HEALTH OF CHILDREN 0 TO 10 IN THE COACHELLA VALLEY

A SPECIAL REPORT BY HARC

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May 2015

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

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About this report

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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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Suggested Citation (in APA style): LeComte-Hinely, J. R. & Segovia, T. (2015). *Health of Children 0 to 10 in the Coachella Valley.* Palm Desert, CA: HARC, Inc.

Table of Contents

EXECUTIVE SUMMARY 1
INTRODUCTION 5
METHODS 6
THIS REPORT 7
RESULTS 8
Section 1: Demographics 9
Race 9
Gender 9
Income 10
Poverty 10
Section 2: Access 12
Healthcare Coverage 12
Prescription Coverage 14
Dental Coverage 15
Vision Coverage 16
Mental Health Coverage 17
Section 3: General Health 18
Section 4: Utilization 19
Section 5: Prevention 22
Dental Health 22
Vision Exam 23
Vaccinations 24
Injury Prevention – Helmet Use 25
Section 6: Asthma 26
Section 7: Mental Health 27
Mental Health Diagnoses 27
Mental Health Difficulties 28
Mental Health Treatment 30
Section 8: Weight, Nutrition, and Activity 31
BMI Analysis and Perception of Weight 31
Physical Activity 33

Nutrition 34
Section 9: Food Insecurity 37
Section 10: Learning and Socialization 38
School Achievement 38
School Disciplinary Action 39
School Absenteeism 40
Parent/Guardian Discussions 41
CONCLUSION 42
RESOURCES 43
General Resources 43
Coachella Valley Resources 45
Coachella Valley School Districts 52
APPENDIX 53

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 children between the ages of birth (0) and 10. There are approximately 51,600 children in the Coachella Valley that fall within this age group. To identify issues that are especially problematic for this young age group, data is compared to older children—that is, those 11 to 17 years of age.

Demographics

Most young children in the Coachella Valley are Hispanic/Latino (65.6%). Additionally, most children live in poverty—about half of Coachella Valley children 0 to 10 live in households with an annual income of $25,000 per year or less, and about half are living below the poverty line. Only 16% of Coachella Valley children 0 to 10 live at or above 300% of the federal poverty line.

Access

Most Coachella Valley children—of all age groups—have some type of health insurance. Approximately 6.5% of children 0 to 10 (3,330 young children) do not have health insurance. However, most children who have health insurance get it from governmental sources—typically Medi-Cal, which, in the Coachella Valley, equates to IEHP or Molina. This is likely due to the high poverty levels of children in the Coachella Valley. Only 15.5% of insured children 0 to 10 have private insurance.

General Health

Most Coachella Valley children have "excellent" or "very good" health. This does not differ based on age group—younger and older children alike have positive health. However, about 4.2% of young children, over 2,100 children, have "fair" or "poor" health.

Utilization

The vast majority of Coachella Valley children have been to visit a healthcare provider in the past year. This holds true for both younger children (0 to 10) and older children (11 to 17). Most of these visits were for a routine check-up or general prevention visit, such as a school visit. However, about a quarter of recent visits have been for treatment of an acute illness, such as a cold or flu.

Most parents/guardians were "satisfied" or "very satisfied" with the quality of care their child received on their most recent visit to the healthcare provider. However, about 2,000 young children 0 to 10 had an unsatisfactory experience at their care provider at their most recent experience. This may be due to long wait times; about a quarter of children experienced difficulties with the amount of time spent waiting to see the healthcare provider on their most recent visit. This held true for the younger children and the older children.

About 4% of parents/guardians of young children (0 to 10) had to delay or deny a test or treatment that a healthcare provider had ordered for their child within the past year. This means about 1,900 young children were not able to get the tests or treatments that they needed. This did not differ based on age—young children and older children alike had similar rates of having to delay or not get tests.

Prevention
Young children (0 to 10) are significantly less likely to have ever been to the dentist when compared to their older counterparts (11 to 17). Nearly all older children have been to the dentist at least once (98.0%), while only 74.3% of younger children have been to visit the dentist. Of those children who have been to the dentist, most have been within the past six months, indicating that they are getting regular care.

A large proportion of Coachella Valley children have not had a vision exam performed by an ophthalmologist or optometrist in the past year. This holds true for young children and older children—53.6% and 40.2% of children, respectively, have not had a recent vision exam.

Fortunately, most Coachella Valley children have parents/guardians who are comfortable with the idea of immunizations for their children. However, a quarter of parents/guardians are "concerned" or "very concerned" about the potential risks associated with immunizations, which may mean they need additional education and reassurance from their healthcare provider in order to ensure that they get scheduled vaccinations for their children. This level of concern did not differ based on age group—parents of younger children and older children alike have similar levels of concern about immunizations.

Exercising via bicycles and other wheeled sporting equipment can be a great way for children to exercise while having fun. However, helmet use is critical to avoiding injury. Less than half of children who use such sporting equipment "always" use a helmet. The thousands of children—in both age groups—that do not always use a helmet are at risk for head injury and fatalities.

Asthma
Young children (0 to 10) are significantly less likely to have been diagnosed with asthma than older children (11 to 17). Specifically, 6.8% of young children have been diagnosed with asthma, compared to 18.0% of older children.

Mental Health
The most common mental health diagnosis for Coachella Valley children of both age groups is ADD/ADHD. Approximately 6.2% of young children (3 to 10) and 8.5% of older children (11 to 17) have been diagnosed with ADD/ADHD. There were no significant differences in rates of

mental health diagnoses based on age group—young children and older children alike had similar rates for each type of mental health disorders.

About a third of Coachella Valley children have struggled with emotions, concentration, behavior, and/or being able to get along with other people. This holds true for both the younger children (3 to 10) and the older children (11 to 17). The vast majority of these difficulties are minor, but 12.8% of young children and 18.3% of older children experiencing these difficulties have severe issues.

Children with a mental health diagnosis and/or difficulties have a variety of mental health treatments available. However, only about 31% of children with mental health issues have received *any* of the four common types of treatment (visiting a mental health professional, visiting a primary care provider, receiving counseling/therapy, and/or taking medication), indicating that many of the children with mental health issues may not be seeking treatment. For those children who *were* able to get treatment, visiting a mental health professional was the most commonly used type of treatment. This did not differ based on age group—younger children and older children accessed each type of treatment equally. Taking medication was the rarest form of treatment—only 3% of young children and 12% of older children used medical to address their mental health issues.

Weight, Nutrition, and Activity

Younger children (2 to 10) are significantly more likely than older children (11 to 17) to be underweight, per their BMI. Approximately 18.4% of young children are underweight, compared to only 3.0% of older children. Because of this, younger children are significantly less likely to be in the "healthy weight" BMI category than older children. Children of both age groups are equally likely to be overweight or obese—unfortunately about 45% of young children (2 to 10) and 35% of older children (11 to 17) are overweight or obese.

However, most parents/guardians believe their children are "about the right weight", reflecting a discrepancy between perception and reality. This is true for both younger children (2 to 10) and older children (11 to 17). Parents of young children are significantly less likely than the parents of older children to believe that their child is overweight. Only about 11% of parents/guardians of young children hold this belief, compared to nearly 22% of parents/guardians of older children. The parents/guardians of the older children are still underestimating the weight problem of their children—in reality, more like 35% of older children are overweight or obese—but it is much closer to accuracy than it is for the parents/guardians of younger children. The parents/guardians of younger children may believe that their child still has "baby fat" and that they will outgrow their weight issues, and therefore not believe that it is problematic.

The CDC recommends that children should be physically active for at least 60 minutes per day each day. Younger children (6 to 10) appear to be more physically active than their older counterparts (11 to 17). About 43% of younger children are physically active at the level recommended by the CDC, compared to 28% of older children, per their parents/guardians perceptions. In contrast, only 7.1% of young children engaged in no physical exercise in the past week, compared to 18.0% of older children. Thus, younger children seem to have an edge in terms of physical exercise, but the majority of children have room to improve.

The majority of Coachella Valley children have had at least one fast food meal in the past week. This holds true for both young children (2 to 10) and older children (11 to 17). Fortunately, most of these children only consumed fast food once or twice. However, about 3,000 young children (2 to 10) have consumed fast food five or more times in the past week, putting them at risk for obesity and heart disease.

Most children in the Coachella Valley—in both age groups—eat dinner together with their families every day. However, over 2,000 young children (2 to 17) eat dinner with their families 2 times per week or less, putting them at a disadvantage. This did not differ based on age—older children had similar rates of family meal time as the younger children.

Food Insecurity

Fortunately, the majority of Coachella Valley children—in both age groups—have not experienced food insecurity in the past year. However, about 6.8% of young children have had to cut the size of meals or skip meals because there was not enough money for food. This indicates that over 3,080 children age 0 to 10 experienced food insecurity. There was no statistically significant difference in food insecurity based on age—younger children and older children are equally likely to have gone hungry in the past year.

Learning and Socialization

Most parents/guardians believe that their children—both younger and older—are doing at least "very good" in school. Very few children—1.9% of younger children (6 to 10), and 3.3% of older children (11 to 17)—are doing "poorly" in school, per their parents/guardians perceptions.

Approximately 14% of younger children (6 to 10) and 18% of older children (11 to 17) have been disciplined in school in the past year, and thus, may be experiencing behavioral problems.

About 31% of students have had perfect attendance in the past year. This holds true for both younger children (6 to 10) and older children (11 to 17). It is concerning to note that 6.8% of younger children and 9.1% of older children have missed 11 or more days of school in the past year. The vast majority of students who missed school in the past year did so because of illness.

It is important that parents/guardians discuss sensitive topics with their children, and give them the tools to handle difficult situations. To assess this, parents/guardians were asked whether they or another adult in the household had spoken with the child about several critical topics within the past year. Not surprisingly, given the mature content of these discussions, young children (6 to 10) were significantly less likely to have had these discussions with their parents/guardians than their older counterparts (11 to 17). This held true for almost all topics, including smoking, drugs, alcohol, gangs/violence, sex, depression, eating disorders, and suicide. The two exceptions were discussions around dealing with anger and domestic violence—there was no statistically significant difference between the rates of discussion for younger children and older children. The majority of parents/guardians of young children have NOT had any of these discussions with their children.

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 children between the ages of birth (0) and 10. To put these statistics in perspective, the data for young children (0 to 10) is compared to older children (11 to 17).

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.

METHODS

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. The survey process consisted of two independent random samples of households within Coachella Valley. The first sample included randomly selected adults, age 18 and over (called the "adult" sample). The second sample also targeted adults age 18 and over, but the questions asked the adult to reflect on the health and well-being of a randomly selected child within the household, between the ages of 0 and 17 (called the "child" sample). In 2013, the adult sample included 1,962 people and the child sample included 509 people. Due to the subject of this special report, only data from the child sample are included here. The sample size for the child sample is 509.

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 the sample size is 509 children, the figures you will see in this report will be closer to 78,400, the estimated child 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.

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, “Younger children are more likely than older children to have participated in physical activity.” Given the type of data collection that has been done, it might be more appropriate to write, “Parents/guardians of younger children are more likely than parents/guardians of older children to report that their child has participated in physical activity.” For parsimony and readability, we have omitted reference to “reporting” and to the parent/guardian source of the data.

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

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

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

“There can be no keener revelation of society’s soul than the way in which it treats its children.”

— Nelson Mandela

RESULTS

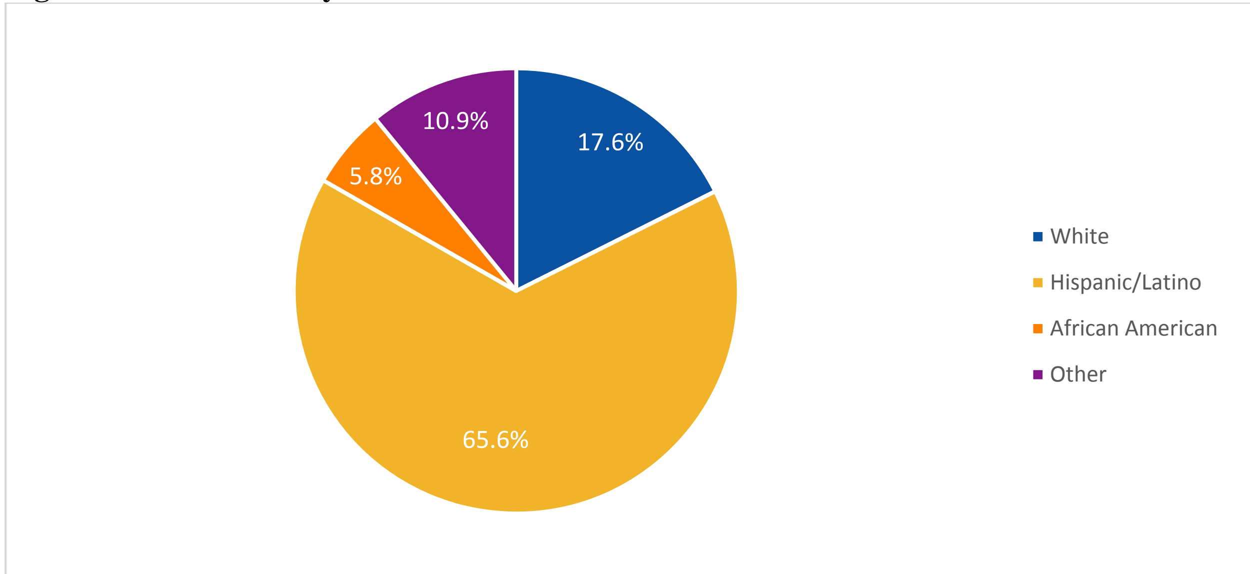
Section 1: Demographics

There are approximately 51,600 young children between the ages of birth (0) and 10 in the Coachella Valley. A demographic profile is provided here describe these children.

Race

As illustrated in Figure 1, the majority of Coachella Valley children 0 to 10 are Hispanic/Latino (65.6%).

