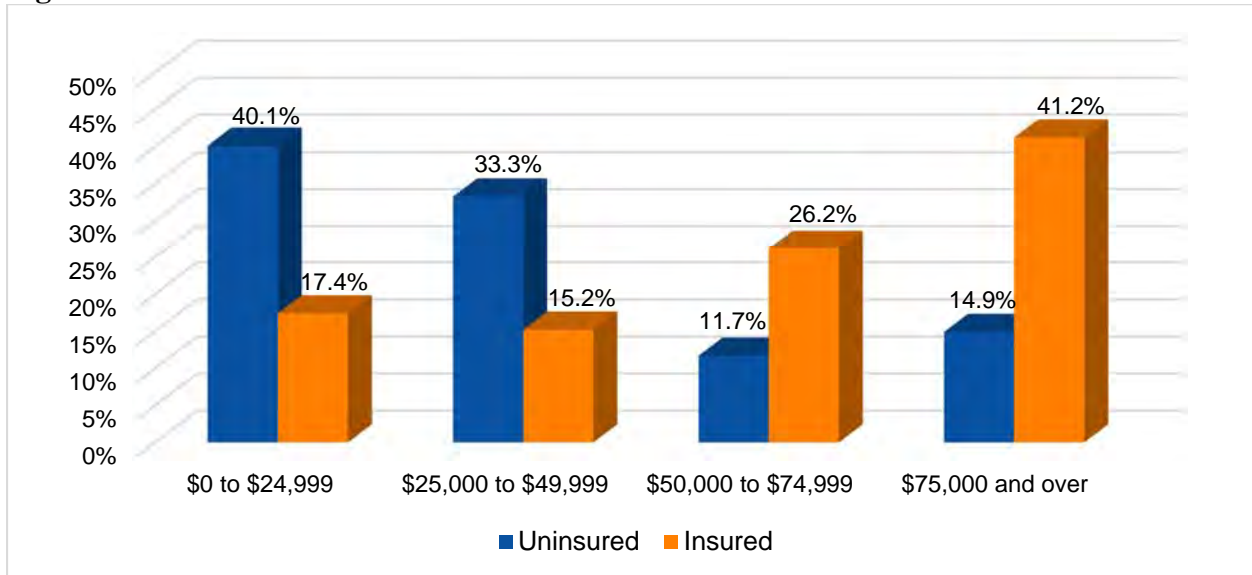
Socioeconomic status, or SES, has been shown to be strongly related to health and wellness. According to the American Psychological Association, adults with low socio-economic status have less access to resources and therefore are more susceptible to health problems as well as mental health problems, such as depression and stress, from poor employment conditions or no employment.

Those deprived economically and living in disadvantaged neighborhoods face a variety of chronic stressors in daily living: They struggle to make ends meet; have few opportunities to achieve positive goals; experience more negative life events such as unemployment, marital disruption, and financial loss; and must deal with discrimination, marginality, isolation, and powerlessness.<sup>8</sup> This survey covered several indicators of SES, including annual household income, poverty level, education level, and employment status.

## Income

Uninsured adults in the Coachella Valley have significantly less wealth than those who are insured. As illustrated in Figure 8, the majority of uninsured adults (73.4%) live in households with an annual income below \$50,000. In contrast, the majority of insured adults (67.4%) live in households with incomes over \$50,000. Overall, healthcare coverage is tightly linked to income—it is typically reserved for those with a higher income level.

**Figure 8. Household Income**



<sup>8</sup> Socioeconomic Disparities in Health Behaviors. (2010). U.S. National Library of Medicine. Available online at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3169799/>

## Poverty

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels as per the Department of Health and Human Services' guidelines for poverty in 2013, as illustrated in Table 1.

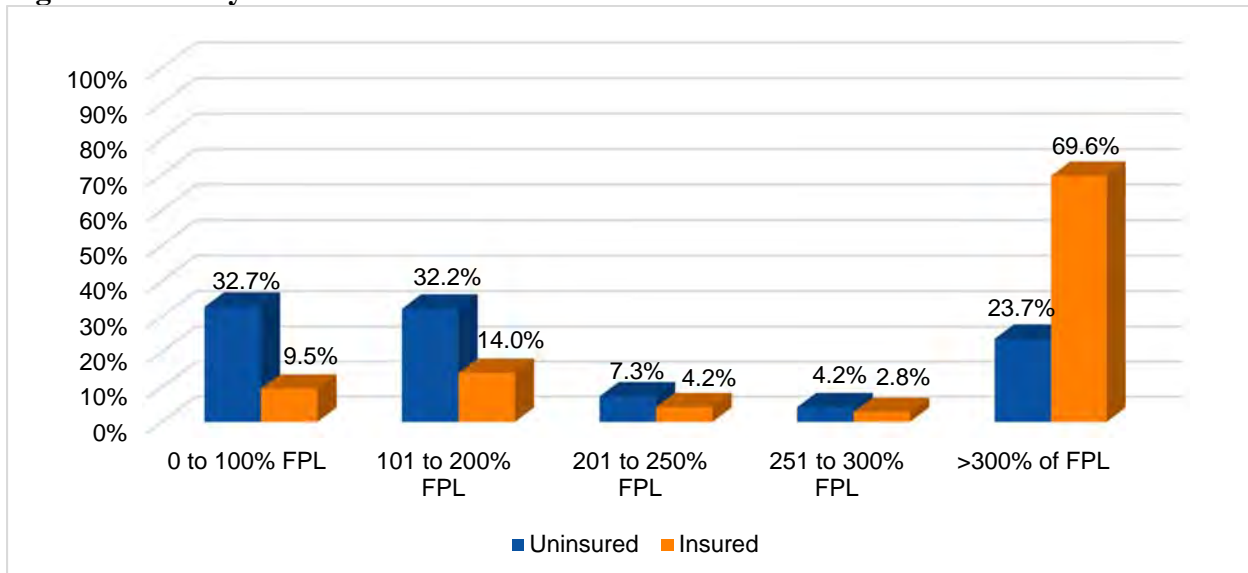
**Table 1. Federal Poverty Guidelines 2013**

Number of People in Household	Annual Income Guideline for Poverty
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630

*Note.* Data in this table are from the Federal Register issues by the Department of Health and Human Services on January 24, 2013. For families/households with more than 8 persons, add \$4,020 for each additional person.

As illustrated in Figure 9, nearly a third of uninsured adults (32.7%) live in poverty. In contrast, less than 10% of insured adults are living below the poverty line. Conversely, relatively few uninsured adults live at or above 300% of the federal poverty line (23.7%), while most insured adults (69.6%) experience such financial stability.

**Figure 9. Poverty Level**



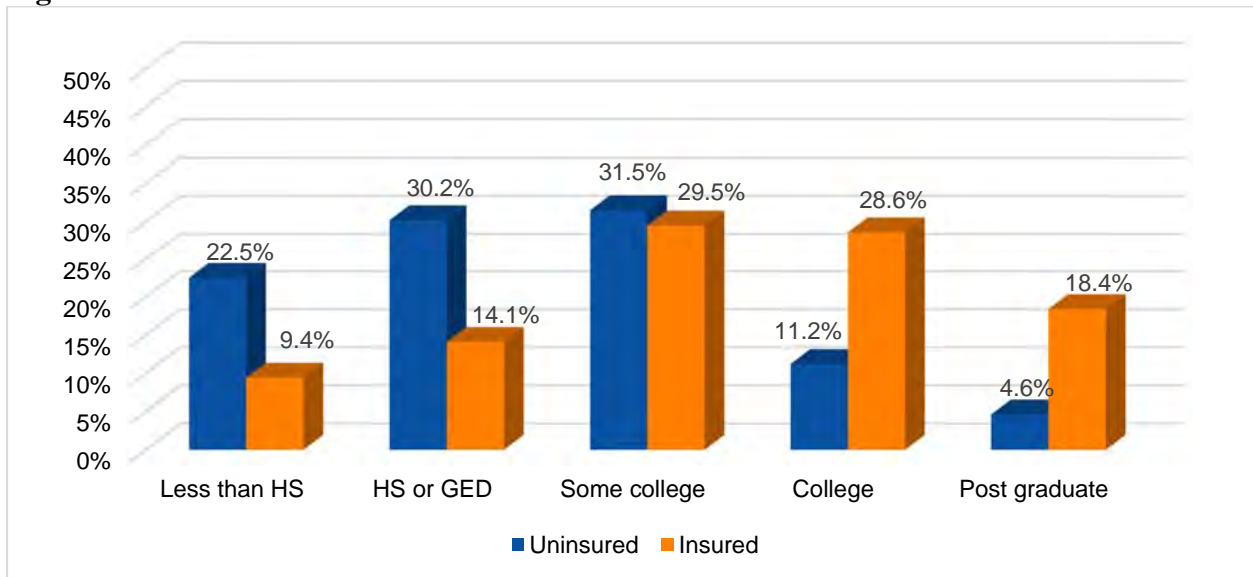
## Education

Nationally, those who are uninsured most frequently possess an education less than a high school degree (30.7%), followed by high school degree/GED (19.2%), some college or associate's degree (15%), and bachelor's degree or higher (6.9%).<sup>9</sup>

Participants were asked to report the highest level of education they had achieved. Reflecting national trends, results indicate that uninsured adults in the Coachella Valley have significantly lower levels of education than their insured counterparts.

As Figure 10 illustrates, most uninsured adults in the Coachella Valley (52.7%) have a high school degree or less. In contrast, most insured adults (76.5%) have attended college.

**Figure 10. Education Level**



<sup>9</sup> American Community Survey 1-Year Estimates. (2013). United States Health Insurance Coverage Status. Available online at:

[http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_13\\_1YR\\_S2701&prodType=table](http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2701&prodType=table)

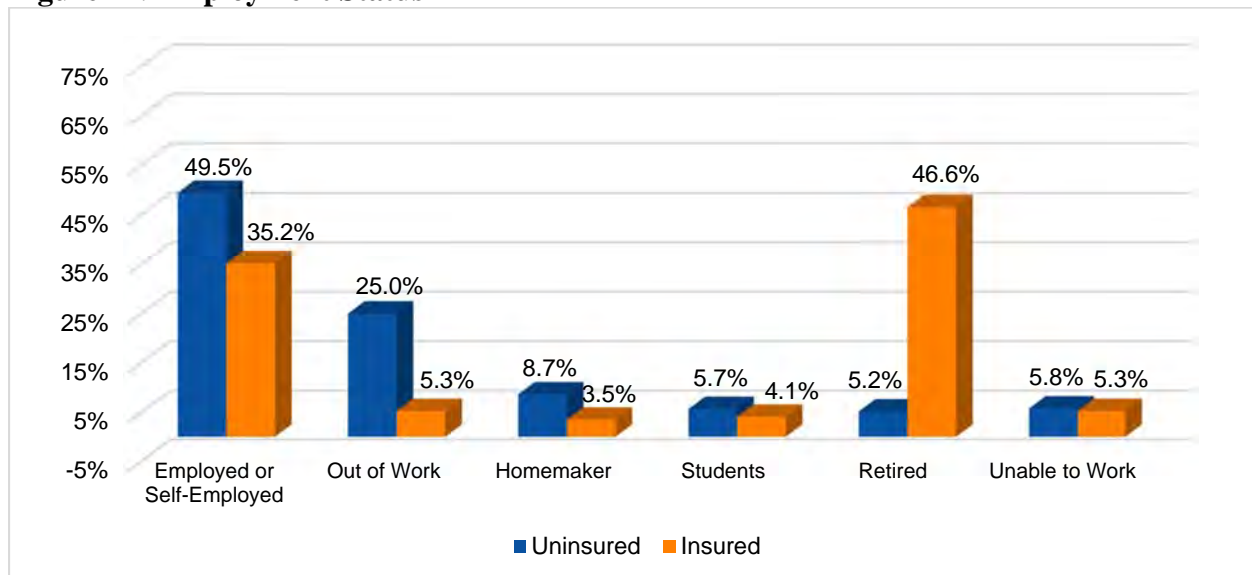
## Employment

In the United States, health insurance is often closely tied to employment. Full-time workers are more likely to be covered by health insurance than those who are working part-time. In addition, if insurance is not covered by an employer, it is much less likely that an individual will purchase their own health insurance.<sup>10</sup>

As illustrated in Figure 11, Coachella Valley uninsured adults are significantly more likely than their insured counterparts to be unemployed (25.0% versus 5.3%, respectively). This is likely due to the close connection between employment and insurance in the United States.

In contrast, uninsured adults are significantly less likely than their insured counterparts to be retired (5.2% versus 46.6%, respectively). This is likely due to the age discrepancy; since many insured adults are older, they are much more likely to be retired than their younger, uninsured counterparts.

**Figure 11. Employment Status**



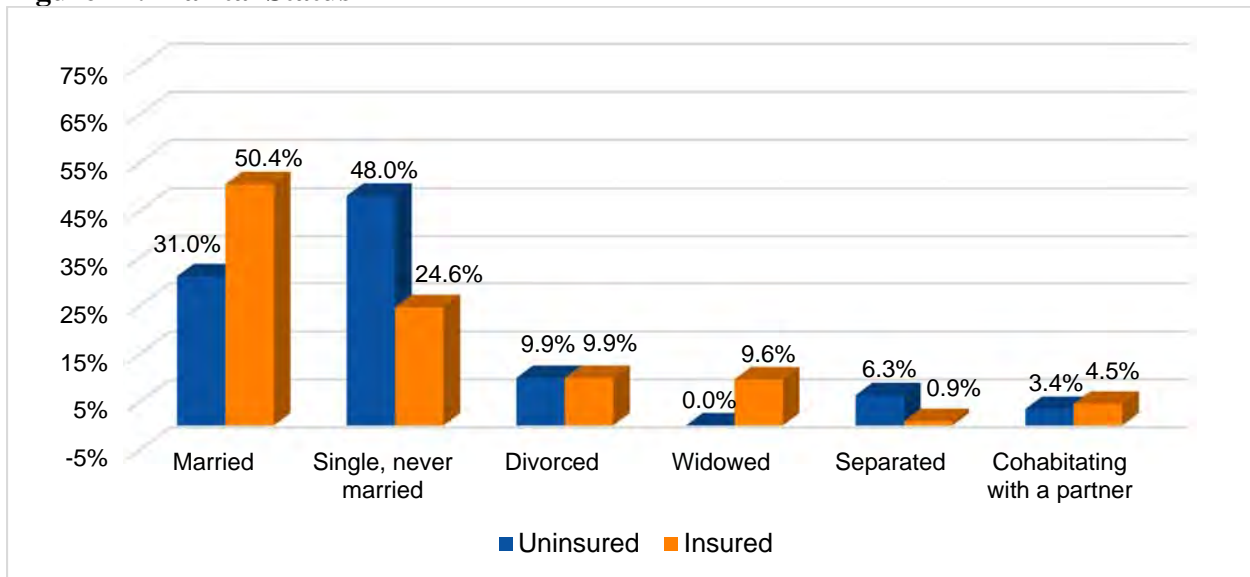
<sup>10</sup> United States Census. Health Insurance Coverage in the United States (2013). Available online at: <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>

## Marital Status

Many Americans acquire health insurance through their spouse, making married people more likely to have health insurance compared to those who are unmarried.<sup>11</sup>

This trend holds true in the Coachella Valley as well. As illustrated in Figure 12, uninsured adults are significantly less likely to be married than insured adults (31.0% versus 50.4%, respectively). In contrast, they are significantly more likely to be single (48.0% versus 24.6%, respectively). Thus, it seems clear that in the Coachella Valley as well as the nation, marriage and health insurance are closely linked.

**Figure 12. Marital Status**



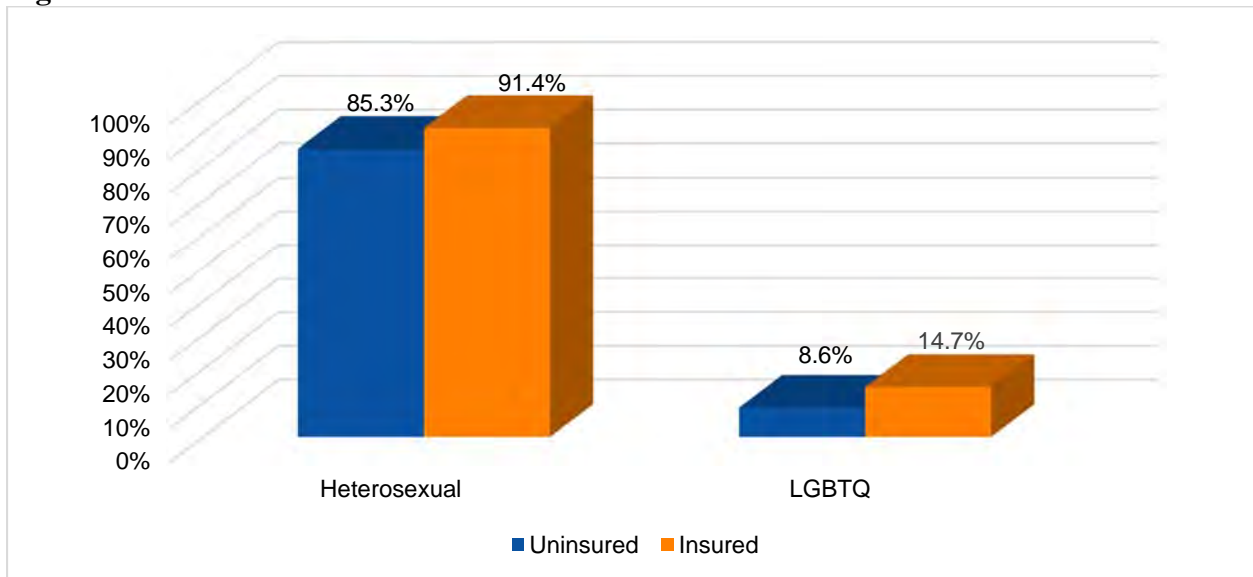
<sup>11</sup> U.S. Census Bureau. Health Insurance Coverage in the United States: 2013. (2014). Available online at: <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>

## Sexual Orientation

Despite increasing social acceptance, many non-heterosexual individuals (e.g., lesbian, gay, bisexual, or transgender, “LGBT”) hesitate to access health care and resources as a result of the stigma and discrimination they may have encountered in that past or continue to encounter currently. Members of the LGBT community have serious mental and physical health challenges. Some of these challenges include high rates of depression and suicidality, HIV/AIDS and other sexually transmitted infections, obesity and substance abuse.<sup>12</sup>

As illustrated in Figure 13, the majority of respondents identify as heterosexual, and this is true for both uninsured (85.3%) and insured (91.4%) adults. It does not appear that sexual orientation has a close tie to health insurance in the Coachella Valley.

