

VETERAN HEALTH IN THE COACHELLA VALLEY



A SPECIAL REPORT

BY HARC



HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

Funded by



DESERT HEALTHCARE DISTRICT

Doing Healthy Deeds

February 2015

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.

To learn more about health and wellness in the Coachella Valley, please connect with us today!

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About this report

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Written by Jenna LeComte-Hinely, PhD and Teresa Segovia, MA

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

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EXECUTIVE SUMMARY

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. This special report focused on the health of Coachella Valley veterans. This special report includes analysis of the 2013 Community Health Monitor, supplemented by key informant interviews and focus groups held with Coachella Valley veterans.

Veteran Demographics

Results of the 2013 CHM indicated that there are approximately 50,350 veterans in the Coachella Valley, comprising approximately 14.1% of the adult population. Most Coachella Valley veterans served in the 50s and 60s. Most veterans served five years or less, indicating that they likely do not have full retirement benefits. About half of Coachella Valley veterans were deployed during their service.

General Demographics

Most veterans are white men. There are relatively few Hispanic veterans in the Coachella Valley, compared to the general population. Most Coachella Valley veterans are age 55 and older. More specifically, over 40% of Coachella Valley veterans are age 75 or older, making it a distinctively aging population. Most Coachella Valley veterans are not living in poverty, and have high education levels, possibly due to the G.I. Bill benefits. Veterans are significantly more likely than non-veterans to be divorced. About 17% of Coachella Valley veterans are LGBT.

Access

Most Coachella Valley veterans have healthcare coverage, significantly higher than non-veterans. Most veterans get their health insurance from Medicare, not the VA. Discussion with key informants indicated that many veterans did not know they were eligible for the VA benefits, indicating that greater guidance on those benefits would be advantageous for veterans.

Utilization

Most veterans have visited a healthcare provider within the last 6 months. About half of veterans state that their usual source of care is a doctor's office. However, over 27% of veterans--more than 13,500 Coachella Valley veterans—get their usual care at urgent care, emergency departments, or hospitals, indicating that they likely do not have a strong continuity of care.

According to the key informant interviews and focus groups, many Coachella Valley veterans received their care at the Loma Linda VA Hospital. Many were able to receive their general care at the Palm Desert VA clinic, but all serious healthcare, such as surgeries or psychiatric visits,

must be conducted at the VA hospital in Loma Linda. This was difficult for some veterans to manage, although others made the trip easily.

Prevention

Most veterans have had the recommended preventative screenings, including blood cholesterol screening, colorectal cancer screening, dental cleanings, vision screenings, men's health screenings, women's health screenings, and dental visits. However, thousands of veterans have not had the recommended screenings.

Health Behaviors

The majority of Coachella Valley veterans—as well as non-veterans—drink alcohol. Most drinkers in the Coachella Valley do not binge drink, and therefore, likely do not have health issues as a result of their alcohol consumption. However, about a quarter of veterans that drink—10,430 veterans—have engaged in binge drinking at least once in the prior month, and thus, may be at risk for health problems as a result of their drinking. Relatively few Coachella Valley adults—veterans and non-veterans alike—smoke cigarettes. However, about 4,800 Coachella Valley veterans smoke cigarettes, and thus, have an elevated risk of heart disease, lung disease, and cancer.

About 60% of Coachella Valley veterans are sexually active, a rate which is comparable to non-veterans in the Valley. The majority of sexually active veterans do not frequently use condoms, primarily because they are married or in another monogamous relationship. About 43% of veterans have been tested for HIV—a rate which is very similar to non-veterans (45% tested).

Major Disease

Overall, Coachella Valley veterans have a significantly higher disease burden than non-veterans. Veterans were significantly more likely than non-veterans to have been diagnosed with cancer, diabetes, heart disease, heart attack, and stroke. Approximately 9,200 veterans have been diagnosed with diabetes. For Vietnam era veterans, it may be due to Agent Orange exposure, which has been shown to cause diabetes.

Disability

Coachella Valley veterans are significantly more likely than their non-veteran counterparts to require the use of assistive technology such as wheelchairs or canes. Approximately 9,900 Coachella Valley veterans require the use of such assistive technology.

Mental Health

The most common mental health disorders in Coachella Valley veterans are depressive disorders and PTSD. While Coachella Valley veterans are not significantly more likely to have been diagnosed with PTSD than non-veterans, this is likely due to under-reporting and lack of diagnoses. Many key informants and focus group participants cite nightmares, flashbacks, and PTSD as concerning mental health issues.

Obesity and Fitness

BMI analysis shows that Coachella Valley veterans are less likely than their non-veteran counterparts to be underweight, and more likely to be overweight. Both veterans and non-

veterans are equally likely to be in the “normal” or “obese” categories. Most Coachella Valley adults—veterans and non-veterans alike—are at least somewhat physically active on a regular basis. However, about 7,500 veterans do not engage in physical activity at all, putting them at risk for poor health. In contrast, most Coachella Valley adults—veterans and non-veterans—do not engage in strength-building exercises on a regular basis. Veterans are significantly more likely than non-veterans to engage in strength-building exercises on a daily basis—18% do so, compared to only 10% of non-veterans. This may be due in part to their training while in the military.

Social and Economic Needs

Likely due to their relative economic stability, Coachella Valley veterans are less likely than non-veterans to be food insecure and to need assistance with food services. Veterans and non-veterans had equal levels of need for other types of assistance, including utility, transportation, home health care, financial, housing, and rental assistance. Thousands of veterans across the Valley need assistance with these key aspects of a healthy lifestyle.

Senior-Specific Information

Approximately 3% of senior veterans have experience physical or mental abuse, and 7% have experience financial abuse. This is a rate that is very comparable to non-veteran seniors. About 4% of senior veterans need assistance with their activities of daily living, and about 5% are prevented from living independently because they need assistance with their independent activities of daily living. These rates are very similar to those for non-veteran seniors. Approximately 14% of Coachella Valley seniors—about 5,000 veterans—have fallen in the past three months, putting them at risk for reduced mobility.

INTRODUCTION

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 Coachella Valley veterans. Results of the 2013 CHM indicated that there are approximately 50,350 veterans in the Coachella Valley, comprising approximately 14.1% of the adult population. This is significantly more veterans than in California as a whole (7.8% of California adults are veterans).¹ Thus, it is clear that veterans make up a substantial portion of our community, and thus, we need to ensure that their health needs are adequately met.

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.

¹ California Health Interview Survey 2011-2012 estimates for the state of California.

METHODS

Telephone Survey

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. Due to the subject of this special report, only data from the adult sample are included here. The sample size for the veteran sample is 307, the sample size for non-veterans is 1,654.

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 1,961 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.

Qualitative Data

To supplement the quantitative data collected in the Community Health Monitor, HARC also held several focus groups and interviews to collect personal stories and anecdotes to personalize the data. These data were collected in February 2015.

Participants were very diverse, both demographically and in terms of their service experience. Participant ages ranged from veterans in their 20s to those in their 90s. Both male and female veterans participated, including one female veteran who joined the Women's Army Corps (before the WAC was assimilated into the general Army in the 1970s). Multiple racial and ethnic groups were included. Participants represented veterans from the Army, the Air Force, the Navy, and the Marines. Most participants had been deployed during combat, while others had not been deployed. Most key informants and focus group participants had served approximately 5 years, although at least one participant had retired after 20 years in the service. Participants had served in countries such as Afghanistan, Iraq, Japan, Korea, and the Philippines, among others.

The focus groups and interviews were conducted as semi-structured encounters; the moderator/interviewer used a written set of questions to guide the conversation, but participants were encouraged to also direct the conversation.

The interviews and focus groups were audio recorded. The audio recordings were then transcribed and analyzed by HARC researchers. Direct quotes from these focus groups and interviews are interspersed throughout the Community Health Monitor findings as appropriate to the subject matter.

HARC would like to sincerely thank the veterans who contributed their time to this effort, and shared their personal stories. Without them, this report would not have happened.

THIS REPORT

This report contains narrative text, tables, and charts to communicate information. Text descriptions that accompany the tables and charts often state something like, “Hispanic/Latinos are more likely than Whites to be without health care coverage.” Given that these are self-report data, it might be more appropriate to write, “Hispanic/Latinos are more likely than Whites to report being without health care coverage.” For parsimony and readability, we have omitted reference to “reporting.”

Differences reported in the text are “statistically significant”, which 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.

It is worth noting that the methodology, as described in the methods section, excludes the homeless and those who are incarcerated or institutionalized. The U.S. Department of Housing and Urban Development estimates that approximately 610,000 people are homeless on any given day. California in particular has the highest number of homeless people in the United States—136,800 homeless people live in California, accounting for more than 22% of the nation’s homeless population.²

Nationally, approximately 58,000 of homeless people are veterans—accounting for over 12% of all homeless adults. California as a state has the highest number of homeless veterans in the United States—there are approximately 15,200 homeless veterans living in California, accounting for roughly 14% of homeless adults.³ Given that veterans represent about 6% of civilian adults in California, we can conclude that veterans are disproportionately likely to be homeless.⁴ Thus, it is worth noting that this report does not capture the information from the homeless population—both veterans and non-veterans—but that this gap in information is likely more substantial in the veteran population. Readers should bear this in mind when reading this report.

² The 2013 Annual Homeless Assessment Report (AHAR) to Congress. *Part 1: Point-in-Time Estimates of Homelessness*. The U.S. Department of Housing and Urban Development. Available online at: <https://www.hudexchange.info/resources/documents/AHAR-2013-Part1.pdf>

³ Ibid.

⁴ American Community Survey 1-Year Estimates (2013). California Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

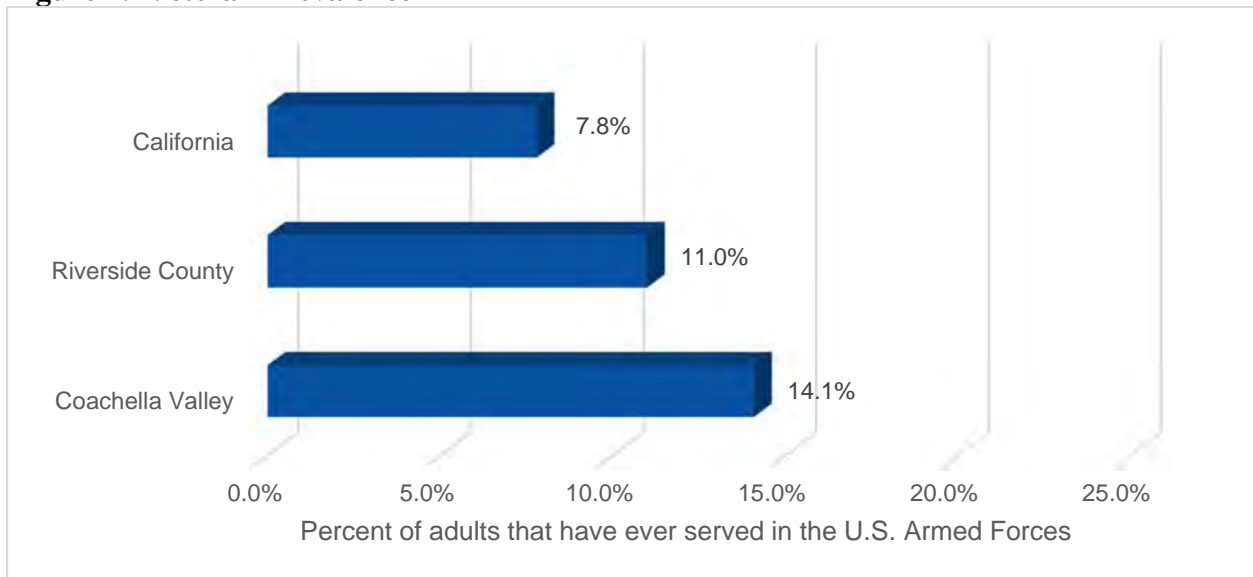
RESULTS

Section 1: Veteran Demographics

To capture the number of veterans living in the Coachella Valley, participants in the 2013 Community Health Monitor were asked, “Have you ever served on active duty in the Armed Forces of the United States?” Results indicate that approximately 14.1% of Coachella Valley adults, about 50,350 men and women, have served in the U.S. Armed Forces.

This is a significantly larger proportion than in the state of California as a whole, as illustrated in Figure 1. Thus, it’s clear that the Coachella Valley has a substantial number of veterans in the community, and thus, attention should be paid to this important population.

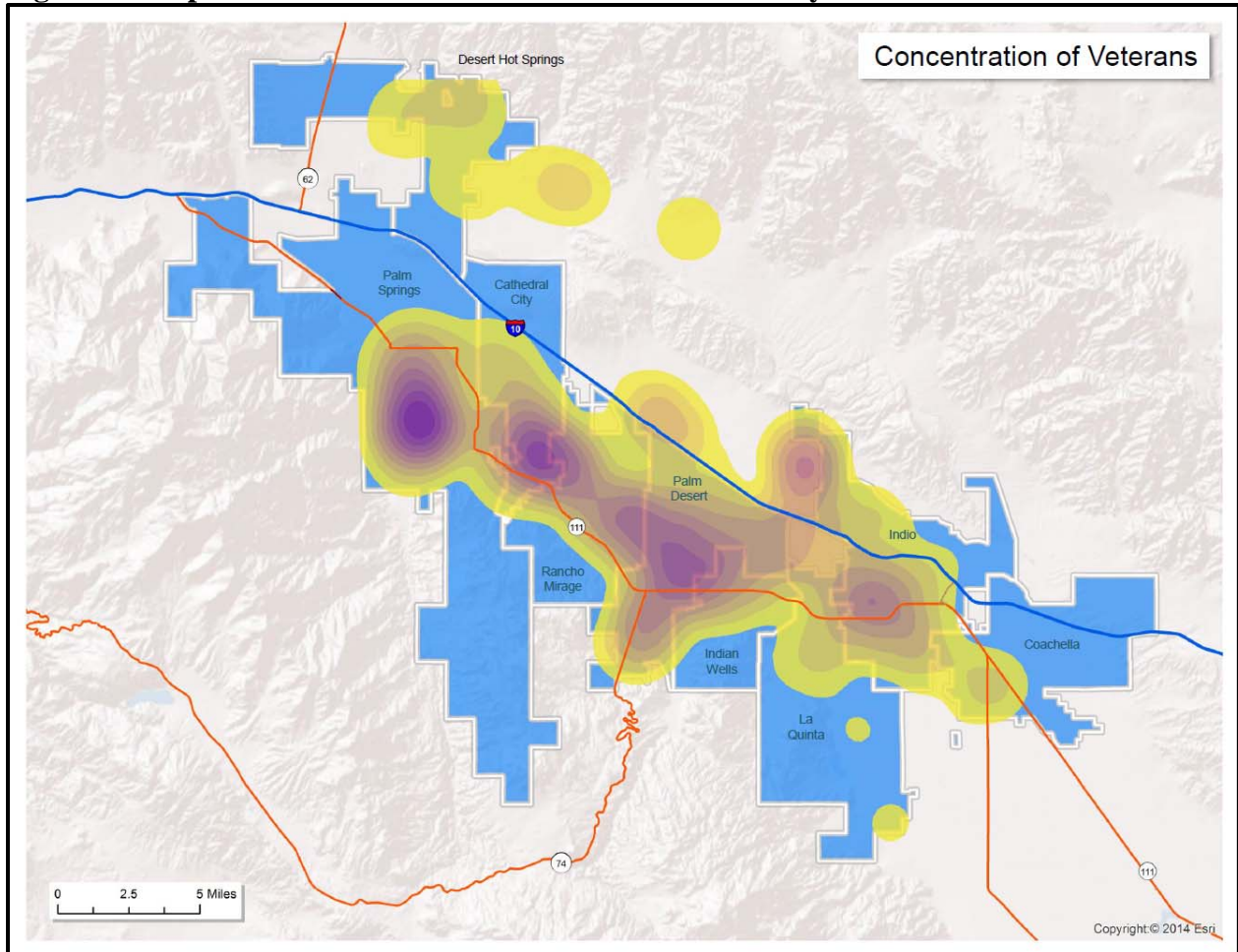
Figure 1. Veteran Prevalence



Note: The Riverside County and California data represented in this chart are from CHIS 2011-2012.

Coachella Valley veterans are spread throughout the valley, as illustrated in Figure 2. There is an especially high concentration of veterans in south Palm Springs, as indicated by the dark purple areas of the map.

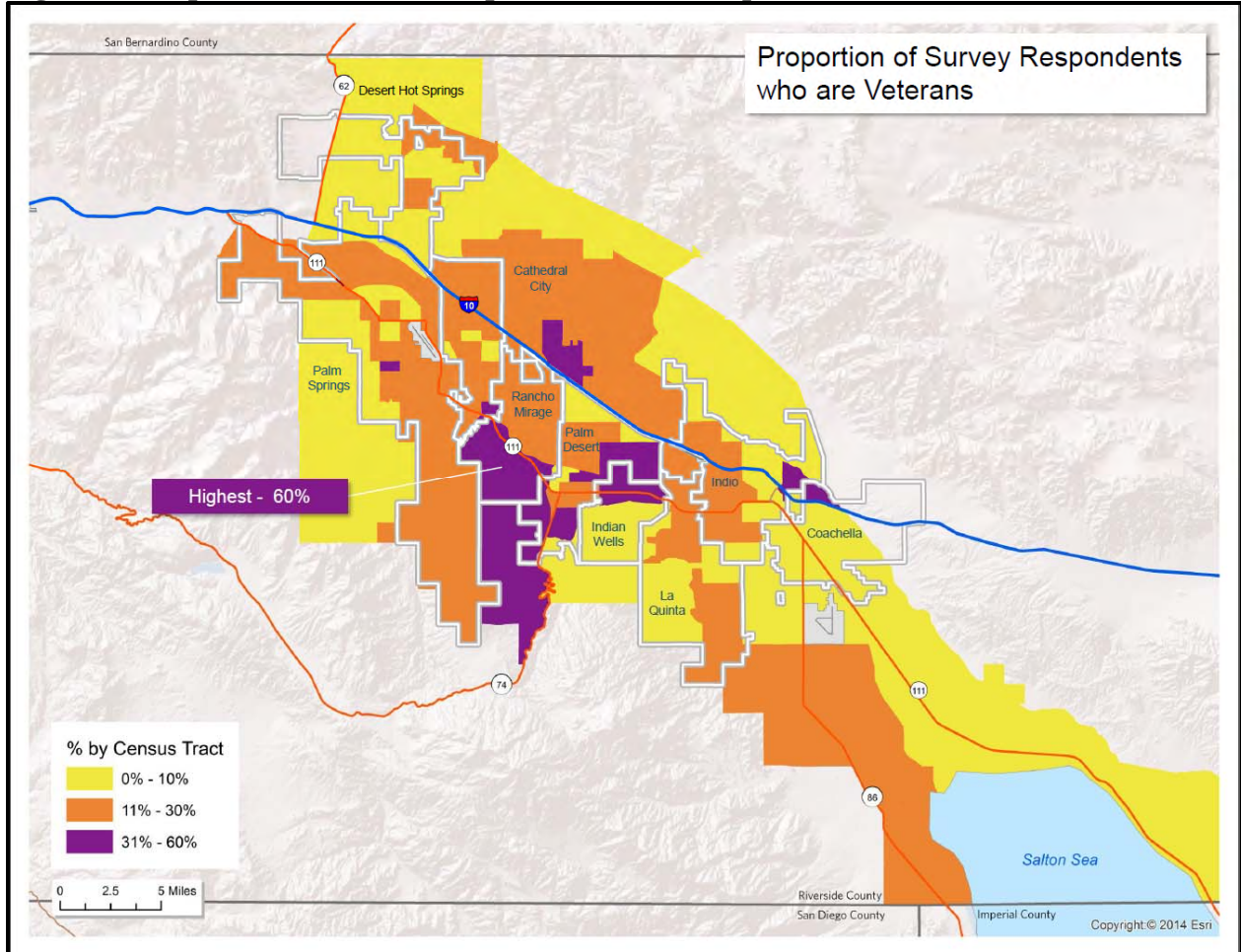
Figure 2. Map of Veteran Concentration in Coachella Valley



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

The highest proportion of veterans are primarily in the mid-valley region. However, there are some high proportions of veterans in Eastern Coachella Valley, in Indio and Coachella, as illustrated in Figure 3.

Figure 3. Map of Veterans as a Proportion of Total Population



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

Era and Years of Service

Veterans were subsequently asked additional questions about their military service. Participants reported a wide range of start dates, with the earliest beginning in 1940 and the most recent beginning in 2010, as illustrated in Table 1. Similarly, service end dates ranged from 1944 to 2012, exhibiting a wide range. About half of the veterans in the Coachella Valley served in the 1950s and 1960s.

Table 1. Era of Service

	Weighted Percent	Population Estimate
1940s	14.6%	7,353
1950s	28.4%	14,323
1960s	27.3%	13,739
1970s	4.9%	2,443
1980s	6.5%	3,258
1990s	4.7%	2,374
2000s	13.6%	6,861
Total	100.0%	50,352

Total years of service were calculated from the start and end dates of service. As illustrated in Table 2, the majority of Coachella Valley veterans served for 5 years or less, indicating they are not “lifers” and likely do not have full retirement benefits from the military.

Table 2. Duration of Military Service

	Weighted Percent	Population Estimate
1 to 2 years	39.9%	20,094
3 to 5 years	39.9%	20,114
6 to 10 years	12.1%	6,077
11 to 20 years	3.1%	1,571
21 or more years	5.0%	2,496
Total	100.0%	50,352

Deployment

Soldiers who are deployed have substantially different experiences than soldiers who remain stateside. Soldiers who are deployed have high risks of physical injury; during combat, they can be injured or killed. Specific physical risks depend on the era of service—for example, Vietnam Veterans may have been exposed to Agent Orange, while veterans who participated in nuclear weapons testing and/or the American occupation of Hiroshima and Nagasaki may have been exposed to high radiation levels, and Gulf War veterans may have been exposed to open oil well fires, among other environmental risks.

Deployment also has an impact on mental health—it requires soldiers to be away from their families, in a foreign country. Additionally, serving in combat is a strong predictor for experiencing post-traumatic stress disorder (PTSD).

In the Community Health Monitor, veterans were asked if they were ever deployed during their time in the military. Results show that about half of Coachella Valley veterans were deployed during their time in the service, as illustrated in Table 3. These soldiers likely have greater health issues than those who were not deployed, and may require additional care.

Table 3. Deployment During Military Service

	Weighted Percent	Population Estimate
Deployed during military service	53.2%	26,756
Not deployed during military service	46.8%	23,507
Total	100.0%	50,262

Those who served overseas were at risk for greater serious injury than those who served in America. For example, as one key informant shared,

“I was wounded in a war. And I have a lot of shrapnel and I lost uh - I lost use of my nerves in my right leg.”