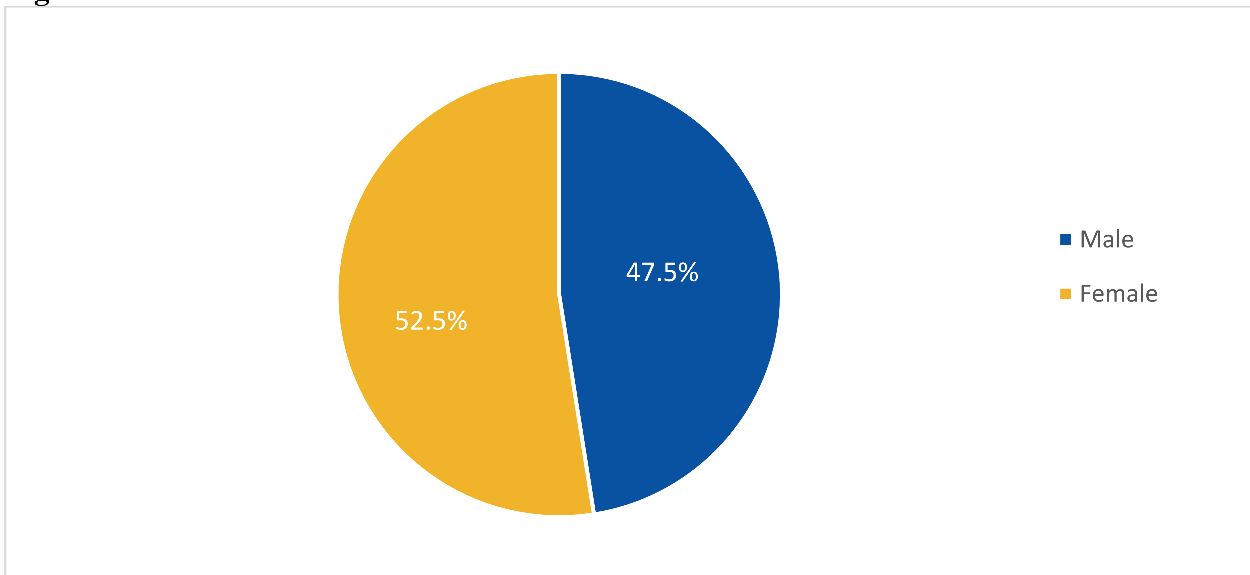
Figure 1. Race/Ethnicity



Gender

As illustrated in Figure 2, the gender of children 0 to 10 is evenly divided, 47.5% are male and 52.5% are female.

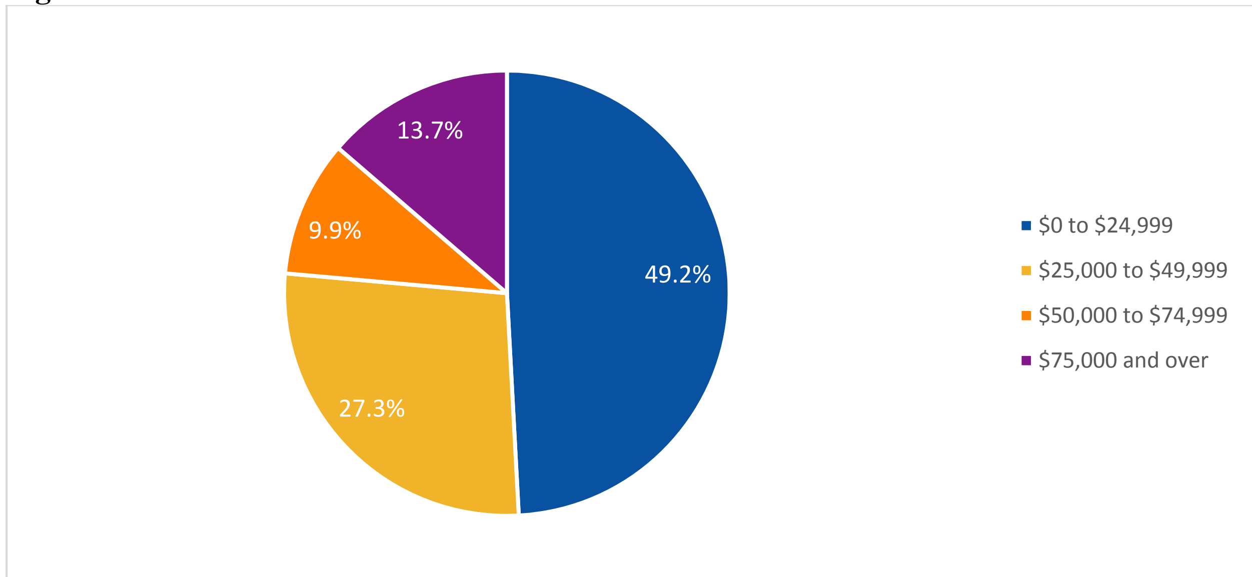
Figure 2. Gender



Income

As illustrated in Figure 3, nearly half of children 0 to 10 live in households where their parents' annual household income is less than $25,000 per year.

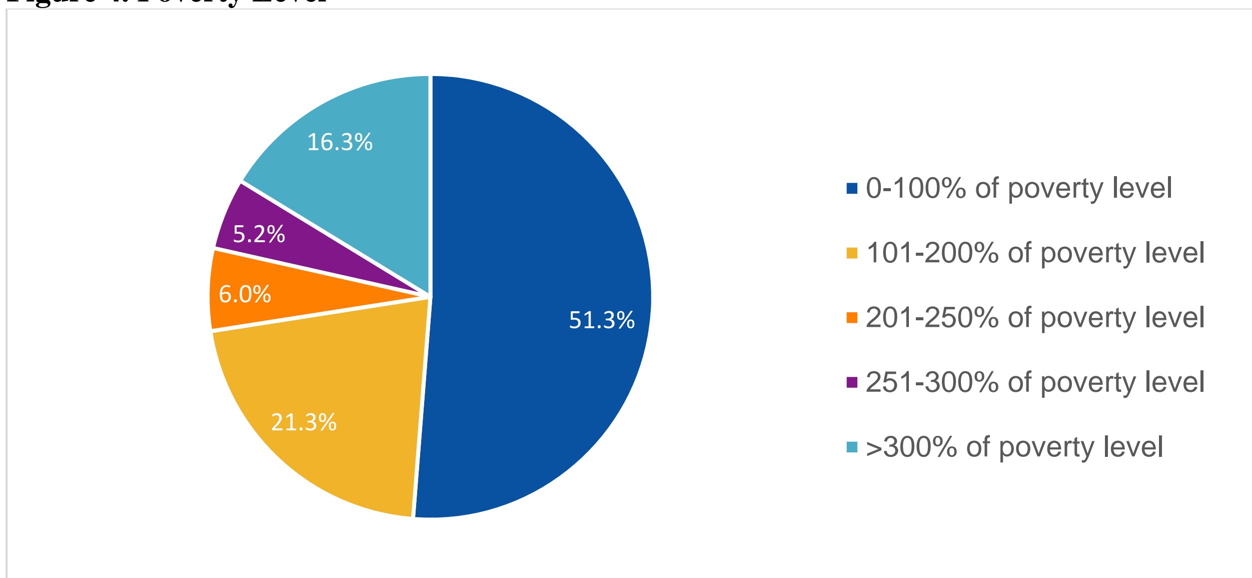
Figure 3. Household Income



Poverty

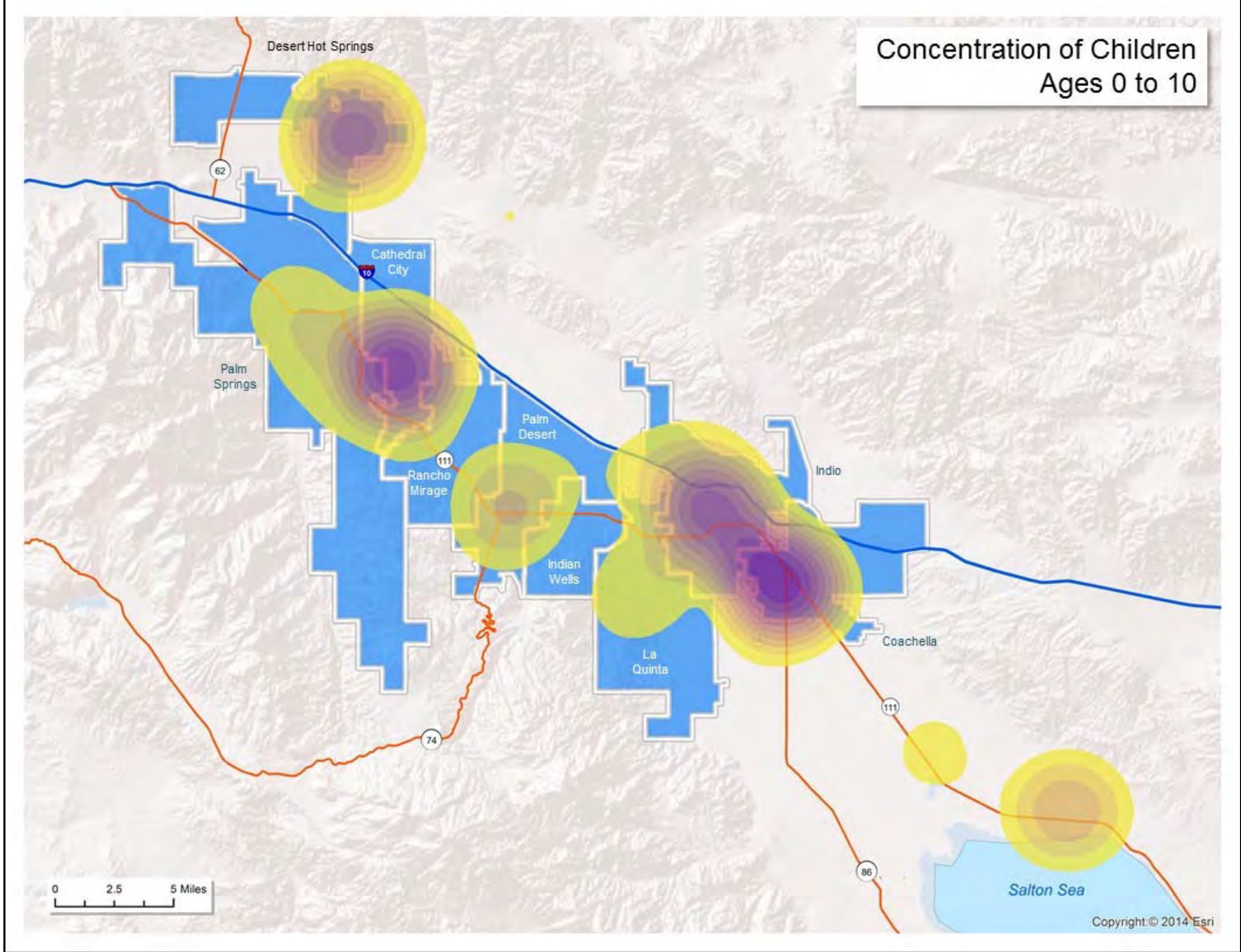
As illustrated in Figure 4, a little over half of children 0 to 10 live in a household that falls at or below 100% of the federal poverty level. Only 16.3% of young children live in households that fall at or above 300% federal poverty level.

Figure 4. Poverty Level



As illustrated in Figure 5, most young children in the Coachella Valley live in three particular areas: Desert Hot Springs, Cathedral City, and the Indio/Coachella area. Additionally, there is a smaller concentration of young children on the edge of the Salton Sea.

Figure 5. Map of the Concentration of Children 0 to 10



Section 2: Access

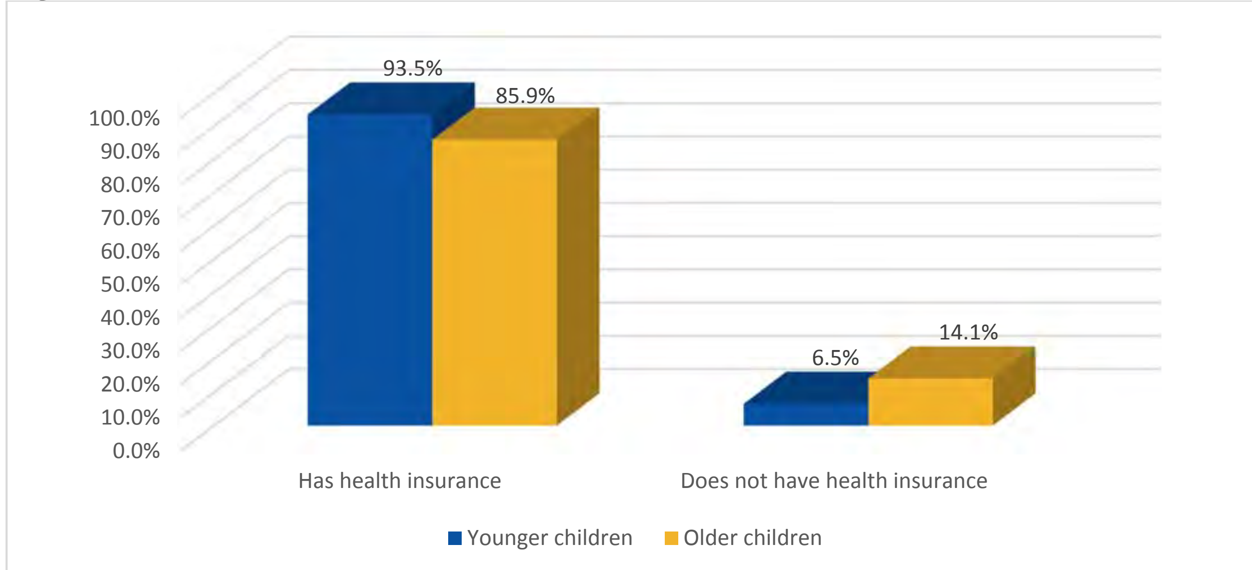
Despite the fact that most children are healthy, they still require health care. Children require check-ups that can identify health problems that may affect their cognitive, emotional, or behavioral development. In addition, children may need health care for acute conditions that could lead to serious complications or chronic conditions that manifest early, such as spina bifida and sickle cell anemia.[1]

Healthcare Coverage

Because children grow and develop at a quick pace, they are at special risk for illness and injury. Often, health services are expensive, so having health insurance becomes important for children.[2] Children with health insurance are more likely to receive regular checkups and have overall better health. Healthier children exhibit better school performance, gain more out of their education and have a greater chance of strengthening California's economy. Children without health care coverage are at a greater risk for health problems. Without health insurance coverage, children may be unable to see a healthcare provider when needed.

As illustrated in Figure 6, the vast majority of children in the Coachella Valley have health insurance of some sort. This holds true for both young children and their older counterparts. As illustrated in Figure 5, approximately 6.5% of young children (0 to 10) have no health insurance. These 3,330 young children may not be receiving adequate preventative care.