**Figure 13. Sexual Orientation**



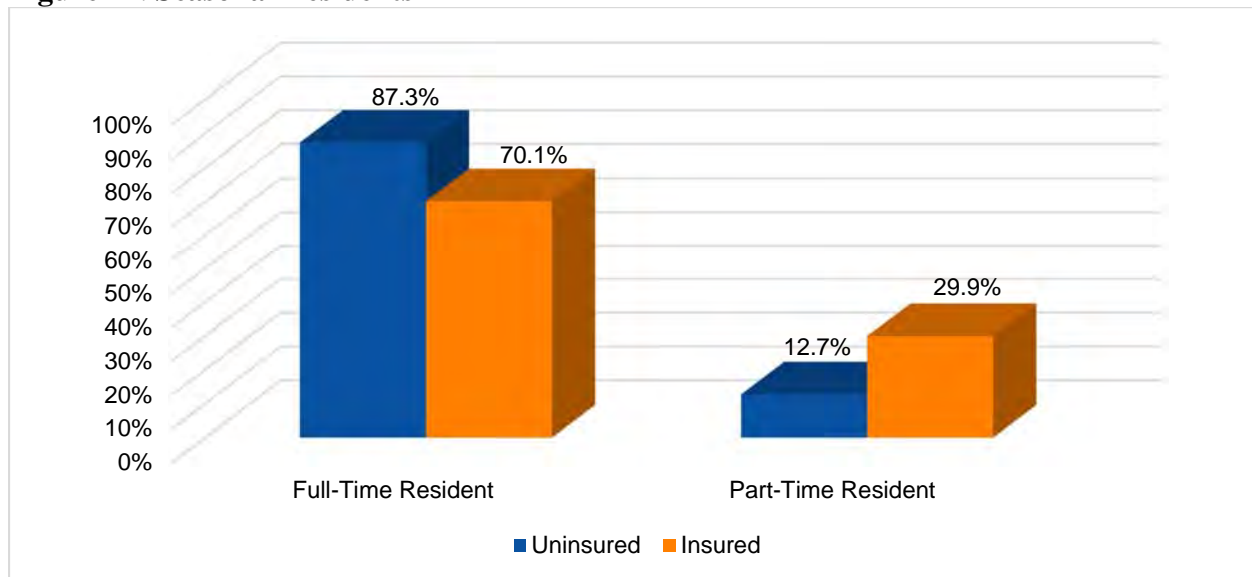
<sup>12</sup> Improving the Health Care of lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. (2012). [http://www.lgbtagingcenter.org/resources/pdfs/12-054\\_LGBTHealtharticle\\_v3\\_07-09-12.pdf](http://www.lgbtagingcenter.org/resources/pdfs/12-054_LGBTHealtharticle_v3_07-09-12.pdf)

## *Part-Time Residents*

The Coachella Valley is home to a great many part-time residents, or “snowbirds” who live here for the winter months, but spend the hot summer months in cooler areas. While these residents do not live here year-round, they do live here for several months, and are an important part of the Valley community.

As illustrated in Figure 14, the majority of Coachella Valley residents are permanent residents who live here for all 12 months of the year. Uninsured adults are significantly less likely than insured adults to be seasonal “snowbirds”. Specifically, only 12.7% of uninsured adults are snowbirds, compared to 29.9% of insured adults. Overall, this is likely related to the fact that uninsured adults are younger and less wealthy—two defining characteristics of the full-time residents in the Valley when compared to the snowbirds.

**Figure 14. Seasonal Residents**



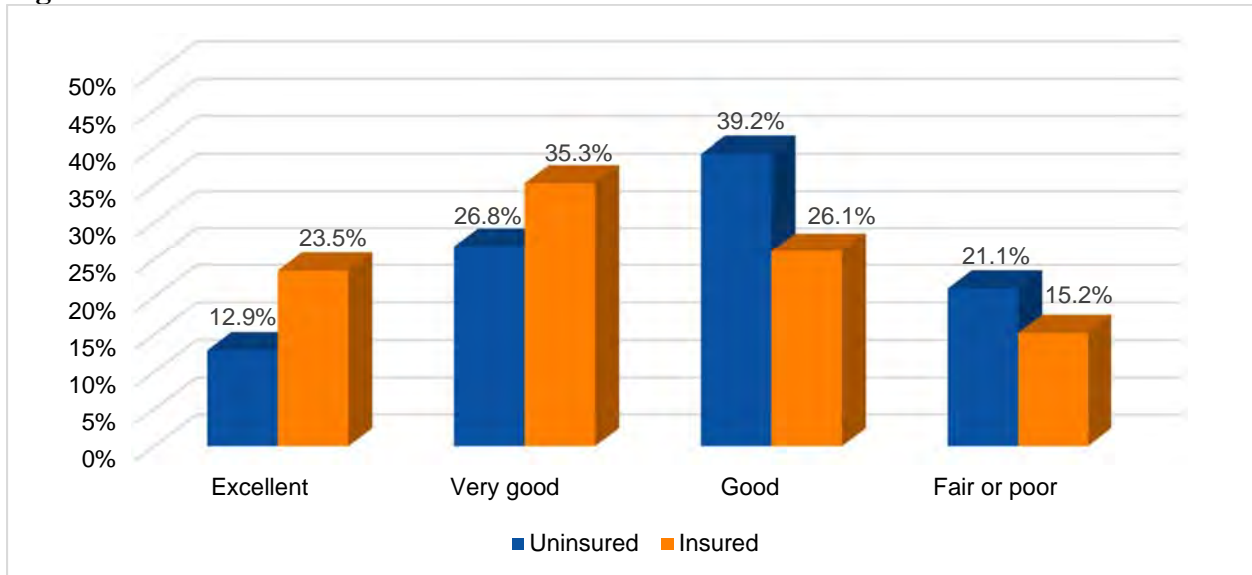


## Section 3: General Health

Self-rated health is a powerful predictor of outcomes. Many individuals believe that we should feel healthy to actually live healthy.

National data suggests that uninsured workers perceive themselves as having poorer general and mental health in comparison to those who are insured.<sup>13</sup> Results indicate that this trend is reflected in the Coachella Valley—uninsured adults have lower self-rated health than their insured counterparts. As illustrated in Figure 15 and Table 2, only 12.9% of uninsured adults rate their health as “excellent”, compared to 23.5% of insured adults.

**Figure 15. General Health**



**Table 2. General Health**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Excellent</i>	<i>12.9%</i>	<i>9,930</i>	<i>23.5%</i>	<i>64,768</i>
<i>Very good</i>	<i>26.8%</i>	<i>20,527</i>	<i>35.3%</i>	<i>97,121</i>
<i>Good</i>	<i>39.2%</i>	<i>30,065</i>	<i>26.1%</i>	<i>71,767</i>
<i>Fair or poor</i>	<i>21.1%</i>	<i>16,183</i>	<i>15.2%</i>	<i>41,764</i>
<b>Total</b>	<b>100.0%</b>	<b>76,705</b>	<b>100.0%</b>	<b>275,420</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

<sup>13</sup> Wu, L.-T., Kouzis, A. C., & Schlenger, W. E. (2003). Substance Use, Dependence, and Service Utilization Among the US Uninsured Nonelderly Population. *American Journal of Public Health, 93*(12), 2079–2085.

## Section 4: Utilization

Simply having insurance is not enough to improve health—to reap the benefits, one must be able to access said healthcare. Thus, utilization is an important topic in relation to healthcare—are people able to get the care they need to stay healthy? And where do they need to go to receive healthcare?

### *Recent Utilization*

Fortunately, most Coachella Valley adults have been to see a healthcare provider within the past year. However, uninsured adults are more likely than their insured counterparts to go long stretches of time without seeing a healthcare provider.

As illustrated in Table 3, 11.2% of uninsured adults have not seen their healthcare provider in the last five years, which is significantly higher than the 2.5% of insured adults who have gone that long since visiting a provider.

Conversely, only 42.5% of uninsured adults have seen their healthcare provider in the last six months, which is significantly lower than the 79.2% of those insured adults.

**Table 3. Time Since Most Recent Visit to Healthcare Provider**

Length of Time	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Less than 6 months</i>	<i>42.5%</i>	<i>32,433</i>	<i>79.2%</i>	<i>218,090</i>
6 months to less than 1 year	17.3%	13,191	13.0%	35,839
1 year to less than 2 years	12.4%	9,470	3.1%	8,442
2 years to less than 5 years	16.4%	12,543	2.0%	5,618
<i>5 or more years ago</i>	<i>11.2%</i>	<i>8,527</i>	<i>2.5%</i>	<i>6,885</i>
Never	0.2%	187	0.1%	403

*Note.* Rows in italics are statistically significant at the  $p < .05$  level.



## Usual Source of Care

Ideally, an adult’s usual source of care would be their primary physician who, through routine checkups, could recommend preventative measures to take if needed. However, it is an unfortunate truth that many adults resort to emergency rooms or urgent care for their usual source of care.

Unfortunately, many Coachella Valley uninsured adults do not cite the doctor’s office as their usual source of care, and thus, are unlikely to receive the important continuity of care. Specifically, only 27.4% of uninsured adults get their usual care at a doctor’s office, compared to 61.4% of insured adults.

As illustrated in Table 4, those who are uninsured receive care from a variety of sources. The most frequent sources of care for the uninsured are clinics (27.6%), doctor’s offices (27.4%), emergency rooms/hospitals (19.3%), and some indicated they do not have a usual place of care (14%). In comparison, those who are insured most frequently receive usual care from a doctor’s office (61.4%) and less frequently rely on sources of care utilized by uninsured.

Overall, this discrepancy is likely because uninsured adults cannot afford a primary care provider without having coverage, and thus, rely on other sources for care.

**Table 4. Usual Source of Care**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Clinic</i>	27.6%	21,023	8.5%	23,352
<i>Doctor’s office</i>	27.4%	20,856	61.4%	167,883
<i>Emergency room/hospital</i>	19.3%	14,678	8.2%	22,441
<i>No usual place</i>	14.0%	10,660	3.7%	10,008
<i>Urgent care</i>	6.4%	4,891	14.9%	40,722
Health center	0.6%	464	2.3%	6,324
VA/ VA Hospital/ Other	3.4%	3,513	0.9%	2,556
<b>Total</b>	<b>100.0%</b>	<b>76,086</b>	<b>100.0%</b>	<b>273,287</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

## Barriers to Care

Participants were asked whether a series of barriers consistently made it very difficult for them to receive the healthcare they needed in the past year.

As illustrated in Table 5, the uninsured and insured encounter similar barriers to receiving care, including difficulty getting time off work, difficulty obtaining authorization forms from an HMO, and difficulty finding a doctor of the gender/age/ethnicity/sexual orientation that is comfortable for them.

However, there are some differences between the uninsured and the insured in the barriers to receiving care. The uninsured are significantly more likely to encounter issues with transportation and language barriers/problems. Conversely, uninsured adults are significantly less likely than insured adults to have difficulty understanding what is covered by their health care (likely because they do not have any coverage, a statement which is fairly easy to understand).

**Table 5. Barriers to Receiving Care**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Taking time off work	19.9%	15,208	10.5%	28,747
Hours that the healthcare provider is open to seeing patients	14.7%	11,200	14.1%	38,689
<i>Transportation</i>	<i>14.6%</i>	<i>11,187</i>	<i>6.5%</i>	<i>17,953</i>
Not having authorization from an HMO	10.0%	6,938	9.9%	26,592
<i>Language barriers or problems</i>	<i>9.1%</i>	<i>6,950</i>	<i>2.4%</i>	<i>6,521</i>
Finding a doctor of the gender, age, ethnicity, or sexual orientation that is comfortable for you	9.0%	6,876	7.5%	20,520
<i>Understanding what is covered</i>	<i>8.7%</i>	<i>6,221</i>	<i>17.8%</i>	<i>48,541</i>

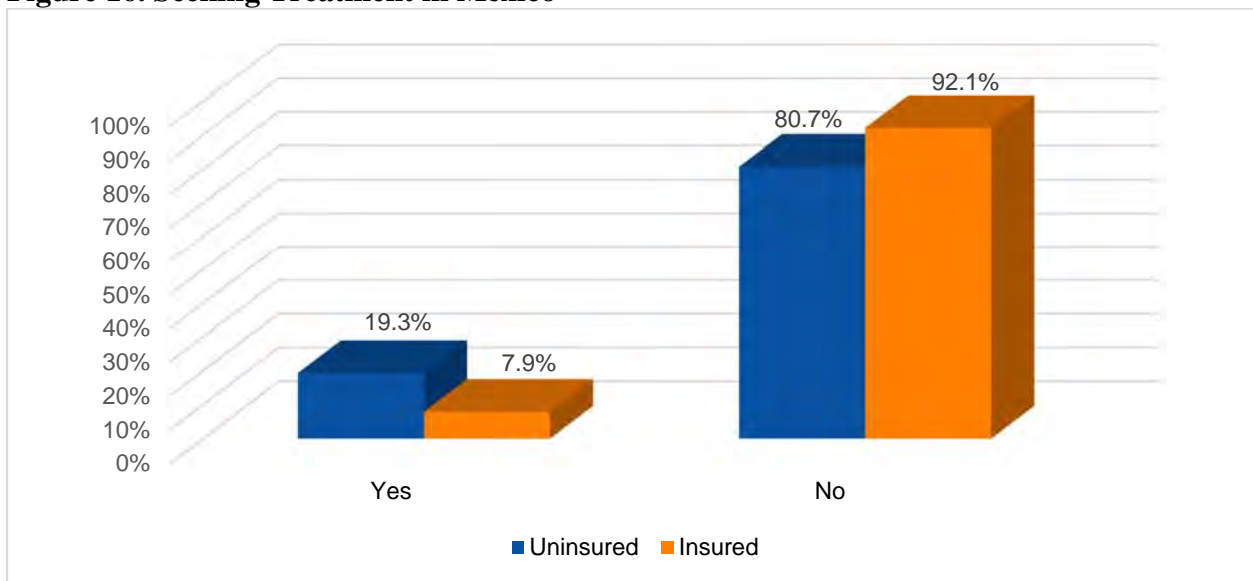
Note. Rows in italics are statistically significant at the  $p < .05$  level.

## Seeking Treatment in Mexico

For many Coachella Valley adults, seeking treatment in Mexico is feasible, given the geographic proximity to the U.S-Mexico border. Often, obtaining medical care in Mexico can be cheaper and/or less strictly regulated.

Uninsured Coachella Valley adults are significantly more likely than their insured counterparts to seek treatment in Mexico. As illustrated in Figure 16, 19.3% of uninsured adults sought treatment in Mexico in the past year, compared to only 7.9% of insured adults. It is likely that the cheap services in Mexico are drawing Coachella Valley's uninsured adults, as they are unable to afford such services in the United States.

**Figure 16. Seeking Treatment in Mexico**



## Section 5: Prevention

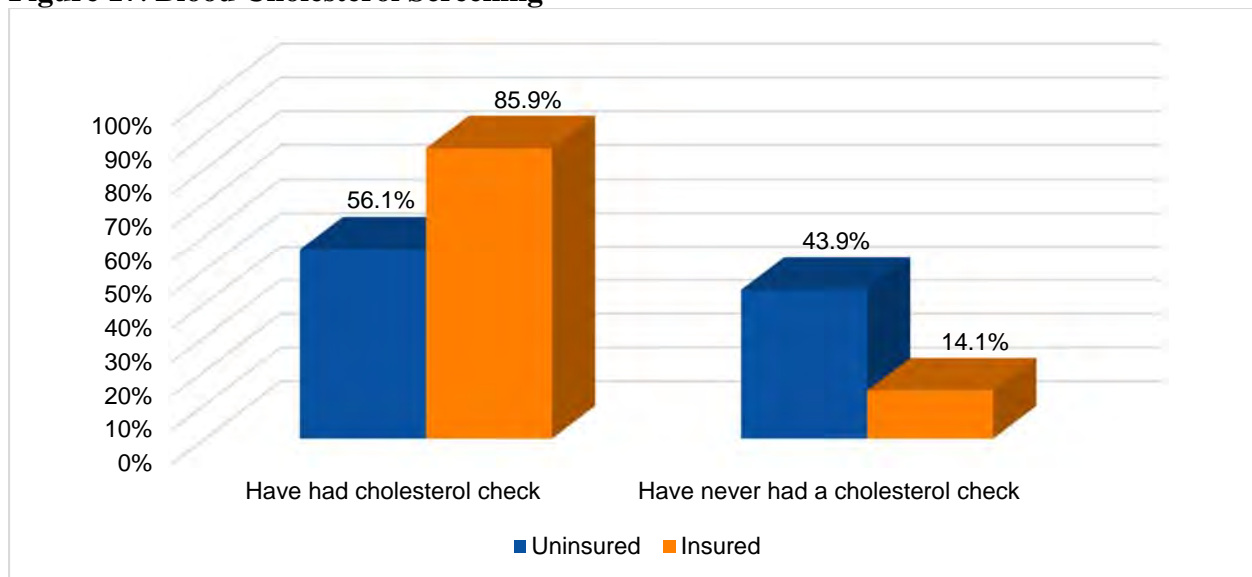
Preventive health aims to prevent major illness and injury by regular screenings for common ailments. Oftentimes, regular screening for illness can identify health problems at an early stage when they are more easily controlled and can result in a more positive prognosis. Common preventive health screenings include periodic mammogram screening for breast cancer, blood cholesterol and colon cancer screening, PSA blood test and digital rectal exam for the detection of prostate cancer, and regular dentist visits and professional tooth cleaning. Research has consistently demonstrated that the uninsured are less likely than the insured to receive preventative health care.<sup>14</sup>

### *Blood Cholesterol Screening*

High blood cholesterol often does not have signs or symptoms, but is a major risk factor for heart disease. Monitoring blood cholesterol levels can alert one of the need to prevent and control high blood cholesterol through proper diet and regular exercise. In most cases, a doctor's blood cholesterol screening is the only way to measure blood cholesterol. According to the CDC and National Heart, Lung, and Blood Institute, all adults should have their cholesterol levels checked once every five years.<sup>15</sup>

As illustrated in Figure 17, those who are uninsured are significantly less likely than those insured to have had a cholesterol check (56.1% of uninsured; 85.9% of insured). Approximately 33,276 uninsured adults have never had a blood cholesterol check.