Another stated,

“I was injured in the Philippine Islands while on security duty, and prevented me from continuing my military career as an officer because I was on my way to Quantico for Officer's Candidates School. And I spent five months in rehabilitation in Bethesda, Maryland Hospital, and then I was relocated to temporary discharge and sent home.”

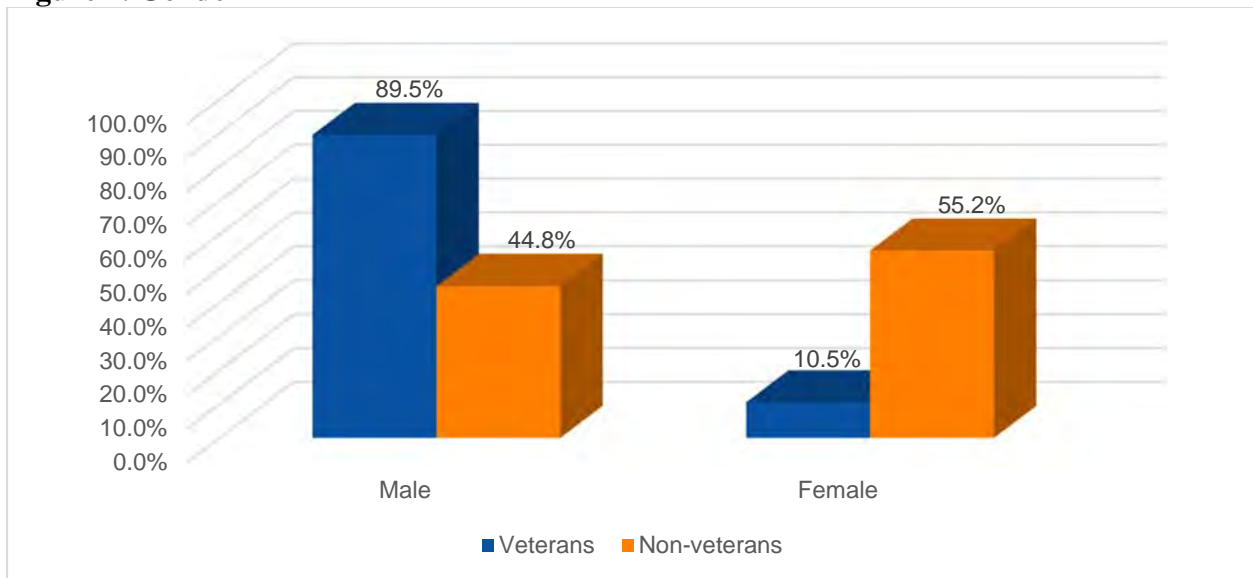
Section 2: General Demographics

Gender

Women have served in the military in supplemental roles for many years, such as nursing and cooking. Women began to actually enlist in the military in 1917 during the First World War. However, it was not until 1948 that Congress passed the Women’s Armed Services Integration Act, which granted women permanent status in the military and entitled them to veterans benefits. Today, women are still restricted from certain areas of service. As a result, women remain underrepresented in active duty and in the veteran population. In the state of California as a whole, approximately 9.0% of veterans are female.⁵

As illustrated in Figure 4, this is represented in the Coachella Valley as well—our veterans are predominately male. Approximately 10.5% of veterans are female, compared to 55.2% of non-veterans.

Figure 4. Gender



⁵ National Center for Veterans Analysis and Statistics. Population details as of September 30, 2014. Available online at: http://www.va.gov/vetdata/Veteran_Population.asp

Race/ Ethnicity

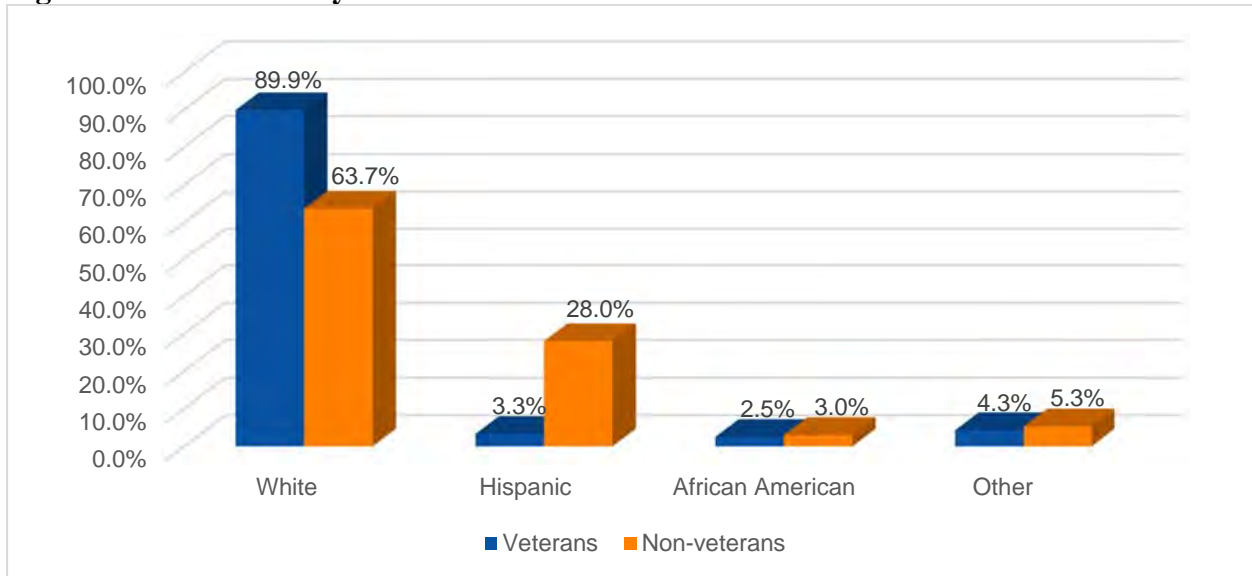
Nationally, most veterans—83.6%--are white, and 79.3% are not Hispanic. Approximately 6.0% of U.S. veterans are Hispanic/Latino (of any race). Approximately 11.3% of U.S. veterans are African American, and 1.4% are Asian.⁶

While the majority of California veterans are still white (77.0%), veterans in the state of California are more diverse than veterans across the entire country. Specifically, 14.7% of California veterans are Hispanic/Latino (of any race). Approximately 8.9% are Black/African American, and 6.0% are Asian.⁷

However, Coachella Valley veterans are less diverse than California veterans as a whole, or even the national veterans. As illustrated in Figure 5, about 90% of Coachella Valley veterans are Caucasian.

A substantial proportion of adults in the Coachella Valley are Hispanic/Latino. However, Hispanics are not well-represented in the Valley’s veterans—only 3.3% of veterans are Hispanic, compared to 28.0% of non-veteran adults in the Coachella Valley. Thus, the veteran population in the Coachella Valley appears to be less racially diverse than veterans nationally.

Figure 5. Race/ Ethnicity



⁶ American Community Survey 1-Year Estimates, 2013. United States Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

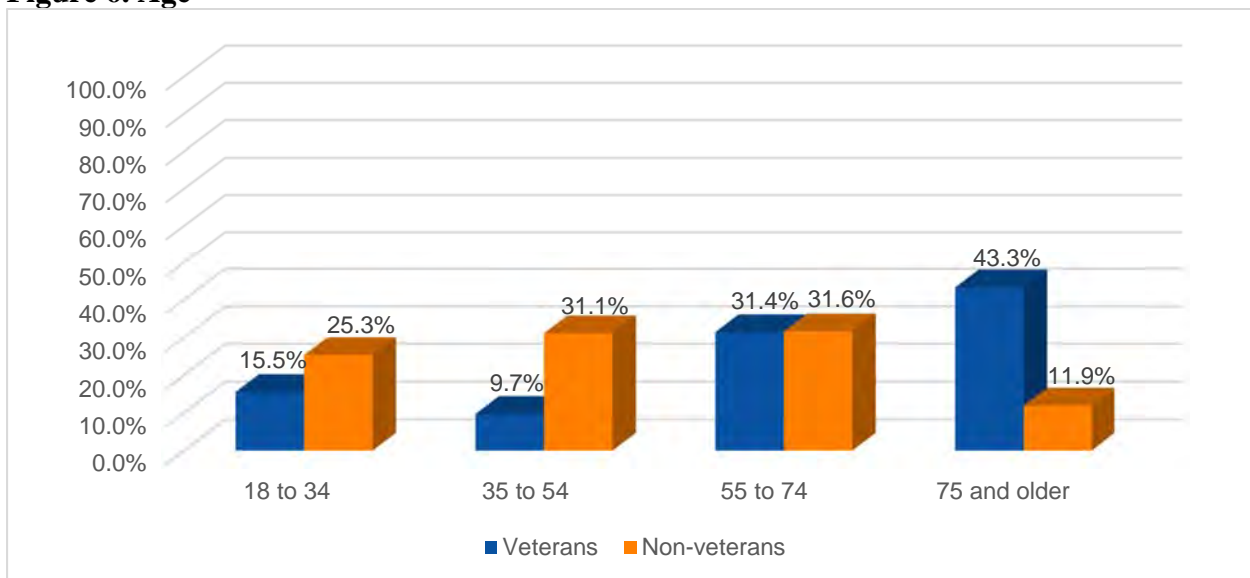
⁷ American Community Survey 1-Year Estimates (2013). California Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

Age

Nationally, the majority of veterans (67.6%) are age 55 and older.⁸ This holds true for California, as well, where 69.2% of veterans are age 55 or older.⁹ Thus, many veterans' issues are senior issues as well.

This aging of the veteran population is even more pronounced in the Coachella Valley. As illustrated in Figure 6, nearly 75% of Coachella Valley veterans are age 55 and older. Of note, 43% of Coachella Valley veterans are in the oldest category—age 75 and older. In contrast, only 12% of non-veterans in the Coachella Valley are age 75 and above. Thus, it is clear that many Coachella Valley veterans are older adults, and thus, may have more health complications than their younger counterparts. Additionally, care providers of aging men should be aware that their patients have a high likelihood of being veterans, and thus, have unique health needs and issues that should be addressed.

Figure 6. Age



⁸ American Community Survey 1-Year Estimates, 2013. United States Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

⁹ American Community Survey 1-Year Estimates (2013). California Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&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.

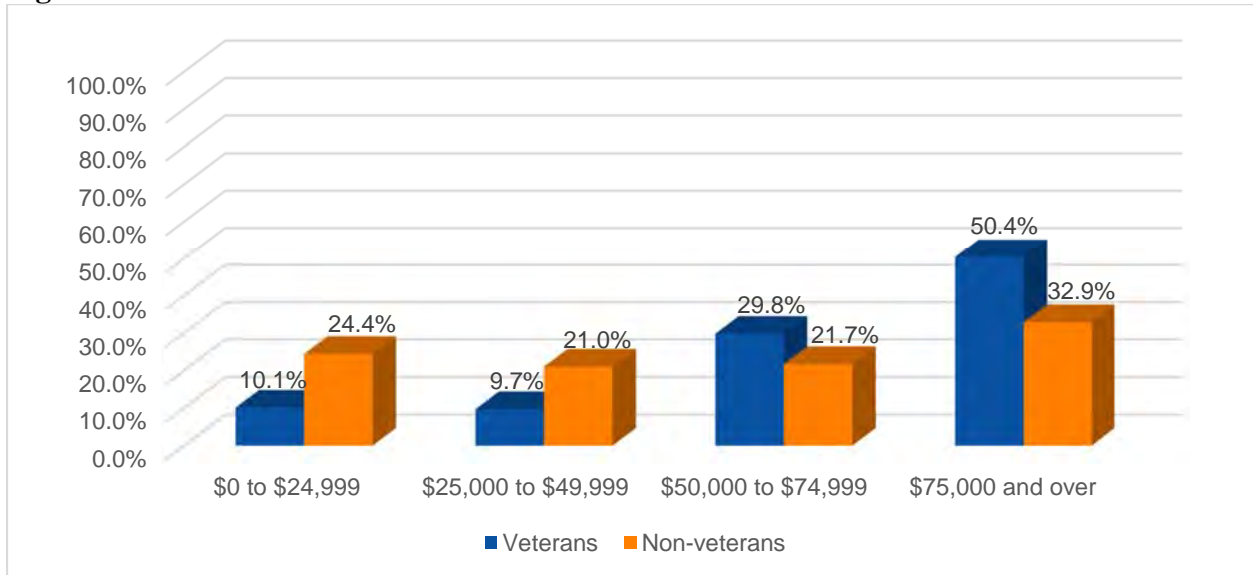
Those deprived economically and living in disadvantaged neighborhoods face a variety of chronic stressors in daily living: They struggle to make ends meet; have few opportunities to achieve positive goals; experience more negative life events such as unemployment, marital disruption, and financial loss; and must deal with discrimination, marginality, isolation, and powerlessness.¹⁰

This survey covered several indicators of SES, including annual household income, poverty level, education level, and employment status.

Income

As illustrated in Figure 7, about half of veterans live in households where the annual income is \$75,000 or greater, indicating that they are likely relatively financially stable.

Figure 7. Household Income



¹⁰ 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 4.

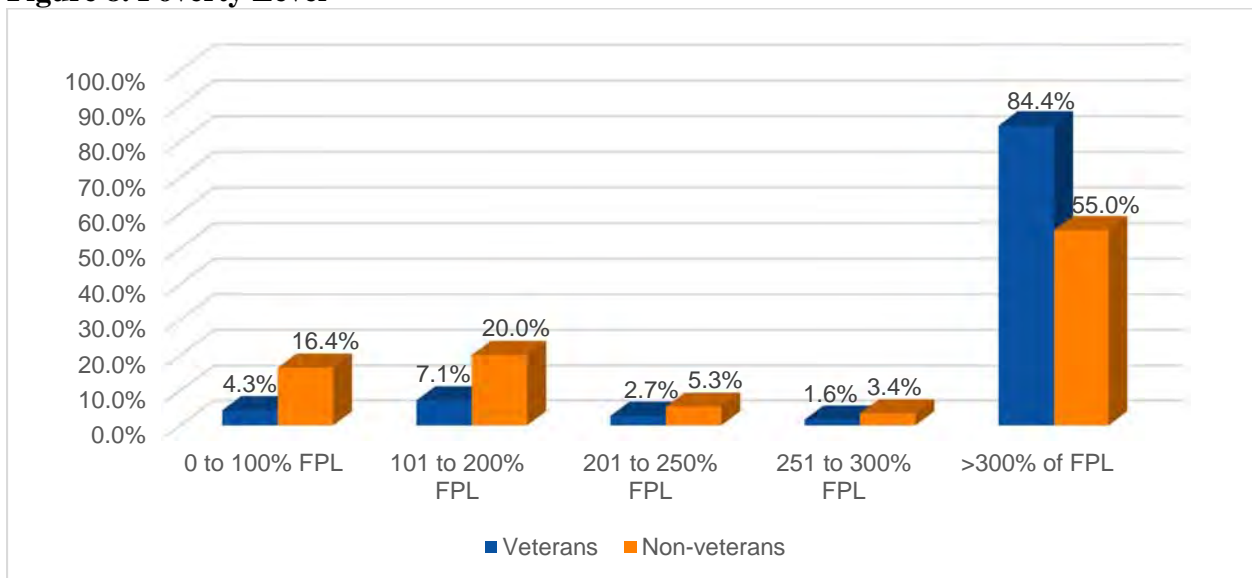
Table 4. Federal Poverty Guidelines 2013

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 8, most Coachella Valley veterans (84%) live in households that are above 300% of the federal poverty line. Fortunately, relatively few Coachella Valley veterans live in extreme poverty (below 100% of the federal poverty line; 4.3%). Overall, Coachella Valley veterans appear to be more financially stable than their non-veteran counterparts. However, once again, it is worth noting that this survey methodology excludes the homeless and institutionalized populations, and thus, may underestimate poverty.

Figure 8. Poverty Level

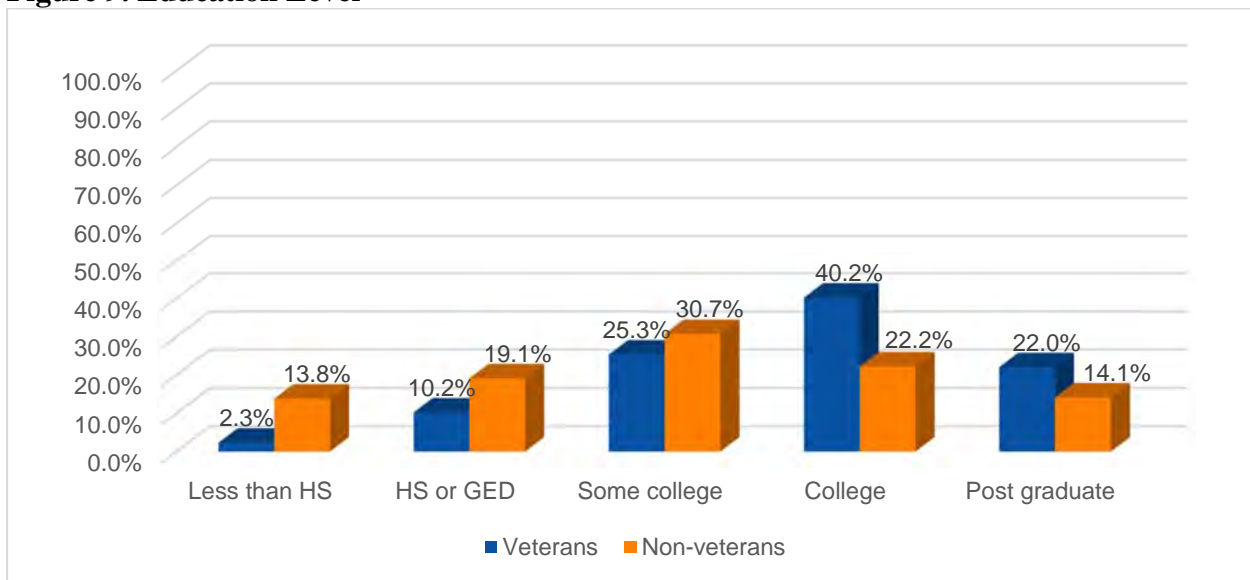


Education

Participants were asked to report the highest level of education they had achieved. As illustrated in Figure 9, most Coachella Valley veterans (62%) have a college degree or higher. This is significantly higher than the rate of educational attainment for non-veterans in the Coachella Valley, only 36% of whom have a college degree or higher.

This is likely due to the presence of the G.I. Bill for veterans, which makes college more affordable. The Servicemen's Readjustment Act of 1944, which is commonly referred to as the G.I. Bill, was signed into law in June of 1944. The law allows veterans to go to college without tuition, and, in most cases, while being paid a cost-of-living allotment to allow them to focus on their studies. In less than 10 years, approximately 7.8 million World War II veterans had participated in an education or training program of some sort. The G.I. Bill was further enhanced for veterans who served after September 11, 2011, to provide enhanced educational benefits that cover more educational expenses, provide a larger living allowance, money for books, and the ability to transfer unused educational benefits to spouses or children.¹¹

Figure 9. Education Level

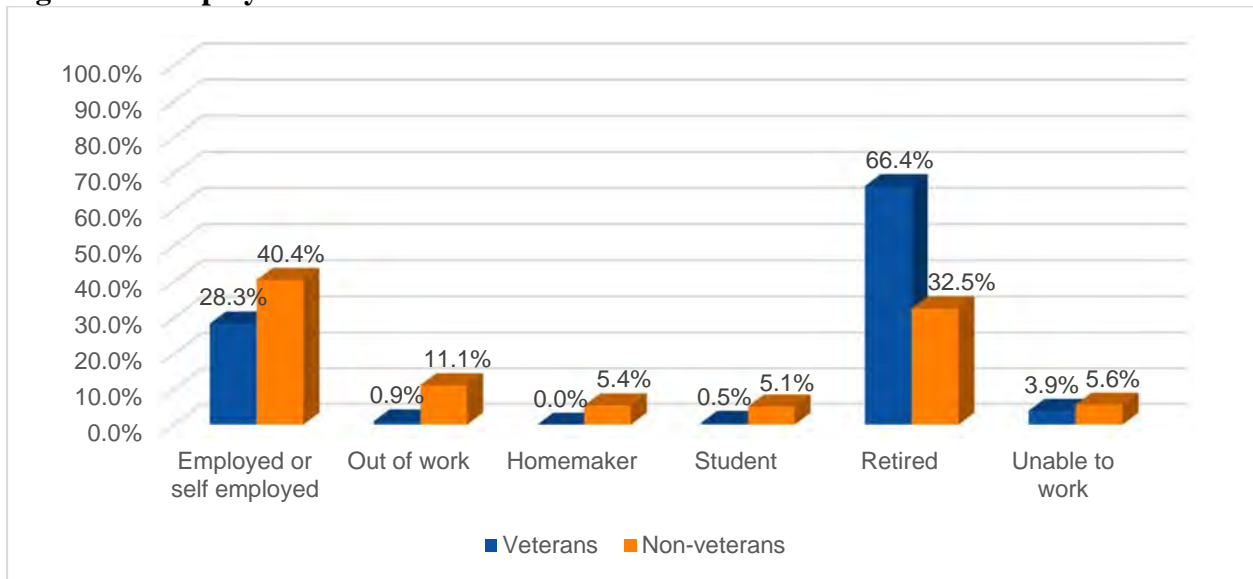


¹¹ Veterans Benefits Administration. About the G.I. Bill—History and Timeline. Available online at: <http://www.benefits.va.gov/gibill/history.asp>

Employment

As illustrated in Figure 10, Coachella Valley veterans are significantly more likely to be retired than non-veterans, 66.4% compared to 32.5%. This is not surprising considering the age of veterans in the Coachella Valley, and the fact that a large proportion of Coachella Valley veterans are age 75 or older.