Figure 6. Health Insurance Status

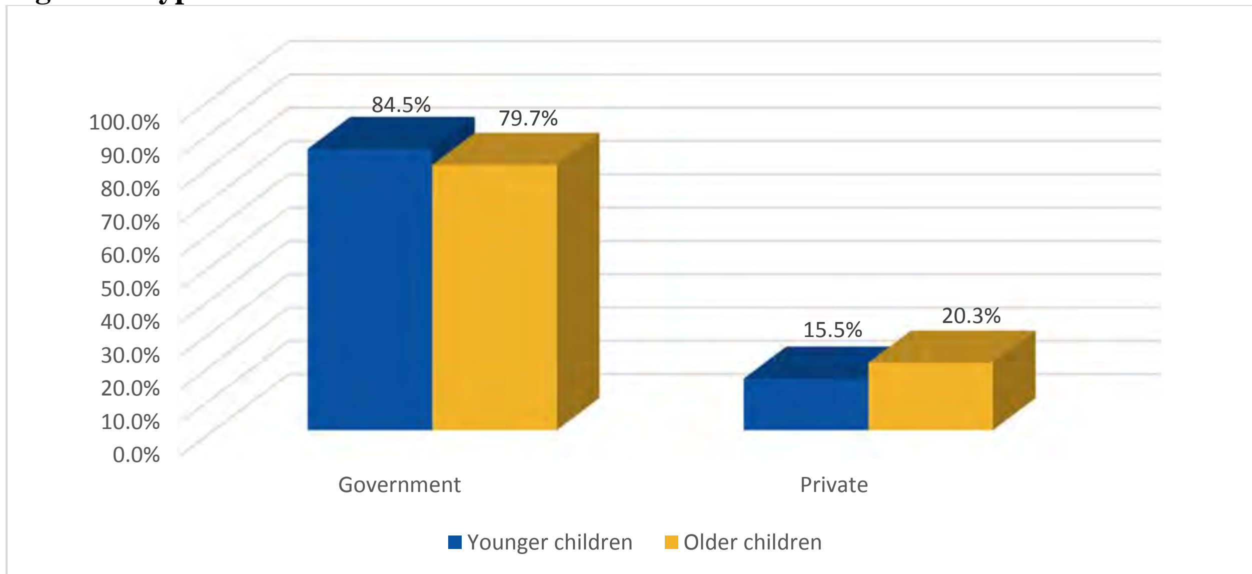


[1] *Health Care and Children.* (2013). State University. Available online at: http://education.stateuniversity.com/pages/2034/Health-Care-Children.html#ixzz12giVvNSo

[2] Ibid.

The majority of children who do have health insurance are covered by public health insurance, available through the government, not private health insurance. As illustrated in Figure 7, this holds true for children young and old—35,695 children age 10 and younger, and 13,597 children over the age of 10 are covered by governmental health insurance. Overall, the vast majority of children in the Coachella Valley are covered by Medi-Cal, which, in the Coachella Valley typically means the Inland Empire Health Plan (IEHP) or Molina. This is likely due to the fact that the majority of Coachella Valley children are living in poverty, as illustrated in the demographic section.

Figure 7. Type of Health Insurance



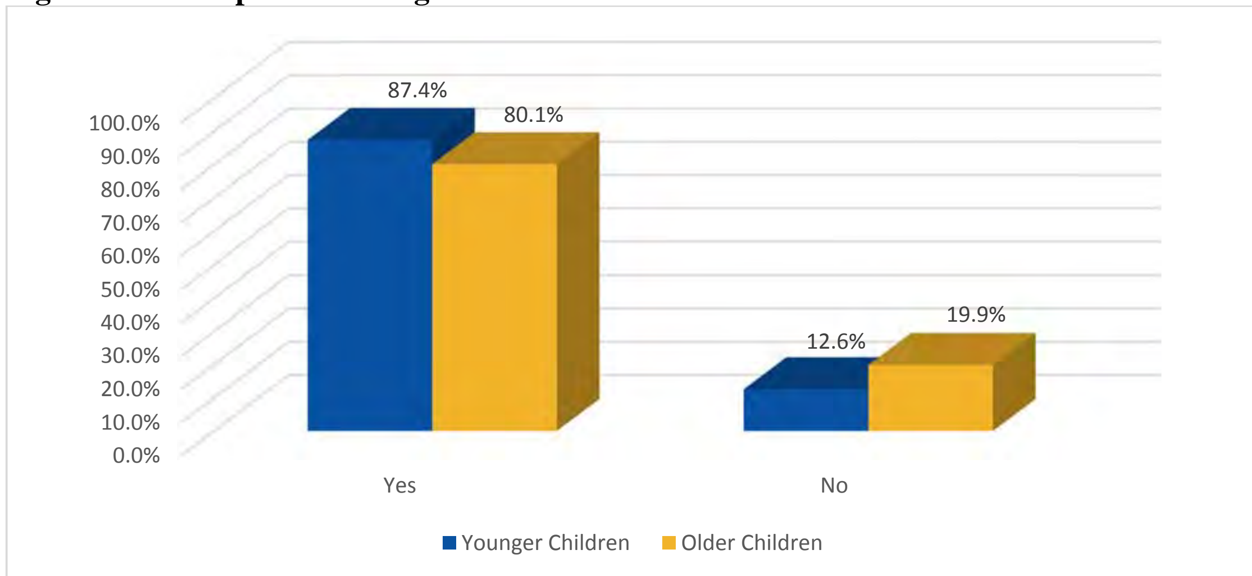
Prescription Coverage

Often, the purpose of prescription medication for children is for chronic conditions, such as asthma, diabetes, and seizures. In addition, some children may have certain allergies and require allergy medication. Another common reason for prescription medication for children is psychiatric conditions. Children rely on their parents or guardians for prescription medication. It is therefore important for parents and guardians to know about the types of prescription medication that their child may need, and, if needed, find plans that provide coverage for those prescription medications.

Most Coachella Valley children have healthcare coverage that covers the cost of their prescription medications, as illustrated in Figure 8. This holds true for both younger and older children—there was no significant differences in rates of prescription coverage by age group.

Approximately 12.6% of children age 10 and younger do not have any type of healthcare coverage to cover the costs of their prescription medications. These 6,404 youngsters may have to go without important medication that they need, thus jeopardizing their health.

Figure 8. Prescription Coverage



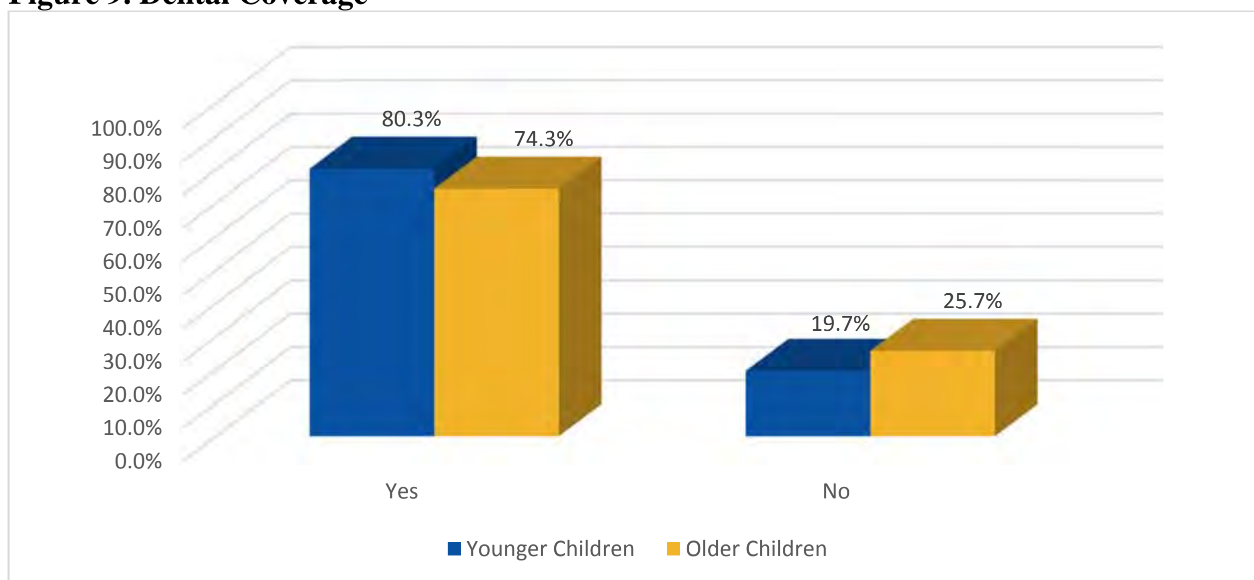
Dental Coverage

While states are able to choose whether or not to provide dental benefits to adults, they are required to provide children covered by Medicaid and the Children's Health Insurance Program (CHIP) with dental benefits.[3] Dental services for children must at least include relief of pain and infections, teeth restoration, and dental health maintenance.

As illustrated in Figure 9, most children do have some type of dental care coverage. This applies to younger children as well as older children—there were no statistically significant differences in dental coverage by age group.

It is worth noting that approximately 20% of young children (0 to 10) do not have any insurance to cover the costs of their routine dental care. These 9,720 young children may well have to go without routine dental care due to cost and lack of insurance, and thus are less likely to be receiving important preventative screenings.

Figure 9. Dental Coverage



[3] *Dental Care for Medicaid and CHIP Enrollees.* (2010). Medicaid. Available online at: http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html

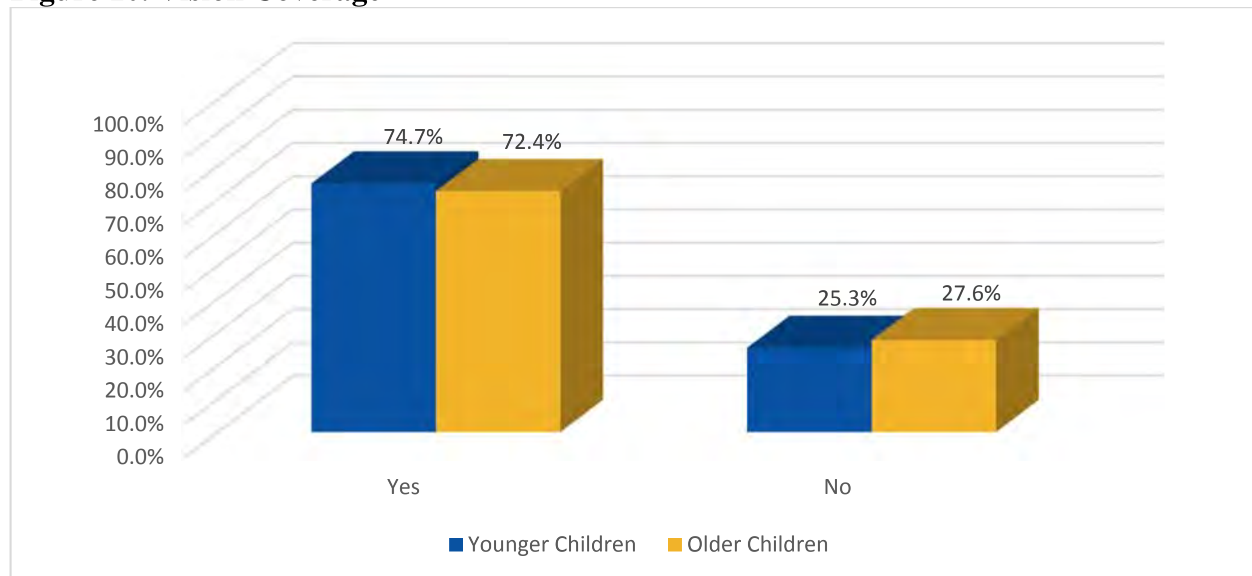
Vision Coverage

Vision coverage helps children receive vision care, which includes regular eye exams to monitor eye health. Children's Medicaid and CHIP's comprehensive coverage both offer coverage for eye exams and glasses.[4]

Thanks to this widespread coverage, most Coachella Valley children have healthcare coverage that covers the cost of their routine vision care, as illustrated in Figure 10. Vision coverage does not differ based on age—young children and teens have relatively similar levels of vision coverage.

Approximately one-quarter of young children (0 to 10) do not have any sort of vision coverage. These 11,810 children may not get their routine screenings, or may not be able to afford the glasses or other visual aids that they need.

Figure 10. Vision Coverage



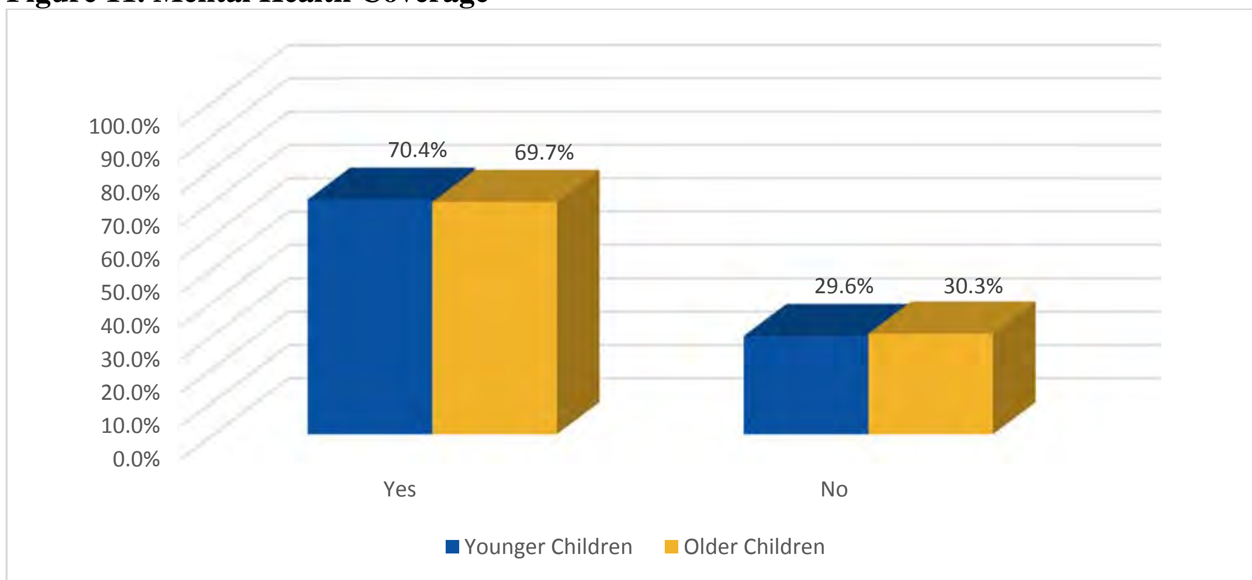
[4] *What's Covered.* (2013). CHIP and Children's Medicaid. Available online at: http://www.chipmedicaid.org/en/Benefits

Mental Health Coverage

Children can be affected by mental health conditions such as depression, anxiety, or ADHD. Mental health problems may be less obvious and more difficult to detect than physical ailments such as a fever. Some cues include excessive anger, fear, or sadness or sudden changes in the child's behavior. Coverage for mental health problems greatly helps in providing access to mental health services. Children's Medicaid and CHIP both provide access to mental health care.[5]

As illustrated in Figure 11, the majority of Coachella Valley children—of all ages—have health insurance that covers the cost of their mental health care. However, approximately 30% of children do not have such coverage—or their parents are unaware that their coverage, such as Children's Medicaid, does include mental health services. Thus, these 11,380 children age 10 and younger likely are not able to seek treatment for mental health issues, and may be at risk for serious consequences.