**Figure 17. Blood Cholesterol Screening**



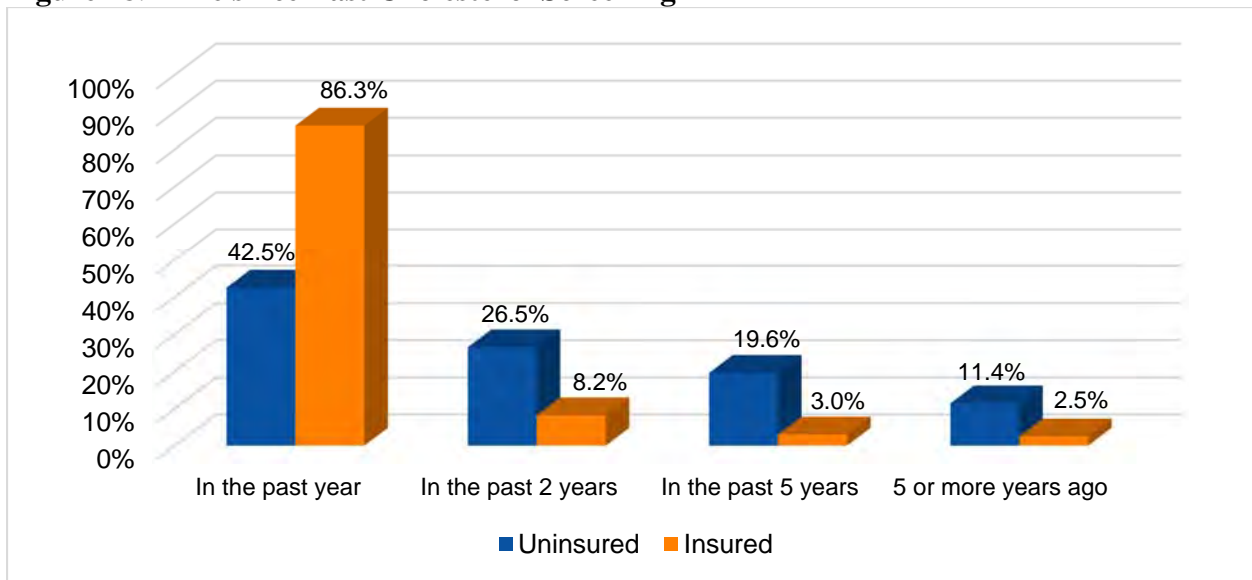
<sup>14</sup> Wilper, A. P., Woolhandler, S., Lasser, K. E., McCormick, D., Bor, D. H., & Himmelstein, D. U. (2009). Health Insurance and Mortality in US Adults. *American Journal of Public Health*, 99(12) 2289-2295.

<sup>15</sup> Cholesterol: What You Can Do. (2013). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/heartdisease/prevention.htm>

Of those adults who have had their cholesterol checked at least once in their lives, uninsured adults are significantly less likely than their insured counterparts to have had this check done recently.

As illustrated in Figure 18, less than half of uninsured adults who have ever had their cholesterol checked have had that test done in the past year, while over 86% of insured adults have had this important check in the past year.

**Figure 18. Time since Last Cholesterol Screening**



Conversely, uninsured adults are significantly more likely than insured adults to have not had their cholesterol checked in the last five years, as illustrated in Table 6.

**Table 6. Time Since Last Cholesterol Screening**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Within the past year</i>	<i>42.5%</i>	<i>18,012</i>	<i>86.3%</i>	<i>195,082</i>
<i>Within the past 2 years</i>	<i>26.5%</i>	<i>11,219</i>	<i>8.2%</i>	<i>18,571</i>
<i>Within the past 5 years</i>	<i>19.6%</i>	<i>8,322</i>	<i>3.0%</i>	<i>6,802</i>
<i>5 or more years ago</i>	<i>11.4%</i>	<i>4,818</i>	<i>2.5%</i>	<i>5,715</i>
<b>Total</b>	<b>100.0%</b>	<b>42,371</b>	<b>100.0%</b>	<b>226,170</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

## Dental Care

Proper oral health is an important part in maintaining quality of life. Poor oral health and untreated oral diseases can cause pain, inflammation, and tooth decay that can make daily activities, such as eating, difficult and painful to perform. Oral health issues are common but preventable with regular dental visits. Advanced gum disease affects 4%-12% of adults in the United States.<sup>16</sup>

As illustrated in Table 7, uninsured adults in the Coachella Valley tend to visit the dentist less frequently than their insured counterparts. Specifically, those who are uninsured are significantly less likely to have visited a dentist in the last six months (18.7%) in comparison to those who are insured (55.3%). Conversely, uninsured are significantly more likely to indicate it has been five or more years since their last dental visit (27.3%), in comparison to of those who are insured (6.9%).

This lack of frequent dental visits is likely driven by the lack of dental insurance for people who lack healthcare coverage. Without insurance, community members are unlikely to be able to afford dental services.

**Table 7. Time Since Last Dental Visit**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Less than 6 months</i>	18.7%	14,240	55.3%	151,875
6 months to < 1 year	22.7%	17,250	20.3%	55,748
1 year to <2 years	13.9%	10,534	6.0%	16,445
2 years to <5 years	15.1%	11,475	11.0%	30,067
<i>5 or more years ago</i>	27.3%	20,773	6.9%	18,923
Never	2.2%	1,702	0.5%	1,350
<b>Total</b>	<b>100.0%</b>	<b>75,974</b>	<b>100.0%</b>	<b>274,408</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.



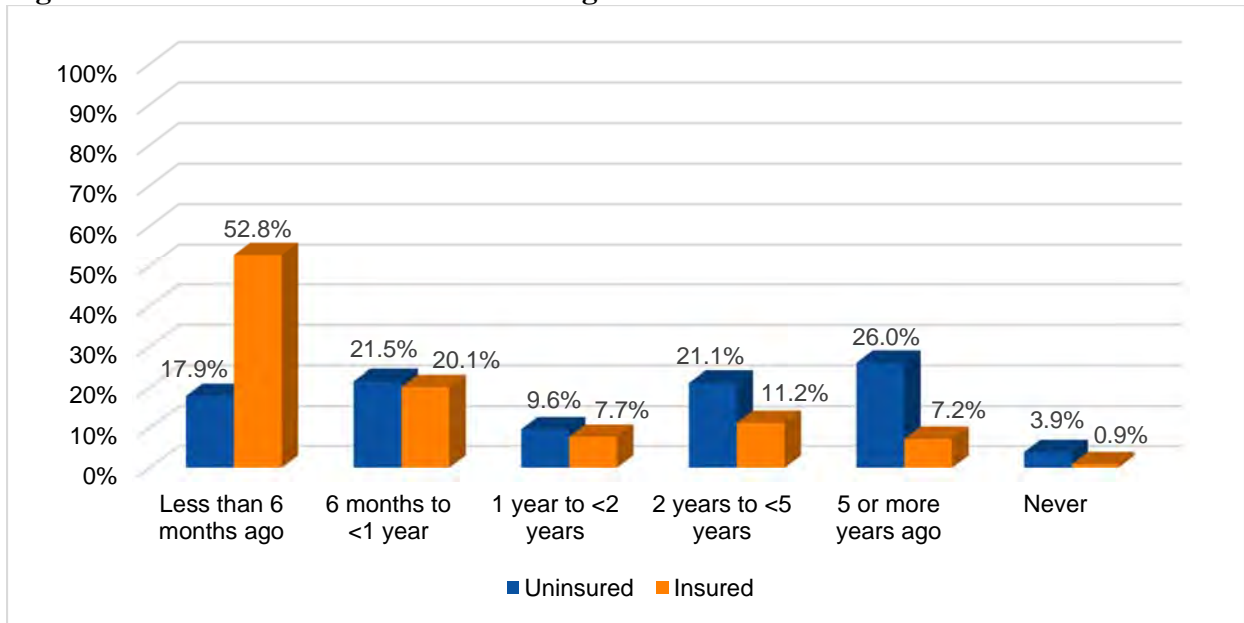
<sup>16</sup> Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. <http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm>



Not surprisingly, since uninsured adults are less likely than their insured counterparts to have visited a dentist recently, they are also less likely to have had a dental cleaning recently.

As illustrated in Figure 19 and Table 8, those who are uninsured are significantly less likely to have had a dental cleaning in the last six months (17.9%) in comparison to those who are insured (52.8%). Conversely, 26% of uninsured have not had a dental cleaning in the last five years, in comparison to only 7.2% of those who are insured.

**Figure 19. Time since Last Dental Cleaning**



**Table 8. Time Since Last Dental Cleaning**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Less than 6 months ago</i>	<i>17.9%</i>	<i>13,366</i>	<i>52.8%</i>	<i>139,751</i>
6 months to <1 year	21.5%	16,022	20.1%	53,246
1 year to <2 years	9.6%	7,185	7.7%	20,437
2 years to <5 years	21.1%	15,753	11.2%	29,741
5 or more years ago	26.0%	19,396	7.2%	18,990
Never	3.9%	2,922	0.9%	2,329
<b>Total</b>	<b>100.0%</b>	<b>74,644</b>	<b>100.0%</b>	<b>264,494</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

It is important to identify reasons for not visiting a dentist if we are to overcome these barriers and encourage regular dental visits. To this end, participants who reported going a year or more since their last dental cleaning were asked why they had not visited the dentist.

As illustrated in Table 9, both insured and uninsured indicated they have not visited a dentist because they had no pain, don't have dental coverage, or they dislike/fear going to the dentist.

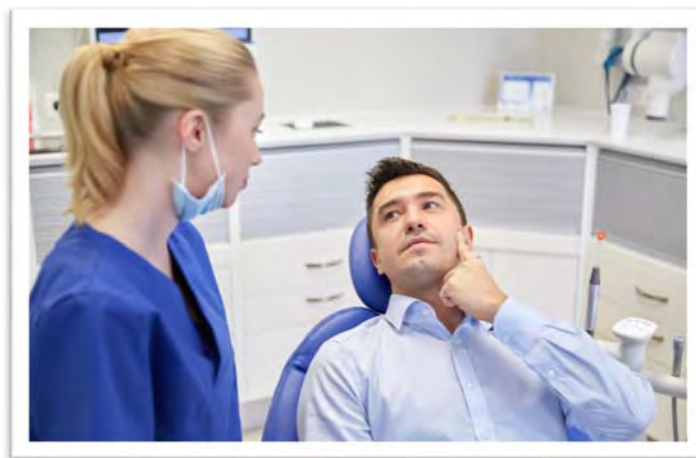
However, uninsured adults are much more likely to specify 'cost' as the main reason they have not visited the dentist in the last year (53.4% of uninsured, compared to only 25.7% of insured). This is likely due to the lower income of those Coachella Valley adults who are uninsured.

In contrast, those who are insured are significantly more likely to indicate they have not visited a dentist in the last year because they have no teeth/have dentures (12.8% of insured, 2.4% of uninsured).

**Table 9. Main Reason for not Visiting a Dentist within the Past Year**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Cost</i>	53.4%	23,875	25.7%	17,200
No reason to go, don't need it, no pain	17.2%	7,711	27.5%	18,457
Lack of dental coverage	10.9%	4,878	8.9%	5,979
Dislike dentist	5.4%	2,405	3.6%	2,394
Fear, nervousness, dislike going	4.2%	1,886	6.4%	4,265
<i>No teeth/have dentures</i>	2.4%	1,083	12.8%	8,547
Don't have or don't know a dentist	2.1%	944	1.9%	1,252
Didn't think of it	1.6%	707	2.6%	1,751
Other priorities	1.5%	654	4.6%	3,065
No appointments available/Other	1.0%	446	5%	3,342
<b>Total</b>	<b>100.0%</b>	<b>44,707</b>	<b>100.0%</b>	<b>67,024</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.



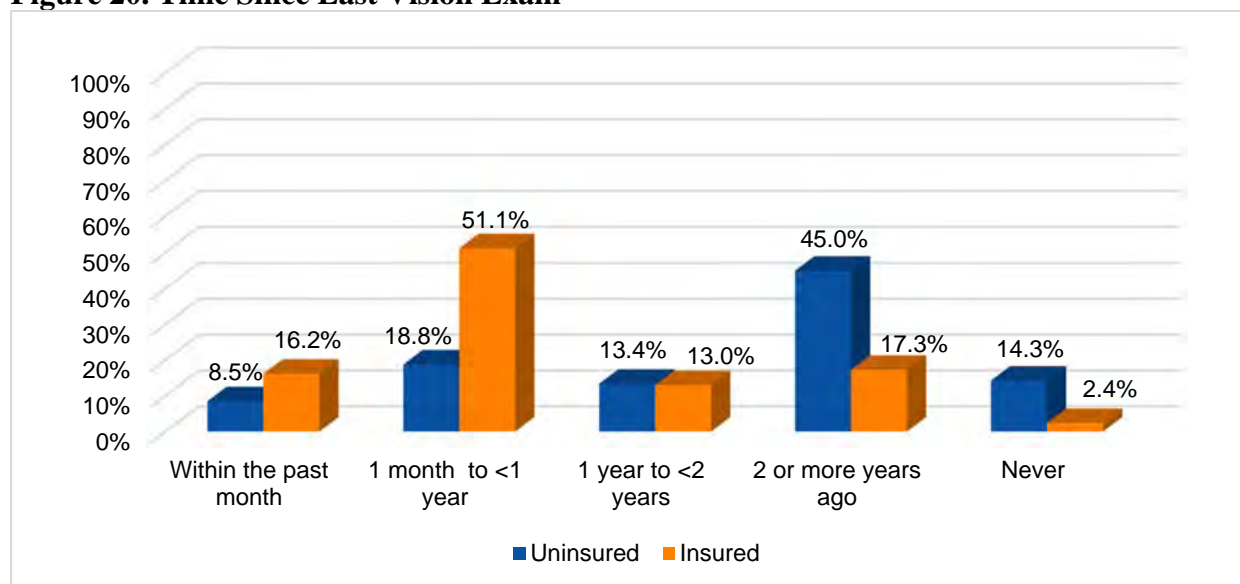
## Vision Care

The American Optometric Association recommends adults 18 to 60 years get their eyes checked every two years. For adults 61 years and older, it is recommended to have annual eye exams.<sup>17</sup>

However, the majority of uninsured adults in the Coachella Valley have not had an eye exam in the past two years (59.3%). This is in stark contrast to insured adults, most of whom have had an eye exam in the past year (67.3%).

As illustrated in Figure 20 and Table 10, those who are uninsured are significantly less likely to have had an eye exam in the past month (8.5% of uninsured, 16.2% of insured) or in the past year (18.8% of uninsured; 51.1% of insured). Uninsured adults are much more likely than their insured counterparts to have waited two or more years between eye exams (45% of uninsured, 17.3% of insured) or never had one at all (14.3% of uninsured, 2.4% of insured).