Figure 10. Employment Status

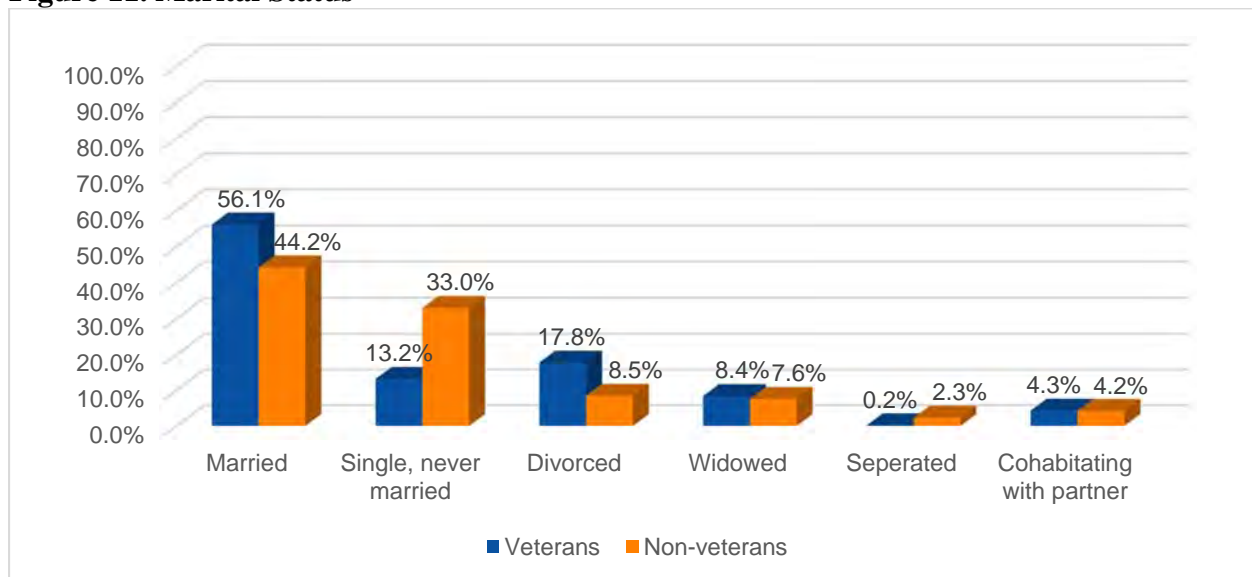


Marital Status

The presence of a significant other can have many positive effects on an individual's health due to the social interaction they provide, support, companionship and love. Spouses may play an important role in monitoring and encouraging healthy behaviors (such as good eating habits and regular exercise), as well as in discouraging unhealthy ones (such as smoking or heavy drinking).¹²

As illustrated in Figure 11, about half of Coachella Valley veterans are married. Veterans are significantly more likely to be divorced than non-veterans—approximately 8,937 Coachella Valley veterans are divorced. This may be the result of military service, as deployment and long spans of time apart are notoriously difficult for married couples to weather successfully.

Figure 11. Marital Status



¹² Office of the Assistant Secretary for Planning and Evaluation (ASPE). (2007). The Effects of Marriage on Health: A synthesis of Recent Research Evidence. Available online at: <http://aspe.hhs.gov/hsp/07/marriageonhealth/index.htm>

Sexual Orientation

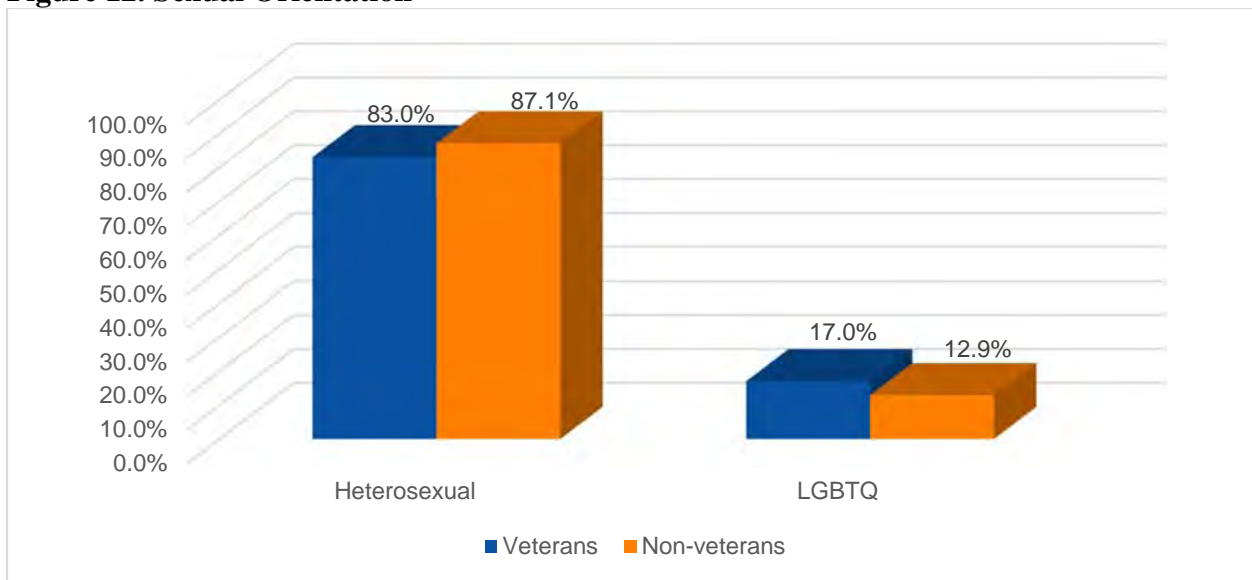
Despite increasing social acceptance, many non-heterosexual individuals (e.g., lesbian, gay, bisexual, or transgender, “LGBT”) hesitate to access health care and resources as a result of the stigma and discrimination they may have encountered in that past or continue to encounter currently. Members of 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.¹³

Up until 2011, active duty service members in the U.S. Armed Forces were expected to abide by the “Don’t ask, don’t tell” policy. This policy allowed gays, lesbians, and bisexuals to serve in the Armed Forces only if they kept their sexual orientation a secret. It was not until the federal statute passed in 2011 that gays, lesbians, and bisexuals were allowed to openly express their sexual orientation while in the service.

To identify sexual and gender orientation, participants were asked if they considered themselves to be heterosexual, homosexual, bisexual, transgender, questioning, or “other”. For comparison purposes, all non-heterosexual responses (homosexual, bisexual, transgender, questioning, other) were grouped together to represent non-normative sexual orientations.

As illustrated in Figure 12, approximately 17% of Coachella Valley veterans (8,427 adults) identify as LGBTQ. This is comparable to the non-veteran population—13% of whom identify as LGBTQ. There were no significant differences in sexual orientation based on veteran status.

Figure 12. Sexual Orientation



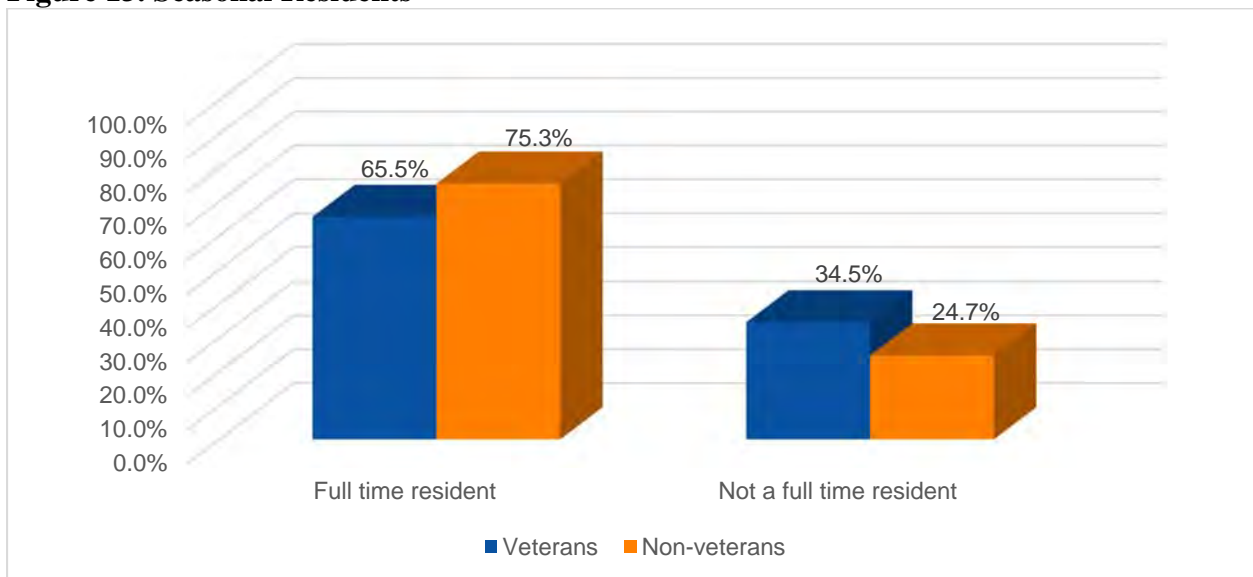
¹³ Improving the Health Care of lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. (2012). http://www.lgbtagingcenter.org/resources/pdfs/12-054_LGBTHealtharticle_v3_07-09-12.pdf

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.

The majority of Coachella Valley residents are permanent residents who live here for all 12 months, as illustrated in Figure 13. Approximately one-third of veterans are snowbirds who live in the Coachella Valley and in another location. This is not significantly different than the rate for non-veterans—that is, both veterans and non-veterans are equally likely to be part-time residents.

Figure 13. Seasonal Residents



Section 3: Access

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.

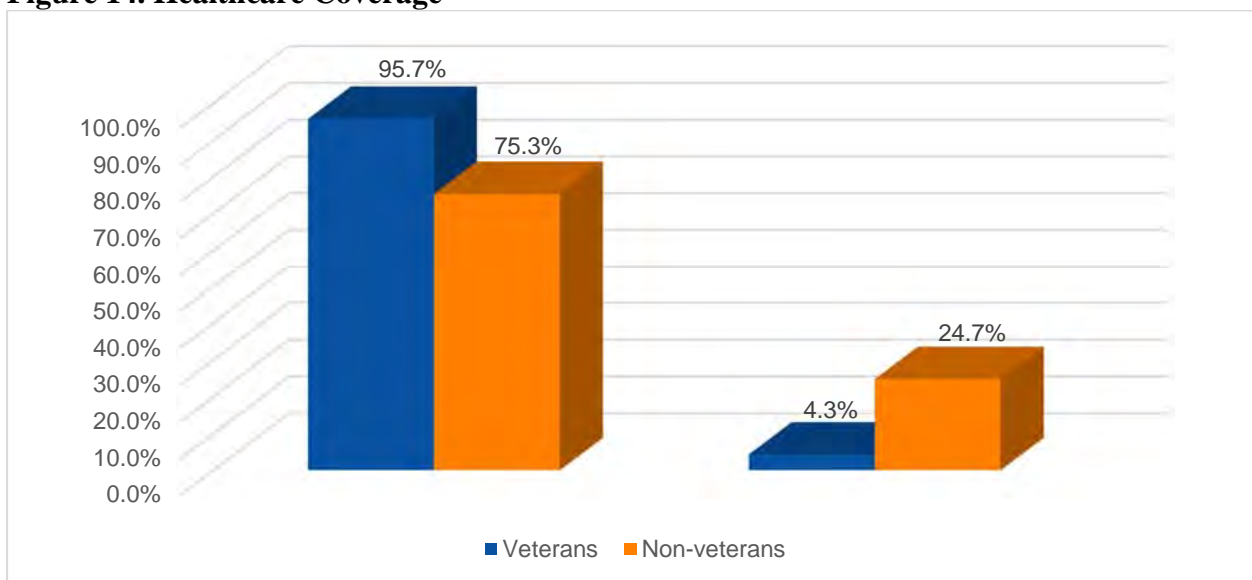
Healthcare Coverage

Health insurance is the primary means for accessing and obtaining needed medical care and for reimbursing providers who deliver medical care. Access to healthcare allows for patients to have a medical provider who is able to monitor their health regularly. Uninsured persons tend to have much less frequent health care visits than those who are insured.

As illustrated in Figure 14, veterans are significantly more likely than non-veterans to have health care coverage, 96% compared to 75%, respectively. This difference does not appear to be attributable to healthcare coverage that is provided to some veterans by the military; less than 3% of insured veterans get their healthcare coverage through the U.S. Department of Veterans Affairs (VA). Instead, the discrepancy appears to be primarily due to age. The majority of veterans are old enough to be eligible for Medicare—in fact, 64% of insured veterans get their health insurance from Medicare. In contrast, most non-veterans are too young to be eligible for Medicare; only 39% of insured non-veterans get their healthcare coverage from Medicare.

It is worth noting that approximately 2,187 veterans do not have any type of healthcare coverage, and thus, may be disconnected from care.

Figure 14. Healthcare Coverage



VA healthcare is not considered to be a health insurance plan, however, many veterans qualify for cost-free healthcare services based on their service-connected conditions and other qualifying factors. In order to be eligible for VA health benefits and services, a veteran must have served 24 continuous months, or the full period for which they were called to active duty. This minimum duty requirement does not apply to veterans who were discharged for a disability which occurred during their service. Some veterans are afforded enhanced eligibility, including those who are former prisoners of war, in receipt of the Purple Heart Medal or the Medal of Honor, have a compensable VA awarded service-connected disability of 10% or more, served in Vietnam between 1962 to 1975, or are living in poverty, among others.¹⁴

Some veterans may be required to pay a copay for treatment of their non-service related conditions. Most veterans must complete a financial assessment upon enrollment to determine if they are eligible for free healthcare services. The VA bills veterans' private health insurance carrier for medical care, supplies, and prescriptions provided for treatment of veterans' non-service related conditions. Veterans are not responsible for paying any remaining balance of the VA's insurance claim that is not paid or covered by their health insurance.¹⁵

Those Coachella Valley veterans who do have 100% coverage through the VA reported positive experiences with their healthcare. For example, as one veteran stated in his interview,

"Being a veteran has influenced, had an impact on my healthcare, tremendously. Okay. Even my wife if she was sitting here would tell you it's absolutely invaluable to me. I've had 100 percent coverage. I've had various treatments. I can tell you what all I've had done. And I've never really had a major problem. It's been, it's been very helpful to us from a financial standpoint, because I've never had to be concerned about hospitalization because I always had the Veteran's there for me. I do have 100 percent coverage so it was very advantageous."

Another veteran stated:

"Overall, they've taken care of a lot of things. Let's see, I retired in 2002. I did not seek my medical benefits from them until 2008, because I had to have my son covered. So, I was with uh, Prime—TRICARE—at that time and I switched over to the VA and I've been with them since. And everything, pretty much, that I've needed, they've taken care of."

However, receiving healthcare from the VA can be a complicated process for some veterans. Many veterans are not aware that they could potentially qualify for VA health benefits. For example, one key informant said,

"I belong to Kaiser. And for a long time I didn't realize- this was before I came out here - but before I got out of the service, for a long time I didn't realize that I was eligible for VA Health because I was not in combat. I thought you had to be shot or something. And then a friend of mine who was a veteran he said, 'Oh no, you're eligible. You were in during a time of war. You're eligible.'"

¹⁴ U.S. Department of Veterans Affairs. Health Benefits: Veterans Eligibility. Available online at: <http://www.va.gov/HEALTHBENEFITS/apply/veterans.asp>

¹⁵ U.S. Department of Veterans Affairs. Health Benefits: Determine Cost of Care. Available online at: <http://www.va.gov/HEALTHBENEFITS/cost/index.asp>

Another focus group detailed a similar confusion; one focus group participant found out about potential VA health benefits in the middle of the focus group.

Participant 1: As long as you have met the minimum amount of time of active duty, you have your DD214, you take it to the VA, you can get medical benefits.

Participant 2: No way! No, not me. You have to have 20 years in?

Participant 1: No. I'm telling you.

Participant 2: Really? Are you kidding me?

Participant 1: My estranged wife, she did 6 weeks in the Coast Guard. She didn't even finish boot camp. And she's got full medical coverage.

Participant 2: So you mean all this time I could've had medical coverage?

Participant 1: Yeah!

Participant 2: You're kidding me. Where do I go?

Thus, it appears that many veterans need assistance in interpreting their potential benefits eligibility. Programs or organizations that could raise awareness of available benefits, or help veterans to determine if they are eligible for benefits, would be very much welcome. As one participant stated,

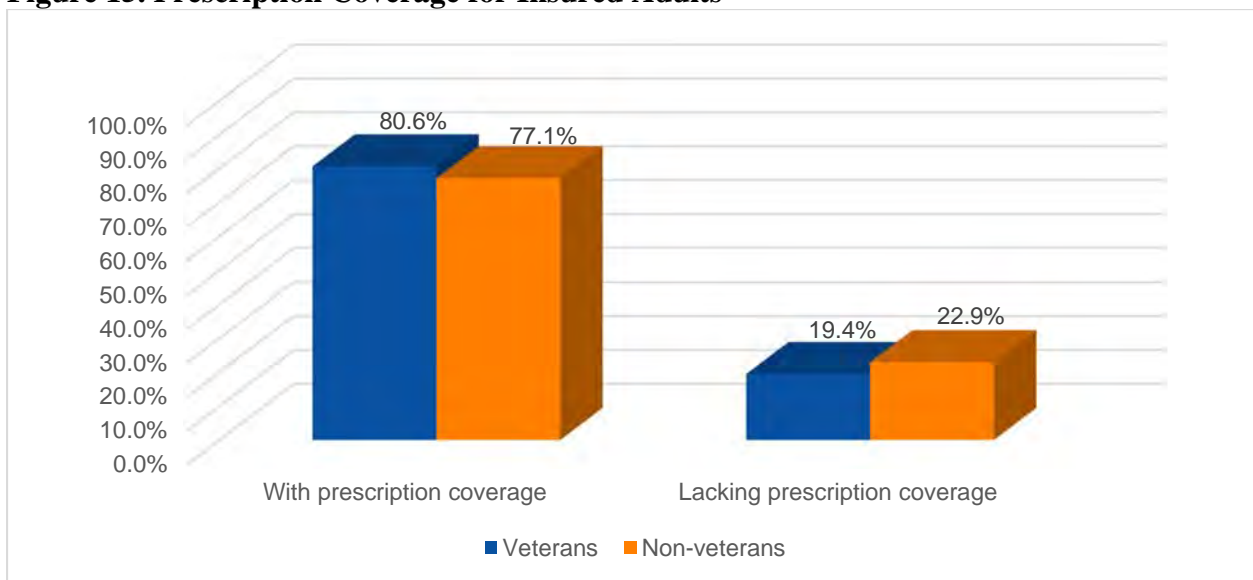
"I think that they did not really make us aware of all that [benefits] on discharge. I didn't realize that I had the GI Bill."

Prescription Coverage

While many adults do have some type of health insurance, it doesn't always cover the costs of prescription medications. Prescription medications for chronic conditions can be the key to living a healthy, happy life for many adults, and thus, lack of access to prescription medications can severely impact the ability to live a healthy life.

Most Coachella Valley adults have prescription coverage, fortunately—both veterans and non-veterans alike. However, as illustrated in Figure 15, approximately 19.4% of veterans—9,343 adults—do not have prescription coverage to cover some or all of the cost of their prescription medications. These veterans may not be getting the medications they need to adequately manage their health.

Figure 15. Prescription Coverage for Insured Adults

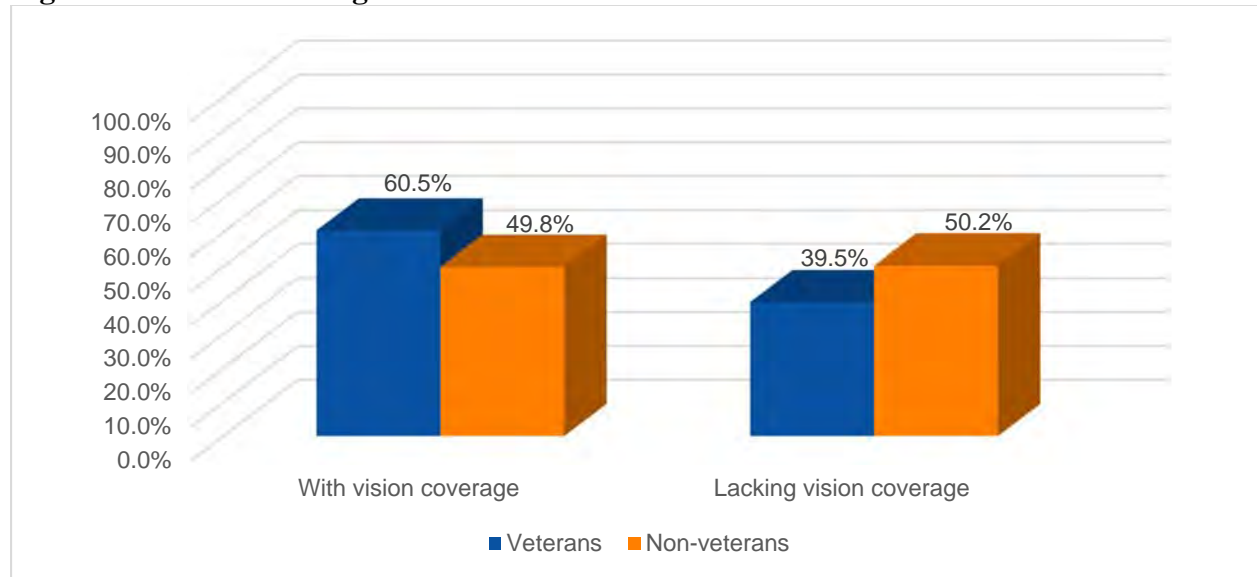


Vision Coverage

Visual health is an important, but often neglected, component of overall health care. Without vision coverage, people may not be able to afford glasses, contacts, or other visual aids.

More than half of veterans have health insurance that pays for routine vision care, as illustrated in Figure 16. This is relatively similar to non-veterans. However, 39.5% of veterans do not have vision coverage, and thus, these 19,606 veterans might be unable to get routine vision screening.