Figure 11. Mental Health Coverage



[5] *What's Covered.* (2013). CHIP and Children's Medicaid. Available online at: http://www.chipmedicaid.org/en/Benefits

Section 3: General Health

Children, being the future of society, should be properly attended to in order to ensure health, growth, and healthy mental and physical development. According to the National Institutes of Health, children, as much as possible, should be given healthy and nutritious foods, enough sleep, exercise, and safety. In addition, children should have regular health check-ups since it is sometimes difficult to identify developmental problems in children. Young children, especially infants, are particularly susceptible to infectious disease, such as community-acquired pneumonia, and malnutrition, which could hinder proper development.

As illustrated in Table 1, most Coachella Valley children have “excellent” or “very good” health, which is encouraging. However, a small proportion of children have “fair” or “poor” health. Common reasons for fair or poor health include asthma, allergies, and infections. There was no statistically significant difference in overall health based on age group—that is, children age 10 and younger do not have significantly better (or worse) health than their older counterparts.

Table 1. General Health

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	39.7%	20,517	41.6%	11,079
Very Good	31.1%	16,067	28.6%	7,624
Good	25.0%	12,886	24.1%	6,424
Fair or Poor	4.2%	2,168	5.6%	1,504
Total	**100.0%**	**51,636**	**100.0%**	**26,631**

Section 4: Utilization

Regular visits to the doctor are essential for ensuring that a child is healthy and safe. Routine care is important because it helps to foster a relationship between the child and the health care provider. Additionally, children who regularly see a pediatrician have the opportunity to be screened for proper growth and development—and early detection means early treatment. Lack of appropriate physician guidance may result in delays in diagnosis and appropriate intervention.

The vast majority of Coachella Valley children have seen a healthcare provider in the past year, as illustrated in Table 2 (about 94% of children ages 10 and younger, and about 89% of children over the age of 10). However, a small proportion of children in the Coachella Valley have not been to a healthcare provider for treatment, and thus, may be at risk.

Table 2. Most Recent Visit to a Healthcare Provider

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than 6 months	77.6%	39,714	65.7%	17,244
Six months to less than one year	16.3%	8,347	23.1%	6,064
One year to less than two years	4.1%	2,077	5.4%	1,411
Two years to less than five years	1.7%	859	4.3%	1,136
Five or more years	----	----	1.1%	292
Never been for treatment	0.3%	176	0.4%	102
Total	**100.0%**	**51,173**	**100.0%**	**26,248**

About half of these recent visits were for a routine check-up or general preventative visit, as illustrated in Figure 3. Treatment of an acute illness, such as the flu or a bad cold, was another major driver of visits to healthcare providers. Reasons for visiting healthcare providers did not differ significantly based on age group.

Table 3. Reason for Most Recent Visit to a Healthcare Provider

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Routine check-up or general prevention/vaccines/school physical	57.3%	27,550	55.1%	12,845
Treatment of an acute illness	26.3%	12,629	22.2%	5,164
Treatment of chronic illness	7.4%	3,554	9.0%	2,087
Treatment of an injury	3.1%	1,482	6.3%	1,465
Other	5.9%	2,846	7.5%	1,747
Total	**100.0%**	**48,061**	**100.0%**	**23,308**

Fortunately, the vast majority of parents/guardians (over 80%) are "satisfied" or "very satisfied" with the care their child received on recent visits. However, as illustrated in Table 4, a small proportion of parents/guardians were quite dissatisfied with the care their child received recently. Satisfaction ratings did not differ significantly based on age group, that is, parents/guardians of young children had relatively similar satisfaction levels as parents/guardians of older children.

Table 4. Satisfaction with Child's Recent Healthcare

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Very satisfied	35.8%	17,228	45.4%	10,466
Satisfied	50.9%	24,478	38.2%	8,813
Neither satisfied nor dissatisfied	9.0%	4,315	6.6%	1,522
Dissatisfied	4.0%	1,926	6.7%	1,538
Very dissatisfied	0.2%	114	3.2%	735
Total	**100.0%**	**48,061**	**100.0%**	**23,074**

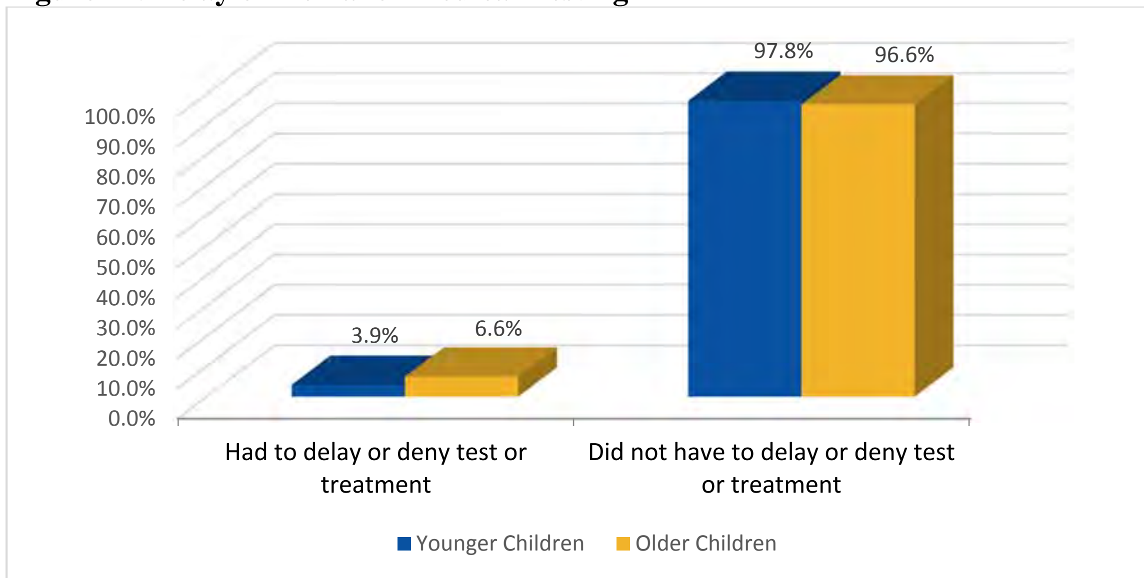
This may be due in part to long wait times at the provider's office. As illustrated in Table 5, the amount of time spent waiting to see a healthcare provider was the most commonly reported difficulty experienced by parents/guardians of children in both age groups during their child's last provider visit. About a quarter of children in both age groups experienced this difficulty on their last visit. Difficulties experienced during a child's last provider visit did not differ significantly based on age group—that is, the experience for younger children seems comparable to the experience for older children.

Table 5. Difficulties Experienced During Child's Last Provider Visit

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Amount of time spent waiting to see healthcare provider	24.3%	11,619	27.6%	6,347
Amount of time to get an appointment	14.4%	6,917	17.3%	4,010
Attitude of office staff	12.2%	5,864	19.3%	4,456
Attitude of doctor or healthcare provider	8.7%	4,188	8.5%	1,945

Parents/guardians were asked, “During the past 12 months, did you delay or not get a test or treatment that a health care provider ordered for your child?” Fortunately, most parents/guardians did not have delay or deny tests or treatments for their child, as illustrated in Figure 12. This did not differ based on age—younger and older children alike were equally likely to have experienced a delay or denial of treatment. Although rare, it is worth noting that approximately 1,982 children age 10 and younger had to delay an ordered test or treatment, or were not able to receive it at all.

Figure 12. Delay or Denial of Medical Testing



Reasons for delaying or denying treatment did not differ between age groups. The most common reasons included the expense (including potential expensive co-payments), a lack of insurance coverage, and an inability to take time off of work to get to the provider.

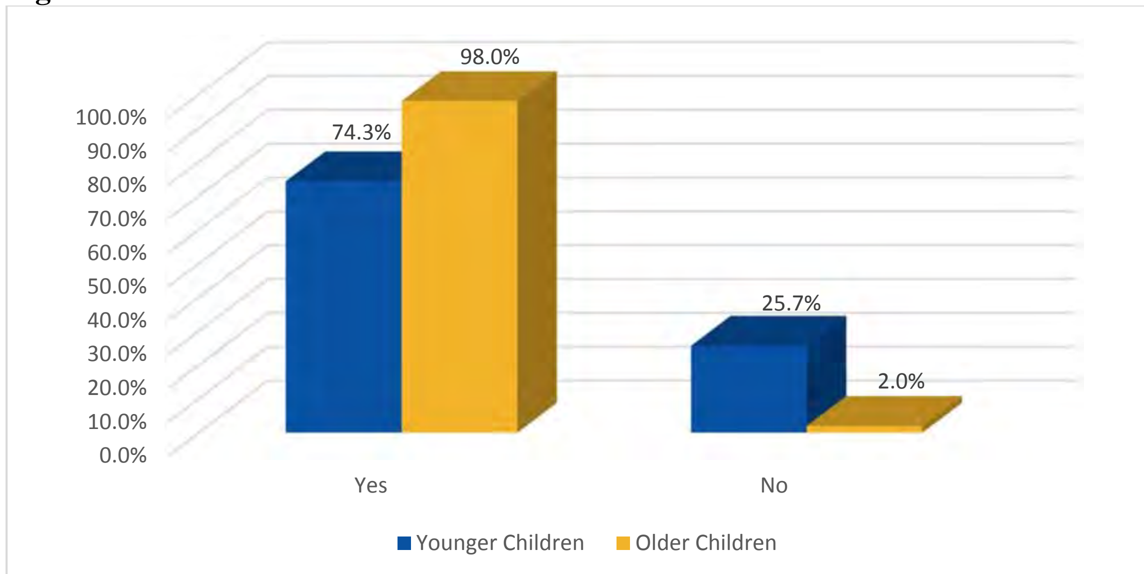
Section 5: Prevention

Dental Health

Developing good habits and oral hygiene at an early age can help a child have healthy teeth for life. Parents and guardians should limit the child's intake of sugary snacks and drinks and brush with fluoride toothpaste to avoid cavities. Regular dental check-ups are also important as a dentist can monitor the child's dental development and advise on proper oral hygiene.

Young children are significantly less likely to have been to the dentist than their older counterparts. As illustrated in Figure 13, less than 75% of young children (0 to 10) have ever been to the dentist, while virtually all children over the age of 10 have seen the dentist at least once. Approximately 13,218 children age 10 and younger have never been to the dentist.

Figure 13. Has Child Ever Been to Dentist



Of those children who have been to the dentist, most have been there within the past six months, as illustrated in Table 6. Thus, it is likely that these children are receiving regular preventative dental care. There was no significant difference in frequency of dental visits by age.

Table 6. Most Recent Dental Visit

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Less than six months	67.3%	25,670	61.0%	15,496
Six months to less than one year	25.5%	9,746	24.3%	6,165
One year to less than two years	4.1%	1,566	7.8%	1.984
Two years to less than five years	3.1%	1,175	6.9%	1,756
Total	**100.0%**	**38,158**	**100.0%**	**25,402**

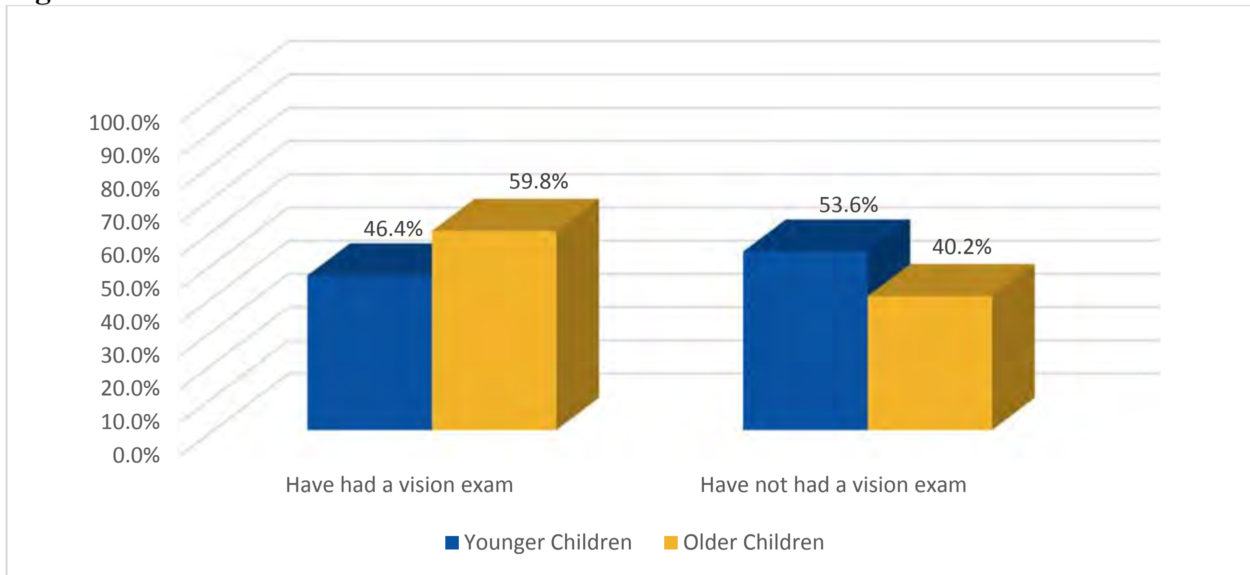
Vision Exam

Healthy vision is important for a developing child as the inability to see may affect the child in multiple areas, including learning at school. A vision exam can determine whether or not a child needs corrective lenses. Typically, children, especially those with a family history of eye problems or those with eye irregularities, should have regular vision exams with an eye doctor.