**Figure 20. Time Since Last Vision Exam**



**Table 10. Time Since Last Vision Exam**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Within the past month</i>	8.5%	6,266	16.2%	43,938
<i>1 month to &lt;1 year</i>	18.8%	13,836	51.1%	138,294
1 year to <2 years	13.4%	9,917	13.0%	35,206
<i>2 or more years ago</i>	45.0%	33,182	17.3%	46,755
<i>Never</i>	14.3%	10,564	2.4%	6,366
<b>Total</b>	<b>100.0%</b>	<b>73,764</b>	<b>100.0%</b>	<b>270,558</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

<sup>17</sup> Caring for Your Vision. (2014). American Optometric Association. Available online at: <http://www.aoa.org/patients-and-public/caring-for-your-vision?sso=y>

## Colorectal Cancer Screening

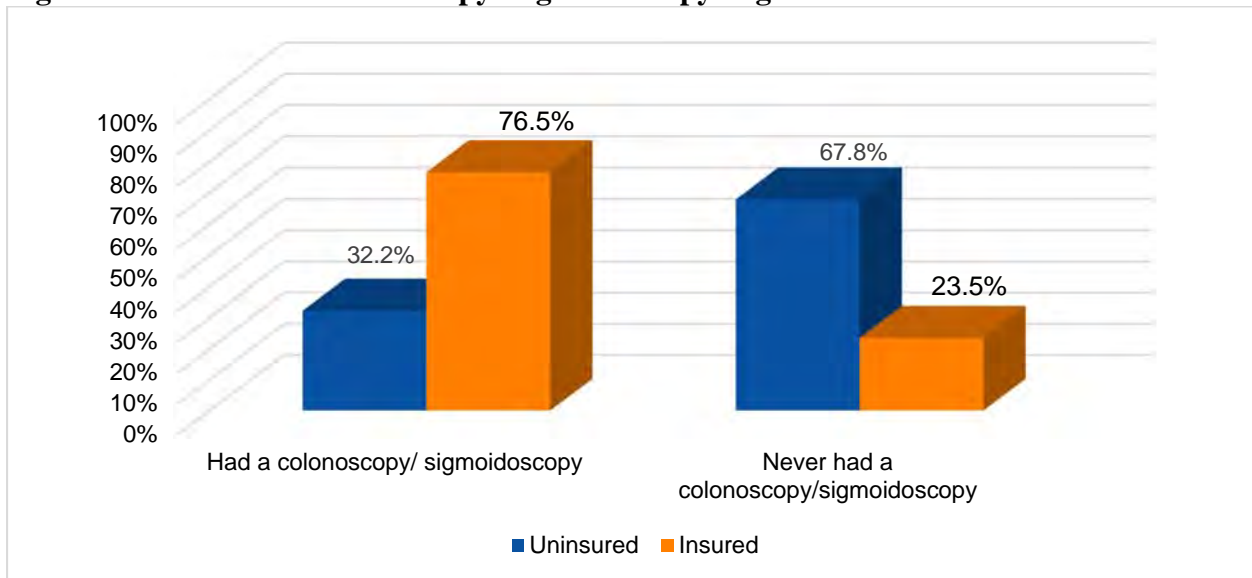
Colon cancer is cancer of the large intestine (colon). Rectal cancer is cancer of the last several inches of the colon. Together, they are often referred to as colorectal cancer. Screening tests can determine colorectal cancer in individuals who do not display symptoms. Screening can find precancerous polyps—abnormal growths in the colon or rectum—so they can be removed before turning into cancer. Screening also helps find colorectal cancer at an early stage, when treatment often leads to a cure.<sup>18</sup>

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.<sup>19</sup> In 2009 there were 136,717 individuals diagnosed with colorectal cancer in the U.S. and 51,848 deaths due to the disease.<sup>20</sup> As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.<sup>21</sup>

To assess colorectal cancer screening, participants age 50 and older were asked, “Have you ever had a colonoscopy or sigmoidoscopy to check for colon cancer?”

As illustrated in Figure 21, Coachella Valley adults aged 50 and over who are uninsured are significantly less likely to have had a colonoscopy (32.2%) in comparison to those who are insured (76.5%). This is likely due to their lack of insurance, which makes them unlikely to receive regular preventive care.

**Figure 21. Ever Had a Colonoscopy/ Sigmoidoscopy- Age 50+**



<sup>18</sup> Colorectal (Colon) Cancer. (2014). Centers for Disease Control and Prevention.

<http://www.cdc.gov/cancer/colorectal/>

<sup>19</sup> Colorectal Cancer Statistics. (2012). Centers for Disease Control and Prevention.

<http://www.cdc.gov/cancer/colorectal/statistics/>

<sup>20</sup> Ibid.

<sup>21</sup> March is National Colorectal Cancer Awareness Month. (2013). Centers for Disease Control and Prevention.

<http://www.cdc.gov/Features/ColorectalAwareness/>

## Women's Health

### Breast Health

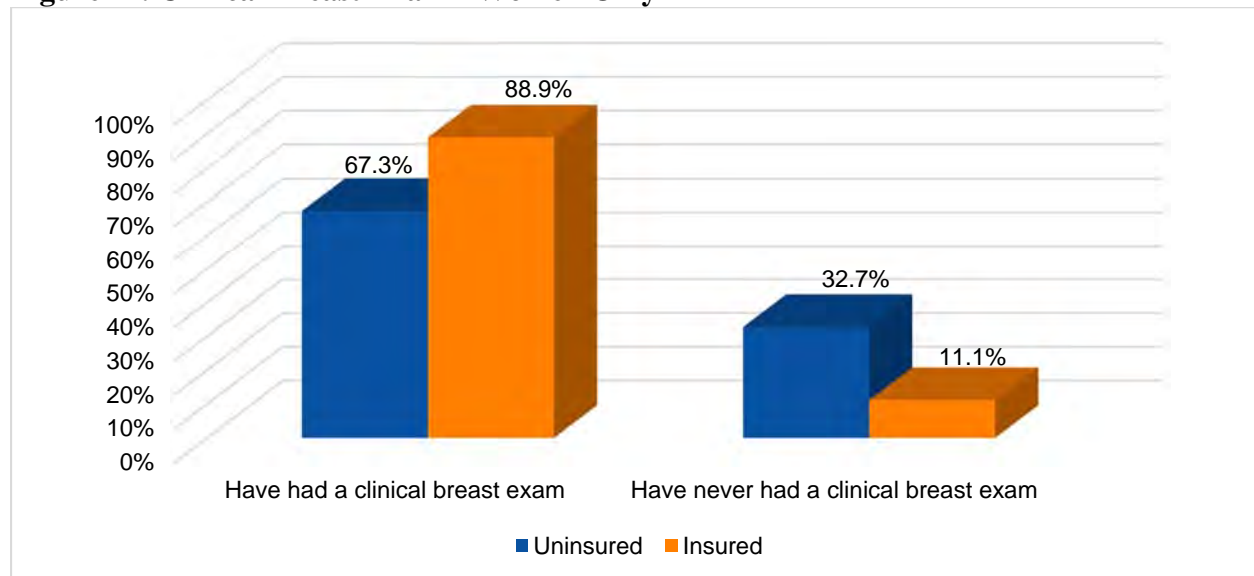
Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Risk factors for developing breast cancer include older age, early age of menarche, family history, obesity, and hormone therapy.

Breast cancer is the most common cancer among American women, except for skin cancers. About one in eight (12%) women in the US will develop invasive breast cancer during their lifetime.<sup>22</sup> According to the American Cancer Society an estimated 40,000 women will die from breast cancer each year.

A clinical breast examination by a health professional is an important part of routine physical checkups and 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.

As illustrated in Figure 22, a significantly lower percentage of uninsured women have had a clinical breast exam (67.3%) in comparison to those who are insured (88.9%). Once again, this is likely because lack of insurance causes healthcare to be extremely expensive, and thus, uninsured adults are much less likely to get treatment for non-urgent matters (i.e., preventive medicine).

**Figure 22. Clinical Breast Exam - Women Only**



<sup>22</sup> Breast Cancer. (2014) American Cancer Society. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

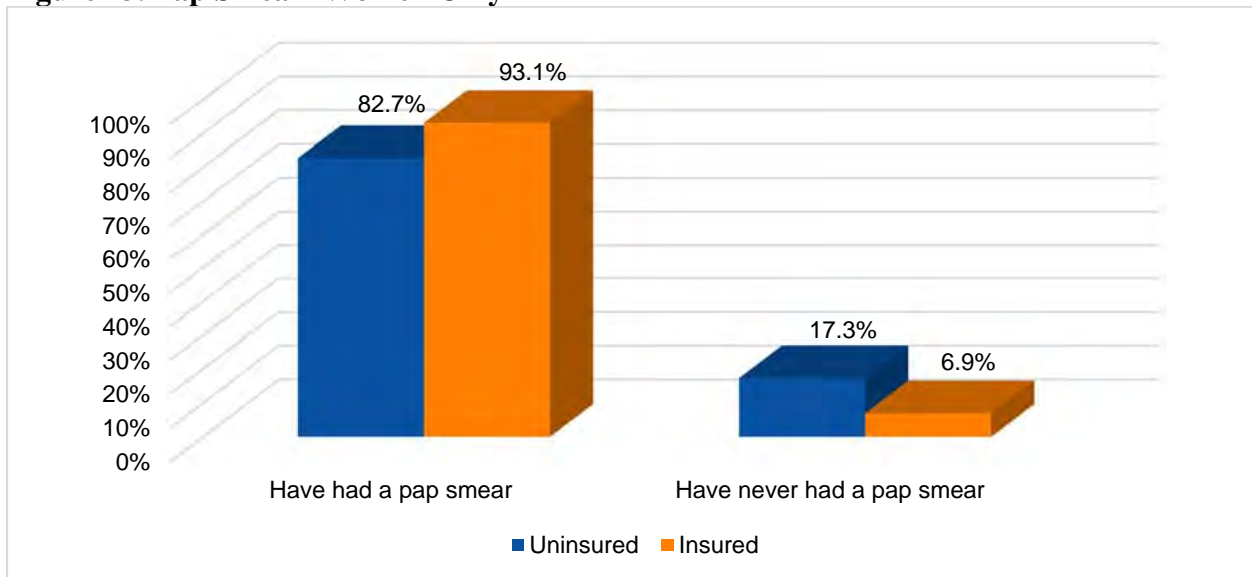
### Pap Smear Test

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.

All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than age 21. According to the CDC, if the patient's test results are normal from a Pap test, her doctor may allow up to three years until the next test.<sup>23</sup> Beginning at age 30, women can also choose to have an HPV test along with the Pap test.<sup>24</sup> Receiving normal results for both tests when taken together means that the chance of getting cervical cancer is very low for the next few years and additional tests may not be needed for up to five years. Cervical cancer, according to the CDC, is the easiest female cancer to prevent as long as screening and follow-ups are done. Women age 65 or older should check with their doctor to determine if regular Pap tests are still needed, based on their risk factors.<sup>25</sup>

As illustrated in Figure 23, Coachella Valley women without insurance are significantly less likely to have had a Pap test (82.7%) in comparison to women who are insured (93.1%). In total, over 3,023 uninsured women in Coachella Valley have never had a Pap smear.

**Figure 23. Pap Smear- Women Only**



<sup>23</sup> Cervical Cancer Screening. (2013). Centers for Disease Control and Prevention. Available online at: [http://www.cdc.gov/cancer/cervical/basic\\_info/screening.htm](http://www.cdc.gov/cancer/cervical/basic_info/screening.htm)

<sup>24</sup> Ibid.

<sup>25</sup> Pap test. (2013). Office on Women's Health, U.S. Department of Health and Human Services. Available online at: <http://www.womenshealth.gov/publications/our-publications/fact-sheet/pap-test.html>

## Men's Health

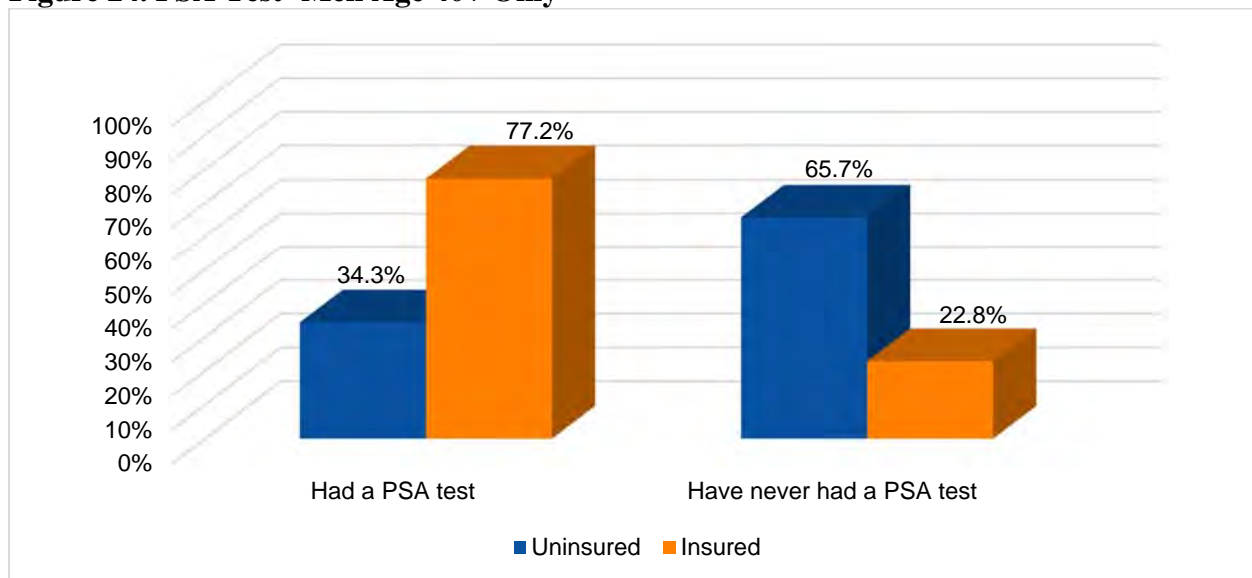
### Prostate Cancer Screening

Prostate cancer, or abnormal cell growth in the prostate, is the second leading cause of cancer death in American men, behind only lung cancer.<sup>26</sup> According to the American Cancer Society, one in six American men will be diagnosed with prostate cancer sometime during his lifetime, and one in 36 will die of prostate cancer.<sup>27</sup>

Prostate cancer can be identified early by testing for a certain amount of prostate-specific antigen (PSA), in the blood. PSA tests alone are not enough to determine cancer in the patient, but higher levels of PSA indicate a higher probability of cancer. However, a high level of PSA may also be the result of an infection or inflammation of the prostate. Prostate cancer may also be found on a digital rectal exam (DRE). Although less effective than the PSA blood test, the DRE can sometimes find cancers in men with normal PSA levels. For this reason, American Cancer Society (ACS) guidelines recommended that when prostate cancer screening is done, both the DRE and the PSA should be used. As prostate cancer typically strikes later in life, these questions were only asked of men age 40 and older.

As illustrated in Figure 24, uninsured men are significantly less likely to have had a PSA test (34.3%) in comparison to insured men (77.2%). Specifically, 11,489 uninsured men age 40 and over have never had a PSA test.

**Figure 24. PSA Test- Men Age 40+ Only**

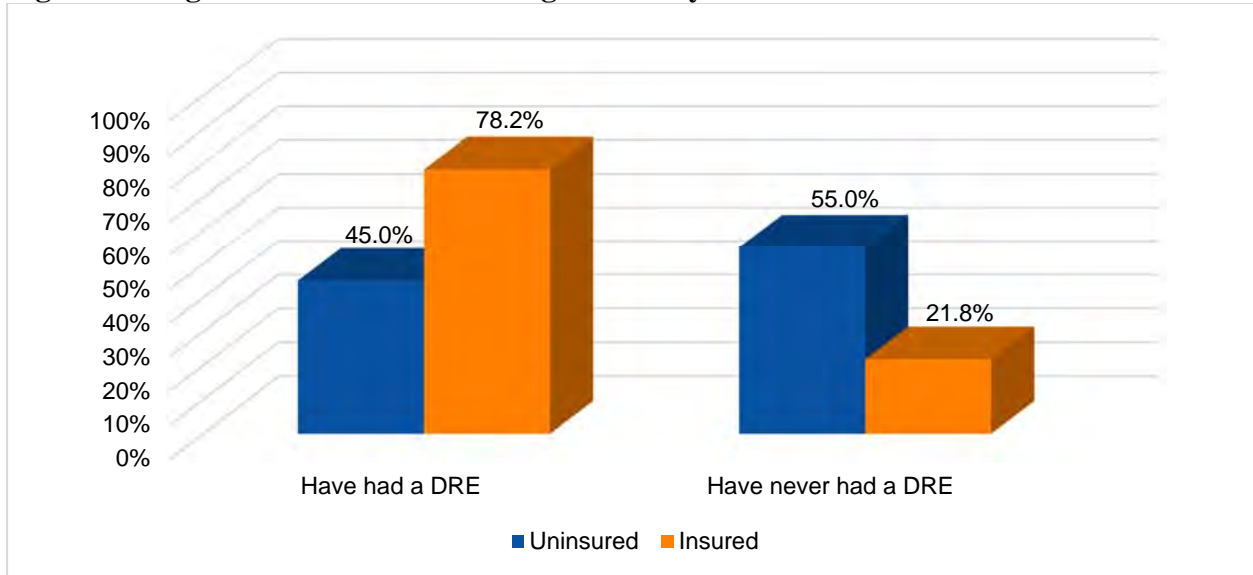


<sup>26</sup> Cancer and Men. (2013). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/features/cancerandmen/>

<sup>27</sup> What Are the Key Statistics About Prostate Cancer? (2013). American Cancer Society. Available online at: <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>

Similarly, as illustrated in Figure 25, uninsured Coachella Valley men are significantly less likely to have had a digital rectal exam (45%) in comparison to men who are insured (78.2%). Specifically, 7,244 uninsured men age 40 and over have never had a DRE.