Figure 16. Vision Coverage

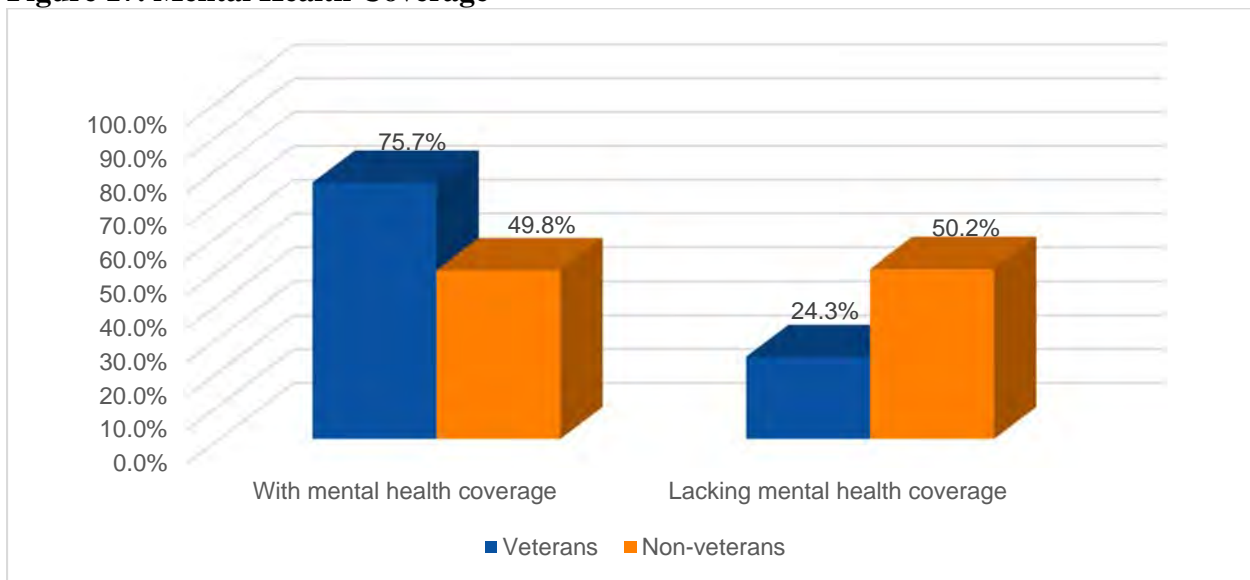


Mental Health Coverage

Health insurance plans do not necessarily cover mental health services. If an insurer offers mental health care coverage, they are required to ensure that the requirements for mental health coverage are no more restrictive than requirements for physical health coverage, according to the federal parity law.¹⁶ However, this does not mean that insurers are required to provide mental health coverage, nor does it mean that everyone can afford mental health coverage. Those without mental health coverage may not be able to afford needed counseling or psychiatric services, and thus, may be at risk for poor mental health.

Approximately 76% of veterans have health insurance which covers some or all of their mental health care costs, as illustrated in Figure 17. This is significantly higher than non-veterans—only 50% of which have mental health care coverage. Overall, the majority of veterans have mental health coverage. However, approximately 9,573 Coachella Valley veterans do not have mental health coverage, and thus, may not be able to receive the mental health care that they need to be truly healthy.

Figure 17. Mental Health Coverage



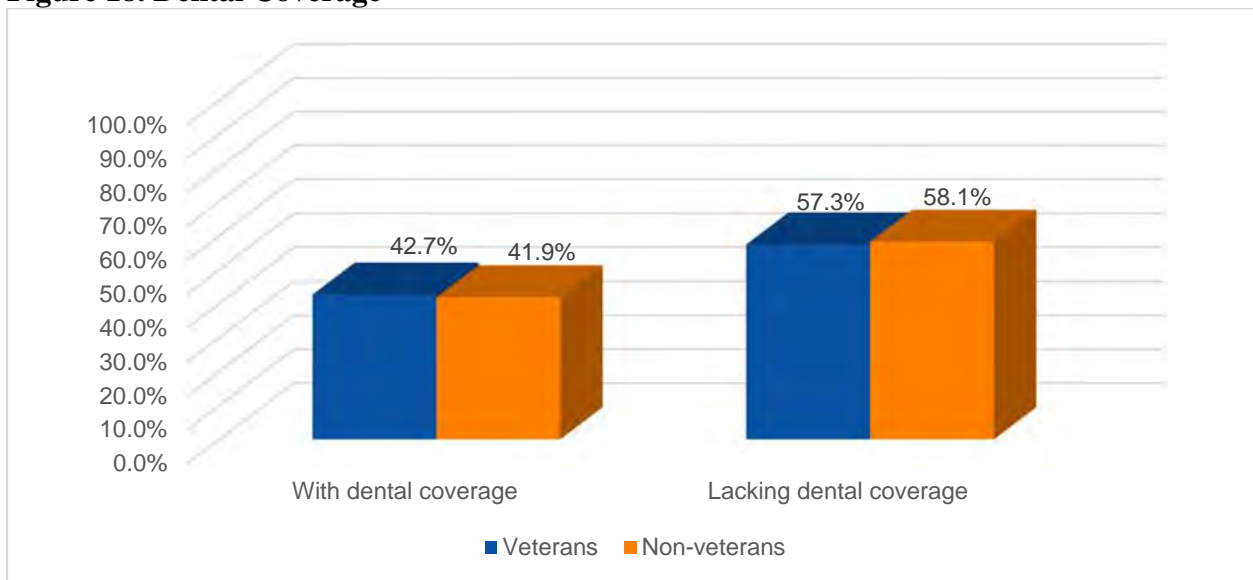
¹⁶ American Psychological Association. (2014). Parity Guide. Available online at: <http://www.apa.org/helpcenter/parity-guide.aspx>

Dental Coverage

Dental coverage is critical to adults' ability to have routine teeth cleaning and screening. Most notably, the VA healthcare coverage does not cover dental costs, even for those who are classified as disabled.

More than half of Coachella Valley adults are lacking in dental coverage, as illustrated in Figure 18. This holds true for both veterans and non-veterans. There was no significant difference in rates of dental coverage based on veteran status. Approximately 28,140 veterans do not have any health insurance that pays for their routine dental care, and are likely not getting adequate care as a result.

Figure 18. Dental Coverage

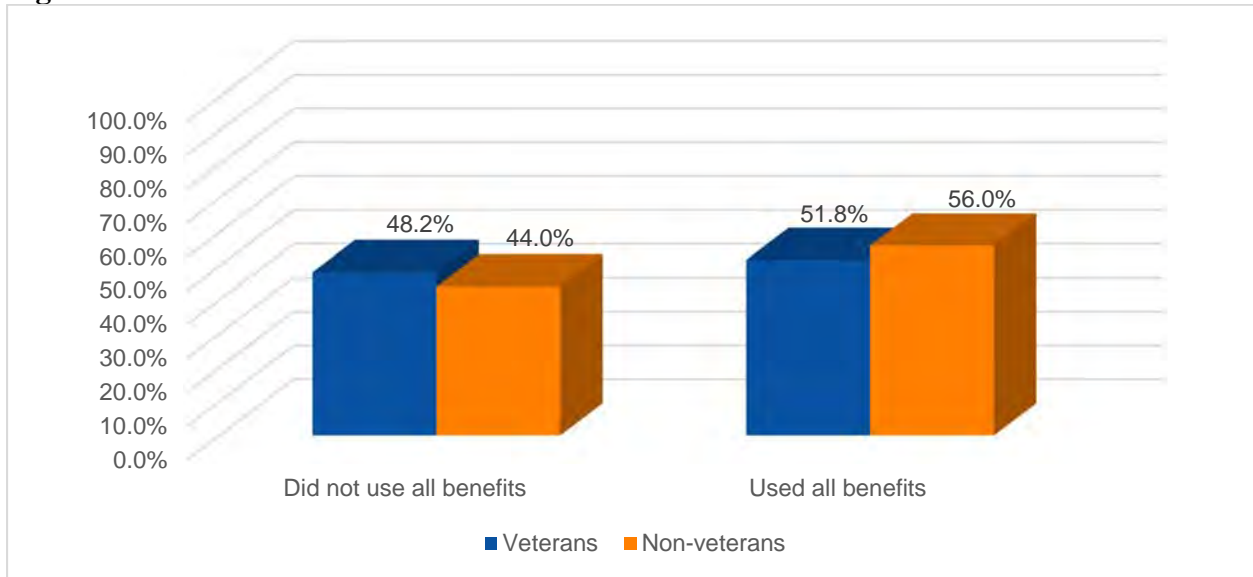


Underutilization of Benefits

While many veterans do have health insurance, this does not necessarily mean they are receiving care. To assess underutilization, participants were asked, “During the past year, was there a time when you did not use all of your benefits?”

As illustrated in Figure 19, a little less than half of Coachella Valley adults did not use all their healthcare benefits in the past year. This was the case for both veterans and non-veterans—there was no significant difference in underutilization based on veteran status. Overall, 22,840 veterans with health insurance did not fully utilize their health insurance benefits in the past year.

Figure 19. Underutilization of Benefits



Section 4: General Health

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

Overall, veterans and non-veterans in the Coachella Valley have relatively similar levels of overall health, as illustrated in Table 5. Nearly 7,000 Coachella Veterans rate their general health as “fair” or “poor”, which is concerning, as their quality of life is likely quite low.

Table 5. General Health

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	17.5%	8,823	22.3%	67,795
Very good	41.9%	21,074	31.8%	96,908
Good	26.8%	13,517	29.1%	88,445
Fair or poor	13.8%	6,937	16.8%	51,234
Total	100.0%	50,352	100.0%	304,382

It is worth considering whether the frame of reference of what constitutes “fair” or “poor” health for these veterans may be different than the frame of reference for non-veterans. Some of the focus groups and key informant interviews revealed that veterans who qualitatively described their health as “pretty good shape” or “all right” were experiencing several different health concerns. For example, one focus group participant, when asked to rate his general health, stated, *“I’m doing all right. Dealing with a fatty liver, possible cirrhosis of the liver along with PTSD. But sustained injuries are mostly just tinnitus of the ear and bad knees.”*

Another veteran, when asked to rate his general health, said, *“Not the best. I had a bout with bladder cancer, and I have uh prolonged high blood pressure. Other than that I’m in pretty good shape... but then these past three months I’ve had rectal cancer. I just finished chemo and radiation.”*

Section 5: 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. This holds true for both veterans and non-veterans, as illustrated in Table 6. There was no significant difference in recent healthcare utilization based on veteran status.

Of note, approximately 2,350 Coachella Valley veterans have not been to visit a healthcare provider in the past five years, and thus, are likely not receiving the necessary preventative screenings to maintain their health.

Table 6. Time Since Most Recent Visit to Healthcare Provider

Length of Time	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	82.2%	41,413	69.2%	210,704
6 months to less than 1 year	9.2%	4,636	14.7%	44,618
1 year to less than 2 years	1.7%	873	5.9%	18,073
2 years to less than 5 years	2.1%	1,079	5.6%	17,082
5 or more years ago	4.7%	2,350	4.4%	13,447
Never	---	---	0.2%	589

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 for their usual source of care.

About half of Coachella Valley adults cite their usual source of care as a doctor’s office, and are likely receiving strong continuity of care. This holds true for both veterans and non-veterans. However, the adults who receive their usual care at the ER or urgent care are likely not getting the preventative care they need, and thus, may be at risk. As illustrated in Table 7, more than 13,500 Coachella Valley veterans get their usual care at an urgent care, emergency room, or hospital. These veterans should be connected to a primary care provider who can provide continuity of care as soon as possible.

Table 7. Usual Source of Care

	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Doctor’s office	53.2%	26,655	54.3%	164,332
Urgent Care	16.2%	8,135	12.5%	37,737
Emergency room/hospital	10.8%	5,393	10.5%	31,727
No usual place	6.9%	3,469	5.7%	17,200
Clinic	5.0%	2,503	14.0%	42,377
Health center	4.3%	2,136	1.5%	4,652
VA/ Veterans Association/ VA Hospital	3.5%	1,749	----	----
Other	0.2%	89	1.5%	4,455
Total	100.0%	50,129	100.0%	302,480

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.

Veterans and non-veterans experience very similar barriers to care, as illustrated in Table 8. The most common barrier to receiving care is understanding what is covered by their plans. This holds true for both veterans and non-veterans.

Table 8. Barriers to Receiving Care

	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Understanding what is covered by your plan	15.9%	7,958	15.9%	47,305
Hours that the healthcare provider is open to seeing patients	11.4%	5,734	14.6%	44,156
Finding a doctor of the gender, age, ethnicity, or sexual orientation that is comfortable for you	8.5%	4,267	7.6%	23,128
Taking time off work	8.2%	4,104	13.4%	40,755
Transportation	4.6%	2,296	8.8%	26,843
Not having authorization from an HMO	4.0%	1,965	10.8%	31,566
Language barriers or problems	2.9%	1,441	3.9%	12,029

As illustrated in Table 8, relatively few veterans cited transportation as an issue (about 2,300 veterans had this problem). However, qualitative interviews and focus groups demonstrated that while this may not be a problem for veterans with private health insurance or Medicare—who can get care at any of the three Valley hospitals—it is more of a concern for those who receive their care from VA facilities.

For veterans who want to receive VA healthcare, the nearest VA hospital is in Loma Linda, which is over 50 miles away from the Coachella Valley (and nearly 90 miles away for those who live in the eastern end of the Valley). There is a VA clinic located in Palm Desert, which several veterans said that they used, and all had positive things to say about the clinic. As one participant stated,

“I go to the VA clinic in Palm Desert... They treat me very, very well. And I have a good doctor she's great... And they honor my appointments. I don't wait long. So. I felt bad about the other Veteran facilities where the men had to wait and wait and wait.”

However, there were many services that were not provided at the VA clinic, and in these instances, veterans had to drive to Loma Linda to receive services. Some veterans were not bothered by the drive to Loma Linda, as illustrated here:

“All the major stuff - I have to go to Loma Linda, which is closer than what I was getting in [other state], so - but I don't have physical therapy or anything like that that makes it that difficult. I only go to Loma Linda about once a month, maybe. So the hardest part is trying to get the paperwork done for being reimbursed for driving there.”

Another veteran stated,

Interviewer: And the fact that going to Loma Linda you drive you have no problem with transportation?

Participant: I have no problem. If it's a situation where I've had some, I have some minor surgery on my back. I've had four colonoscopies with the Veterans since I've been going there, and my wife drives me back and forth without a problem.

But in contrast, many veterans who participated in the interviews and focus groups struggled with the long distances, as illustrated in the following quotes.

“I'm currently not using the VA, although I am rated by the VA for disability, because I don't want to drive all the way to where they want me to go.”

Participant: “I have healthcare through the VA, and I go right down here to the clinic which is on Cook... And of course if you need something more you go into Loma Linda where the hospital is.”

Interviewer: “Right, right. Have you ever gone to Loma Linda?”

Participant: “Oh yes. Couple times. But it's such a drive, I try not to go.”

“I need physical therapy for my arms. At this point, they didn't give me any good answer on being able to see a - a physical therapist here in the Coachella Valley. And physical therapy - I - it's something I need two or three times a week, and I can't drive all the way to Loma Linda.”

“You know, if you live all the way in Indio, you've got to go all the way to Loma Linda. That's - or - or, worse, if you're in Mecca - or something, you know, your closest service is Loma Linda; and that's a long way.”

One veteran suggested a potential solution for this challenge:

“It would seem to make sense if they can, you know, portion off maybe a small area in Eisenhower for VA doctors. That would probably be a great thing for all us veterans in the Low Valley- - or, Coachella Valley. I know there's a lot of them. so, seems to me like it would make sense to have one - one orthopedic surgeon, one podiatrist - you know - so on - you know, just in a small area.”

One veteran succinctly summed up the problem as such:

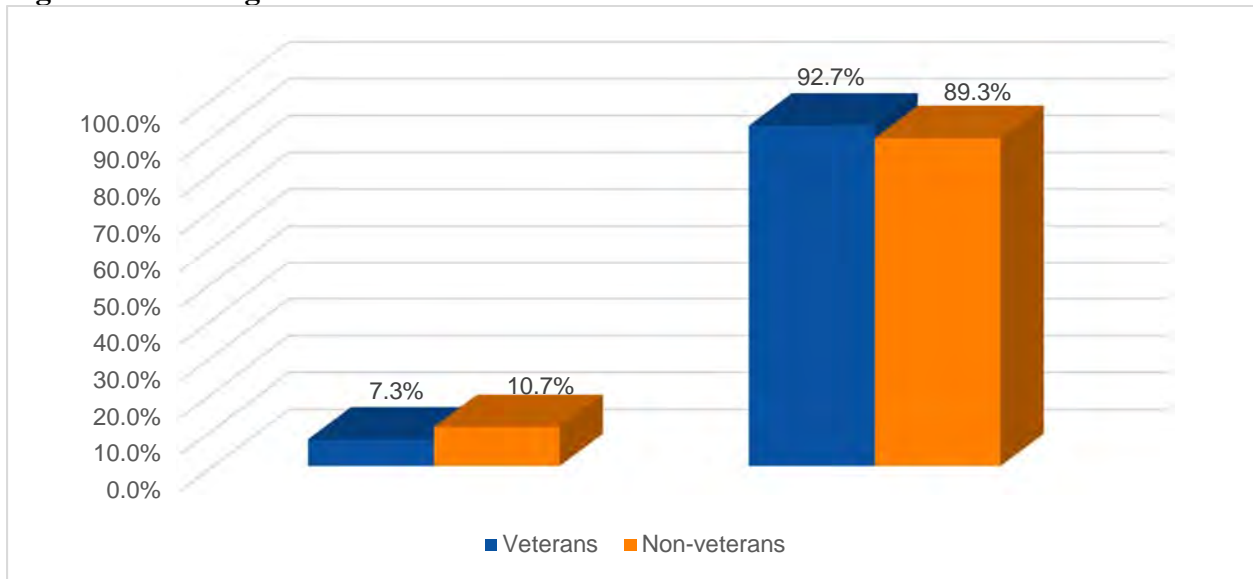
“With the number of veterans that are in the Coachella Valley that are really qualified for the benefits, I would say as far as the Valley is concerned, the answer would be no, there is not sufficient care in the Valley.”

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.

As illustrated in Figure 20, about 7% of veterans have sought treatment in Mexico in the past year. This is roughly equal to the non-veteran population, 11% of whom have sought treatment in Mexico in the past year.

Figure 20. Seeking Healthcare in Mexico



Section 6: Prevention

Preventive health – or preventative 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.

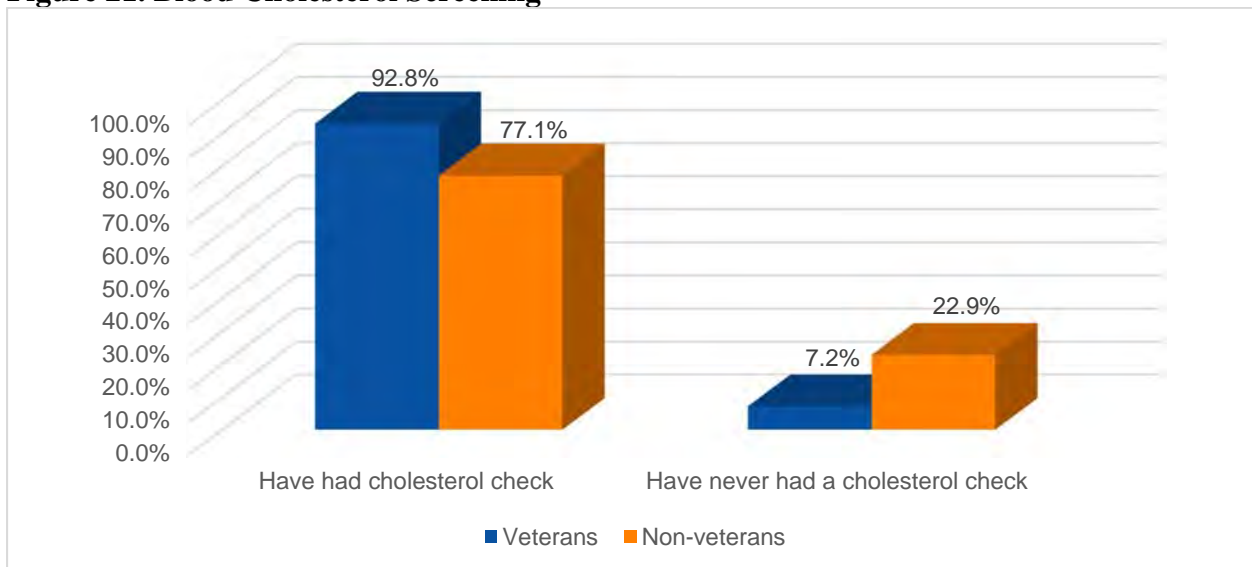
Blood Cholesterol Screening

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 levels through consuming a diet high in fiber and low in saturated fat and cholesterol. In addition, exercising regularly and maintaining a healthy weight also help in controlling blood cholesterol levels. 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.¹⁷

As illustrated in Figure 21, the majority of all adults—veterans and non-veterans—have had a blood cholesterol screening at least once in their lives. Veterans are significantly more likely than their non-veteran counterparts to have had a blood cholesterol screening, however—only 7.2% of veterans have not had this important screening. These 3,434 veterans should have their cholesterol checked as soon as possible to screen for high cholesterol levels.

Figure 21. Blood Cholesterol Screening



¹⁷ 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 a cholesterol screening at least once, most have had their screening within the past year. However, as illustrated in Table 9, veterans are significantly more likely than non-veterans to have had their cholesterol checked recently—nearly all Coachella Valley veterans have had their cholesterol checked in the past year.

Table 9. Time since Last Cholesterol Screening

	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past year	92.8%	40,808	76.9%	173,769
Within the past 2 years	4.1%	1,802	12.4%	27,987
Within the past 5 years	0.2%	89	6.7%	15,035
5 or more years ago	2.9%	1,253	4.1%	9,280
Total	100.0%	43,952	100.0%	226,071

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 periodic, regular dental visits. Advanced gum disease affects 4%-12% of adults in the United States.¹⁸ In addition, a quarter of U.S. adults aged 65 and older have lost all of their teeth.¹⁹

As illustrated in Tables 10 and 11, the majority of veterans have been to the dentist within the past year. Coachella Valley veterans are significantly more likely than their non-veteran counterparts to have been to the dentist within the past six months to receive a dental cleaning, indicating that they are likely getting adequate dental care. However, about 12% of veterans—5,979 adults—are overdue for a dental visit, and should schedule one as soon as possible to get a teeth cleaning.

Table 10. Time Since Last Dental Visit

	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	61.5%	30,840	45.2%	136,691
6 months to < 1 year	15.0%	7,505	21.8%	65,836
1 year to <2 years	3.2%	1,621	8.4%	25,359
2 years to <5 years	8.2%	4,122	12.5%	37,935
5 or more years ago	11.9%	5,979	11.1%	33,716
Never	0.2%	89	1.0%	2,963
Total	100.0%	50,156	100.0%	302,500

Table 11. Time Since Last Dental Cleaning

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months ago	58.0%	27,625	43.1%	127,132
6 months to <1 year	18.6%	8,871	20.9%	61,645
1 year to <2 years	3.9%	1,877	8.7%	25,745
2 years to <5 years	6.6%	3,161	14.5%	42,847
5 or more years ago	12.2%	5,826	11.0%	32,561
Never	0.6%	285	1.7%	4,967
Total	100.0%	47,645	100.0%	294,895

¹⁸ 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>

¹⁹ Ibid.

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 12, many Coachella Valley adults who have not been to the dentist in the past year have not gone because they see no reason to go—they are not in pain and don't need any dental work. Cost is another prohibitive factor—one that is likely especially pertinent for those without dental insurance. There were no significant differences in reasons for not visiting the dentist based on veteran status.