Parents/guardians were asked whether their child had had a vision exam, performed by an ophthalmologist or optometrist, in the past year. This was only asked of children age 3 and older, as younger children are challenging to visually examine. This specifically excluded any vision testing done in schools (if the child is school-aged) that was not conducted by a trained eye doctor.

As illustrated in Figure 14, many Coachella Valley children have not had a vision exam in the past year. This holds true for both age groups. Approximately 20,609 young children (3 to 10) have not had a vision exam in the past year, and thus, may be due for a check-up.

Figure 14. Vision Exam in Past 12 Months



Note. This question only applies to children between the ages of 3 and 17.

Vaccinations

Vaccinations can protect a child from potentially fatal diseases by encouraging the immune system to create antibodies against certain diseases. A vaccination usually involves injecting a weakened or killed microorganism into the body in order to encourage the production of antibodies against that microorganism. The schedule for vaccinations can be found on the CDC's website.[6]

However, some parents are hesitant to get recommended vaccinations for their children due to fear of side effects or risks associated with vaccinations, despite the relative rarity of negative side effects. Fortunately, most Coachella Valley parents/guardians were "not at all concerned" about the potential risks associated with vaccinations, as illustrated in Table 7. Levels of concern were relatively similar between the two age groups. However, it is worth noting that over 10% of parents/guardians are very concerned about the potential risks associated with vaccinations, and thus, may need extra education and reassurance from their healthcare provider. Healthcare providers should be aware of this and take additional steps to assuage these concerns.

Table 7. Level of Concern about Potential Risks Associated with Immunizations

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Very concerned	13.5%	6,671	12.7%	3,341
Concerned	10.7%	5,304	13.0%	3,421
Somewhat concerned	25.3%	12,532	14.1%	3,697
Not at all concerned	50.6%	25,055	60.1%	15,766
Total	**100.0%**	**49,560**	**100.0%**	**26,224**

[6] *Immunization Schedules.* (2013). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/vaccines/schedules/

Injury Prevention – Helmet Use

Riding a bicycle or other wheeled sporting equipment can be a great way for children to get exercise and have fun. However, the increased speed associated with this sporting equipment can sometimes lead to painful accidents. Wearing a helmet while riding a bicycle or other wheeled sporting equipment is the single most effective way of reducing head injuries and fatalities resulting from crashes.[7]

As illustrated in Table 8, about a third of children ages 2 and up do not ride bicycles, scooters, skateboards, or other wheeled sporting equipment. Thus, for these children, the question of helmet use is not relevant.

Of those children who do utilize such sporting equipment, less than half "always" use a helmet. Helmet use did not differ significantly based on age—that is, younger and older children alike had similar patterns of helmet usage (or lack of usage). It is concerning to note that thousands of children—in both age groups—do not regularly wear head protection while using sporting equipment. These children are at risk for serious injury. Education, prevention, and outreach is needed to address this issue and increase helmet use.

Table 8. Helmet Use in Past Year

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Always	32.7%	14,473	24.9%	6,466
Nearly always	7.8%	3,459	8.2%	2,130
Sometimes	6.4%	2,828	6.1%	1,580
Seldom	6.2%	2,732	3.3%	844
Never	15.8%	7,005	18.6%	4,830
Never rides a bicycle, scooter, skateboard, etc.	31.1%	13,767	38.9%	10,091
Total	**100.0%**	**44,264**	**100.0%**	**25,940**

Note. This question only applies to children between the ages of 2 and 17.

[7] *Helmet Use Saves Lives* (2006). World Health Organization. Available online at: http://www.who.int/mediacentre/news/releases/2006/pr44/en/

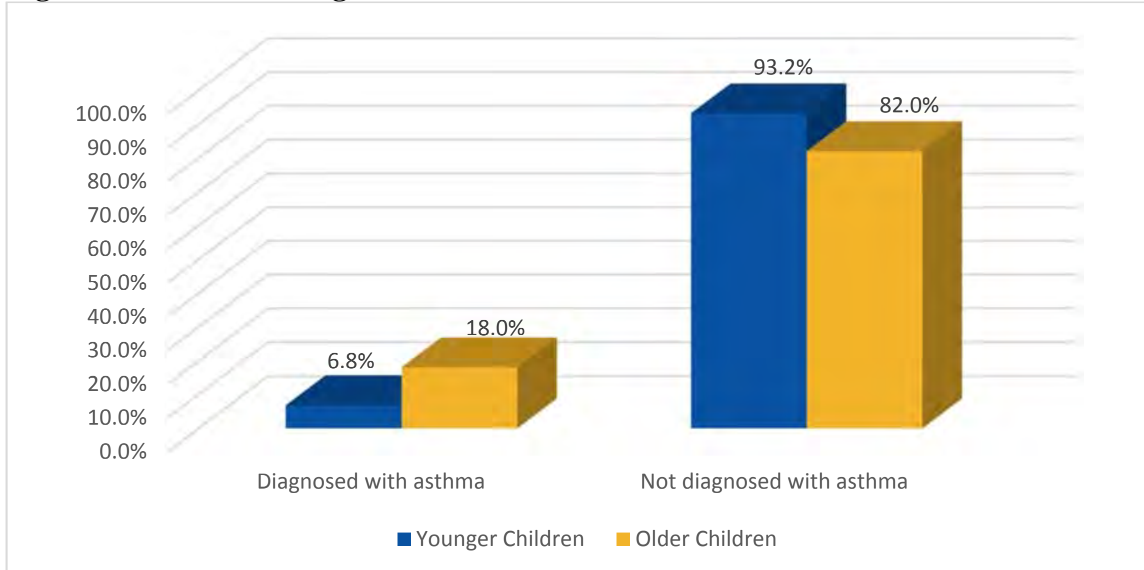
Section 6: Asthma

Asthma is a long-term lung condition in which the airways of the individual can become inflamed, restricting airflow. Asthma often begins during childhood and can cause periods of shortness of breath, coughing, and wheezing. More than 7 million children in the U.S. have asthma.[8]

Young children are significantly less likely to have been diagnosed with asthma than their older counterparts. As illustrated in Figure 15, 6.8% of Coachella Valley children age 10 and younger have been diagnosed with asthma, compared to 18.0% of children over the age of 10.

However, this is not to say that asthma is not a significant factor for young children in the Coachella Valley—over 3,500 children age 10 and under have been diagnosed with asthma, and thus, may struggle to breathe.

Figure 15. Children Diagnosed with Asthma



[8] *What Is Asthma?* (2012). National Heart, Lung, and Blood Institute. Available online at: http://www.nhlbi.nih.gov/health/health-topics/topics/asthma/

Section 7: Mental Health

Children can suffer from mental health problems, such as depression, anxiety, behavior disorders, and ADHD. These problems can affect the child's daily life at home and at school. If left untreated, mental health problems can lead to substance abuse and family discord. However, there are many services available, including child psychiatry, pediatric psychology, and child and adolescent medicine.

The mental health questions in this survey are restricted to children that are age 3 and over (those between the ages of 3 and 17), as many mental health disorders are not readily apparent in younger children.

Mental Health Diagnoses

To assess diagnosed mental health disorders, parents/guardians were asked, "Has a doctor or health professional ever told you that your child had…" followed by a series of common mental health disorders.

Results indicate that approximately 5,239 children ages 3 to 10 have been diagnosed with one of these mental health disorders, as have 4,532 children ages 11 to 17. As illustrated in Table 9, the most common mental health diagnosis for Coachella Valley children of both age groups was ADD/ADHD (6.2% for children age 3 to 10 and 8.5% for children over the age of 10). No diagnosed suicidal thoughts were reported for children age 3 to 10; however, diagnosed suicidal thoughts were reported for 1.6%, or 427 children over the age of 10. Differences in mental health diagnoses between age groups were not statistically significant—that is, younger children and older children had roughly similar rates of each mental health disorder.

Table 9. Mental Health Diagnoses

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
ADD/ADHD	6.2%	2,409	8.5%	2,202
Developmental delay	5.1%	1,993	3.5%	906
Mood disorder	3.2%	1,270	3.0%	784
Anxiety disorder	2.6%	999	4.0%	1,028
Mental retardation	2.2%	849	1.9%	478
Eating disorder	1.7%	657	3.0%	790
Autism	0.7%	281	2.7%	701
Suicidal thoughts	---	---	1.6%	427
Other	2.9%	1,120	2.2%	576

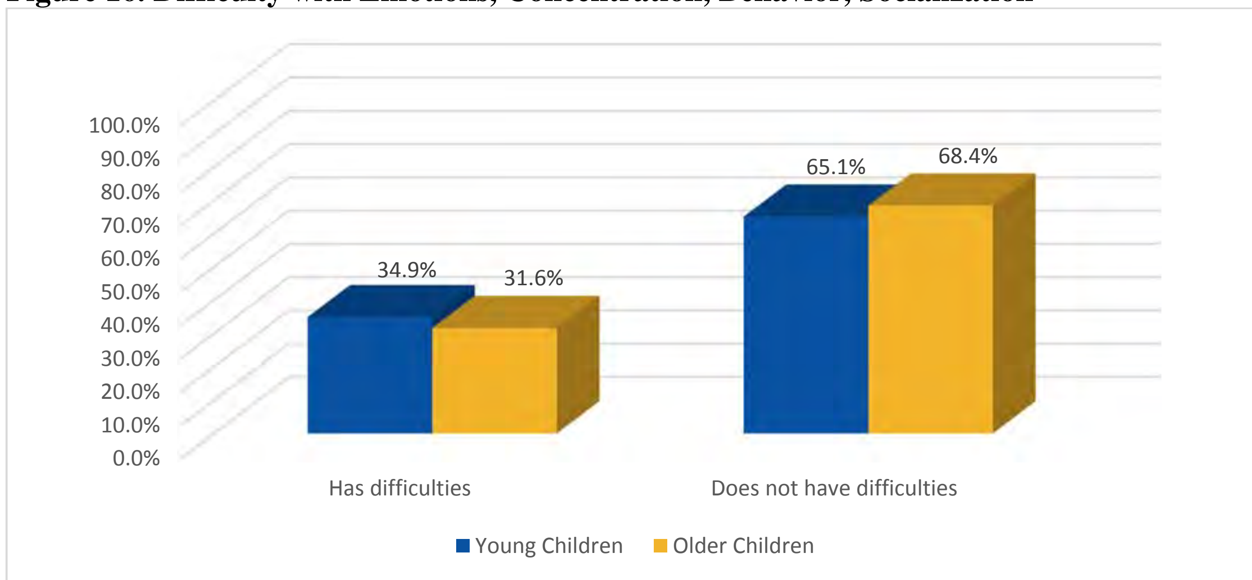
Note. These questions only apply to children between the ages of 3 and 17.

Mental Health Difficulties

Not all mental health issues are necessarily ones that are diagnosed disorders. Other mental health issues can be assessed by concerning behaviors that have not received an official diagnoses. To assess this type of mental health issues, parents/guardians were asked, "Overall, do you think that your child has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?"

As illustrated in Figure 16, about a third of Coachella Valley children age 3 and older have difficulty with one of these areas. This equates to approximately 11,272 children age 3 to 10, and 7,430 children age 11 to 17. There was no statistically significant difference in these difficulties based on age.

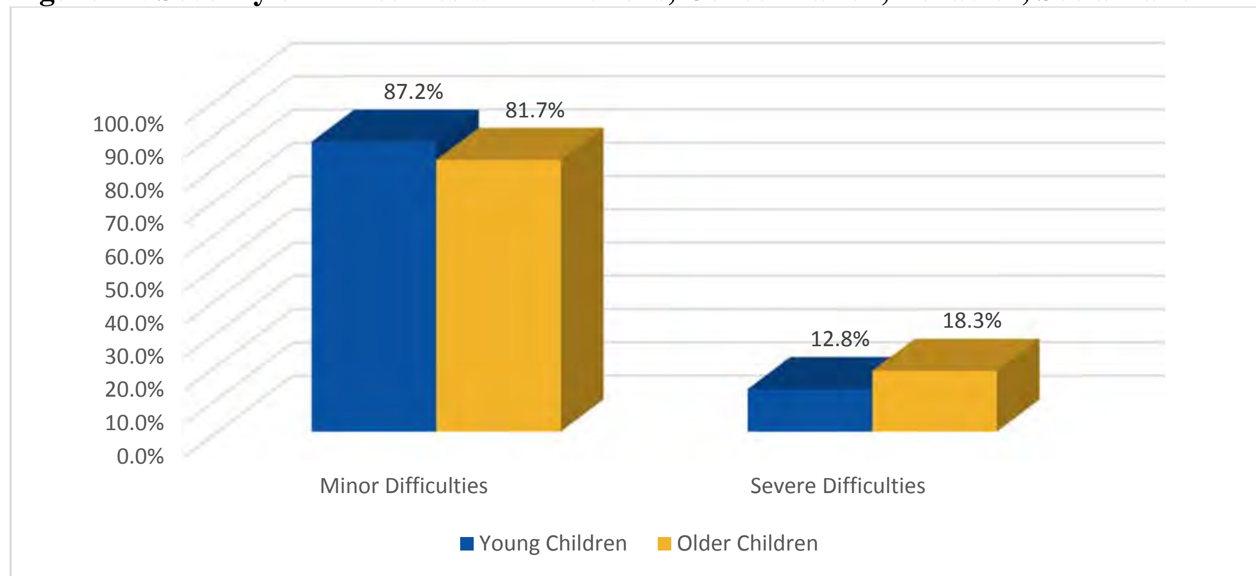
Figure 16. Difficulty with Emotions, Concentration, Behavior, Socialization



Note. These questions only apply to children between the ages of 3 and 17.

Of the thousands of children who struggle with emotions, concentration, behavior, and/or getting along with others, most of these difficulties are minor. However, as illustrated in Figure 17, about 13% of young children with difficulties and 18% of older children with difficulties have severe issues in these arenas. This amounts to 1,438 younger children and 1,361 older children who have severe issues with emotions, concentration, behavior, and/or getting along with others. There is no significant difference in severity of issues based on age—younger children and older children alike have roughly equal rates of severity of these issues.