**Figure 25. Digital Rectal Exam- Men Age 40+ Only**

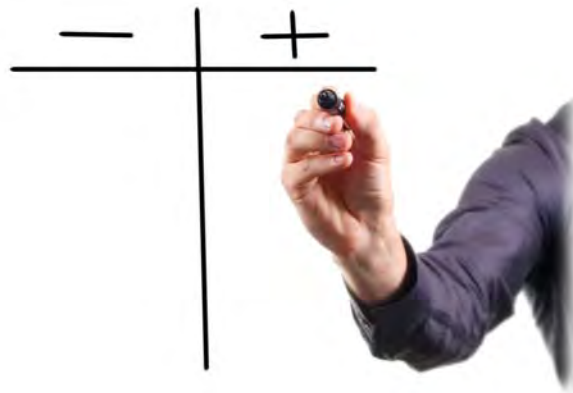
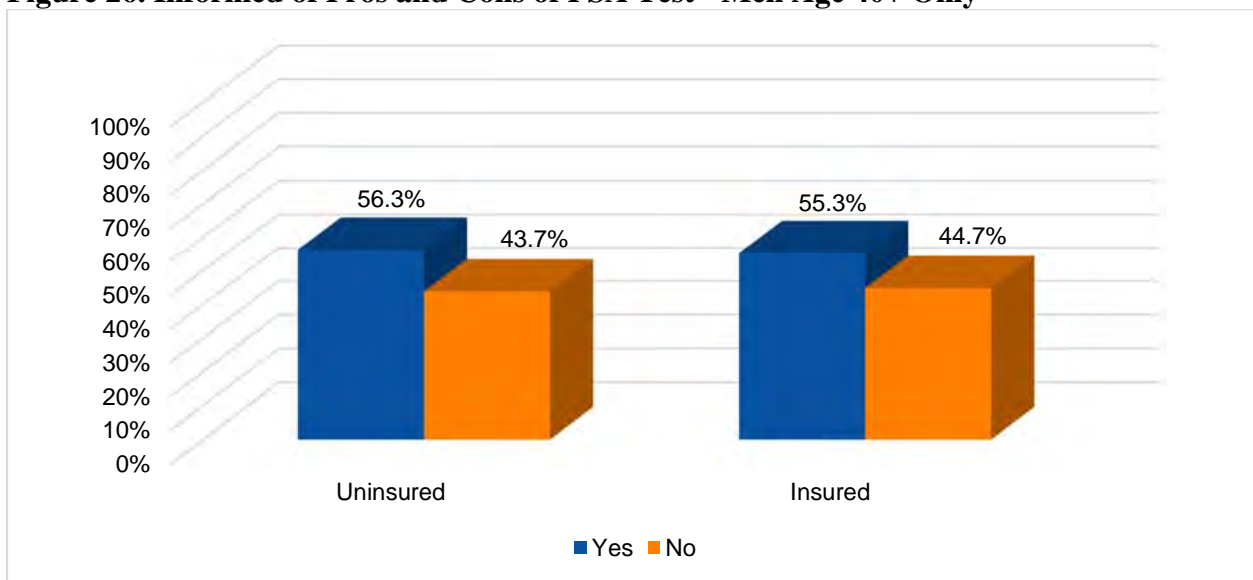




Recently, the CDC and other federal agencies recommend that PSA-based screening should not be done for men with no signs and symptoms of cancer.<sup>28</sup> According to the U.S. Preventive Services Task Force, the potential harm of PSA tests outweighs the possible benefits. This can include pain and infection from biopsies or impotency or incontinency from surgery or radiation treatment from a cancer diagnosis. Thus, men who had received the PSA test were asked, “Before the PSA test, did the doctor ever talk to you about the pros and cons of having the PSA test?”

Overall, about half of men who had the PSA test had a conversation with their doctor about the pros and cons prior to testing, as illustrated in Figure 26. This rate did not differ significantly based on insurance status—that is, uninsured and insured men alike were equally likely to have had this conversation with their provider.

**Figure 26. Informed of Pros and Cons of PSA Test - Men Age 40+ Only**



<sup>28</sup> Prostate Cancer: Screening. (2013). Centers for Disease Control and Prevention. Available online at: [http://www.cdc.gov/cancer/prostate/basic\\_info/screening.htm](http://www.cdc.gov/cancer/prostate/basic_info/screening.htm)

## Vaccination

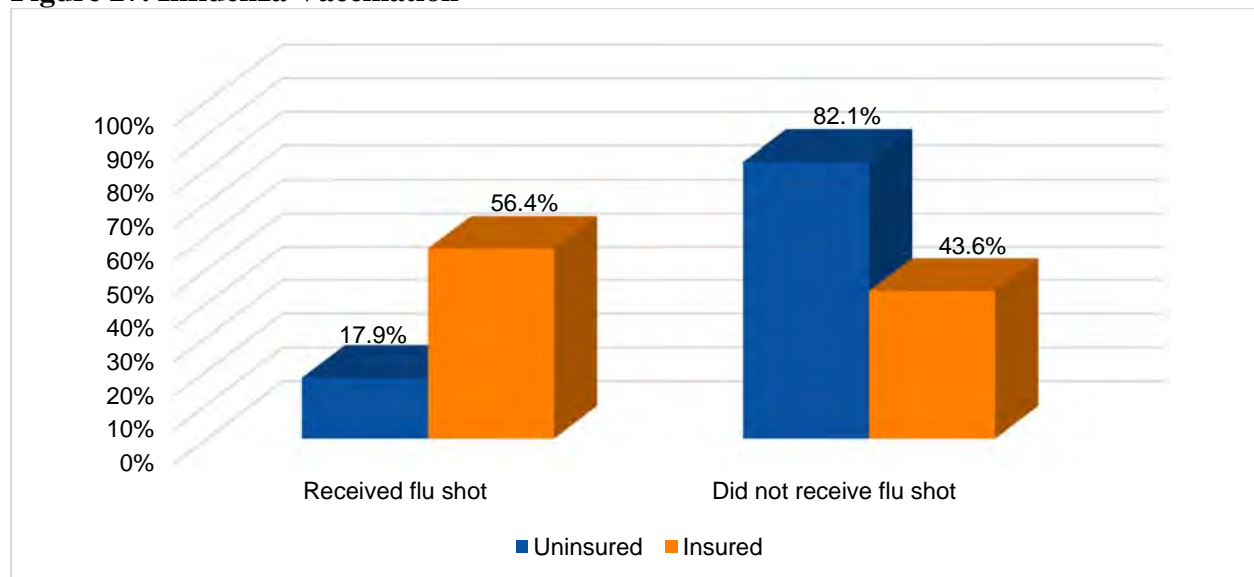
Vaccinations are used to prevent many serious diseases. Vaccines function by using dead or weakened bacteria or viruses in order to create immunity for the specific disease.

The influenza (flu) vaccine reduces the risk of influenza-related heart attacks or other flu related complications from existing health conditions like diabetes and chronic lung disease.<sup>29</sup> The CDC recommends that all people older than six months of age should be vaccinated against influenza annually, with extremely rare exceptions.<sup>30</sup>

Thus, individuals were asked, “During the past year, have you had a flu vaccine in any form?”

As illustrated in Figure 27, uninsured individuals are significantly less likely to have had a flu vaccine in the past year than insured. Approximately 18% of uninsured adults have had a flu vaccination, compared to 56.4% of those who are insured. In total, only 13,683 uninsured adults received a flu shot—meaning that 62,903 uninsured adults have not received a flu vaccine, and may be at risk for serious complications.

**Figure 27. Influenza Vaccination**



<sup>29</sup> Vaccine Information for Adults. (2014) Center for Disease Control and Prevention. Available online at: <http://www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html>

<sup>30</sup> CDC Seasonal Influenza (Flu): Who Should Get Vaccinated Against Influenza. Available online at: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

## Section 6: Health Behaviors

Health is dictated not only by preventative care, but also by certain lifestyle choices and health behaviors. The health behaviors covered here, including use of alcohol and cigarettes, sexual habits, and protection against sexually transmitted diseases, can have a huge influence on individual health.

### *Alcohol Use*

Ethyl alcohol, or ethanol, is an intoxicating ingredient found in beer, wine, and liquor. It is a central nervous system depressant that is rapidly absorbed from the stomach and small intestine into the bloodstream. Alcohol affects every organ in the drinker's body. Intoxication can impair brain function and motor skills; heavy use can increase risk of certain cancers, stroke, and liver disease.

As illustrated in Table 11, uninsured adults are significantly less likely to drink alcohol than their insured counterparts. Specifically, about 49.7% of uninsured adults drink alcohol, compared to 69.6% of insured adults.

**Table 11. Alcohol Consumption**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Did not drink at all in the past month</i>	50.3%	24,557	30.4%	52,947
<i>Drank at least once in the past month</i>	49.7%	24,224	69.6%	121,128
<b>Total</b>	<b>100.0%</b>	<b>48,781</b>	<b>100.0%</b>	<b>174,075</b>

*Note.* Rows in italics are statistically significant at the  $p < .05$  level.

Consuming alcohol in moderation is not necessarily detrimental to health. However, alcohol abuse—such as alcoholism or binged drinking—are detrimental to health.

Binge drinking is defined as a pattern of drinking that brings a person's blood alcohol concentration to 0.08 grams percent or above ("legally drunk"). Generally speaking, this can occur when men imbibe in five or more drinks within a two-hour span, or when women imbibe in four or more drinks within two hours.<sup>31</sup>

According to the CDC, one out of six Americans over the age of 18 binge drinks approximately four times a month and consumes about eight drinks each time. In addition, binge drinking is twice as common among men as it is among women, and more than half of the total amount of alcohol consumed in the United States by adults is consumed through binge drinking. Binge drinking has been linked to several health problems such as liver disease, neurological damage, cardiovascular conditions, alcohol poisoning, and physical injuries.<sup>32</sup>

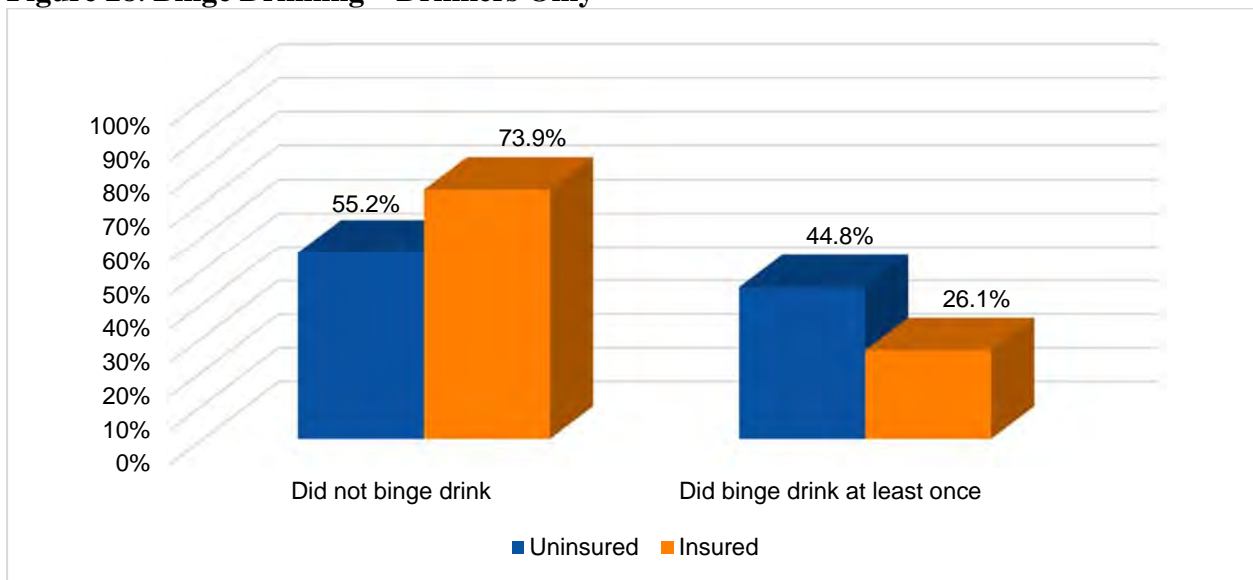
<sup>31</sup> Fact Sheets – Binge Drinking. (2012). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

<sup>32</sup> Ibid.

To assess whether Coachella Valley drinkers engaged in binge drinking, female drinkers were asked, “How many times in the past month have you had four or more alcoholic beverages?” while male drinkers were asked, “How many times in the past month have you had five or more alcoholic beverages on a single occasion?”

Although uninsured adults are less likely than insured adults to drink alcohol, those who do drink alcohol are significantly more likely to engage in binge drinking. As illustrated in Figure 28, 44.8% of uninsured drinkers engaged in binge drinking at least once in the past month, compared to only 26.1% of insured drinkers. Approximately 19,099 uninsured adults in Coachella Valley engaged in binge drinking in the past month, a pattern of behavior that may lead to poor health outcomes.

**Figure 28. Binge Drinking – Drinkers Only**



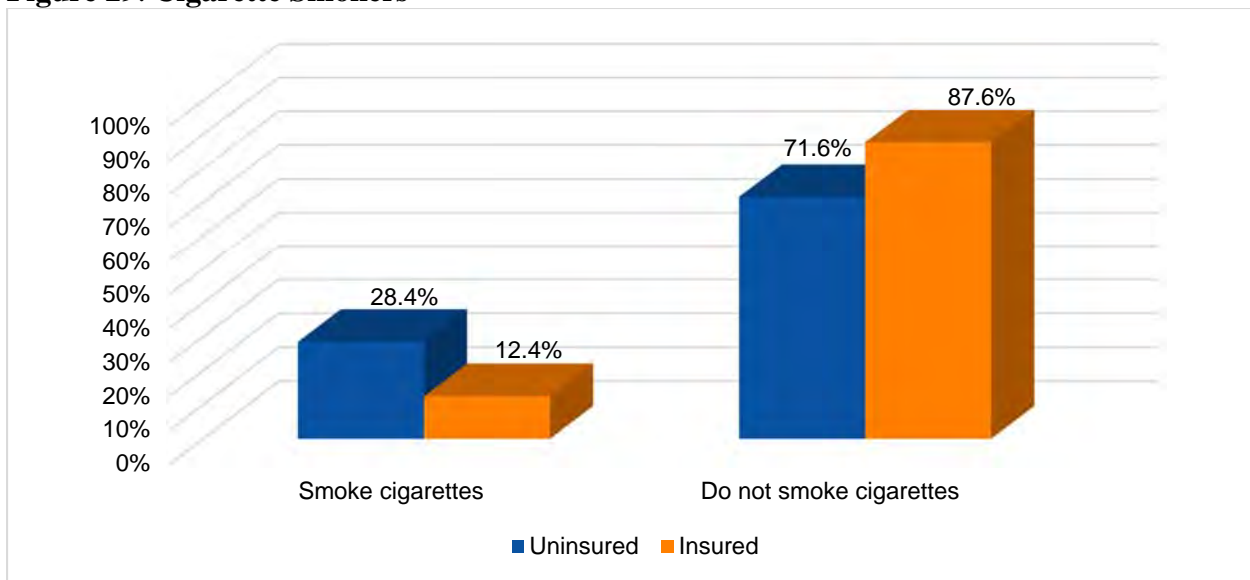
## Tobacco Use

Tobacco is commonly used as a drug throughout the United States. The most common uses for tobacco are cigarettes, cigars, pipes, and for chewing. Tobacco use has been associated with heart disease, cancer of different areas of the body (including lung, larynx, and pancreatic cancer), and lung diseases (such as emphysema and bronchitis). Nicotine, an addictive substance, is a major constituent of tobacco, along with thousands of other potentially harmful compounds that are often generated from tobacco smoke.<sup>33</sup>

According to the Centers for Disease Control and Prevention, 18.1% of American adults are current smokers. Cigarette smoking is the leading cause of preventable death in the United States, accounting for more than 480,000 deaths, or one of every five deaths, each year.<sup>34</sup>

As illustrated in Figure 29, the majority of adults in the Coachella Valley do not smoke cigarettes. However, uninsured adults are significantly more likely to smoke cigarettes (28.4%) compared to those who are insured (12.4%). This equates to approximately 18,986 uninsured adult smokers in Coachella Valley. These uninsured adults have an elevated risk of heart disease, lung disease, and cancer.

**Figure 29. Cigarette Smokers**



<sup>33</sup> Smoking & Tobacco Use. (2014). Centers for Disease Control and Prevention. Available online at: [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm)

<sup>34</sup> Ibid.

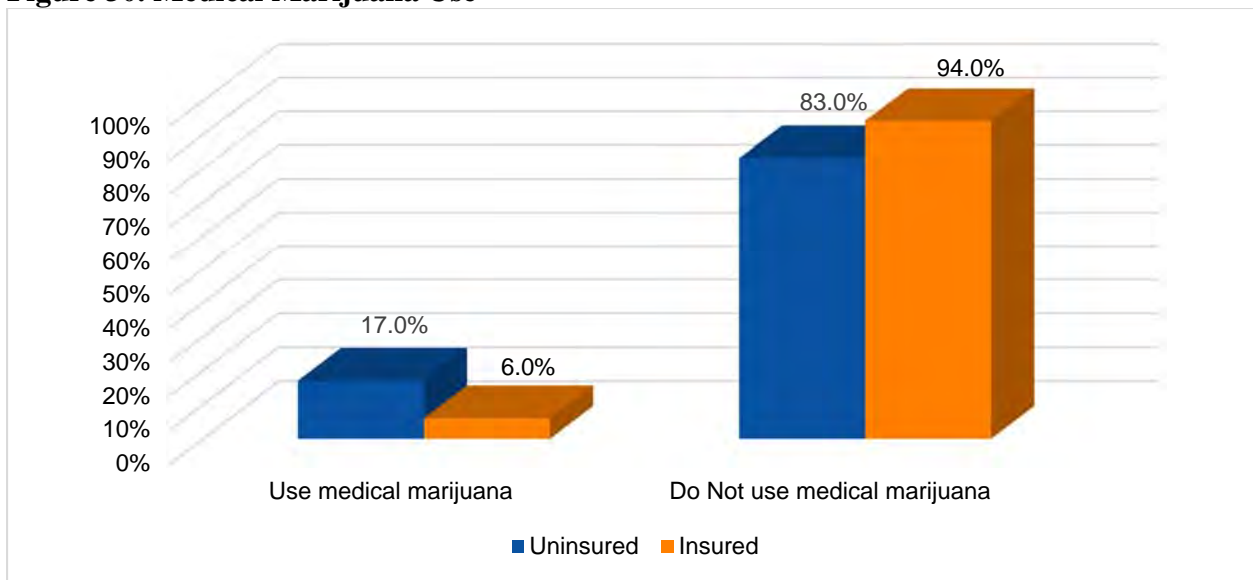
## Medical Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law in the U.S. Proposition 215 allows seriously ill patients to use marijuana for medical purposes upon physician recommendation. Proposition 215 is supplemented by SB 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program (MMP). As defined by SB 420, serious medical conditions that warrant the use of medical marijuana include AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and severe nausea, among others.<sup>35</sup>

At the time of this survey, Palm Springs was the only city in Coachella Valley that allowed for medical marijuana dispensaries, and the total number of dispensaries was limited to three.