Table 12. Main Reason for not Visiting a Dentist within the Past Year

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
No reason to go, don't need it, no pain	32.3%	3,838	22.3%	22,330
Cost	25.8%	3,067	38.3%	38,393
No teeth/have dentures	15.0%	1,788	7.8%	7,841
Lack of dental coverage	7.4%	879	9.9%	9,978
Fear, nervousness, dislike going	5.9%	703	5.6%	5,578
Other priorities	3.4%	403	3.3%	3,316
Dislike dentist	1.6%	196	4.6%	4,602
No appointments available	1.6%	196	----	----
Don't have or don't know a dentist	1.1%	131	2.1%	2,065
Didn't think of it	0.8%	89	2.4%	2,369
Other	6.7%	806	4.8%	4,762
Total	100.0%	11,900	100.0%	100,345

Vision Care

The American Optometric Association recommends adults 18 to 60 years get their eyes checked every two years or as recommended. For adults 61 years and older it is recommended to have an eye exam annually or as recommended.²⁰

The majority of Coachella Valley veterans have had an eye exam within the past year, as illustrated in Table 13. Veterans are significantly more likely than their non-veteran counterparts to have had an eye exam in the past two years, and thus, are likely taking good care of their vision. Virtually all veterans have had an eye exam at least once in their life—likely because of the physical requirements to get into the military. This is in contrast to non-veterans, 16,500 of whom have never had an eye exam.

Table 13. Time Since Last Vision Exam

	Veterans		Non-veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within the past month	17.8%	8,921	14.1%	42,068
1 month to <1 year	51.4%	25,813	42.6%	127,005
1 year to <2 years	16.1%	8,100	12.7%	37,927
2 or more years ago	13.9%	6,996	24.9%	74,301
Never	0.8%	416	5.5%	16,514
Total	100.0%	50,245	100.0%	297,815

²⁰ 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

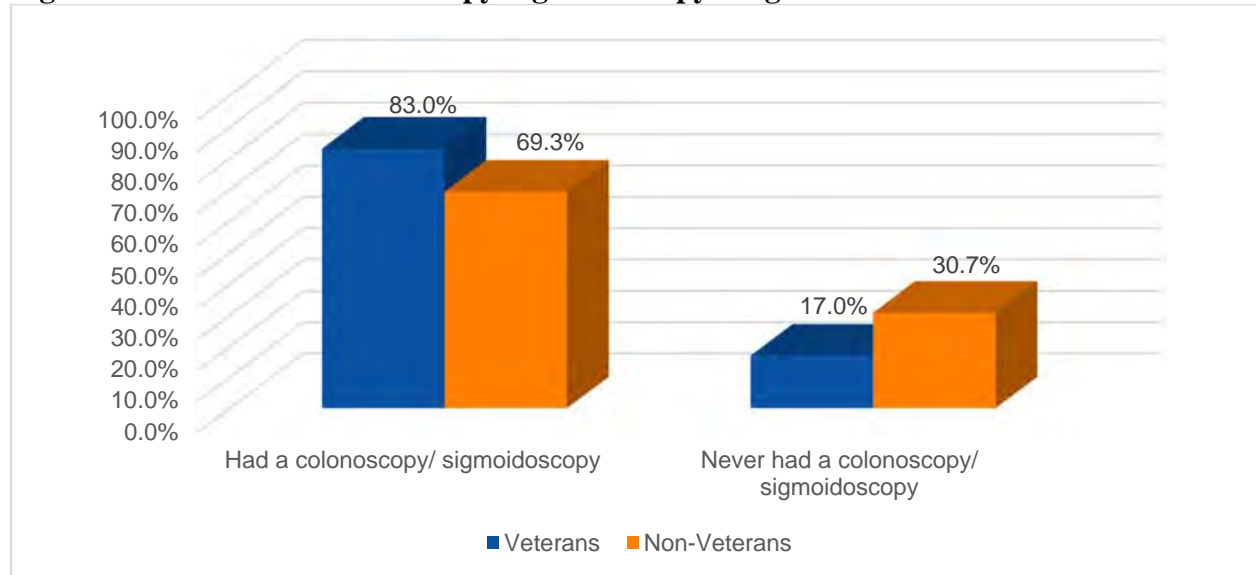
Colon cancer is cancer of the large intestine (colon). Rectal cancer is cancer of the last several inches of the colon. Together, they are often referred to as colorectal cancer.

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.²¹

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.²² In 2009 there were 136,717 individuals diagnosed with colorectal cancer in the U.S. and 51,848 deaths due to the disease.²³ As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.²⁴

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 22, veterans are significantly more likely than non-veterans to have had this important screening. Approximately 83% of veterans age 50 and older have had a colonoscopy or sigmoidoscopy, compared to only 69% of non-veterans age 50 and older. However, 17% of older veterans—approximately 6,532 adults—have never had this important screening, and thus, should schedule one in the near future.

Figure 22. Ever Had a Colonoscopy/Sigmoidoscopy – Age 50 +



²¹ Colorectal (Colon) Cancer. (2014). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/>

²² Colorectal Cancer Statistics. (2012). Centers for Disease Control and Prevention. <http://www.cdc.gov/cancer/colorectal/statistics/>

²³ Ibid.

²⁴ 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

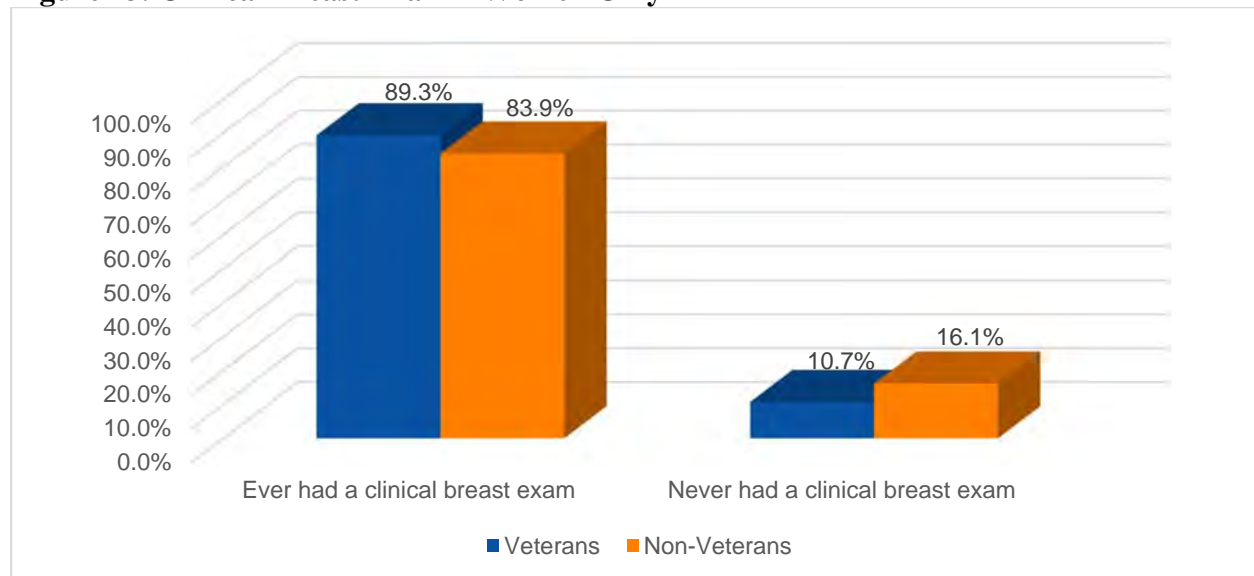
Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Risk factors for developing breast cancer include older age, early age of menarche, family history, obesity, and hormone therapy.

Breast cancer is the most common cancer among American women, except for skin cancers. About 1 in 8 (12%) women in the US will develop invasive breast cancer during their lifetime.²⁵ 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.

In the Coachella Valley, the majority of both veteran and non-veteran women have had a clinical breast exam, 89.3% and 83.9% respectively, as illustrated in Figure 23. Unfortunately, 10.7% of veteran women (613 adults) and 16.1% of non-veteran women (27,001 adults) have not had this important test done. Thus, these women should be schedule an exam in the near future to check for this common cancer.

Figure 23. Clinical Breast Exam – Women Only



²⁵ Breast Cancer. (2014) American Cancer Society. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

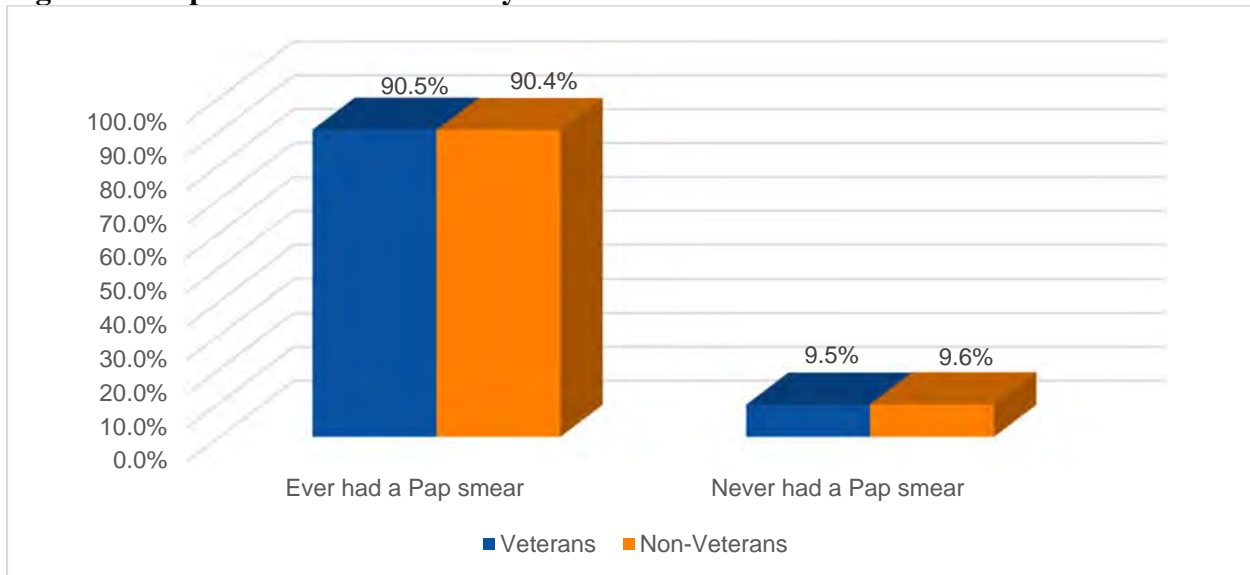
Pap Smear Test

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.²⁶ Beginning at age 30, women can also choose to have an HPV test along with the Pap test.²⁷ 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.²⁸

In the Coachella Valley, the majority of both veteran and non-veteran women have had a pap smear, as illustrated in Figure 24. Unfortunately, about 9.5% of veteran women (approximately 538 adults) and 9.6% of non-veteran women (approximately 16,256 adults) have never had a pap smear, and thus, should be screened for cervical cancer.

Figure 24. Pap Smear – Women Only



²⁶ Cervical Cancer Screening. (2013). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/cancer/cervical/basic_info/screening.htm

²⁷ Ibid.

²⁸ 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

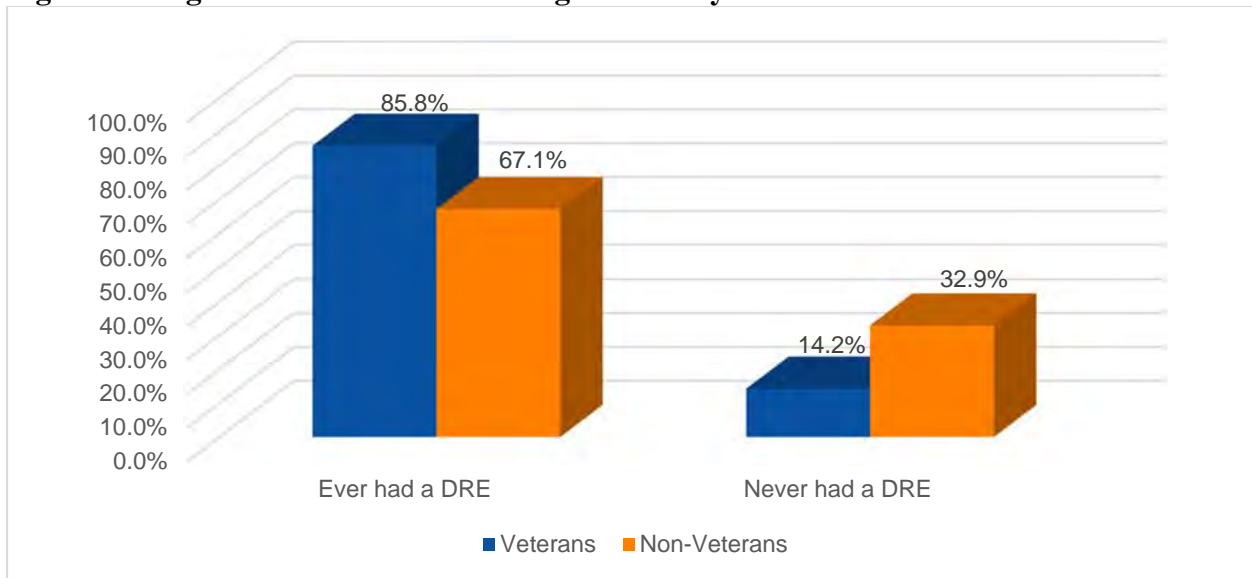
Prostate Cancer Screening

Prostate cancer, or abnormal cell growth in the prostate, is the second leading cause of cancer death in American men, behind only lung cancer.²⁹ 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.³⁰

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.

Most Coachella Valley men over the age of 40 have had a digital rectal exam at least once. As illustrated in Figure 25, veterans are significantly more likely than non-veterans to have had a DRE. Approximately 14.2% of male veterans age 40 and over (5,371 men) have never had a DRE. In contrast, nearly 33% of non-veteran males age 40 and over (25,639 men) have not had this important test.

Figure 25. Digital Rectal Exam – Men Age 40 + Only



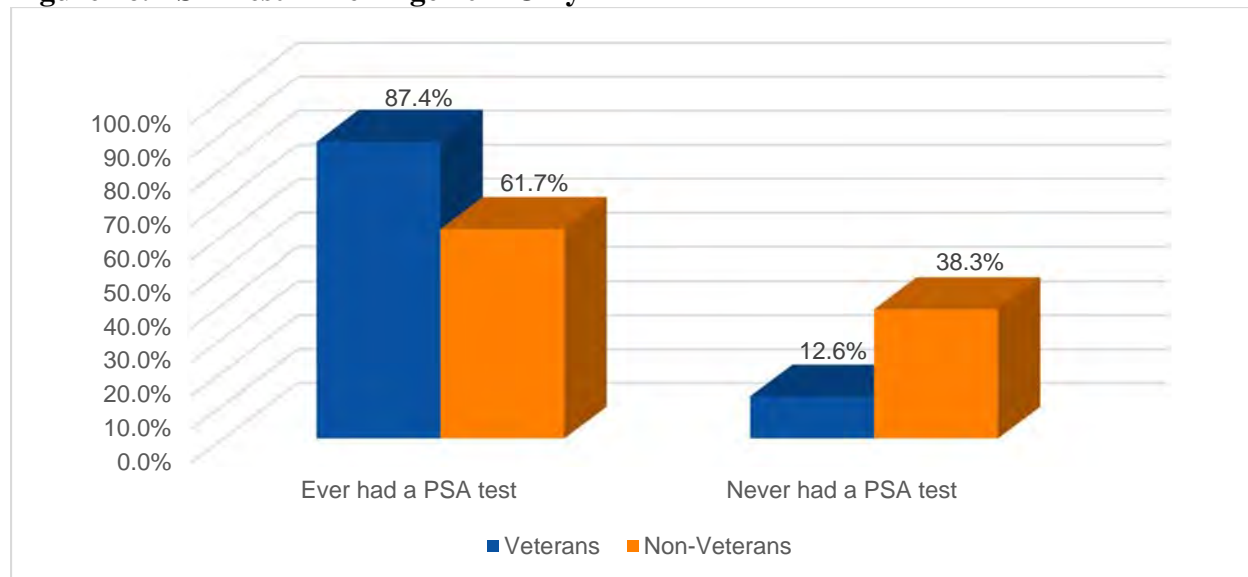
²⁹ Cancer and Men. (2013). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/features/cancerandmen/>

³⁰ 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>

Coachella Valley veterans are also significantly more likely than their non-veteran counterparts to have had a PSA test. As illustrated in Figure 26, 87% of male veterans age 40 and older have had a PSA test. This is substantially more than the rate for non-veteran males over 40—only 62% of whom have had a PSA test.

However, approximately 4,730 male veterans age 40 and over have never had a PSA test, along with 28,106 of their non-veteran counterparts.

Figure 26. PSA Test – 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.³¹ 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?” Results show that about half of men who had had a PSA test (55%) engaged in such a discussion with their doctor prior to testing. This did not differ based on veteran status—about 55% of veterans and 55% of non-veterans had had such a discussion. Approximately 45% of men—veterans and non-veterans alike—did not have such a discussion prior to getting their PSA test, and thus, may not have had all the information they need to make an informed decision about their care.

³¹ Prostate Cancer: Screening. (2013). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/cancer/prostate/basic_info/screening.htm

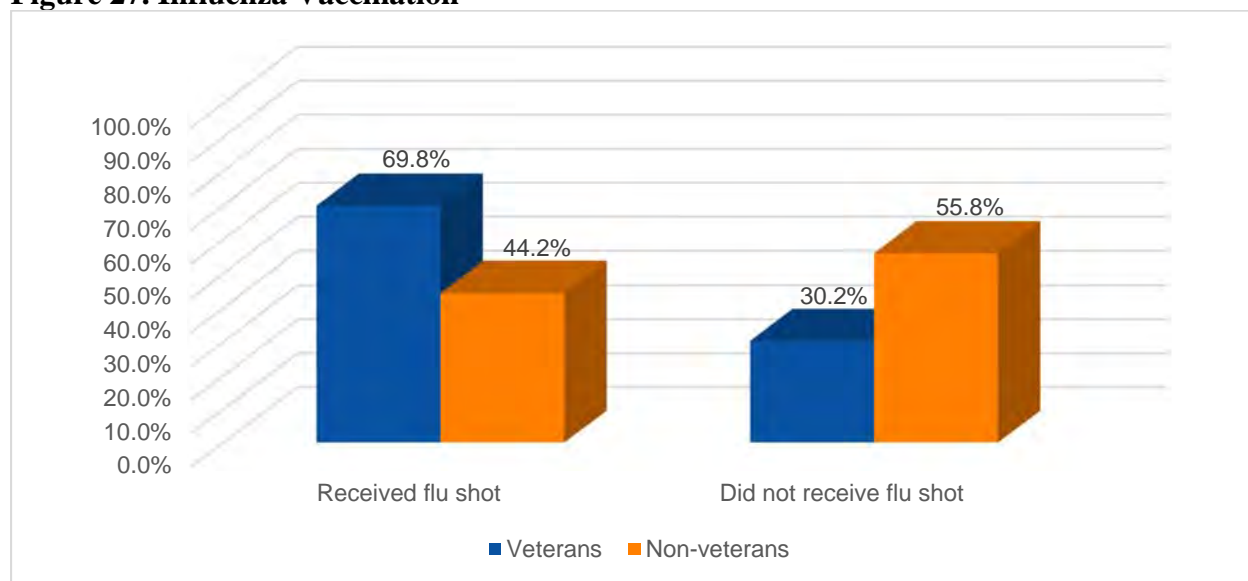
Vaccination

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.³² The CDC recommends that all people older than 6 months of age should be vaccinated against influenza annually, with extremely rare exceptions.³³

As illustrated in Figure 27, veterans are significantly more likely to have received a flu vaccine in the past year than non-veterans. Approximately 70% of veterans had a flu vaccination, compared to only 44% of non-veterans. However, approximately 15,215 veterans have not had a flu vaccine in the past year, and thus, are at risk for complications should they be infected. This is especially pertinent for those veterans who are older adults, as older adults and very young children are typically the most susceptible to the flu.

Figure 27. Influenza Vaccination



³² Vaccine Information for Adults. (2014) Center for Disease Control and Prevention. Available online at: <http://www.cdc.gov/vaccines/adults/reasons-to-vaccinate.html>

³³ CDC Seasonal Influenza (Flu): Who Should Get Vaccinated Against Influenza. Available online at: <http://www.cdc.gov/flu/protect/whoshouldvax.htm>

Section 7: 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.

The majority of Coachella Valley adults consumed alcohol at least once in the past month. This holds true for both veterans and non-veterans, as illustrated in Table 14. Drinking rates were roughly similar between the two groups.

Table 14. Alcohol Consumption

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Did not drink at all in the past month	25.9%	9,034	36.2%	69,327
Drank at least once in the past month	74.1%	25,832	63.8%	121,935
Total	100.0%	34,866	100.0%	191,262

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.³⁴

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 than 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.³⁵

³⁴ Fact Sheets – Binge Drinking. (2012). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

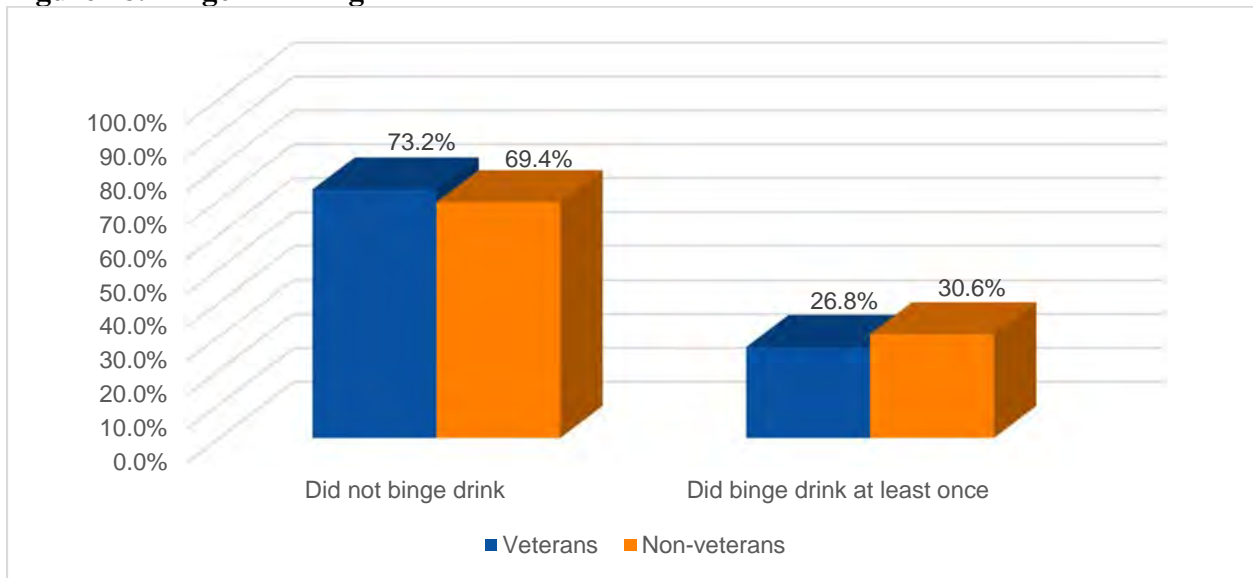
³⁵ Ibid.