Figure 17. Severity of Difficulties with Emotions, Concentration, Behavior, Socialization



Note. These questions only apply to children between the ages of 3 and 17.

Mental Health Treatment

Ideally, all children with a diagnosed mental health disorder and/or mental health difficulties would receive the treatment they need to adequately cope. There are many types of treatment available for mental health issues.

To assess common mental health treatments, children who had been diagnosed with a mental health disorder *and/or* who had difficulties with emotions, concentration, behavior, and/or getting along with others were followed up with several questions about treatment options. Approximately 30.0% of young children (3 to 10) have been diagnosed with a mental health disorder and/or have difficulties with things like emotions, concentration, behavior, and getting along with others. This equates to approximately 11,833 young children with mental health issues. For older children (11 to 17), approximately 33.9% fall into this category, equating to approximately 9,080 older children with mental health issues.

The most common type of treatment was visiting a mental health professional for the mental health concern or condition, as illustrated in Table 10. There was no statistically significant difference in types of treatment based on age—young children (3 to 10) and older children (11 to 17) were equally likely to have experienced each type of treatment.

Taking medication was the least commonly used treatment for young children (3 to 10) with mental health issues and/or diagnosed mental health disorders. As illustrated in Table 10, less than 3% of young children with a mental health issue/diagnosis had taken medication for the issue in the past year. Medication is one of the least common treatment techniques for older children as well. Thus, it appears that Coachella Valley children are not over-medicated in relation to their mental health concerns.

Table 10. Mental Health Treatment in Past 12 Months

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Visited a mental health professional for mental health concern or condition	22.8%	2,832	18.4%	1,551
Received counseling or therapy for mental health concern or condition	14.3%	1,772	16.6%	1,407
Visited a primary care provider for mental health concern or condition	13.8%	1,714	10.0%	844
Taken any medication for mental health concern or condition	2.9%	357	11.7%	987

Note. These questions only apply to children between the ages of 3 and 17.

Only about 31% of children with mental health issues have received *any* of the four common treatment types listed in Table 10. This holds true for children of all ages. This indicates that approximately 69% of children who have been diagnosed with a mental health disorder and/or have difficulties with things like emotions, concentration, behavior, and getting along with others are not getting treatment for their issues.

Section 8: Weight, Nutrition, and Activity

BMI Analysis and Perception of Weight

According to the CDC, in the past 30 years, childhood obesity has more than doubled (and tripled in adolescents). Childhood obesity can have a negative impact on both immediate and long-term health. Obese youth are more likely to have pre-diabetes, which presents a high risk of developing diabetes, and are at a greater risk for high cholesterol, high blood pressure, bone and joint problems, and social and psychological problems including stigmatization and low self-esteem. In addition, obese youth are more likely to be obese as adults, heightening their risk for heart disease, type 2 diabetes, stroke, and different types of cancer.[9]

Body Mass Index (BMI) is a reliable indicator of body fatness for most people. Individuals with a BMI outside of the healthy range (that is, either underweight or overweight/obese) should consult to a healthcare provider about their weight. BMI is a useful screening tool, but is not diagnostic of obesity or health.

BMI is calculated from a person's height and weight. For children and teens, BMI is age- and gender-specific, and only calculated for those age 2 and older. The BMI number is compared to the CDC's BMI-for-age growth charts for each gender to obtain a percentile ranking, which is then translated into four categories: underweight, healthy weight, overweight, and obese.[10]

Results show that young children (2 to 10) are significantly more likely to be underweight than their older counterparts. As illustrated in Table 11, nearly 20% of young children have a BMI that places them in the "underweight" category, compared to only 3% of older children. As a result, young children are significantly less likely to have a BMI that places them in the "healthy weight" category when compared to their older counterparts.

Obesity is still a major problem in the Coachella Valley—thousands of children are overweight or obese—but it does not significantly differ based on age group. Younger and older children alike are equally likely to be overweight or obese.

Table 11. BMI

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	18.4%	3,559	3.0%	623
Healthy weight	36.7%	7,098	62.0%	12,742
Overweight	11.5%	2,220	13.8%	2,842
Obese	33.4%	6,470	21.1%	4,338
Total	**100.0%**	**19,345**	**100.0%**	**20,544**

Note. This question only applies to children between the ages of 2 and 17.

[9] *Adolescent and School Health: Childhood Obesity.* (2013). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/healthyyouth/obesity/facts.htm

[10] *About BMI for Children and Teens.* (2013). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

Ideally, all children would fall into the “healthy weight” category—the underweight children would gain weight, and the overweight and obese children would lose weight. However, as children, they are typically not the decision-makers when it comes to food and nutrition, and thus, major weight changes often depend on the parents realizing that their child has a weight problem and then changing their food environment to address that issue. If the parent is unaware of the weight issue—that is, they believe their child to be a healthy weight—they are unlikely to take action to change the child’s weight, and the child’s weight issues will likely continue.

Parents/guardians were asked whether they thought that their children were underweight, about the right weight, or overweight. As illustrated in Table 12, the vast majority of parents believe their child to be about the right weight. This holds true for the parents/guardians of young children (2 to 10) and older children.

About 7% of parents/guardians of young children (2 to 10) believe their child is underweight, when in reality, about 18% have a BMI that places them in the “underweight” category. Thus, there is a discrepancy between the parents’ beliefs and the child’s actual physical weight. This discrepancy applies to the other end of the scale as well—only 11% of parents of young children (2 to 10) believe their child is overweight, when in reality, about 45% have a BMI that places them into the “overweight” or “obese” categories. This discrepancy indicates that outreach may be needed to educate parents on what constitutes a healthy weight for their child.

Interestingly, parents of young children are significantly less likely than the parents of older children to believe that their child is overweight. Only about 11% of parents/guardians of young children hold this belief, compared to nearly 22% of parents/guardians of older children. The parents/guardians of the older children are still underestimating the weight problem of their children—in reality, more like 35% of older children are overweight or obese—but it is much closer to accuracy than it is for the parents/guardians of younger children. The parents/guardians of younger children may believe that their child still has “baby fat” and that they will outgrow their weight issues, and therefore not believe that it is problematic. Thus, education and outreach about healthy weight may be especially useful for the parents/guardians of younger children.

Table 12. Parent Perception of Obesity

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Underweight	7.3%	3,251	4.7%	1,240
About the right weight	81.7%	36,168	73.6%	19,356
Overweight	11.0%	4,858	21.7%	5,718
Total	**100.0%**	**44,277**	**100.0%**	**26,314**

Note. This question only applies to children between the ages of 2 and 17.

Physical Activity

Physical activity is an important part of childhood and adolescence as regularly active youth have less risk of developing chronic diseases and are more likely to have a healthy adulthood. Regular activity helps combat obesity and promotes cardiorespiratory fitness and may even reduce symptoms of anxiety and depression. The CDC recommends that children and adolescents should do an hour or more of age-appropriate physical activity per day.[11]

Parents/guardians were asked to report how many days of the past week that their children were active outside of school for at least 60 minutes per day. This question was restricted only to those children who are school-age, that is, ages 6 and older.

Results show that younger children (6 to 10) seem to be more physically active than their older counterparts (11 to 17). As illustrated in Table 13, nearly 43% of younger children were active at the recommended level, compared to about 28% of older children. Younger children are significantly less likely to have engaged in *no* days of physical activity in the past week—approximately 7% versus 18% for their older counterparts.

Overall, younger children appear to be faring better in terms of physical exercise, but both age groups need to become more active. Thousands of Coachella Valley children are not engaging in the recommended amount of physical activity each day, and thus, are at risk for many health issues, including obesity.

Table 13. Days Active Outside of School for at least 60 Minutes – Past Week

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
1 to 2 days	21.6%	4,988	19.0%	4,759
3 to 4 days	22.7%	5,220	18.9%	4,738
5 to 6 days	5.9%	1,346	15.9%	3,990
7 days	42.8%	9,862	28.2%	7,058
None	7.1%	1,626	18.0%	4,505
Total	**100.0%**	**23,042**	**100.0%**	**25,050**

Note. This question only applies to children between the ages of 6 and 17.

[11] *How Much Physical Activity Do Children Need?* (2011). Centers for Disease Control and Prevention. Available online at: http://www.cdc.gov/physicalactivity/everyone/guidelines/children.html

Nutrition

A healthy diet is important for the growth and development of children. In addition, it also helps prevent obesity and adult chronic diseases, which, in recent years, are being found more and more in younger ages. The Dietary Guidelines for Americans (2010) recommends that half of a child's macronutrient intake should be carbohydrates. It recommends about a third of macronutrients be healthy fats for young children (aged 1 – 3) and about a quarter be healthy fats for older children and adolescents (aged 4 – 18).[12]

Fast Food

According to the Dietary Guidelines for Americans (2010), children and adolescents who eat out often are at an increased risk for weight gain or obesity, even more so for those who eat at fast food restaurants. The number of fast food restaurants has more than doubled since the 1970s, and communities with a higher number of fast food restaurants have been shown to often have higher BMIs.[13]

Most Coachella Valley children have consumed fast food at least once in the past week, as illustrated in Table 14. Fortunately, most of these children have only eaten fast food once or twice. Fast food consumption did not differ based on age—young children and older children had similar rates of eating fast food.

Unfortunately, thousands of Coachella Valley children—of all ages—eat fast food at least five times per week. These children are at high risk for obesity and the health complications that come alongside it.

Table 14. Fast Food Consumption in Past Week

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	25.1%	11,017	28.1%	7,228
1 to 2	61.0%	26,827	55.2%	14,194
3 to 4	6.6%	2,930	7.1%	1,814
5 to 6	5.8%	2,519	5.2%	1,329
7 or more	1.5%	651	4.4%	1,150
Total	**100.0%**	**43,944**	**100.0%**	**25,714**

Note. This question only applies to children between the ages of 2 and 17.

[12] *Dietary Guidelines for Americans, 2010.* (2010). U.S. Department of Agriculture and U.S. Department of Health and Human Services. Available online at: http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf
[13] *Dietary Guidelines for Americans, 2010.* (2010). U.S. Department of Agriculture and U.S. Department of Health and Human Services. Available online at: http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf

Breakfast

Having an adequate breakfast is important for children to start their day off right. As illustrated in Table 15, the vast majority of children in both age groups eat breakfast either at home or at school (97.2% for children age 2 to 10 and 94.1% for children over the age of 10). Not surprisingly, young children (2 to 10) are significantly less likely than their older counterparts to eat breakfast at school, likely because some of the children in the "young children" group are not yet in school, while all of the children in the "older children" group are school-aged. As a result, younger children are significantly more likely to eat their breakfast at home than their older counterparts. Fortunately, very few children do not regularly eat breakfast.

Table 15. Place Where Child Eats Breakfast

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Eats breakfast at home	77.6%	34,163	62.7%	16,101
Eats breakfast at school	19.6%	8,641	31.4%	8,053
Eats breakfast at a daycare provider or neighbor's	2.1%	914	0.6%	167
Does not eat breakfast	0.8%	333	5.3%	1,351
Total	**100.0%**	**44,051**	**100.0%**	**25,671**

Note. This question only applies to children between the ages of 2 and 17.

Family Meal Time

There are many benefits to eating dinner together as a family. Young children who eat dinner at home with family are known to have a lower likelihood of being overweight or obese.[14] Additionally, eating dinner together can give a family an opportunity to have important discussions and connect socially.

As illustrated in Table 16, most children in the Coachella Valley—in both age groups—eat dinner together with their families every day. However, over 2,000 young children (2 to 17) eat dinner with their families 2 times per week or less, putting them at a disadvantage. This did not differ based on age—older children had similar rates of family meal time as the younger children.

Table 16. Eating Dinner Together

	Younger Children		Older Children	
	Weighted percent	Population Estimate	Weighted Percent	Population Estimate
None	1.6%	699	3.2%	810
1 to 2 times a week	3.5%	1,542	7.3%	1,864
3 to 4 times a week	9.1%	3,981	13.4%	3,434
5 to 6 times a week	12.3%	5,386	14.3%	3,666
Every day	73.6%	32,360	61.9%	15,894
Total	**100.0%**	**43,967**	**100.0%**	**25,668**

Note. This question only applies to children between the ages of 2 and 17.

[14] *Family Dinners Are Important.* (2007). Web MD. Available online at: http://children.webmd.com/guide/family-dinners-are-important

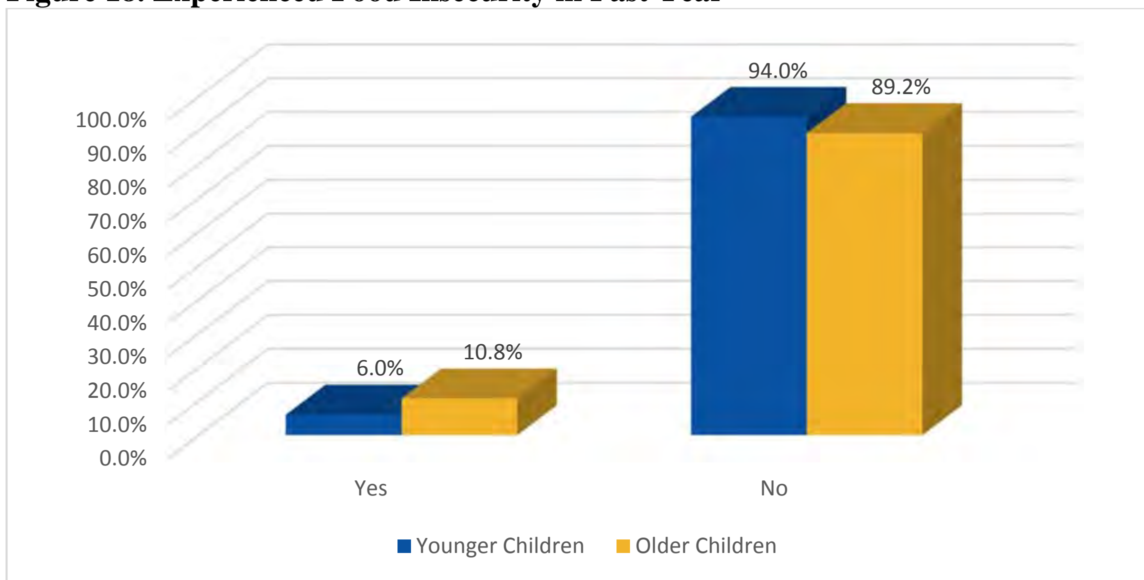
Section 9: Food Insecurity

Inadequate nutrition places young children at risk for present and future illness and can weaken their immune system. It also hinders healthy growth and development, which may affect the child's future physical and mental health. In the United States, more than one in five children lives in a food insecure household. According to the USDA, an estimated 16.7 million children under 18 do not know where they will find their next meal and are unable to receive the nutrition that they need to be healthy.[15]

Fortunately, the majority of Coachella Valley children—in both age groups—have not experienced food insecurity in the past year, as illustrated in Figure 18. However, about 6.8% of young children have had to cut the size of meals or skip meals because there was not enough money for food. This indicates that over 3,080 children age 0 to 10 experienced food insecurity.