As illustrated in Figure 30, those who are uninsured are significantly more likely to use medicinal marijuana (17.0%) in comparison to those who are insured (6.0%). Approximately 12,892 uninsured adults use medical marijuana for purposes such as AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and sever nausea, among other reasons.

**Figure 30. Medical Marijuana Use**



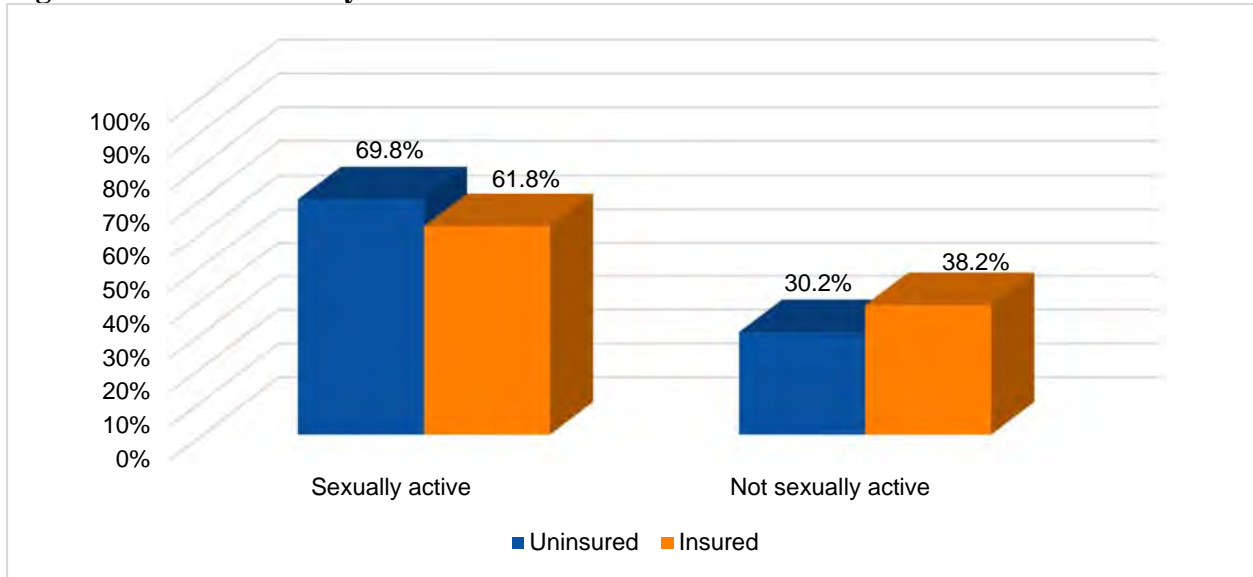
<sup>35</sup> California Department of Public Health, Medical Marijuana Program. Available online at: <http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx>

## Sexual Health

The World Health Organization defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality. Sexual health requires a positive and respectful approach to sexuality and sexual relationships that ensures safe sexual experiences.

As illustrated in Figure 31, the majority of adults in the Coachella Valley are sexually active. Sexual activity did not differ significantly based on insurance status—that is, both the uninsured adults and insured adults had similar levels of sexual activity in the past year.

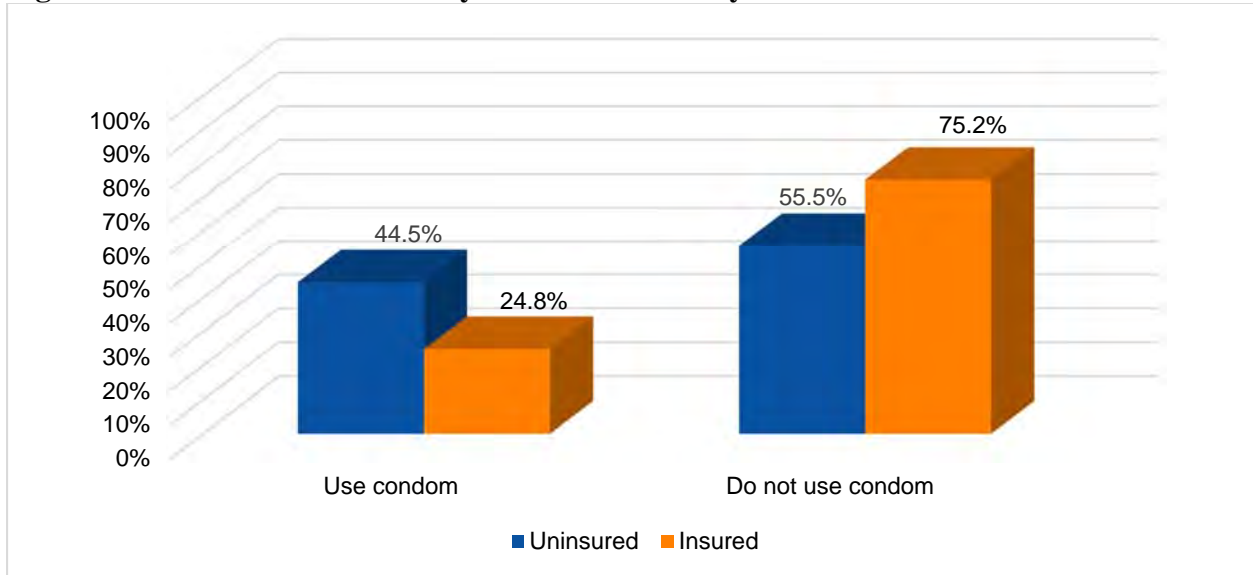
**Figure 31. Sexual Activity**



One risk of being sexually active is the risk of sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs). Some STDs, such as acquired immunodeficiency syndrome (AIDS) can be deadly. Often, STDs do not cause visible symptoms, but can have serious short-term and long-term complications. For sexually active people, correct and consistent use of condoms can help prevent STDs. To assess this, sexually active adults were asked, “Do you and your partner use a condom for protection from sexually transmitted diseases?”

As illustrated in Figure 32, the majority of sexually active Coachella Valley adults do not use condoms to protect against sexually transmitted disease; this is true for both uninsured and insured adults.

**Figure 32. Condom Use – Sexually Active Adults Only**



As indicated in Table 12, both insured and uninsured provided similar reasons they do not use condoms. Most sexually active adults explained that the reason they do not use condoms is they are married or in another monogamous relationship.

**Table 12. Reasons for not Using a Condom**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Married	49.3%	13,458	62.7%	74,981
In a monogamous relationship	31.7%	8,654	25.7%	30,792
Don't like condoms	8.2%	2,248	2.7%	3,207
Uncomfortable putting it on	2.8%	756	0.4%	446
Do not like the sensation	0.8%	230	0.4%	432
Other	7.1%	1,945	8.2%	9,750
<b>Total</b>	<b>100%</b>	<b>27,291</b>	<b>100%</b>	<b>119,608</b>



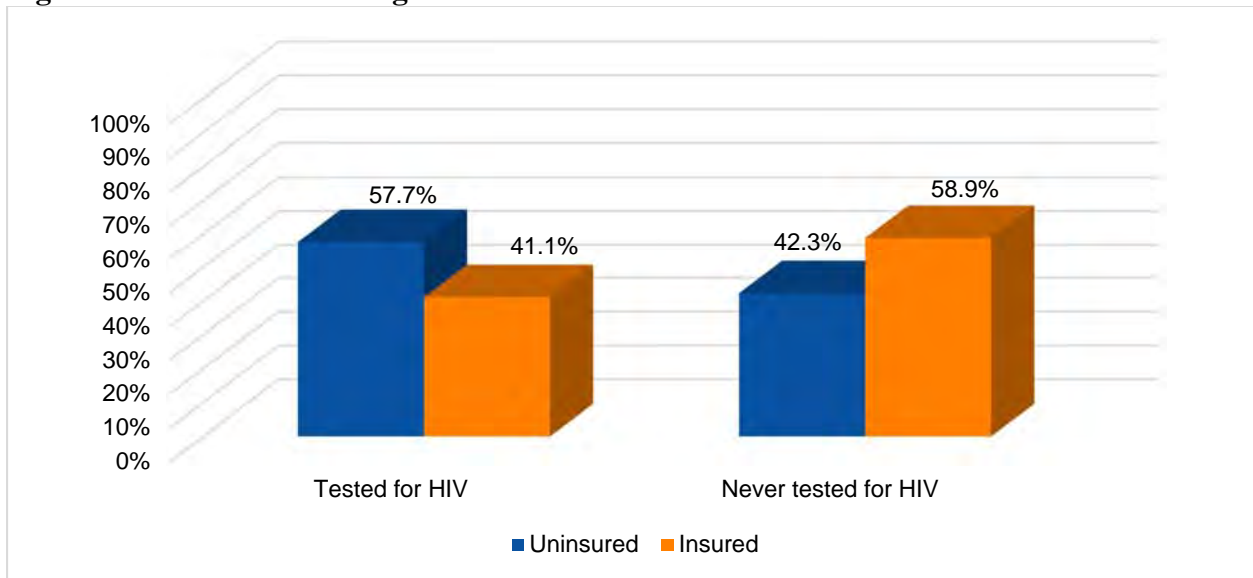
## HIV/AIDS Screening

HIV (human immunodeficiency virus) is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. HIV weakens the immune system and increases a person's risk of developing serious illnesses such as certain cancers, opportunistic diseases, and neurologic disorders. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection, and can be deadly.

Over 1.1 million people in the United States are living with HIV, and an additional 50,000 people are infected with HIV each year.<sup>36</sup> Approximately 70% of sexually-transmitted HIV cases are attributed to people who are unaware of their HIV-positive status, and thus, HIV testing is a critical first step in halting the AIDS epidemic, as this will increase the percent of our population who are aware of their HIV status.<sup>37</sup> The most recent guidelines from the CDC recommend that all persons between the ages of 13 and 64 in all healthcare settings be screened for HIV and that screening should be routine.<sup>38</sup>

As illustrated in Figure 33, Coachella Valley uninsured adults are significantly more likely to be tested for HIV/AIDS (57.7%) compared to those who are insured (41.1%).

**Figure 33. HIV/AIDS Testing**



<sup>36</sup> Centers for Disease Control and Prevention (2013). HIV Surveillance Report, 2011. Volume 223. Available online at: [http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance\\_Report\\_vol\\_23.html](http://www.cdc.gov/hiv/library/reports/surveillance/2011/surveillance_Report_vol_23.html)

<sup>37</sup> Marks, G. (2006). Estimating sexual transmission of HIV from persons aware and unaware that they are infected with the virus in the USA. *AIDS*, 20 (10), 1447-1450.

<sup>38</sup> Centers for Disease Control and Prevention (2013). Revised guidelines for HIV testing in non-clinical settings and linkage to health prevention services.

This finding is unexpected, given the other findings in this report. Uninsured adults are significantly less likely than their insured counterparts to have received many of the recommended preventative screenings, including blood cholesterol screening, colorectal cancer screenings, clinical breast exams, Pap smear tests, prostate cancer screening, and flu vaccinations. However, in this instance, uninsured adults are significantly *more* likely to have had this recommended health screening.

What makes HIV screening so different from screening for other chronic health issues such as cancer? It is possible that this discrepancy may be due in part to the age difference—uninsured adults in the Coachella Valley tend to be younger than their insured counterparts, and older adults in Coachella Valley are less likely to be tested for HIV.<sup>39</sup>

It is also possible that this discrepancy comes from the efforts of Desert AIDS Project (D.A.P.), a nonprofit in Palm Springs that provides free HIV testing to the community regardless of insurance status. D.A.P. provides HIV testing in many non-clinical locations (such as in retail stores, churches, schools, community centers, drug/alcohol rehabilitation facilities, health fairs, etc.), which may make it possible for uninsured adults to obtain an HIV test without insurance and without regular physician check-ups.



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<sup>39</sup> HARC, Inc. (2013). Coachella Valley Community Health Monitor: Executive Report. Available online at: [http://www.harcddata.org/documents/HARC\\_CoachellaValley\\_ExecutiveReport\\_2013.pdf](http://www.harcddata.org/documents/HARC_CoachellaValley_ExecutiveReport_2013.pdf)

## Section 7: Major Disease

Non-communicable diseases, often known as chronic diseases, are typically long-lasting with a relatively slow progression. These illnesses are the cause of seven out of ten deaths in the U.S., and approximately 133 million Americans have at least one chronic illness. Treating people with chronic diseases accounts for 86% of the nation’s healthcare costs. These conditions diminish one’s quality of life and often result in continuous health care costs.<sup>40</sup>

### *Chronic Illness & Major Disease*

As demonstrated in Table 13, uninsured individuals are significantly less likely to have been diagnosed with high blood pressure, high cholesterol, arthritis, diabetes, cancer, osteoporosis, and stroke. This may be due to lack of insurance, which can translate to lack of opportunities to be diagnosed (because of lack of visits to healthcare providers), or it may be due to the age discrepancy. These chronic disease are more common in older adults, and since uninsured adults tend to be younger than insured adults, this may be an artifact of age.

There are no differences between the uninsured and insured with regard to the number of diagnoses of asthma, respiratory disease, heart disease, heart attack, or liver disease.

It is important to note that simply because a person has never been diagnosed with a major disease, it does not necessarily mean that they do not *have* a major disease. Some people may have not seen a doctor recently about their health (especially those who are uninsured), and thus, may be suffering from undiagnosed health diseases. In fact, those who are uninsured are more likely to be overlooked for serious health ailments.<sup>41</sup>

**Table 13. Major Disease Diagnoses**

	Uninsured	Insured
<i>High blood pressure</i>	26.3%	41.3%
<i>High cholesterol</i>	20.7%	33.9%
Asthma	14.9%	9.0%
<i>Arthritis</i>	13.2%	32.3%
Respiratory disease	8.3%	9.6%
<i>Diabetes</i>	5.8%	11.6%
Heart disease	4.2%	9.2%
<i>Cancer</i>	3.8%	16.7%
<i>Osteoporosis</i>	3.3%	11.4%
Heart attack	3.2%	5.7%
Liver disease	1.8%	1.9%
<i>Stroke</i>	0.6%	3.6%

Note. Rows in italics are statistically significant at the  $p < .05$  level.

<sup>40</sup> Centers for Disease Control and Prevention: Chronic Disease Prevention and Health Promotion. Available online at: <http://www.cdc.gov/chronicdisease/>

<sup>41</sup> Institute of Medicine. (2002). *Health Insurance is a Family Matter*. Washington, DC.

## Cancer

Cancer is the uncontrolled growth of abnormal cells in the body. Cancer grows out of normal cells in the body. Normal cells multiply when the body needs them, and die when the body doesn't need them. Cancer appears to occur when the growth of cells in the body is out of control and cells divide too quickly. It can also occur when cells forget how to die.<sup>42</sup>

In this survey, adults who had been diagnosed with cancer were subsequently asked to report what type of cancer they had been diagnosed with.

As illustrated in Table 14, the five most common types of cancer for uninsured adults in the Coachella Valley include cervical cancer, skin cancer, breast cancer, ovarian cancer, and uterine cancer.

Uninsured adults in Coachella Valley are significantly more likely than their insured counterparts to have been diagnosed with female-specific cancers, including cancer of the cervix, ovaries, and uterus. Rates of skin cancer (the most common type of cancer overall in the Coachella Valley) are relatively similar between uninsured adults and insured adults—about a third of people with cancer have been diagnosed with this type of cancer.

**Table 14. Five Most Common Cancer Diagnoses**

	Uninsured	Insured
<i>Cervix</i>	33.5%	4.7%
Skin	30.4%	33.0%
Breast	19.4%	16.3%
<i>Ovary</i>	17.7%	1.8%
<i>Uterus</i>	16.1%	2.8%

Note. Rows in italics are statistically significant at the  $p < .05$  level.



<sup>42</sup> Cancer. (2014). U.S National Library of Medicine. Available online at: <http://www.nlm.nih.gov/medlineplus/ency/article/001289.htm>

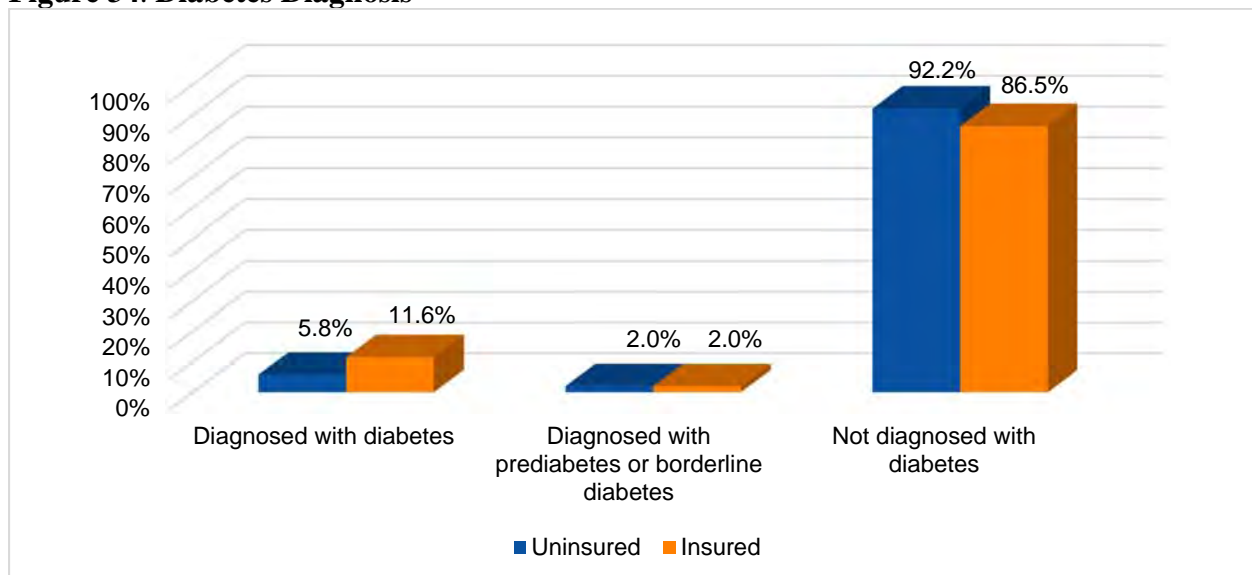
## Diabetes

Diabetes mellitus is a group of chronic diseases in which the body has exceedingly high levels of blood glucose resulting from a lack of insulin production, insulin action or both. Insulin is a hormone that is needed to store sugar, starches, and other nutrients newly absorbed from digestion of food. It lowers blood sugar levels by storing glucose from the blood in other cells and tissues of the body. When untreated or not properly managed, diabetes can lead to serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death.