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

Most Coachella Valley drinkers are not engaging in binge drinking, as illustrated in Figure 28. This applies to both veterans and non-veterans—the majority of *all* adult drinkers in the Coachella Valley are not binge drinking. There were no significant differences in binge drinking based on veteran status.

However, approximately 10,430 veterans and 63,054 non-veterans have engaged in binge drinking recently, and thus, may be at risk for many of the negative health repercussions that can be caused by excessive drinking.

Figure 28. Binge Drinking



Tobacco Use

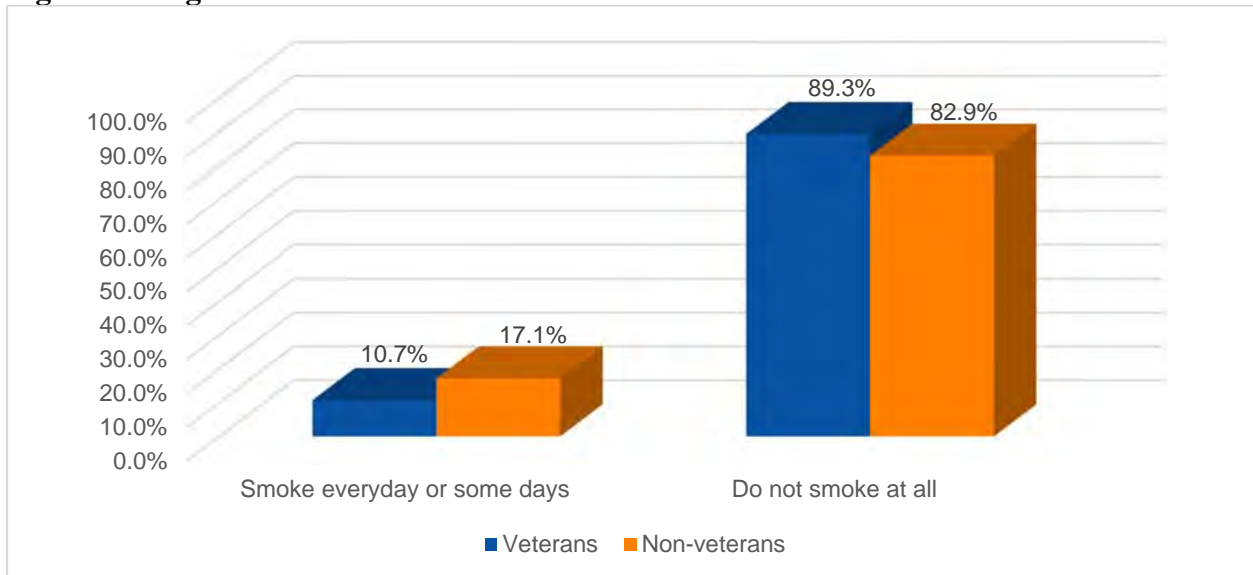
Tobacco is commonly used as a drug throughout the United States. The most common uses for tobacco are cigarettes, cigars, pipes, and for chewing. Tobacco use has been associated with heart disease, cancer of different areas of the body (including lung, larynx, and pancreatic cancer), and lung diseases (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.³⁶

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.³⁷

As illustrated in Figure 29, the majority of Coachella Valley adults do not smoke cigarettes. This did not differ based on veteran status—veterans and non-veterans alike were equally likely to abstain from cigarettes.

However, approximately 4,790 Coachella Valley veterans do smoke cigarettes (as well as 44,809 non-veterans). Thus, these adults likely have an elevated risk of heart disease, lung disease, and cancer.

Figure 29. Cigarette Smokers



³⁶ 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

³⁷ Ibid.

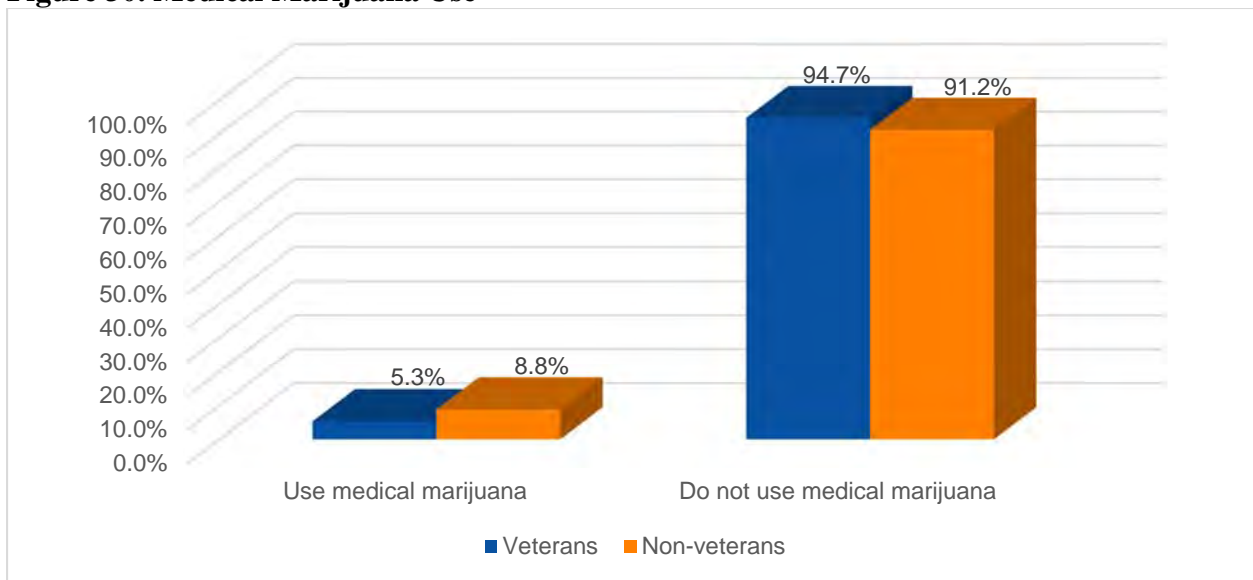
Medical Marijuana Use

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.³⁸

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, less than 10% of Coachella Valley adults use marijuana for medical purposes. This holds true for both veterans and non-veterans—there was no significant difference in medical marijuana use based on veteran status. Overall, 2,639 Coachella Valley veterans use marijuana for medical purposes.

Figure 30. Medical Marijuana Use



³⁸ California Department of Public Health, Medical Marijuana Program. Available online at: <http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx>

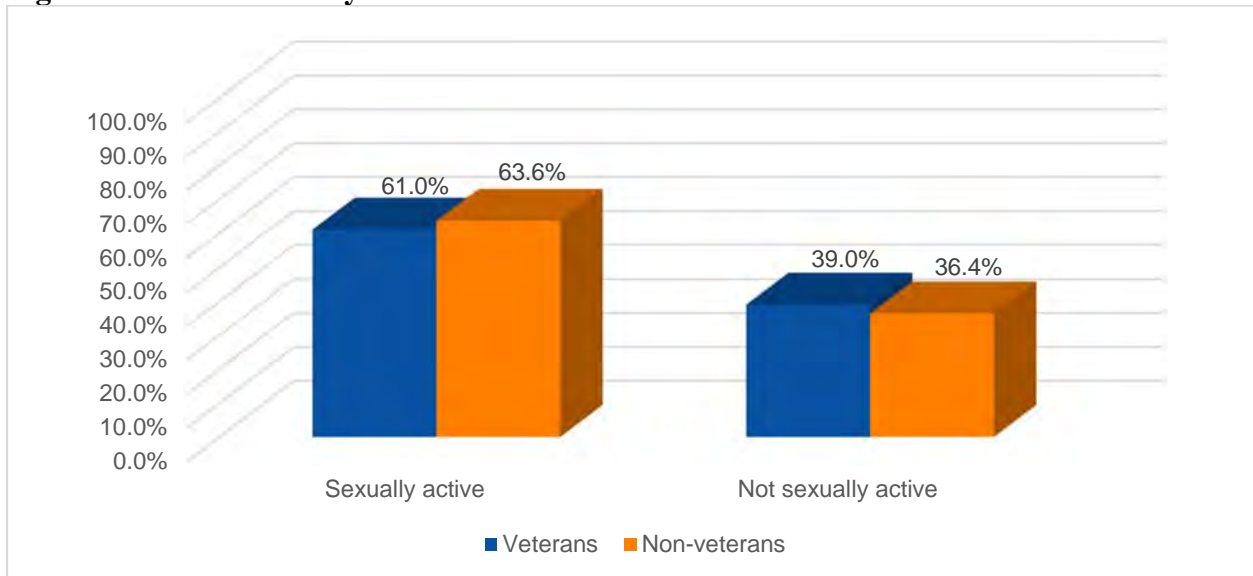
Sexual Health

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.

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.

Most Coachella Valley adults are currently (within the past year) sexually active. As illustrated in Figure 31, a little over a third of Coachella Valley adults are not sexually active. This is consistent for both veterans and non-veterans. Overall, there are 29,081 sexually active veterans in the Coachella Valley.

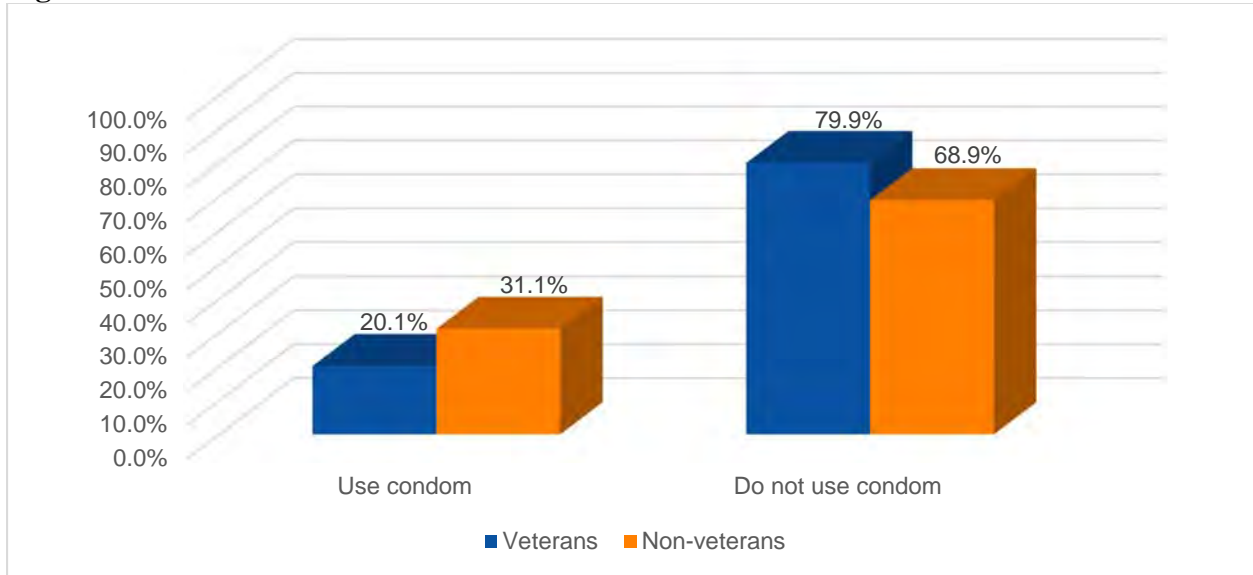
Figure 31. Sexual Activity



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 Coachella Valley adults who are sexually active do not use condoms. This holds true for veterans and non-veterans alike. Only 20% of sexually active veterans use condoms—a rate which is comparable to that for non-veterans.

Figure 32. Condom Use



When asked their reasoning for not using a condom, most sexually active adults cited the fact that they were married or in another monogamous relationship. As illustrated in Table 15, reasons for lack of condom use are relatively similar between veterans and non-veterans.

Table 15. Reasons for not Using a Condom

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Married	53.2%	11,586	61.0%	76,853
In a monogamous relationship	31.8%	6,933	26.4%	33,299
Don't like condoms	8.7%	1,896	2.8%	3,559
Do not like the sensation	1.4%	312	0.3%	349
Other	4.9%	1,060	9.4%	11,836
Total	100.0%	21,786	100.0%	125,896

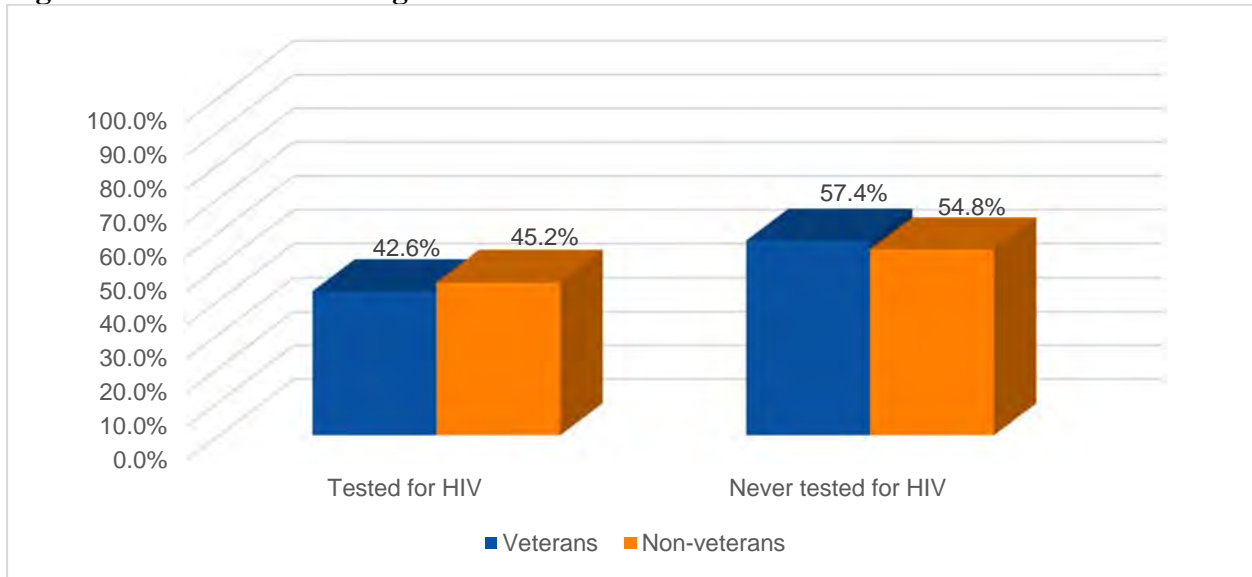
HIV/AIDS Screening

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.³⁹ 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.⁴⁰ 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.⁴¹

Unfortunately, more than half of Coachella Valley adults have never been tested for HIV. This includes both veterans and non-veterans, as illustrated in Figure 33. Overall, 27,720 veterans have never been tested for HIV.

Figure 33. HIV/AIDS Testing



³⁹ 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

⁴⁰ 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.

⁴¹ Centers for Disease Control and Prevention (2013). Revised guidelines for HIV testing in non-clinical settings and linkage to health prevention services.

Section 8: Major Disease

Chronic illnesses – the leading cause of death and disability in the nation – are diseases that generally take years or decades to progress, are persistent, and can last for long periods of time. 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. These conditions diminish one’s quality of life and often result in continuous health care costs.

Chronic Illness & Major Disease

As illustrated in Table 16, high blood pressure, high cholesterol, and arthritis are the most common ailments in the Coachella Valley. This holds true for both veterans and non-veterans, although veteran rates of diagnoses tend to be higher than non-veterans.

Overall, Coachella Valley veterans have a significantly higher disease burden than non-veterans. Veterans were significantly more likely than non-veterans to have been diagnosed with cancer, diabetes, heart disease, heart attack, and stroke. Part of this may be due to their relatively advanced age, while others may be side effects of service.

Vietnam veterans who were exposed to Agent Orange are at a high risk of leukemia, diabetes, Hodgkin’s disease, heart disease, Parkinson’s disease, peripheral neuropathy, prostate cancer, and respiratory cancers, among others. Similarly, Gulf War veterans may suffer from “Gulf War Syndrome”, or medically unexplained illnesses, including chronic fatigue syndrome, fibromyalgia, gastrointestinal disorders, cardiovascular disease, and respiratory disorders, among others. Thus, these service-related exposures may be the source of the increased incidence of cancer, diabetes, heart disease, heart attack, and stroke in some Coachella Valley veterans.

Table 16. Major Disease Diagnoses

	Veterans	Non-Veterans	Significant Difference?
High blood pressure	47.7%	36.2%	No
High cholesterol	38.9%	29.4%	No
Arthritis	35.5%	26.7%	No
Cancer	25.7%	11.9%	Yes
Heart disease	19.5%	6.1%	Yes
Diabetes	18.4%	8.9%	Yes
Heart attack	11.6%	4.0%	Yes
Respiratory disease	11.3%	8.9%	No
Osteoporosis	8.9%	9.7%	No
Asthma	8.9%	10.3%	No
Stroke	7.5%	2.2%	Yes
Liver disease	3.1%	1.6%	No
Tuberculosis	1.9%	0.9%	No

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.⁴²

Adults who had been diagnosed with cancer were subsequently asked to report what type of cancer they had been diagnosed with. Results showed that the most common type of cancer for Coachella Valley veterans was prostate cancer—39.8% of veterans with cancer (5,150 veterans) had been diagnosed with prostate cancer. In contrast, only 8.6% of non-veterans with cancer (3,123 adults) were diagnosed with prostate cancer. This discrepancy is likely due to the gender differences—since most veterans are male, it is logical that male-specific disease would be overrepresented in this population.

For a subset of Vietnam Veterans, this may also possibly be due to side effects of Agent Orange, which has been demonstrated to cause prostate cancer.⁴³ Care providers of male veterans should be aware of the increased risk of prostate cancer. Additionally, prostate care providers should be aware that many of their patients are likely veterans, and may have other health issues in addition to the prostate cancer.

Skin cancer is the next most common type of cancer—36.9% of veterans with cancer have been diagnosed with skin cancer, as have 31.2% of non-veterans with cancer. Together, this accounts for approximately 16,000 Coachella Valley adults who have been diagnosed with skin cancer.

Veterans were significantly less likely than non-veterans to have been diagnosed with breast cancer. Less than 1.0% of veterans with cancer had breast cancer, compared to 22.0% of non-veterans with cancer. Again, this is likely due to the gender discrepancies in Coachella Valley veterans—since relatively few Coachella Valley veterans are female, veterans as a whole have low prevalence rates for disease that strike mostly women, such as breast cancer. There were no cases of cervical cancer or uterine cancer in the veteran population of the Coachella Valley, likely a result of the gender differences.

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

⁴³ U.S. Department of Veterans Affairs. Veterans diseases associated with Agent Orange. Available online at: <http://www.publichealth.va.gov/exposures/agentorange/conditions/>

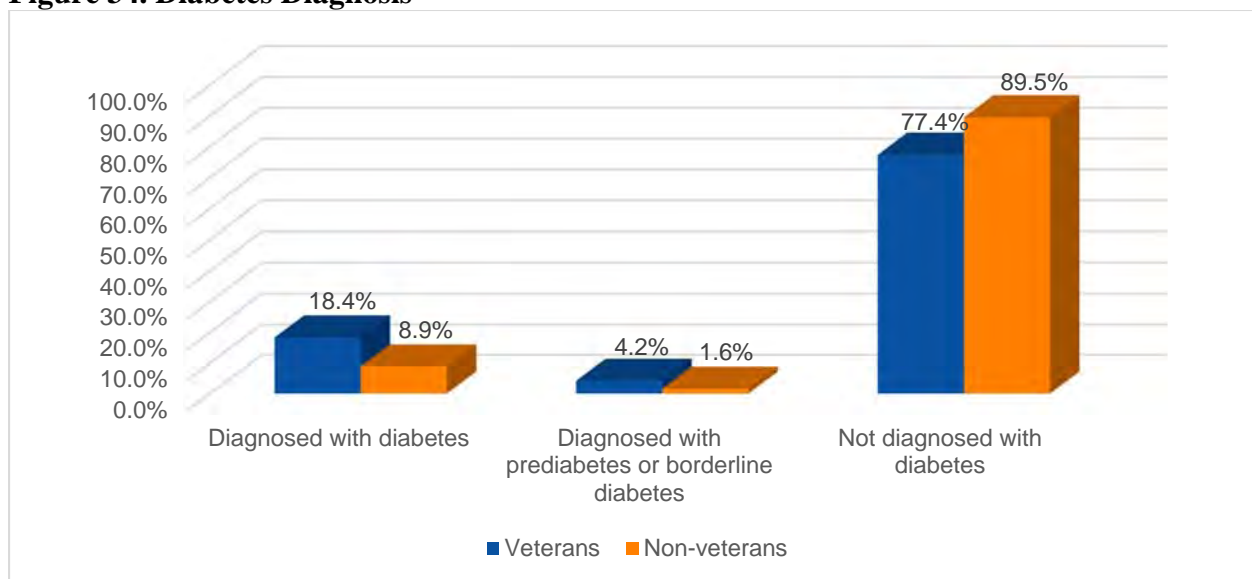
Diabetes

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.⁴⁴

Veterans are significantly more likely than non-veterans to have been diagnosed with diabetes, as illustrated in Figure 34. They are also significantly more likely to have been diagnosed with pre-diabetes or borderline diabetes. Approximately 9,177 veterans have been diagnosed with diabetes, and an additional 2,111 have been diagnosed with pre-diabetes. For Vietnam veterans, this may possibly be due to side effects of Agent Orange exposure, which has been demonstrated to cause diabetes.⁴⁵

Figure 34. Diabetes Diagnosis



⁴⁴ Diabetes Statistics. (2012). American Diabetes Association. Available online at: <http://www.diabetes.org/diabetes-basics/diabetes-statistics/>

⁴⁵ U.S. Department of Veterans Affairs. Veterans diseases associated with Agent Orange. Available online at: <http://www.publichealth.va.gov/exposures/agentorange/conditions/>

Most Coachella Valley adults with diabetes have visited their healthcare provider for diabetes care at least once in the past year, as illustrated in Table 17. However, approximately 20% of diabetic veterans and 23% of diabetic non-veterans have not seen their healthcare provider about their diabetes in the past year. These diabetics may not have their diabetes under control, and may struggle to manage the symptoms as a result.