There was no statistically significant difference in food insecurity based on age—younger children and older children are equally likely to have gone hungry in the past year.

Figure 18. Experienced Food Insecurity in Past Year



[15] *Impact of Hunger.* (2013). Feeding America. Available online at: http://feedingamerica.org/hunger-in-america/impact-of-hunger.aspx

Section 10: Learning and Socialization

School Achievement

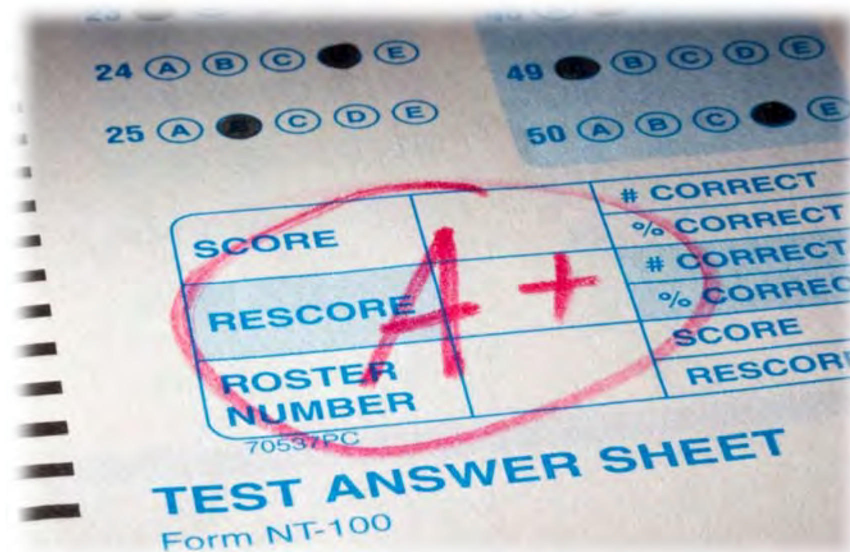
School (or academic) achievement and performance are the degree in which an individual or institution's academic goals are met. These are often determined through regular examinations and grades. School is important for the development of language and social skills for young children. In addition, early academic achievement is linked to future academic achievement. Parent involvement in a child's education has been consistently found to have a positive effect on the child's academic achievement. Because of the age restrictions of the school system, these questions are only applicable to children between the ages of 6 and 17.

As illustrated in Table 17, most parents/guardians believe that their children—both younger and older—are doing at least "very good" in school. Very few children—1.9% of younger children, and 3.3% of older children—are doing "poorly" in school, per their parents/guardians perceptions.

Table 17. Child's Academic Achievement

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	33.5%	7,247	33.8%	8,394
Very good	28.8%	6,236	26.1%	6,489
Good	14.7%	3,187	21.9%	5,433
Average	17.9%	3,868	14.3%	3,546
Poor	1.9%	411	3.3%	827
Child is not enrolled in school	3.1%	669	0.5%	131
Total	**100.0%**	**21,619**	**100.0%**	**24,820**

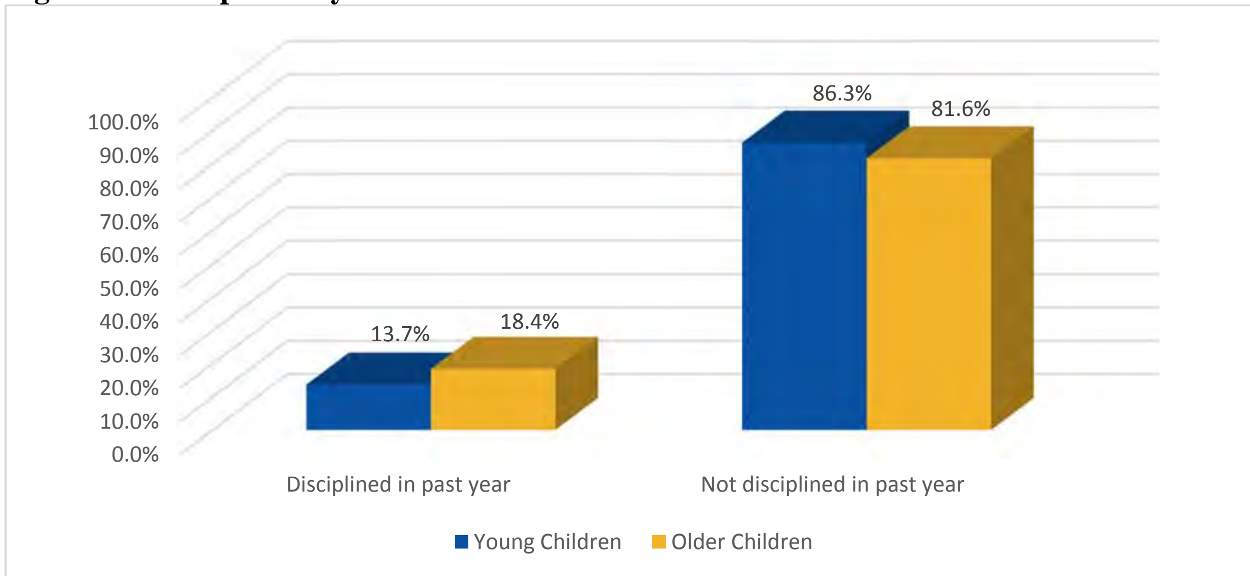
Note. This question only applies to children between the ages of 6 and 17.



School Disciplinary Action

Parents/guardians were asked whether their child had been disciplined by a school official in the past 12 months. As illustrated in Figure 19, most Coachella Valley children—in both age groups—have not been disciplined in the past year. However, approximately 14% of younger children (6 to 10) and 18% of older children (11 to 17) have been disciplined in school in the past year, and thus, may be experiencing behavioral problems.

Figure 19. Disciplined by School Official in Past Year



Note. This question only applies to children between the ages of 6 and 17.

School Absenteeism

School achievement is heavily linked to attendance, especially in certain subjects such as math. Attendance has also been shown to affect standardized test scores, graduation, and dropout rates. Once again, due to age restrictions of the school system, this section is restricted only to children between the ages of 6 and 17.

As illustrated in Table 18, about 31% of students have had perfect attendance in the past year. This holds true for both younger children (6 to 10) and older children (11 to 17). Overall absenteeism patterns are similar between the two age groups—most children, both younger and older, have missed between one and five days in the past year.

It is concerning to note that 6.8% of younger children and 9.1% of older children have missed 11 or more days of school in the past year. In relation to the academic five-day week, this equates to more than two weeks of absences. These children are likely to be struggling academically to catch up after such a large amount of absences.

Table 18. Days of School Missed in Past Year

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	31.2%	7,039	31.1%	7,706
1 to 5 days	51.5%	11,627	50.8%	12,597
6 to 10 days	10.7%	2,407	8.9%	2,209
11 or more days	6.8%	1,525	9.1%	2,251
Total	**100.0%**	**22,596**	**100.0%**	**24,765**

Note. This question only applies to children between the ages of 6 and 17.

The vast majority of students who missed school in the past year did so because of illness, as illustrated in Table 19. Reasons for missing school did not differ significantly between the two age groups—young children and older children had similar reasons for missing school.

Table 19. Reasons for Absence from School

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Illness	83.7%	13,023	83.7%	14,277
Doctor's appointment	8.3%	1,296	16.7%	2,845
Vacation	8.3%	1,284	5.6%	959
Death	1.8%	288	4.7%	805
Other	8.8%	1,364	10.9%	1,859

Note. These questions only apply to children between the ages of 6 and 17.

Parent/Guardian Discussions

Parental guidance is key to a child's ability to cope with serious issues. Thus, it is important that parents/guardians discuss sensitive topics with their children, and give them the tools to handle difficult situations.

To assess this, parents/guardians were asked whether they or another adult in the household had spoken with the child about several critical topics within the past year. Due to the nature of these topics, these questions were only asked in relation to children who were age 6 and over.

Not surprisingly, given the mature content of these discussions, young children were significantly less likely to have had these discussions with their parents/guardians than their older counterparts. This held true for almost all topics. The two exceptions were discussions around dealing with anger and domestic violence—there was no statistically significant difference between the rates of discussion for younger children and older children.

As illustrated in Table 20, most young children (6 to 10) have not had discussions with their parents/guardians about these important topics. For some topics, such as sex, these may not yet be relevant to the children's lives. However, other topics, like dealing with anger, are applicable to children of all ages, and yet, 48.9% of children 6 to 10 have not had a discussion about dealing with anger.

Table 20. Discussions with Children

	Younger Children		Older Children	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Smoking	51.3%	12,068	72.0%	18,598
Dealing with anger	51.1%	12,017	64.2%	16,655
Drugs	48.4%	11,384	77.2%	20,023
Alcohol	44.3%	10,419	72.7%	18,863
Gangs/violence	42.3%	9,962	63.7%	16,519
Sex	25.1%	5,901	66.6%	17,168
Domestic violence	24.8%	5,832	37.0%	9,610
Depression	20.0%	4,715	42.4%	10,999
Eating disorders	18.6%	4,384	36.5%	9,476
Suicide	13.2%	3,082	36.4%	9,451

Note. These questions only apply to children between the ages of 6 and 17.

CONCLUSION

There are approximately 51,600 young children in the Coachella Valley between the ages of 0 (birth) and 10. It is critically important to protect and promote the health of these children in order to set them up for a lifetime of wellbeing. This is especially important for these particular children, most of whom are living in poverty in households with very little income.

Despite the issue of poverty, young children in the Coachella Valley are doing very well in some aspects of health—for example, most have health insurance coverage, most have been to the healthcare provider in the past year, and most have "excellent" or "very good health". Similarly, most children ages 6 to 10 are doing well in school, and have not been disciplined by a school official in the past year.

However, there are other aspects of health that could use improvement. One of these is the issue of weight. Unfortunately, young Coachella Valley children have a high risk of being underweight. In fact, more than 18% of children age 2 to 10 are underweight, per their BMI. For some, this may be caused by food insecurity—6.8% of young children were forced to cut the size of their meals or skip meals due to a lack of money for food in the past year.

At the other end of the weight spectrum, obesity is a problem for Coachella Valley children as well—45% are overweight or obese. Thus, it is clear that very few young children have a BMI that actually falls in the "healthy" range. Despite this, about 82% of their parents believe that their child is "about the right weight". This disconnect between parental perception and actual weight status may be a potential opportunity for education and outreach.

Mental health treatment could also benefit from improvement. Approximately 30.0% of young children (3 to 10) have been diagnosed with a mental health disorder ***and/or*** have difficulties with things like emotions, concentration, behavior, and getting along with others. This equates to approximately 11,833 young children with mental health issues. However, only 31.5% of these children received one or more types of mental health treatment for their issue (including visiting a mental health professional, visiting a primary care provider, receiving counseling or therapy, and/or taking medication). This indicates that 68.5% of young children with mental health issues (7,999 children 3 to 10) are ***not*** receiving any of these common treatments, and thus, may be struggling to cope with their mental health issues.

Another area for potential improvement is that of parent-child communication. It is important that parents/guardians discuss sensitive topics with their children, and give them the tools to handle difficult situations. However, many young children (6 to 10) have not had discussions with their parents about topics like smoking, dealing with anger, drugs, alcohol, gangs, violence, sex, domestic violence, depression, eating disorders, and suicide. While some of these conversations may not be seen as relevant to young children (e.g., sex), others are relevant to all ages (e.g., dealing with anger) and thus, should be addressed. The lack of open discussions between parents and children may mean that these children are ill-equipped to make good decisions in challenging situations.

HARC hopes that releasing this report will bring attention to critical health issues for young children, and that individuals and organizations act on the information provided in this report to improve child health in the Coachella Valley.

RESOURCES

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

General Resources

Alliance for Boys and Men of Color
Website: www.allianceforbmoc.org
Description: The Alliance for Boys and Men of Color is a coalition of change agents committed to improving the life chances of California's boys and young men of color. The Alliance includes youth, community organizations, foundations, and leaders in government, education, public health, and law enforcement.

American Society for the Positive Care of Children (SPCC)
Website: www.americanspcc.org
Description: American SPCC champions grass roots efforts aimed at eliminating abuse towards children and adolescents through awareness, education and providing resources. American SPCC is committed to providing positive educational materials and resources for all parents and caregivers, promoting the well-being of children and healthy families.

California Department of Education
Website: http://www.cde.ca.gov/sp/cd/re/parentresources.asp
Description: California will provide a world-class education for all students, from early childhood to adulthood. The Department of Education serves our state by innovating and collaborating with educators, schools, parents, and community partners.
Contact Information:
1430 N Street
Sacramento, CA 95814
General phone number: 916-319-0800

Centers for Disease Control and Prevention- Child Development
Website: http://www.cdc.gov/ncbddd/childdevelopment/index.html
Description: The CDC Child Development site offers a variety of resources for parents of children of all ages. Some resources include videos on child development basics, articles related to mental health, parenting and screening.
Contact Information:
1600 Clifton Road
Atlanta, GA 30329-4027 USA
800-CDC-INFO (800-232-4636)

First 5 of California
Website: http://www.first5california.com/parents/
Description: First 5 California provides health and nutrition tips, activity suggestions, and support resources to help parents of children 5 and under.
Contact Information:
California Children and Families Commission
2389 Gateway Oaks Drive, Suite 260
Sacramento, CA 95833
Phone: (916) 263-1050
Fax: (916) 263-1360
Email: info@ccfc.ca.gov

National Center for Learning Disabilities
Website: http://www.ncld.org/
Description: The mission of NCLD is to improve the lives of the one in five children and adults nationwide with learning and attention issues—by empowering parents and young adults, transforming schools and advocating for equal rights and opportunities. We're working to create a society in which every individual possesses the academic, social and emotional skills needed to succeed in school, at work and in life.
Contact Information:
32 Laight Street, Second Floor
New York, NY 10013

National Federation of Families for Children's Mental Health (FFCMH)
Website: www.FFCMH.org
Description: The National Federation of Families for Children's Mental Health is a family-run organization with more than 120 chapters and state organizations representing the families of children and youth with mental health needs. The site offers links and resources relevant for families with children with mental illness.