There are currently about 25.8 million children and adults (or 8.3% of the population) with diabetes in the United States. The rate of new cases of adult diabetes – diagnosed in people 20 years and older – is 1.9 million cases per year. According the American Diabetes Association, “adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes.” Diabetics also make up more than 60% of those with non-traumatic lower limb amputations.<sup>43</sup>

As illustrated in Figure 34, those who are uninsured are significantly less likely to report that they have been diagnosed with diabetes (5.8%) compared to those who are insured (11.6%).

**Figure 34. Diabetes Diagnosis**



<sup>43</sup> Diabetes Statistics. (2012). American Diabetes Association. Available online at: <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>

Diabetes is a complicated disease to manage, and thus, it is advisable that diabetics visit a healthcare provider regularly to properly manage the disease.

As illustrated in Table 15, uninsured diabetics in the Coachella Valley are significantly less likely than their insured counterparts to have seen their doctor about their diabetes in the past year. About half of uninsured diabetics have not visited their doctor at all in the past year, compared to less than 20% of insured diabetics. It is likely that the expense associated with provider visits without insurance is a barrier for the uninsured diabetics.

**Table 15. Visits to a Healthcare Provider for Diabetes in Past Year – Diabetics Only**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>1 to 6 times</i>	45.5%	1,378	71.2%	15,014
7 or more times	3.9%	120	10.3%	2,176
<i>Not in the past year</i>	50.6%	1,534	18.4%	3,879
<b>Total</b>	<b>100.0%</b>	<b>3,032</b>	<b>100.0%</b>	<b>21,069</b>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

Complications with diabetes can lead to reduced vision and, in more severe cases, blindness. Thus, it is important for diabetics to have their eyes checked frequently.

As illustrated in Table 16, uninsured diabetics receive eye exams significantly less often than insured diabetics. Specifically, uninsured diabetics are significantly less likely than insured diabetics to have had an eye exam within the past year and more likely to have gone two or more years since their last exam. Over 800 uninsured diabetics have never had an eye exam, and thus, may be at risk for blindness.

**Table 16. Time Since Last Eye Exam – Diabetics Only**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within past month	17.9%	1,036	18.7%	6,872
<i>One month to &lt; one year</i>	22.9%	1,326	63.5%	23,342
One year to < two years	6.2%	361	8.9%	3,285
<i>Two or more years ago</i>	38.6%	2,234	7.9%	2,898
Never	14.3%	828	0.9%	340

Note. Rows in italics are statistically significant at the  $p < .05$  level.

Eye exams are not the only important check-ups for diabetics. Frequent hemoglobin A1C tests can help a healthcare provider to assess a diabetic’s ability to manage their blood sugar levels successfully, and can provide the care provider with the information they need to design a successful treatment plan for the patient. Thus, it is very important that healthcare providers regularly check their diabetic patients’ A1C levels.

Uninsured diabetics in Coachella Valley are significantly less likely than insured diabetics to have had a hemoglobin A1C check in the past year. As illustrated in Table 17, over a third of uninsured diabetics have not had this important test in the past year, compared to less than 10% of insured diabetics. Thus, uninsured diabetics may not know if they are managing their blood sugar levels properly, and may struggle to self-care.

**Table 17. Hemoglobin A1C Checked in the Past 12 Months – Diabetics Only**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
One or three times	54.0%	2,314	59.9%	17,433
Four to six times	6.5%	280	25.7%	7,463
Seven or more times	3.9%	167	5.0%	1,446
<i>None in the past 12 months</i>	<i>35.5%</i>	<i>1,521</i>	<i>9.4%</i>	<i>2,748</i>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

Diabetics are also at risk for foot sores and limb loss, feet should be checked frequently for diabetics. As illustrated in Table 18, uninsured diabetics are significantly less likely than insured diabetics to have had their feet checked in the past year. Most uninsured diabetics (68.3%) have not had their feet checked in the past year, while most insured diabetics have had at least one check in the past year (75.3%).

**Table 18. Feet Check in Past 12 Months – Diabetics Only**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>One to three times</i>	<i>19.6%</i>	<i>808</i>	<i>55.0%</i>	<i>17,069</i>
Four to six times	5.6%	232	17.1%	5,309
Seven or more times	6.4%	263	3.2%	983
No feet	----	----	0.9%	269
<i>None in the past 12 months</i>	<i>68.3%</i>	<i>2,812</i>	<i>23.8%</i>	<i>7,392</i>

Note. Rows in italics are statistically significant at the  $p < .05$  level.

In sum, diabetics without insurance are less likely to receive many preventative health measures to help manage their diabetes, including eye exams, hemoglobin checks, and feet checks. Without preventative health care, uninsured diabetics have an elevated risk for many diabetes-related complications and possibly premature death.

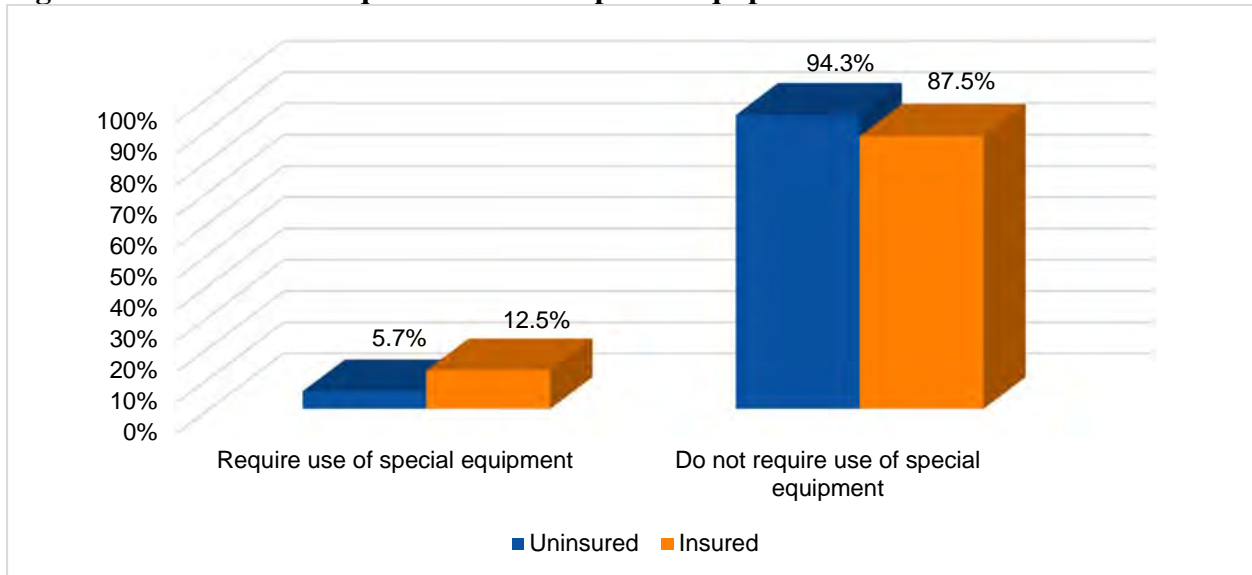
## Section 8: Disability

Disability is an impairment that limits or prevents a person’s ability to function in one or more areas. Disabilities could be visible or non-visible. The term disability refers to any of a wide range of types: physical, mental/intellectual, emotional, developmental, or sensory. Disabilities can prevent a person from performing a specific task or action.

HARC’s survey measured assistive technology use, which is related to disability. Participants were asked, “Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?”

As illustrated in Figure 35, those who are insured are significantly more likely to report they require special equipment for their disability. This may be due to the age difference; since uninsured adults tend to be younger than insured adults, they may be less likely to need assistive technology as a result of infirmity caused by age.

**Figure 35. Adults that Require the Use of Special Equipment**





## Section 9: Mental Health

Mental health is a state of psychological well-being in which an individual can enjoy life and can cope with everyday situations and stressors. It is not simply the lack of a mental disorder, but also the presence of positive mental states such as happiness and satisfaction. One’s mental health can be affected by environmental, genetic, and/or psychological factors.

### *Mental Health Disorders*

Mental disorders are classified into the following areas: anxiety, mood, psychotic, personality, eating, sleeping, substance abuse, sexual, and developmental. Of these disorders, mood disorders are the most common—approximately 20.9 million American adults have a mood disorder. An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year. Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44. Specifically, within this age group in the U.S., major depressive disorder is the leading cause of disability.<sup>44</sup>

To assess prevalence of mental health disorders, participants were asked, “Have you ever been told by a doctor, or other health care professional that you have any of the following mental health conditions?” followed by a list of eight common mental health disorders (bipolar disorder, depressive disorders, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, and/or schizophrenia.).

Overall, results show that rates of diagnosed mental health disorders do not vary based on insurance status. That is, uninsured and insured adults alike have similar prevalence rates for each of the eight common mental health disorders.

As illustrated in Table 19, the most common mental health disorders in the Coachella Valley include phobia, depressive disorders, and anxiety disorder.

**Table 19. Diagnosed Mental Health Disorders**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Phobia	6.8%	5,169	4.1%	11,148
Depressive disorder	6.4%	4,918	12.6%	34,636
Generalized anxiety disorder	6.2%	4,718	8.5%	23,369
Panic disorder	4.2%	3,206	3.9%	10,746
Obsessive compulsive disorder (OCD)	3.9%	2,968	2.3%	6,394
Post-traumatic stress disorder (PTSD)	3.7%	2,797	4.3%	11,885
Bipolar disorder	1.9%	1,446	1.9%	5,236
Schizophrenia	0.3%	246	1.3%	3,556
Other	----	----	1.1%	3,092

<sup>44</sup> The Numbers Count: Mental Disorders in America. (2008). National Institute of Mental Health. Available online at: <http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro>

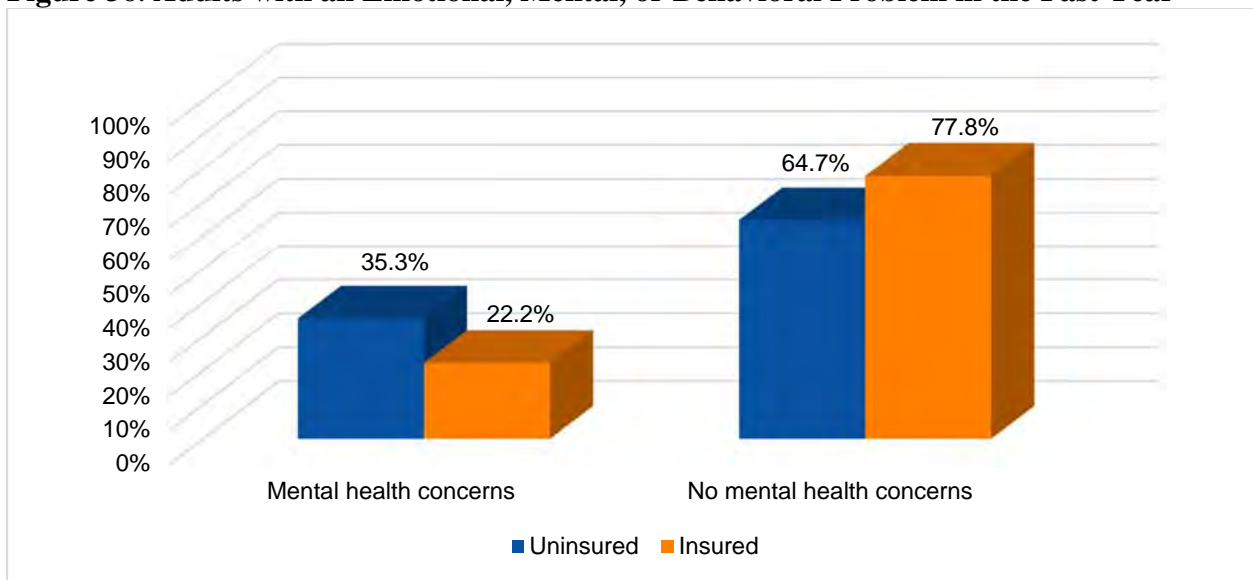
## Recent Mental, Emotional, or Behavioral Problems

It is important to note that simply because a person has never been diagnosed with a mental health disorder, it does not necessarily mean that they do not *have* a mental health disorder. Many have never seen a doctor about their issues, and thus, may be suffering from undiagnosed mental health disorders. Thus, it is important to also consider feelings and emotions, and whether these are cause for concern. Mental health concerns can be valid for people with no mental health disorders as well as those with mental health diagnoses.

To assess this concept of broad mental health, participants were asked, “Have you had any emotional, mental, and behavioral problems such as stress, anxiety, or depression that concerned you during the past 12 months?”

As illustrated in Figure 36, uninsured adults in Coachella Valley are significantly more likely than their insured counterparts to have had an emotional, mental, or behavioral problem that concerned them in the past year. Approximately 35% of uninsured adults (about 26,910 people) experienced such an issue, while only 22.2% of insured adults (approximately 60,866 people) experienced similar distress in the past year.

**Figure 36. Adults with an Emotional, Mental, or Behavioral Problem in the Past Year**



## *Mental Health Treatment*

It is important to remember that many mental health problems and disorders are treatable and manageable. People with emotional, mental, or behavioral problems, as well as those who have been diagnosed with a mental health disorder, have a variety of treatment options available. Thus, to assess this type of treatment, participants who indicated they had a diagnosed mental health disorder and/or a concerning emotional, mental, or behavioral problem in the past year were asked about their use of four common types of treatment.

Uninsured adults with a mental health disorder and/or a mental health concern were significantly less likely than their insured counterparts to seek out mental health treatment. As illustrated in Table 20, less than 20% of uninsured adults with mental health issues sought any one of the four treatments, while usage rates for insured adults ranged between 30% to 50% for each type of treatment. Overall, it is likely that lack of insurance makes mental health care unaffordable for those without healthcare coverage.

**Table 20. Mental Health Treatment in Past 12 Months**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Taken any medication for mental health concern or condition</i>	17.4%	5,442	46.7%	35,672
<i>Visited a mental health professional for mental health concern or condition</i>	14.8%	4,657	40.7%	31,247
Visited a primary care provider for mental health concern or condition	12.5%	3,942	29.9%	22,969
<i>Received counseling or therapy for mental health concern or condition</i>	11.0%	3,458	31.9%	24,504

Note. Rows in italics are statistically significant at the  $p < .05$  level.



## Section 10: Weight and Fitness

Weight regulation, exercise and proper nutrition are important for maintaining good health. For seniors, losing weight often becomes more difficult due to health issues such as joint pain, loss of balance, vision problems, and concerns about safety and lack of mobility. These are issues that most of their younger counterparts do not have.

### *Body Mass Index (BMI)*

Body mass index (BMI) is a calculated value based on an individual’s height and weight. For most people, BMI correlates strongly with body fat percentage, and thus, it is used as one reliable indicator of obesity. A BMI test is one of the widely accepted tools used to determine obesity or other weight problems in adults. A person with a BMI value of 25 to 29.9 is considered “overweight” and a person with a BMI value of 30 and above is considered “obese”.<sup>45</sup>

Obesity has serious medical consequences, including increased risk of high blood pressure, high cholesterol, Type 2 diabetes, coronary heart disease, stroke, and death.<sup>46</sup> The CDC ranks obesity, after tobacco use, as the second leading cause of preventable death in the United States. It accounts for approximately 300,000 deaths each year.

HARC calculated BMI for participants based on their self-reported height and weight. Unfortunately, most Coachella Valley adults have a BMI that places them into the “overweight” or “obese” categories. Thus, it is clear that obesity is a major issue in the Coachella Valley.

Uninsured adults are significantly less likely to have a healthy body weight than insured adults. As illustrated in Table 21, only 27.2% of uninsured adults have a healthy BMI, compared to 38.8% of insured adults.

**Table 21. BMI Categories**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	6.6%	4,681	3.0%	7,977
<i>Normal</i>	<i>27.2%</i>	<i>19,305</i>	<i>38.8%</i>	<i>102,521</i>
Overweight	38.7%	27,419	38.3%	101,351
Obese	27.5%	19,451	19.9%	52,580
<b>Total</b>	<b>100.0%</b>	<b>70,857</b>	<b>100.0%</b>	<b>264,430</b>

*Note.* Rows in italics are statistically significant at the  $p < .05$  level.