Table 17. Number of Times Visited a Healthcare Provider for Diabetes in Past 12 Months

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
1 to 3 times	53.3%	3,239	54.7%	9,862
4 to 6 times	18.1%	1,103	12.1%	2,188
7 or more	8.8%	536	9.8%	1,759
Not in the past year	19.8%	1,201	23.4%	4,212
Total	100.0%	6,079	100.0%	18,022

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. Most Coachella Valley diabetics have had their eyes examined in the past year, as illustrated in Table 18. Both veterans and non-veterans are equally likely to have had their eyes checked within the past year. However, approximately 8% of diabetic veterans have not had an eye exam in the past two years, and thus, are likely overdue for this important screening exam.

Table 18. Diabetics- Time Since Last Eye Exam

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Within past month	18.5%	2,087	18.6%	5,821
One month to < one year	61.0%	6,888	56.9%	17,780
One year to < two years	12.9%	1,453	7.0%	2,193
Two or more years ago	7.6%	861	13.7%	4,271
Never	----	----	3.7%	1,168

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.

Additionally, as diabetics are at risk for foot sores and limb loss, feet should be checked frequently for diabetics as well. As illustrated in Table 19, most Coachella Valley diabetics have had a hemoglobin A1C check in the past year, as well as a foot exam. However, about 10% of veterans have not had a hemoglobin A1C check in the past year, and thus, may not be knowledgeable about how to manage their diabetes. Additionally, 19% have not had a foot exam in the past year, and thus, should be checked in the near future.

Table 19. Diabetic-Specific Preventive Exams in the Past 12 Months

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Hemoglobin A1C Checked				
One or three times	61.8%	5,618	58.2%	14,129
Four to six times	27.2%	2,471	21.7%	5,271
Seven or more times	1.5%	134	6.1%	1,479
None in the past 12 months	9.5%	864	14.0%	3,405
Feet Checked				
One to three times	60.4%	5,488	47.6%	12,389
Four to six times	15.7%	1,425	15.8%	4,116
Seven or more times	2.3%	206	4.0%	1,040
No feet	3.0%	269	----	----
None in the past 12 months	18.7%	1,701	32.6%	8,503

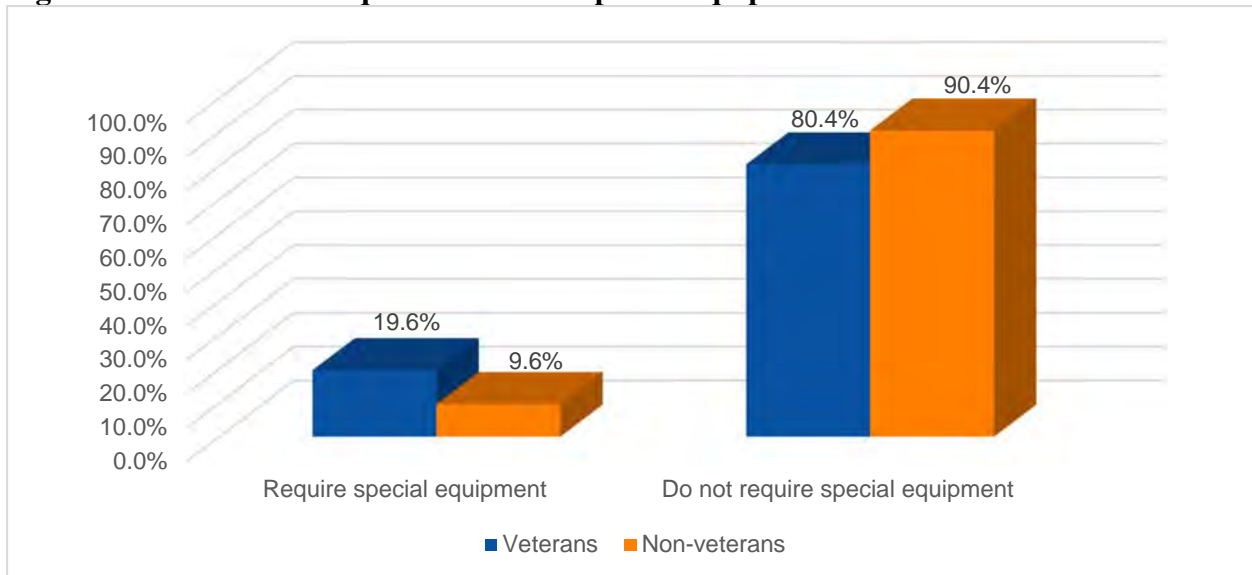
Section 9: Disability

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.

Nationally, about 28.5% of veterans have a disability, compared to only 14.1% of non-veterans.⁴⁶ This pattern holds true for California veterans as well—28.1% of veterans in the state of California have a disability, compared to 12.1% of California non-veterans.⁴⁷ Thus, it is reasonable to believe that Coachella Valley veterans are also disproportionately at risk for disabilities, especially given their relatively advanced age.

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, Coachella Valley veterans are significantly more likely to require the use of special equipment than non-veterans. Approximately 20% of Coachella Valley veterans (9,866 veterans) require the use of assistive technology.

Figure 35. Adults that Require the Use of Special Equipment



⁴⁶ American Community Survey 1-Year Estimates, 2013. United States Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

⁴⁷ American Community Survey 1-Year Estimates, 2013. California Veteran Status. Available online at: http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_13_1YR_S2101&prodType=table

Section 10: 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.

Soldiers experience a unique environment that can produce serious mental health disparities. There are many stressors and emotions that are involved with being in the military, including the very real risk of injury or death, being separated from loved ones on extended deployments, and survivor's guilt, among others. As a result, active duty service members and veterans have high rates of depression, anxiety, PTSD, substance abuse, and suicide.⁴⁸ PTSD is especially prevalent for veterans. In the general population, PTSD occurs in about 7% to 8% of the population. In contrast, PTSD prevalence among veterans ranges from about 12% (Gulf War Veterans) to 30% (Vietnam Veterans) based on era of service.⁴⁹ Suicide rates of veteran VA users are also high; in fact, they are nearly double the rate in the general population.⁵⁰ Nationally, approximately 8,000 veterans take their own lives each year, a rate of about 22 deaths per day.

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.⁵¹

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.).

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

⁴⁸ Medline Plus. Veterans and Military Health. Available online at:

<http://www.nlm.nih.gov/medlineplus/veteransandmilitaryhealth.html>

⁴⁹ How common is PTSD? (2014) U.S. Department of Veterans Affairs. Available online at:

<http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

⁵⁰ Department of Veterans Affairs, Mental Health Services. (20102). Suicide Data Report, 2012. Available online at: <http://www.va.gov/opa/docs/Suicide-Data-Report-2012-final.pdf>

⁵¹ 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>

mental health disorders. This may be especially true for older male veterans, who were conditioned to believe that mental health disorders were weak or shameful. Veterans who hold these beliefs may never talk to their healthcare provider about their issues, and thus, are not captured in the estimates of diagnosed mental health disorders.

Approximately 6,900 Coachella Valley veterans have been diagnosed with one or more mental health disorders. As illustrated in Table 20, depression and PTSD are the two most commonly diagnosed mental health disorders for veterans (depression and anxiety are the top two diagnosed mental health disorders for non-veterans).

There were no significant differences in diagnosed mental health disorders between veterans and non-veterans. That is, both had relatively similar rates of diagnoses for each illness, and for mental health disorders as a whole.

Table 20. Diagnosed Mental Health Disorders

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Depressive disorder	6.6%	3,326	12.2%	37,131
Post-traumatic stress disorder (PTSD)	5.9%	2,980	3.9%	11,702
Generalized anxiety disorder	4.3%	2,150	8.5%	25,937
Obsessive compulsive disorder (OCD)	2.3%	1,175	2.7%	8,187
Panic disorder	2.2%	1,110	4.2%	12,842
Phobia	1.9%	935	5.1%	15,607
Bipolar disorder	1.2%	611	2.0%	6,071
Schizophrenia	1.1%	578	1.1%	3,224
Other	0.8%	384	0.9%	2,708

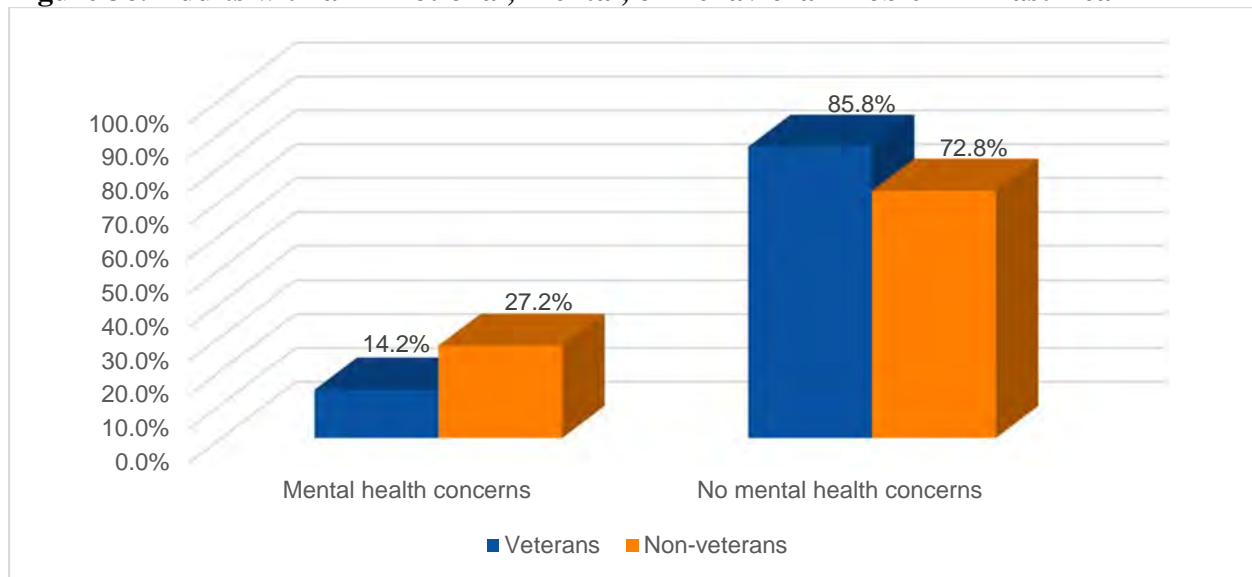
Based on the large discrepancy between veterans who have been diagnosed with mental health disorders and the national figures on the prevalence of mental health issues among veterans, it is likely that many Coachella Valley veterans have an undiagnosed mental health disorder. This is especially true for PTSD. Care providers for veterans should be aware of this, and should be alert for signs of undiagnosed mental health disorders. Veterans should educate themselves on symptoms of mental health disorders, and seek treatment if needed.

Recent Mental, Emotional, or Behavioral Problems

Mental health disorders are only one part of mental health. Another important part of mental health is more transient 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, about 14% of Coachella Valley veterans (7,130 veterans) had an emotional, mental, or behavioral problem that concerned them in the past year. This is significantly less than the rate for non-veteran adults, 27.2% of whom have had an emotional, mental, or behavioral problem that concerned them in the past year.

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



Results of the key informant interviews and focus groups revealed that many combat veterans experience flashbacks. For example:

“I’ve had flashbacks from the time that my injury. I’ve had, you know, bad dreams and so on because of that, recalling that incident.”

[in reference to witnessing the death of a close friend]: “I had nightmares from that. I wake up in the middle of the night about that. Because we were so close. And there were times that I cry about it, you know.”

“I saw parts of our guys laying around or have been bombed out places, bombed out tanks. Uh, stuff like that. And you know it’s really something I don’t really wish to discuss. But it was just terrible and it was - it plays in my mind now every once in a while.”

Of those 7,130 veterans with emotional, mental or behavioral problems, 63.0% considered their problems severe enough to need professional help. The majority of veterans who needed professional help with their mental, emotional, or behavioral problems knew who to contact for help with these problems. Unfortunately, 10.4% of veterans with emotional, mental, or behavioral problems (about 739 veterans) did not know where to turn for professional help with these problems, and thus, are likely struggling to cope.

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. As illustrated in Table 21, visiting a mental health professional is the most common treatment.

Table 21. Mental Health Treatment in Past 12 Months

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Visited a mental health professional for mental health concern or condition	43.8%	4,741	31.3%	31,164
Taken any medication for mental health concern or condition	41.4%	4,329	37.2%	37,010
Received counseling or therapy for mental health concern or condition	39.4%	4,262	23.8%	23,700
Visited a primary care provider for mental health concern or condition	35.5%	3,847	23.4%	23,288

Some veterans in the interviews and focus groups described how they had sought treatment for their mental health issues. For example,

“A few other problems I had with depression upon leaving the Army. I’ve since gotten a hold of those.”

Interviewer: Did you get any help [for your flashbacks that you mentioned]?

Participant: No, not immediately because, and I’d have to say that, you know, you’re young. You don’t understand a lot of things that are happening to you. I didn’t realize it until later on. I became short tempered. Was very difficult to deal with at home. Then I went for counseling and some psychi – psychiatric... And they eventually pulled it out that was what the reason.

“As far as mental health, I’ve done counseling on and off all my life.”

According to focus group veterans, the Palm Desert VA clinic provides limited mental health care—with a psychologist (mental health professional who cannot prescribe medications) and a physician’s assistant who can prescribe medications. Prescription medication can be renewed at the Palm Desert VA, based on key informant input, and can be monitored routinely at the clinic, with periodic visits to the psychiatrist at the Loma Linda VA Hospital.

Section 11: 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.

According to the World Health Organization, a person with a BMI value higher than 30 is considered to be obese. Obesity has serious medical consequences. It can lead to an increased risk for various diseases such as type 2 diabetes, hypertension, coronary heart disease, and ischemic stroke. 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. As illustrated in Table 22, the majority of Coachella Valley adults are overweight or obese. Veterans are significantly less likely to be underweight than their non-veteran counterparts. In contrast, they are significantly more likely to be overweight than their non-veteran counterparts. Roughly equal proportions fall into the “normal” and “obese” categories. Thus, it is clear that obesity is an issue for veterans as well as other Coachella Valley adults.

Table 22. BMI Categories

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	0.9%	464	4.5%	13,100
Normal	29.6%	14,646	37.7%	109,070
Overweight	49.3%	24,358	36.3%	105,131
Obese	20.2%	9,988	21.4%	62,043
Total	100.0%	49,456	100.0%	289,344

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.⁵²

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 illustrated in Table 23, most Coachella Valley adults engage in such aerobic activity on at least a few days each week. About a third of Coachella Valley adults—veterans and non-veterans alike—are physically active every day, indicating that they are likely getting the recommended amount of exercise. There were no significant differences in aerobic exercise based on veteran status.

Table 23. Frequency of Physical Activity in Past Week

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	14.9%	7,489	17.3%	52,130
1 to 2	7.8%	3,919	12.7%	38,437
3 to 4	28.1%	14,076	21.8%	65,907
5 to 6	13.4%	6,731	12.5%	37,881
Every day	35.7%	17,880	35.7%	107,712
Total	100.0%	50,095	100.0%	302,068

Several of the veterans who participated in focus groups and interviews credited their good health with staying active. For example, one veteran stated,

“I think I’m in pretty good shape for my age. I stay very active outside. I participate in athletics. I play tennis. I play softball. I play golf. I do something at least 6 days out of 7 a week.”

Similarly, another veteran said,

“I exercise five days a week for about an hour and a half each day. Which includes swimming. And I’m very active in a lot of organizations.”

Others mentioned that they would like to stay active, but had trouble doing so because of pain and/or disability. For example,

“I used to be an athlete. I guess I could still consider myself an athlete, but I can’t play the sports because of the pain it costs me. It’s just not worth it.”

And another said,

“I used to be very busy and active and everything, but [cancer] sure put a damper on me.”

⁵² Physical Activity. (2011). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/physicalactivity/everyone/guidelines/adults.html>

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 illustrated in Table 24, strength-building exercises are much less common than aerobic activity. About half of Coachella Valley adults have not engaged in any strength-building exercises in the past week. Of note, however, veterans are significantly more likely than non-veterans to have engaged in these exercises on a daily basis—approximately 18% of veterans do strength-building exercises every day, compared to only 10% of non-veterans.

Table 24. Frequency of Strength-Building Exercises in Past Week

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	47.0%	23,263	52.1%	157,284
1 to 2	8.8%	4,330	15.1%	45,535
3 to 4	21.9%	10,842	16.7%	50,319
5 to 6	4.4%	2,201	6.0%	18,152
Every day	17.9%	8,844	10.1%	30,417
Total	100.0%	49,479	100.0%	301,706

It may be that even more veterans would engage in strength-building exercises if they were encouraged to do so. One focus group participant suggested the following service:

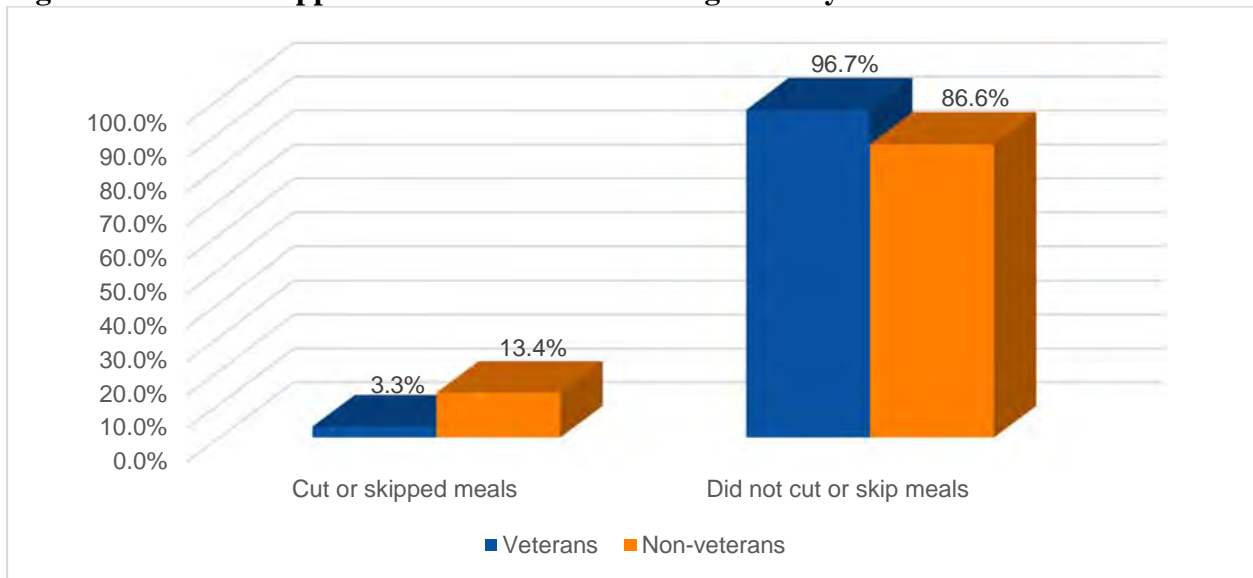
“Maybe some type of thing that would get the - all the gyms to support the veterans with a mili- - maybe a military discount. Maybe somehow, if they were funded - you know, back-funded by a corporation that says, ‘Every veteran that you sign up and give a discount to, we will, compensate or something.’ I don’t know how all that stuff works, but maybe something like that would be good.”

Section 12: Food Insecurity

The World Health Organization defines food security as, “access to sufficient, safe, nutritious food to maintain a healthy and active life.”⁵³ 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.⁵⁴

As illustrated in Figure 37, about 3.3% of Coachella Valley veterans (1,651 veterans) have had to cut the size of meals or skip meals due to a lack of money. This is significantly lower than their non-veteran counterparts; 13.4% of whom were food insecure. This is likely due to socio-economic differences; as illustrated in the demographics section of this report, veterans were significantly less likely than non-veterans to be living in poverty.

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



⁵³ Food Security. (2010). World Health Organization. Available online at: <http://www.who.int/trade/glossary/story028/en/>

⁵⁴ United States Department of Agriculture, Economic Research. Report No. (ERR-141) 37pp. (2012). Household Food Insecurity in the United States in 2011.

Section 13: Social and Economic Needs

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 illustrated in Table 25, thousands of veterans need assistance with a variety of social and economic factors. Veterans' level of need is approximately equal to non-veterans' level of need in all categories except for food assistance. Veterans are significantly less likely than non-veterans to need assistance obtaining food.

Table 25. Need for Assistance

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Utility assistance	6.5%	3,268	9.3%	28,407
Transportation assistance	4.7%	2,386	8.7%	26,290
Food assistance	3.0%	1,530	12.5%	37,998
Home health care	5.1%	2,579	3.4%	10,242
Financial assistance	6.2%	3,113	7.3%	22,090
Housing assistance	1.1%	571	5.0%	15,239
Rental assistance	1.6%	798	4.5%	13,781

Section 14: Senior-Specific Information

Seniors, as a population of interest, have several health issues that affect them disproportionately. As described in the demographics section, a large proportion of Coachella Valley veterans are also seniors, and thus, this section is especially relevant.

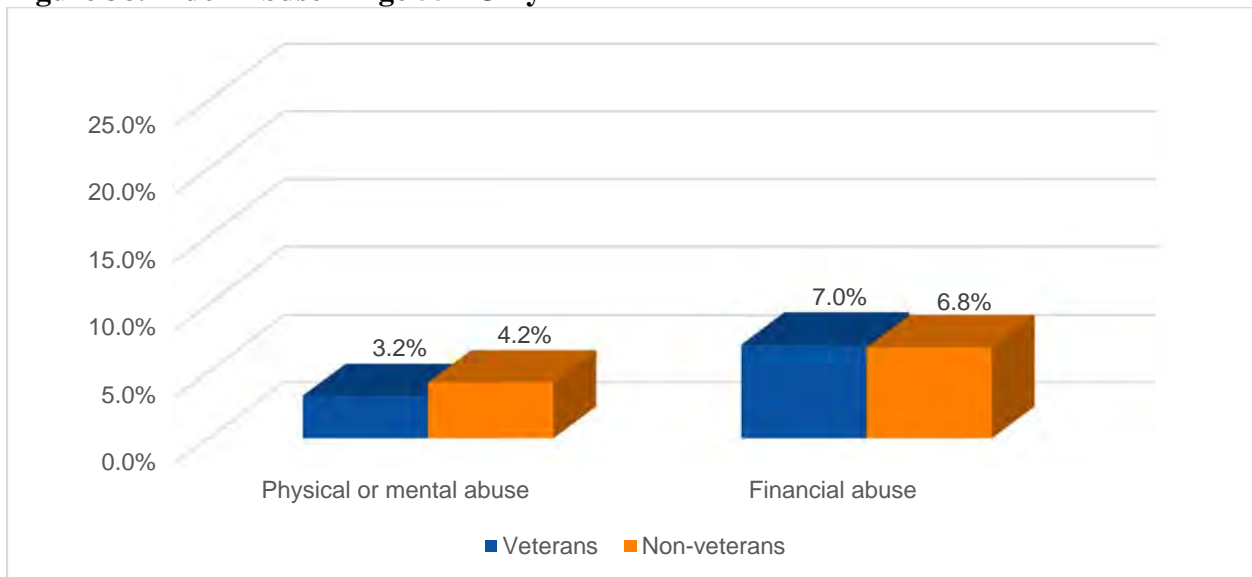
Elder Abuse

Elder abuse can affect people of all ethnic backgrounds and social status and can affect both men and women. Elder abuse can encompass physical abuse, emotional abuse, sexual abuse, exploitation or financial abuse, neglect and abandonment.⁵⁵ According to the American Psychological Association, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect.⁵⁶

To assess elder abuse, participants age 55 and older were asked, “During the past year, has anyone mistreated or neglected you physically or mentally?” As illustrated in Figure 38, about 3% of senior veterans (1,181 veterans) were the subject of such abuse in the past year. This is not significantly different than the rates for non-veteran seniors in the Coachella Valley.