Reach Out
Website: www.ReachOut.com
Description: This site is focused on providing tips and resources for youth to get through tough times or help a friend. Youth "who have been there and made it through" share their personal stories.

The Trevor Project
Website: www.TheTrevorProject.org
Description: The Trevor Project provides suicide prevention for lesbian, gay, bisexual, transgender, questioning (LGBTQ) youth. Resources include their nationwide, 24/7 crisis intervention lifeline, digital community and advocacy/educational programs.

Coachella Valley Resources

About Families
Website: www.aboutfamiliesinc.com
Description: About Families Inc. is a 501 (c) (3) nonprofit organization committed to educating and supporting new families in the Coachella Valley community by providing the resources necessary to take on the emotional, mental, and physical challenges they may encounter prior to and after birth.
Contact Information:
74370 Alessandro Drive, Suite B6
Palm Desert, CA
760-342-7400

Angel View
Website: www.angelview.org
Description: Angel View's mission is helping children and adults with disabilities reach their maximum potential. Through Angel View Outreach, Angel View provides services to children 18 and under in the Coachella Valley and High Desert, including free resources and referrals (and help accessing services); transportation reimbursement for miles traveled to access medical services; special needs assistance mini-grants; and activity sponsorships.
Contact Information:
12379 Miracle Hill Road
Desert Hot Springs, CA 92240
760-329-6471

Barbara Sinatra Children's Center
Website: http://www.barbarasinatrachildrenscenter.org/
Description: Founded in 1986 by Barbara and Frank Sinatra, the nonprofit Barbara Sinatra Children's Center at Eisenhower provides counseling for victims of physical, sexual and emotional child abuse.
Contact Information:
39000 Bob Hope Drive
Rancho Mirage, CA 92270
(760) 340-2336

Big Brothers Big Sisters of the Desert
Website: www.bbbsdesert.org
Description: Big Brothers Big Sisters of the Desert's mission is to help children reach their potential through professionally supported, one-to-one relationships with mentors. Big Brothers Big Sisters serves children throughout the Coachella Valley, ages 6 through 18, in two distinct programs, Community Mentoring and Site Based Mentoring.
Contact Information:
42-600 Cook Street, Suite 110
Palm Desert, CA 92211
760-568-3977

Boys & Girls Clubs of Cathedral City
Website: http://www.bgcccity.org
Description: The Boys & Girls Club of Cathedral City is one of three independent Boys & Girls Club organizations in the Coachella Valley. As an independent chapter from the Boys & Girls Clubs of Coachella Valley, all chapters fall under the umbrella of Boys & Girls Clubs of America yet all are responsible for funding for their own organization.
Contact Information:
32141 Whispering Palms Trail
Cathedral City, CA 92234
(760) 324-5844

Boys & Girls Clubs of Palm Springs
Website: http://www.bgcps.org
Description: Boys & Girls Club of Palm Springs is a member chapter of Boys & Girls Clubs of America, serving hundreds of youth in and around the Palm Springs area. The organization's after school and summer programs, activities, guidance and mentorship play a critical part in providing the Palm Springs' young people – particularly those in need – with the tools to build successful, satisfying and significant lives.
Contact Information:
450 S Sunrise Way
Palm Springs, CA 92262
(760) 327-1304

Boys & Girls Clubs of the Coachella Valley
Website: http://www.bgcofcv.org/
Description: Boys & Girls Clubs of Coachella Valley is a member chapter of Boys & Girls Clubs of America, serving thousands of youth throughout the Coachella Valley with clubhouses in Desert Hot Springs, La Quinta, Indio, Coachella, and Mecca. The organization's afterschool and summer programs, activities, guidance and mentorship play a critical part in providing the valley's young people – particularly those in need – with the tools to build successful, satisfying and significant lives.
Contact Information:
42-600 Cook St., Suite 120
Palm Desert, CA 92211
(760) 836-1160

California State University, San Bernardino – Institute for Child Development and Family Relations (ICDFR)
Website: www.icdfr.csusb.edu
Description: The Institute for Child Development and Family Relations (ICDFR) is the umbrella organization, which covers many child and family related sub-projects established through partnerships between CSUSB and the surrounding community. ICDFR's mission is to promote the optimal development and well-being of the children and families in the Inland Empire by conducting research, providing services, and educating future professionals. ICDFR frequently offers free lectures at the CSUSB Palm Desert campus on the latest research in family and youth issues.
Contact Information:
CSUSB
College of Social and Behavioral Sciences Building, SBS 458
5500 University Parkway
San Bernardino, CA 92407
909-537-3679

Christopher's Clubhouse
Website: www.christophersclubhouse.org
Description: Christopher's Clubhouse is a comprehensive community safety education & empowerment organization dedicated to providing an educational program to empower children and families with the skills to avoid exploitation. Christopher's Clubhouse offers classes in kids' safety education program for children 3 1/2 -13 years of age, Family Internet Safety programs, Adult Education & Child Protection Program, Fingerprinting and ID's for Children, Teen Girls In Focus (TGIF), a program designed for teen girls to give them the skills to focus on their safety and safety programs for women.
Contact Information:
P.O. Box 5444
La Quinta, CA 92248
760-989-2182

Coachella Valley Autism Society (CAVA)
Website: www.cvasa.org
Description: The Coachella Valley Autism Society of America (CVASA) exists to provide support for families of individuals with autism in the Coachella Valley and surrounding desert areas. CVASA offers all of its programs and services at no charge to individuals dealing with autism in the Coachella Valley.
Contact Information:
77564 Country Club Drive, Building B, Suite 363
Palm Desert, CA 92211

Desert Recreation District
Website: www.myrecreationdistrict.com
Description: Desert Recreation District provides park facilities and recreation program services to Coachella Valley communities from Thousand Palms to North Shore. Programs include sports, gymnastics, swimming lessons, dance, martial arts, adaptive sports, and more.
Contact Information:
45-305 Oasis Street
Indio, CA 92201
760-347-3484

First 5 Riverside
Website: http://www.rccfc.org/
Description: First 5 Riverside, the Riverside County Children & Families Commission, is a division of the Riverside County Department of Public Social Services. It is funded by tobacco taxes generated by Proposition 10, which passed in November 1998 to help make sure that all of our youngest Californians, from prenatal to 5 years old, get the best possible start in life.
Contact Information:
585 Technology Court
Riverside, CA 92507
(951) 248 0014

Galilee Center
Website: www.galileecenter.org
Description: The mission of Galilee Center is to fulfill the needs of the underprivileged and disadvantaged by providing food, clothing and other basic needs and to affirm their dignity with love, compassion and respect.
Contact Information:
66101 Hammond Road PO Box 308
Mecca, NA 92254
(760) 396-9100

Healthy Family Foundation (a division of John F. Kennedy Memorial Foundation)
Website: www.jfkfoundation.org
Description: The Healthy Family Clinic is a full-service pediatric clinic providing comprehensive pediatric, child development and parenting education services. The primary emphasis is placed on helping young children, have a healthy, happy and safe start in life. The Healthy Family Foundation also hosts the Ophelia Project, a comprehensive five year group mentoring program serving hundreds of girls annually in 8th through 12th grade, in all three Unified School Districts in Coachella Valley.
Contact Information:
73-555 San Gorgonio Way
Palm Desert, CA 92260
(760) 776-1600

Indio Teen Center
Website: http://www.indio.org/index.aspx?page=259
Description: The Indio Teen Center is a city-run after school program open to ALL 8th -12th grade students. It offers a Media Room, Game Room, Boxing Gym, Recording Studio, Internet Cafe, Kitchen, Large Multipurpose Room, Two Conference Rooms and a Counseling/Resource Center; plus daily educational and recreational programming.
Contact Information:
81678 Avenue 46
Indio, CA 92201
760-541-4400

Jewish Family Service of the Desert
Website: www.jfsdesert.org
Description: For nearly 30 years, Jewish Family Service of the Desert has provided important social services to the people of the Coachella Valley – regardless of religious affiliation. They offer many programs that can improve quality of life. They provide school-based counseling for children, school-based drug resistance education programs, and other youth-focused services.
Contact Information:
801 East Tahquitz Canyon Way, Suite 202
Palm Springs, CA 92262
760-325-4088

Martha's Village & Kitchen
Website: www.marthasvillage.org
Description: Martha's Village & Kitchen serve the community by responding to their needs with food, clothing, shelter and an opportunity to become self-sufficient by affirming their dignity with love, compassion and respect. They provide programs for both children and families.
Contact Information:
83-791 Date Avenue
Indio, CA 92201
(760) 347-4741

Olive Crest Desert Communities
Website: http://www.olivecrest.org/site/PageServer?pagename=ie_homepage
Description: Olive Crest is dedicated to preventing child abuse, to treating and educating at-risk children, and to preserving the family. Olive Crest provides Safe Families Homes for Children, where parents experiencing a temporary crisis can arrange for their children (newborn through 16 years old) to stay with Safe Families volunteers at the Coachella Valley Children's Center while they address the issues that led to the instability in their lives. Olive Crest also provides a Family Resource Center in Coachella that provides early intervention and prevention assistance.
Contact Information:
73-700 Dinah Shore Drive, Suite 101
Palm Desert, CA 92211
(760) 341-8507
Children's Center: 760-398-9147

Riverside County Department of Public Social Services
Website: http://dpss.co.riverside.ca.us/
Description: The Riverside County Department of Public Services (DPSS) provides temporary financial assistance and employment services for families and individuals, provides programs and services to protect children and adults from abuse and/or neglect and access to health care coverage to low income individuals and families.
Contact Information:
24-hour Child Abuse Hotline: 1-800-442-4918
Kinship & Youth Warmline: 1-800-303-0001
Riverside County Department of Public Social Services sites offering children's services:

- Cathedral City
  - 6825 Perez Road, Suite 1, Cathedral City, CA 92234
  - 760-773-6700
- Desert Hot Springs Family Resource Center
  - 14201 Palm Drive Suite #108, Desert Hot Springs, CA 92240
- Indio
  - 48-113 Jackson Street, Indio, CA 92201
  - 760-863-7210
- Mecca Family Resource Center
  - 91-275 Avenue 66 Suite 100, Mecca, CA 92254

Riverside County Department of Public Social Services sites offering CalWORKS, CalFresh (Food Stamps), GAIN, General Relief, and/or Medi-Cal:

- Cathedral City
  - 68615 Perez Road Suite 9A, Cathedral City, CA 92234
  - 760-770-2300
- Desert Hot Springs
  - 14201 Palm Drive, Suite #110, Desert Hot Springs, CA 92240
  - 760-329-2797
- Indio
  - 44-199 Monroe Street, Suite C, Indio, CA 92201
  - 760-863-2900

Safe House of the Desert
Website: www.safehouseofthedesert.com
Description: SafeHouse of the desert runs an emergency shelter in Thousand Palms that provides immediate help to youth age 12-17 and their families experiencing crisis situations. Our staff is available 24 hours a day, 7 days a week for teens and their families who need help negotiating the often challenging road from childhood to independent adult life. They also provide substance abuse treatment programs, prevention and early intervention for mental health issues, and a counseling center for youth.
Contact Information:
72710 East Lynn Street
Thousand Palms, CA
888-343-4660

Shelter from the Storm
Website: www.shelterfromthestorm.com
Description: Shelter from the Storm provides comprehensive services to victims of domestic violence—professionally, ethically, and compassionately. Shelter from the Storm provides emergency shelter, transitional housing, counseling center, outreach centers, and teen dating education.
Contact Information:
73-550 Alessandro Drive, Suite 103
Palm Desert, CA 92260
760-674-0400
24-hour crisis line: 760-328-7233

United Cerebral Palsy Center of the Inland Empire
Website: http://www.ucpie.org/
Description: Founded in 1949, the national organization and its nationwide network of affiliates strive to ensure the inclusion of persons with disabilities in every facet of society - from the Web to the workplace, from the classroom to the community. As one of the largest health charities in America, the mission of United Cerebral Palsy is to advance the independence, productivity and full citizenship of people with disabilities through an affiliate network.
Contact Information:
35325 Date Palm Dr., Ste 136
Cathedral City, CA 92234
(760) 321-8184

YMCA of the Desert
Website: http://www.desertymca.org/
Description: Community-focused nonprofit established in 1844 with recreational programs and services for all ages.
Contact Information:
43930 San Pablo Ave.
Palm Desert, CA 92260
(760) 341.9622

Coachella Valley School Districts

Coachella Valley Unified School District
Website: www.cvusd.us
Description: Coachella Valley Unified School District consists of fourteen elementary schools, three middle schools, four high schools, and one adult school. CVUSD covers the communities of Thermal, Mecca, Coachella, Salton City, and part of Indio.
Contact Information:
87-225 Church Street
Thermal, CA 92274
760-399-5137

Desert Sands Unified School District
Website: www.dsusd.us
Description: Desert Sands Unified School District consists of nineteen elementary schools, one charter elementary school, six middle schools, one charter middle school, four comprehensive high schools, two continuation high schools, one alternative education school, and preschool. DSUSD covers the communities of Indio, Indio Hills, La Quinta, Palm Desert, Indian Wells, and Bermuda Dunes.
Contact Information:
47-950 Dune Palms Road
La Quinta, CA
92253
760-777-4200

Palm Springs Unified School District
Website: www.psusd.us
Description: Palm Springs Unified School District has sixteen elementary schools, five middle schools, four comprehensive high schools, one continuation high school, alternative education programs, headstart/state preschools, full-day headstart programs and childcare programs. PSUSD covers the communities of Cathedral City, Desert Hot Springs, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, and Thousand Palms.
Contact Information:
980 East Tahquitz Canyon Way
Palm Springs, California 92262
760-416-6000

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	--