<sup>45</sup> Centers for Disease Control and Prevention: Division of Nutrition, Physical Activity, and Obesity. About Adult BMI. Available online at: [http://www.cdc.gov/healthyweight/assessing/bmi/adult\\_bmi/index.html](http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html)

<sup>46</sup> U.S. Department of Health and Human Services (2013). Managing overweight and obesity in adults: A systematic evidence review from the obesity expert panel. Available online at: <http://www.nhlbi.nih.gov/sites/www.nhlbi.nih.gov/files/obesity-evidence-review.pdf>

## Physical Activity

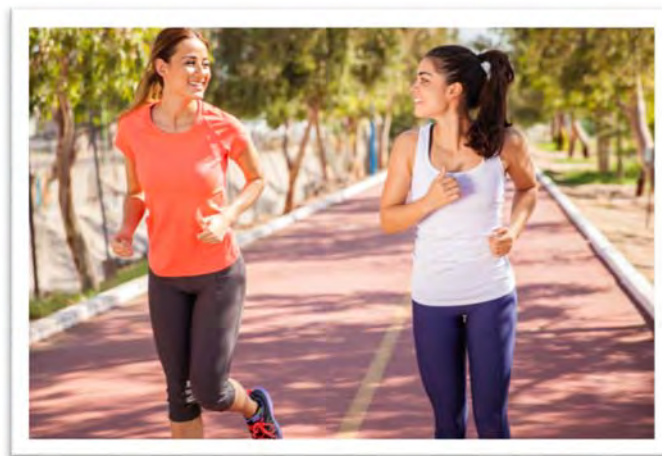
Maintaining a healthy weight is achieved through living a healthy lifestyle which includes a healthy diet, regular exercise and consuming only the calories your body needs and uses. According to the Centers for Disease Control and Prevention, it is recommended that adults get two hours and 30 minutes of moderate-intensity aerobic activity a week and muscle-strengthening activities on two or more days a week.<sup>47</sup>

To assess aerobic activity, participants were asked, “During the last 7 days, on how many days did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”

As demonstrated in Table 22, most Coachella valley adults engage in physical activity at least a few days each week. About a third of Coachella Valley adults—insured and uninsured alike—are physically active every day, indicating that adults are getting the recommended amount of exercise. There are no significant differences between insured and uninsured in the amount of aerobic activity.

**Table 22. Frequency of Physical Activity in Past Week**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	24.0%	18,097	14.9%	40,617
1 to 2	10.1%	7,632	12.5%	34,241
3 to 4	19.6%	14,782	23.8%	64,867
5 to 6	8.2%	6,169	13.8%	37,658
Every day	38.1%	28,721	35.0%	95,641
<b>Total</b>	<b>100.0%</b>	<b>75,401</b>	<b>100.0%</b>	<b>273,024</b>



<sup>47</sup> Physical Activity. (2011). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

Aerobic activity is not the only important type of physical activity, however. It is also important to keep muscles strong through strength training. The 2008 Physical Activity Guidelines for Americans suggest that adults should do muscle-strengthening activities on two or more days per week in order to work all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms).<sup>48</sup>

To assess strength-building activities, participants were asked, “During the last 7 days, on how many days did you do activities to strengthen your muscles, such as lifting weights or other strength-building exercises?”

As demonstrated in Table 23, strength-building exercises are much less common than aerobic exercise. More than half of Coachella Valley adults have not engaged in any strength-building exercises in the past week. There are no significant differences between insured and uninsured in the amount of strength building activity, similar to aerobic activity.

**Table 23. Frequency of Strength-Building Exercises in Past Week**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	56.3%	42,236	50.5%	137,572
1 to 2	13.6%	10,214	14.1%	38,393
3 to 4	12.4%	9,320	18.9%	51,387
5 to 6	6.9%	5,202	5.3%	14,366
Every day	10.7%	8,039	11.3%	30,720
<b>Total</b>	<b>100.0%</b>	<b>75,010</b>	<b>100.0%</b>	<b>272,438</b>



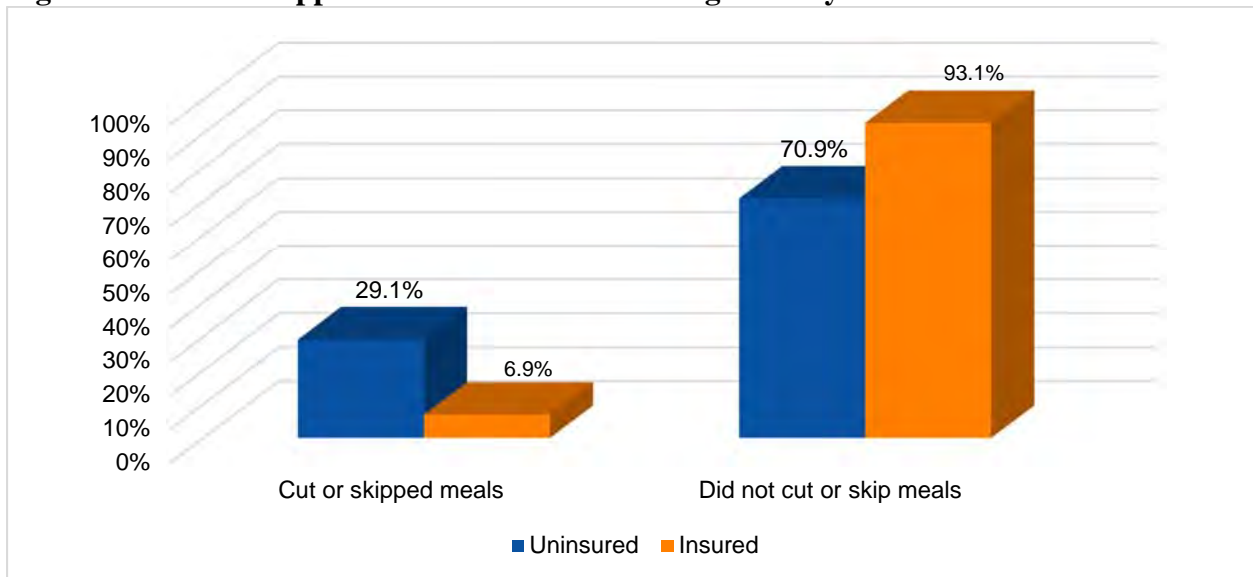
<sup>48</sup> U.S. Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Available online at: <http://health.gov/paguidelines/guidelines/>

## Section 11: Social and Economic Needs

The World Health Organization defines food security as, “access to sufficient, safe, nutritious food to maintain a healthy and active life.”<sup>49</sup> In 2011, it was estimated that 14.9% of American households lacked food security over the course of the year, and were unable to obtain adequate nutrition.<sup>50</sup>

As illustrated in Figure 37, approximately 29% of uninsured adults have had to cut the size of meals or skip meals due to a lack of money, which is significantly higher than the estimated 7% of insured who are food insecure.

**Figure 37. Cut or Skipped Meals Because not Enough Money for Food**



<sup>49</sup> Food Security. (2010). World Health Organization. Available online at: <http://www.who.int/trade/glossary/story028/en/>

<sup>50</sup> United States Department of Agriculture, Economic Research. Report No. (ERR-141) 37pp. (2012). Household Food Insecurity in the United States in 2011.

Many adults need assistance with the basic components of a healthy lifestyle. In order to be truly healthy, individuals need shelter, food, and basic utilities at a bare minimum. If people are unable to obtain these things, health is severely threatened. Ideally, those who need assistance in these areas would have programs and people they could rely on for help. However, for those who have unmet needs in these areas, interventions are needed to provide these important services.

As demonstrated in Table 24, uninsured adults in Coachella Valley are significantly more likely than insured to indicate they are in need of utility assistance, food assistance, and financial assistance. The assistance needed by uninsured is likely because they are more likely to be in poverty than their insured counterparts.

**Table 24. Need for Assistance**

	Uninsured		Insured	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
<i>Utility assistance</i>	16.6%	12,741	6.9%	18,934
Transportation assistance	12.6%	9,535	6.7%	18,510
<i>Food assistance</i>	24.6%	18,894	7.5%	20,633
Home health care	3.2%	2,434	3.8%	10,387
<i>Financial assistance</i>	14.4%	10,982	5.1%	14,092
Housing assistance	8.9%	6,832	3.3%	8,978
Rental assistance	6.2%	4,783	3.6%	9,796

*Note.* Rows in italics are statistically significant at the  $p < .05$  level.





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## CONCLUSION

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Coachella Valley is home to more than 76,700 adults who lack health insurance. The present report demonstrates that the likelihood of being insured is related to demographic factors, such as age, ethnicity, income, education, and employment. Overall, uninsured adults in the Coachella Valley are likely to be young, Hispanic, low-income, less educated, and unemployed. Combined with the lack of health insurance, this represents serious health disparities for these 76,700 adults.

This report also demonstrates that those who do not have health insurance do not receive regular health care, are not receiving continuity of care, and commonly skip preventative health treatments. Thus, they are at risk of not identifying and treating diseases in the early stages, when they are the easiest to treat.

It is important to note that the data represented in this report were collected in 2013, just as the Affordable Care Act (ACA) was being rolled out. Thus, it is reasonable to expect that the efforts of the ACA have since had an impact on this particular population. A great deal of effort was expended in 2013 and 2014 to enroll uninsured adults in health insurance plans through the ACA. HARC's next survey, in 2016, will be the first to be able to measure whether the ACA has had the expected impact. Ideally, results will show that for the first time in nine years, the uninsured rate has *not* increased (as it has for the past six years) but actually begun to decrease, with an attendant growth in utilization.

However, despite high hopes for the ACA's impact on this population, it is important to know that despite efforts, there are still thousands of uninsured adults in the Coachella Valley. Knowing more about these adults, and what health issues disproportionately impact them, is a key to being able to help them. HARC hopes that releasing this report will bring attention to critical health issues for uninsured adults, and that individuals and organizations act on the information provided in this report to improve health in the Coachella Valley.

HARC



Health Assessment and  
Research for Communities

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## RESOURCES

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HARC has identified the following resources as especially useful in protecting and promoting health, both in the Coachella Valley and in general. This list is by no means comprehensive. The resources listed here are provided solely as a service to our community. Inclusion on this list does not indicate endorsement of any organization by HARC and none should be inferred. HARC is not responsible for the content of the organization's webpages.

### General Resources

#### *Centers for Medicare and Medicaid Services*

**Website:** <https://www.cms.gov/>

**Description:** CMS covers 100 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. But coverage isn't our only goal. To achieve a high quality health care system, we also aim for better care at lower costs and improved health.

#### *Healthcare.gov*

**Website:** <https://www.healthcare.gov>

**Description:** Healthcare.gov provides information on the Affordable Care Act marketplace and answers questions related to coverage. It also provides a wealth of resources available across the country.

**Phone:** 1-800-318-2596

#### *Covered California*

**Website:** <http://www.coveredca.com/>

**Description:** Covered California™ is an easy-to-use marketplace implementing the federal Patient Protection and Affordable Care Act in California. Through Covered California, you and your family can compare affordable, quality health insurance options and choose the one that best fits your needs and budget. By law, your coverage can't be dropped or denied if you have a pre-existing medical condition or if you get sick. You may even be able to get financial assistance through Covered California to make your health coverage more affordable. Covered California is a part of the state of California and was created to help you get health coverage to protect yourself and your loved ones. Having insurance can ensure your access to medical care if you get sick or are injured, so that you can keep your body healthy, but it also protects your peace of mind, because you can rest assured that you will have help when you need it most.

**Phone:** 1-800-300-1506

## Coachella Valley Resources

### *Borrego Medical Community Foundation*

**Website:** [www.borregomedical.org/](http://www.borregomedical.org/)

**Description:** Borrego Health provides high quality, efficient customer focused health care to the communities we serve, accomplished by providing access to patient centered comprehensive care to all residents regardless of their ability to pay.

**Contact Information:**

- **Centro Medico Cathedral City**
  - Address: 69175 Ramon Road, Suite A, Cathedral City, CA 92234
  - Phone: (760) 321-6776
- **Centro Medico Coachella**
  - Address: 55497 Van Buren Street, Coachella, CA 92236-9412
  - Phone: (760) 399-4526
- **Desert Hot Springs Community Health Center**
  - Address: 12520 Palm Drive, Desert Hot Springs, CA 92240
  - Phone: (760) 676-5800

### *Care4aHealthy Community*

**Website:** [www.care4ahealthycommunity.org](http://www.care4ahealthycommunity.org)

**Description:** Care 4 a Healthy Community is a free health clinic and resource fair for the underserved and uninsured in our communities. Molina Healthcare and Molina Medical partner with Tzu Chi Medical Foundation to provide access to free health care services in areas of need. Attendees treated receive necessary prescriptions on location and are referred to local clinics that could continue their care at low-cost to no-cost. This is a yearly event, location and dates may change.

**Contact information:**

- Address: 620 S. Arrowhead Ave., San Bernardino, CA 92408  
Phone: 1-855-665-4621

### *Clinicas de Salud del Pueblo*

**Website:** [www.cdsdp.org/](http://www.cdsdp.org/)

**Description:** The purpose of Clinicas de Salud del Pueblo is to provide direct access to comprehensive quality primary and preventive health care for high risk and other underserved valley residents, in a manner consistent with their dignity and identity and at a reasonable cost through strategically situated health centers.

**Contact Information:**

- **Coachella Medical Clinic**
  - Address: 49111 Highway 111, Coachella, CA 92236
  - Phone: (760) 393-0555
- **Mecca Medical Clinic**
  - Address: 91275 66th Avenue, Suite 500, Mecca, CA. 92254
  - Phone: (760) 396-1249
- **Indio Health Center**
  - Address: 83791 Date Avenue, Indio, CA. 92201
  - Phone: (760) 848-7351

***Coachella Valley Volunteers in Medicine (CVVIM)***

**Website:** [www.cvvim.org/](http://www.cvvim.org/)

**Description:** The Mission of the Coachella Valley Volunteers in Medicine is to provide a no-cost primary health care service to medically underserved adults residing in the Coachella Valley. The clinic houses six patient exam rooms, two fully-equipped dental stations, other ancillary clinical rooms, and a community room suitable for group meetings of 25-50 persons. Plenty of free parking surrounds the clinic.

**Contact Information:**

- Address: 82-915 Avenue 48, Indio, CA 92201
- Phone: 760-342-4414

***El Sol Neighborhood Education Center***

**Website:** [www.elsolnec.org/](http://www.elsolnec.org/)

**Description:** El Sol's mission is to empower our community to lead healthy and comfortable lives with access to health care; safe, affordable housing; education; and the leadership skills to eliminate disparities. To accomplish this mission, El Sol's goal is to provide culturally and linguistically competent services that promote and maintain the well-being of the community.

**Contact Information:**

- Address: 53990 Enterprise Way, Coachella, CA 92236
- Phone: (760) 398-8758

***Galilee Center***

**Website:** <http://galileecenter.org/>

**Description:** Galilee Center mission is to fulfill the needs of the underprivileged and disadvantage by providing food, clothing, and other basic needs and affirm their dignity with love, compassion and respect

**Contact Information:**

- 66-101 Hammond Rd., Mecca, CA 92254
- Phone: (760) 396-9100

***Loma Linda University School of Dentistry***

**Website:** [www.llu.edu/dental-clinics/student-clinics](http://www.llu.edu/dental-clinics/student-clinics)

**Description:** Loma Linda University student dental clinics offer a range of dental services to residents living in the Inland Empire and Coachella Valley. The Loma Linda campus offers a range of dental services including general dentistry, implant dentistry, dental hygiene, endodontic dentistry, oral surgery, pediatric dentistry, periodontic dentistry, and prosthodontic dentistry. The Palm Desert campus offers comprehensive dental hygiene services.

**Contact Information:**

- Address: 34280 Gateway Drive, Palm Desert, CA 92211
- Phone: (760) 324-2091

***Planned Parenthood of the Pacific Southwest***

**Website:** [www.plannedparenthood.org/planned-parenthood-pacific-southwest](http://www.plannedparenthood.org/planned-parenthood-pacific-southwest)

**Description:** The mission of Planned Parenthood of the Pacific Southwest is to ensure broad public access to reproductive health care through direct service, education, and advocacy.

**Contact Information:**

- **Rancho Mirage location**
  - Address: 71777 San Jacinto Dr., Suite 202, Rancho Mirage, CA 92270
  - Phone: (888) 743-7526
- **Coachella location**
  - Address: 49-111 California 111, Suite 6A, Coachella, CA 92236
  - Phone: (888) 743-7526

***Salvation Army***

**Website:** [www.salvationarmy.cv.com](http://www.salvationarmy.cv.com)

**Description:** The Salvation Army aims to help those in need by providing services to youth, families and veterans. Specific programs are available for after-school tutoring, dental hygiene products, food services, disaster services, and utility assistance.

**Contact Information:**

- Address: 30-400 Landau Blvd, Cathedral City CA 92234
- Phone: (760) 324-2275

***United Way***

**Website:** [www.unitedwayofthedesert.org](http://www.unitedwayofthedesert.org)

**Description:** The United Way is committed to breaking the cycle of poverty in the Coachella Valley by addressing disparities in income, health, and education. There are many services offered by the United Way. For example, the Prescription Drug Savings Program offers prescription assistance to those in need. In addition, the Water Assistance program provides assistance to those who are threatened with water service-shut offs.

**Contact Information:**

- Physical location address: 73710 Fred Waring, Suite 104, Palm Desert, CA 92260
- Mailing Address: P.O. Box 13210, Palm Desert, CA 92255
- Phone: (760) 323-2731

## APPENDIX

### Appendix. ZIP Codes Included in 2013 Community Health Monitor

ZIP Code	City	Other Areas Included
92234	Cathedral City	--
92236	Coachella	--
92240	Desert Hot Springs	--
92241	Desert Hot Springs	Sky Valley
92210	Indian Wells	
92201	Indio	
92203	Indio	Bermuda Dunes
92253	La Quinta	--
92254	Mecca	North Shore
92258	North Palm Springs	--
92211	Palm Desert	--
92260	Palm Desert	--
92262	Palm Springs	Barona Rancheria, Smoke Tree
92264	Palm Springs	--
92270	Rancho Mirage	--
92275	Salton Sea	Mecca
92274	Thermal	Desert Shores, One Hundred Palms, Sandy Korner, Torres Martinez Indian Reservation,
92276	Thousand Palms	--