Seniors were also asked, “During the past year, has anyone taken advantage of you financially?” As illustrated in Figure 38, about 7% of senior veterans (2,560 veterans) have experienced such financial abuse in the past year. This is very comparable to non-veteran seniors, 6.8% of whom have been taken advantage of financially.

Figure 38. Elder Abuse – Age 55+ Only



⁵⁵ What is Elder Abuse. (2014). National Center on Elder Abuse. Available online at: http://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm

⁵⁶ “Elder Abuse and Neglect: In Search of Solutions”. (2014). American Psychological Association. Available online at: <http://www.apa.org/pi/aging/resources/guides/elder-abuse.aspx>.

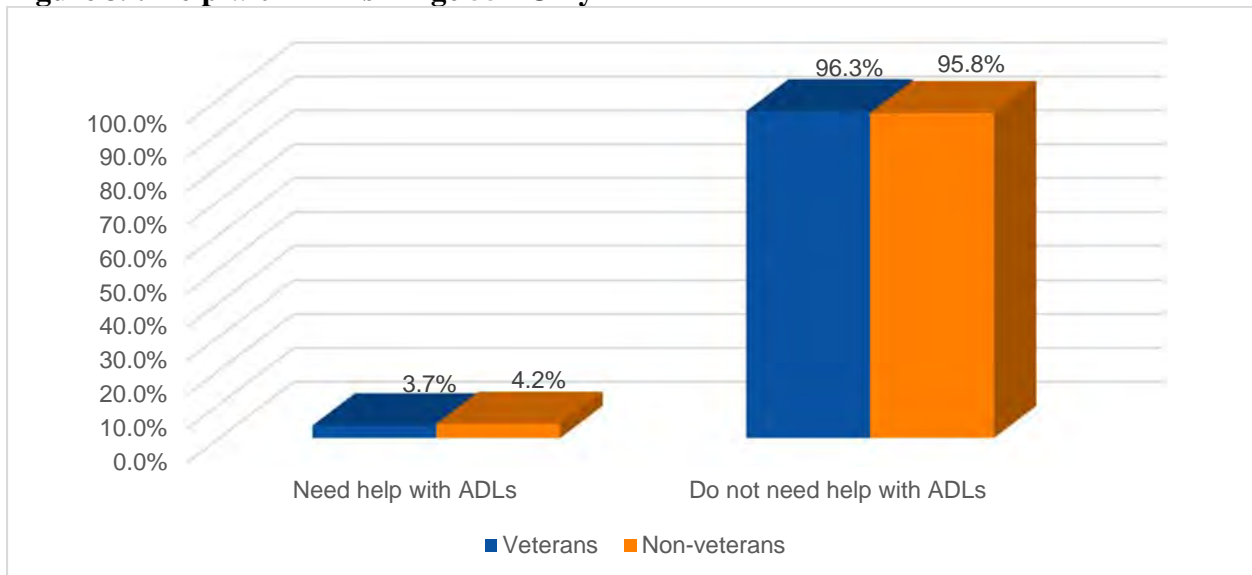
Senior Daily Care

Seniors who live alone sometimes need assistance with the activities of daily living (ADLs) which are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring oneself from place to place. Inability to perform the ADLs are significant predictors of increased use of physician services, formal paid home care services, and inpatient hospital services; changes in living arrangements; admissions to a nursing home; and increased mortality for seniors.

To assess the need for assistance with ADLs, participants age 55 and older were asked, “Because of a disability, health problem, or frailty due to age, do you need help from another person for any of the following activities of daily living: eating, bathing, toileting, transfers (getting in and out of bed, bath tub, toilet, car, etc.), walking, dressing, or grooming?”

As illustrated in Figure 39, about 4% of seniors—including both veterans and non-veterans—need assistance with their ADLs. Approximately 1,369 veterans need such assistance. Fortunately, for the majority of these senior veterans—77.9%--they have someone to assist them with such tasks. However, approximately 22.1% of these senior veterans (approximately 302 veterans) do not have someone to provide such assistance.

Figure 39. Help with ADLs – Age 55+ Only

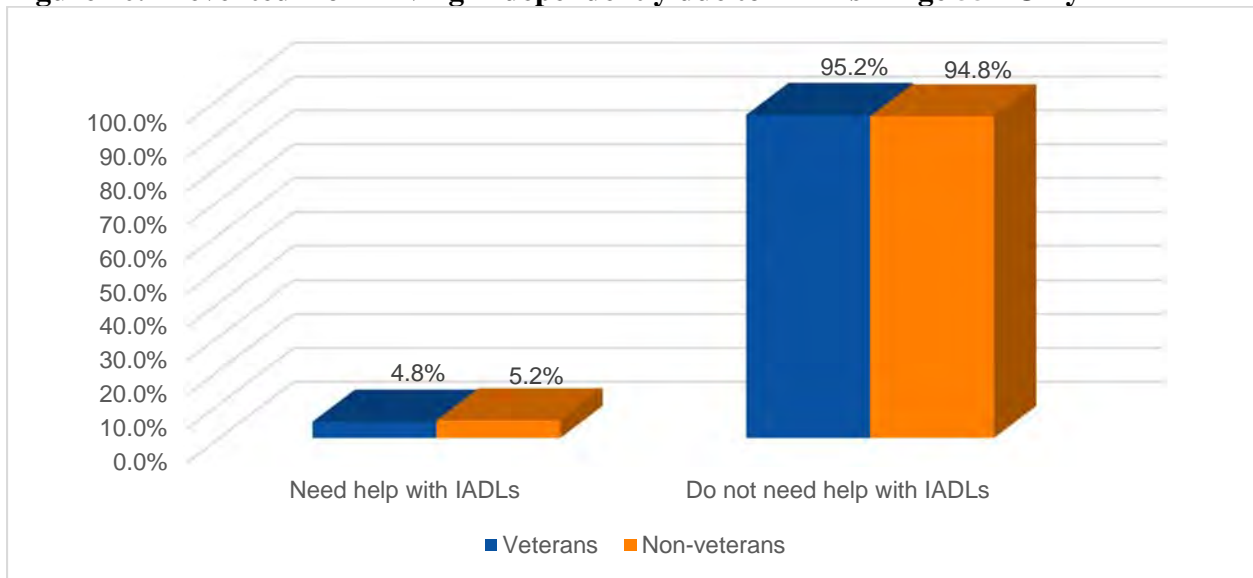


Independent activities of daily living (IADLs) are more complex social activities compared to ADLs. IADLs include using the telephone, preparing meals, managing medications, and shopping, among others.

To assess the need for assistance with IADLs, participants were asked, “Because of a disability, health problem, or frailty due to age, are you prevented from living independently because you need help from another person for any of the following activities: meal preparation, shopping, medication management, money management, using the telephone, housework, transportation, climbing stairs, indoor or outdoor mobility, or doing laundry?”

As illustrated in Figure 40, about 5% of Coachella Valley seniors are prevented from living independently because they need help with IADLs. This holds true for both veterans and non-veterans. Approximately 1,755 senior veterans are prevented from living independently due to their need for assistance with IADLs.

Figure 40. Prevented from Living Independently due to IADLs – Age 55+ Only



Senior Mobility

One of the greatest challenges seniors face is the battle to remain mobile. The American Journal of Preventive Medicine listed mobility as a key factor affecting the quality of life of older Americans.⁵⁷ Falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions from trauma.⁵⁸ Between 20% and 30% of people who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.⁵⁹ Most fractures among older adults (commonly spine, hip, and hand) are a result of falls.⁶⁰ These injuries can further reduce an elderly adult's mobility.

The majority of seniors in Coachella Valley have not had a fall in the past three months, as illustrated in Table 26. This holds true for both veterans and non-veterans. However, over 5,000 senior veterans have had one or more falls in the past three months, putting them at risk for decreased mobility.

Table 26. Number of Falls – Age 55+ Only

	Veterans		Non-Veterans	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
One	11.6%	4,197	11.8%	15,413
Two or more	2.3%	834	2.4%	3,130
None	86.1%	31,123	85.8%	112,044
Total	100.0%	36,155	100.0%	130,588

⁵⁷ Midlife Physical Activity and Mobility in Older Age. (2006). American Journal of Preventive Medicine, Volume 31, Issue 3. Available online at: [http://www.ajpmonline.org/article/S0749-3797\(06\)00201-7/abstract](http://www.ajpmonline.org/article/S0749-3797(06)00201-7/abstract)

⁵⁸ Falls: Fact Sheet. (2012). World Health Organization. Available online at: <http://www.who.int/mediacentre/factsheets/fs344/en/>

⁵⁹ Falls Among Older Adults. Overview. (2011). Centers for Disease Control and Prevention. Available online at: <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>

⁶⁰ Ibid.

CONCLUSION

Coachella Valley is home to more than 50,300 veterans, about half of whom have been deployed. These veterans have served in many different eras, and many are growing older and requiring more care. While many of these veterans are financially stable, and are obtaining necessary preventive health screenings, they are also experiencing higher levels of cancer, diabetes, heart disease, heart attack, and stroke. Coachella Valley veterans also have mental health issues, primarily composed of depression and PTSD. Healthcare providers, as well as other service providers, should be aware of these needs, and strive to address these for our veteran population.



RESOURCES

HARC has identified the following resources as especially useful in protecting and promoting veteran 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 Veteran Resources

U.S. Department of Veterans Affairs

Website: www.va.gov

Description: The U.S. Department of Veterans Affairs provides benefits and services to improve the lives of veterans and their families. Benefits and services include healthcare, educational and vocational assistance, home loans and burial services, amongst many others.

Contact Information:

- For general benefits questions call 1-800-827-1000
- For health benefits information call 1-877-222-8387
- Veterans who are in emotional distress and need immediate assistance can call the Veterans Crisis Line at 1-800-273-8255, press 1.

California Department of Veterans Affairs

Website: <https://www.calvet.ca.gov/>

Description: The California Department of Veterans Affairs (CalVet) works to serve California veterans and their families. With nearly 2 million veterans living in the State, CalVet strives to ensure that its veterans of every era and their families get the state and federal benefits and services they have earned and deserve as a result of selfless and honorable military service. CalVet strives to serve veterans and their families with dignity and compassion and to help them achieve their highest quality of life.

Contact Information:

- Physical Address: 1227 O Street, Sacramento, CA 95814
- Mailing Address: P.O. Box 942895, Sacramento, CA 94295
- Phone: 800-952-5626, 800-324-5966 (TDD)

National Center for PTSD

Website: www.ptsd.va.gov

Description: The National Center for Posttraumatic Stress Disorder (PTSD) is dedicated to research and education on trauma and PTSD. They work to assure that the latest research findings help those exposed to trauma. They also provide information and resources on PTSD in both English and Spanish.

Contact Information:

- PTSD Information voicemail: (802) 296-6300
- Email: ncptsd@va.gov

National Coalition of Homeless Veterans (NCHV)

Website: www.nchv.org

Description: The National Coalition for Homeless Veterans (NCHV) — a 501(c)(3) nonprofit organization governed by a 23-member board of directors — is the resource and technical assistance center for a national network of community-based service providers and local, state and federal agencies that provide emergency and supportive housing, food, health services, job training and placement assistance, legal aid and case management support for hundreds of thousands of homeless veterans each year.

Contact Information:

- Physical address: 333 ½ Pennsylvania Avenue SE, Washington, D.C 20003
- Email: info@nchv.org
- Phone: (202) 546-2063
- To get help finding a shelter call: (800) VET-HELP (838-4357)

California Veterans Assistance Foundation (CVAF)

Website: www.cavaf.org

Description: CVAF provides programs and services that include wellness education, referrals for psychological assessment, veterans benefits counseling, job service, referrals and placement and more.

Contact Information:

- For eligibility information: (661) 868-7313
- Toll free number: (888) 805-2490

American Gold Star Mothers, Inc.

Website: www.goldstarmoms.com

Description: American Gold Star Mothers is an organization of mothers who have lost a son or daughter in the service.

Contact Information:

- Mailing address: American Gold Star Mothers, Inc. 2128 Leroy Place, Washington, DC 20008
- Phone: 202-265-0991

Veterans Crisis Line

Website: <http://www.veteranscrisisline.net>

Description: The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. Veterans and their loved ones can receive confidential support 24 hours a day, 7 days a week, 365 days a year on the phone, via online chat, or via text message.

Contact Information:

- Phone: 1-800-273-8255 and Press 1
- Text: 838255

After Deployment

Website: <http://www.afterdeployment.org>

Description: This website addresses post deployment challenges including psychological health concerns, substance abuse, employment issues, reconnecting with family and friends, spiritual guidance and living with physical injuries. The website also features a Peer-2-Peer forum for service members and families.

Contact Information:

- Outreach center: 866-966-1020
- Crisis line: 800-273-8255

Military OneSource

Website: <http://www.militaryonesource.mil>

Description: Education, relocation, parenting, stress – you name it. Military OneSource was created to help with just about any need. Available by phone or online, their free service is provided by the Department of Defense for active-duty, Guard, and Reserves service members and their families. The service is completely private and confidential, with few exceptions.

Contact Information:

- Phone: 800-342-9647

National Resource Directory

Website: <https://www.nationalresourcedirectory.gov>

Description: The National Resource Directory is a website for wounded, ill and injured service members, veterans, their families and those who support them. It provides access to services and resources at the national, state and local levels to support recovery, rehabilitation and community reintegration. Visitors can find information on a variety of topics including benefits and compensation, education and training, employment, family and career support, health, homeless assistance, housing, transportation and travel and other services and resources.

Contact Information:

- Phone: 1-800-827-1000

Real Warriors Campaign

Website: <http://www.realwarriors.net>

Description: The Real Warriors Campaign is an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury to promote the processes of building resilience, facilitating recovery, and supporting reintegration of returning service members, veterans and their families.

Contact Information:

- DCoE Outreach Center: 866-966-1020
- Military crisis line: 1-800-273-8255, press “1”

Wounded Warrior Resource Center

Website: <http://www.woundedwarriorresourcecenter.com>

Description: The Wounded Warrior Resource Center provides wounded service members, their families and caregivers information on military facilities, health care services and benefits.

Contact Information:

- Phone: 1-800-342-9647
- Email: infonrd.osd@mail.mil

Blue Star Families

Website: <http://www.bluestarfam.org>

Description: Blue Star Families is a non-partisan, non-profit organization, created by military families. It is committed to supporting military families through the unique challenges of military service and asking the larger civilian population to help as well, connecting military families regardless of rank, branch of service or physical location, and empowering military family members to create the best personal and family life as possible.

Contact Information:

- Mailing address: P.O. Box 322 Falls Church, VA 22040
- Phone: (844) 20-BSTAR

Military SoS

Website: <http://www.militarysos.com>

Description: Military SoS (Significant Other and Spouse) support is a support site for military spouses and significant others, open to all loved ones of military service members (active, reserve and retired).

National Military Family Association

Website: <http://www.militaryfamily.org>

Description: The National Military Family Association is an organization with strong grassroots support balanced with a professionalism that makes them a leader in the field. Spouses, parents, and family members make up their staff and board positions. They speak up on behalf of military families and empower husbands, wives and children to understand and access their benefits. Based on what they hear from their members, NMFA meets the needs of service members and their families with insightful recommendations, innovative programs and grassroots efforts to better the quality of life for military families.

Contact Information:

- Phone: 703-931-6632
- Mailing address: National Military Family Association, Inc. 3601 Eisenhower Avenue, suite 425, Alexandria, VA 22304
- Email: info@militaryfamily.org
- Suicide prevention lifeline: 1-800-273-TALK (8255)
- Domestic Violence: 1-800-799-SAFE (7233)

Coachella Valley Resources

VA Community Based Outpatient Clinic

Website: www.lomalinda.va.gov

Description: VA Loma Linda Healthcare System offers a variety of health services to meet the needs of our nation's Veterans including alcohol and drug treatment, cancer center, dental service and more.

Contact Information:

- Address: 41900 Cook St. Building, F, Suite 1004, Palm Desert, CA 92211
- Phone: (760) 341-5570

Disabled American Veterans

Website: <http://www.dav.org>

Description: DAV is a membership organization that is dedicated to empowering veterans to lead high-quality lives with respect and dignity. Membership is lifelong, and membership prices are based on age, ranging up to \$250.

Contact Information:

- Palm Springs Chapter #66
 - Address: 400 North Belardo Rd., Palm Springs, CA 92263
 - Phone: (760) 329-9692
 - Meeting time: 1st Saturday of each month at 10:30 am
- Palm Desert Chapter #78
 - Address: 78375 Varner Rd, Suite 6027, Palm Desert, CA 92211
 - Phone: (760) 360-0396
 - Meeting time: 1st Tuesday at 5:00 pm

American Legion

Website: www.legion.org

Description: The American Legion is a nonpartisan, not-for-profit organization that supports the issues that are most important to the nation's veteran community. Its success depends entirely on active membership, participation and volunteerism. The organization belongs to the people it serves and the communities in which it thrives.

Contact Information:

- Palm Springs - Owen Coffman, CA Post 519
 - Address: 400 North Belardo Rd., Palm Springs, CA 9222
 - Phone: (760) 325-6229
- Indio - Herman Granados, CA Post 739
 - Address: 44200 Sun Gold St., Indio, CA 92201
 - Phone: (760) 347-4710

Veterans of Foreign Wars (VFWs):

Website: www.vfw.org

Description: Veterans of Foreign Wars of the US is the official nonprofit service organization for USA military veterans benefits, VFW programs, and community service.

Contact Information:

- Post 3699 Bill Huntington Post
 - Address: 45330 Cielito Drive, Indian Wells, CA 92210
 - Phone: 760-574-5521
 - Meeting time and location: 44200 Sungold, Indio, CA, 6:30 pm, 1st Tuesday of each month
- Post 3251 West Shores Post
 - Address: 50 Desert Shores Drive, Thermal, CA 92274
 - Phone: 760-395-0067
 - Meeting time and location: 50 Desert Shores Drive, Thermal, CA, 7:00 pm, 2nd Tuesday of each month
- Post 1534 Joseph L. Stone Post
 - Address: P.O. Box 777, Desert Hot Springs, CA 92240
 - Phone: 650-671-6185
 - Meeting time and location: 1 Clubhouse Drive, Desert Hot Springs, 6:00 pm, 1st Tuesday of each month

California AMVETS

Website: <https://calamvets.org/>

Description: AMVETS is a veteran's service organization that is distinctive for its open-door policy—any person with an honorable discharge is welcome.

Programs include free VA claims assistance to veterans, their dependents and survivors; public policy advocacy, hospitalized veterans' visits and support, veterans homes assistance, military funeral and honor guard services, homeless veterans and families of veterans support, and more.

Contact Information:

- Post 18 – Orange County – Southern Area District 2
 - Phone: 714-585-5804
 - Address: 35200 Cathedral Canyon Drive, Unit 195, Cathedral City, CA 92234
 - Meeting time and location: Last Wednesday, 18:30, 18380 Brookhurst Street, Fountain Valley, CA 92708
- Post 66 – Palm Springs – Southern Area District 17
 - Phone: 760-835-8027
 - Address: P.O. Box 5163, Palm Springs, CA 92263, or 33177 Campus Lane, Cathedral City, CA 92234
 - Meeting time and location: 3rd Friday, 12:00 at 400 North Belardo Road, Palm Springs, CA 92262

Riverside County Veterans Service Offices

Website: <http://veteranservices.co.riverside.ca.us/opencms/Services/>

Description: The Riverside County Veterans service office offers veterans assistance with compensation for service related disabilities, pension for veterans, education benefits, home loans, burial benefits, medical benefits and more.

Contact Information:

- Location: Banning
 - Description: DPSS Office
 - Hours: 3rd Wednesday of the month 12:30 - 3:30pm
 - Address: 63 S. 4th St, Banning, CA 92220
 - Phone: (951) 766-2566
- Location: Blythe
 - Description: Blythe VA Clinic
 - Hours: 1st Wednesday of month 10am - 2pm
 - Address: 1273 W. Hobson Way, Blythe, CA 92225
 - Phone: (760) 863-8266
- Location: Corona
 - Description: Vet Center
 - Hours: 1st and 3rd Thursday of month 8am - noon
 - Address: 800 Magnolia Avenue, Suite 101, Corona, CA 92879
 - Phone: (951) 276-3060
- Location: Hemet
 - Hours: M,T,Th,F 9am - noon & 1pm - 4pm; W 9am - noon; Closed 1st & 3rd Tuesday of the month
 - Address: 749 N. State St, Hemet, CA 92543
 - Phone: (951) 766-2566
- Location: Indio
 - Hours: M,T,Th,F 9am - 4pm; W 9am - noon
 - Address: 44-199B Monroe St, Indio, CA 92201
 - Phone: (760) 863-8266
- Location: Murrieta
 - Description: Murrieta Veterans Health Clinic
 - Hours: 1st and 3rd Tuesday of month 8am - noon & 1 - 4pm
 - Address: 28078 Baxter Road, Suite 540, Murrieta, CA 92563
 - Phone: (951) 766-2566
- Location: Palm Desert
 - Description: Palm Desert VA Clinic
 - Hours: 2nd & 4th Wednesday of month 9am - 3pm
 - Address: 41990 Cook Street, Suite 1004, Building F, Palm Desert, CA 92211
 - Phone: (760) 863-8266
- Location: Riverside
 - Hours: M-F 9am - 4pm
 - Address: 4360 Orange Street, Riverside, CA 92501
 - Phone: (951) 955-3060

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	--