

RESPIRATORY DISEASE

IN THE COACHELLA VALLEY



A DATA BRIEF

BY HARC



HARC

HEALTH ASSESSMENT AND RESEARCH FOR COMMUNITIES

Funded by



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December 2014

About HARC

Health Assessment Resource Center (HARC) strives to transform community health and well-being through research and evaluation.

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About this data brief

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

This data brief was funded by Southern California Gas Company, a subsidiary of Sempra Energy. To learn more about this important company, visit their website at www.socalgas.com.

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Suggested Citation: Segovia, T., & LeComte-Hinely, J. R. (2014). *Respiratory Disease in the Coachella Valley*. Palm Desert, CA: HARC, Inc.

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INTRODUCTION

About HARC

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 of California.

HARC conducts a regional community health survey every three years (2007, 2010, and 2013, to date). This data brief presents a sub-section of the most recent data from the 2013 Community Health Monitor, focused on those adults and children that have been diagnosed with asthma or other respiratory diseases. Where relevant, data are compared to the data provided in the 2007 and 2010 reports to provide data trends.

Air Quality

The Air Quality Index, or AQI, is a national system used to alert the public when air pollution reaches levels that can be dangerous to health and wellness. The AQI assesses both ozone (issues such as smog) and particle pollution, which can come from ash, vehicle exhaust, dust, pollen, and other pollutants. AQI is measured daily, and ranges from a score of zero (perfect) to 500 (immediate danger to the public). The levels of AQI are illustrated in Table 1.

Table 1. AQI Levels¹

Index Value	Name	Color	Advisory
0 to 50	Good	Green	None
51 to 100	Moderate	Yellow	Unusually sensitive individuals should consider limiting prolonged outdoor exertion
101 to 150	Unhealthy for Sensitive Groups	Orange	Children, active adults, and people with respiratory disease, such as asthma, should limit prolonged outdoor exertion
151 to 200	Unhealthy	Red	Children, active adults, and people with respiratory disease, such as asthma, should avoid prolonged outdoor exertion; everyone else should limit prolonged outdoor exertion
201 to 300	Very Unhealthy	Purple	Children, active adults, and people with respiratory disease, such as asthma, should avoid outdoor exertion; everyone else should limit outdoor exertion
301-500	Hazardous	Maroon	Everyone should avoid all physical activity outdoors.

¹ American Lung Association. Available online at <http://www.lung.org/healthy-air/outdoor/air-quality-index.html>

Respiratory Disease

Poor air quality can be detrimental to everyone, as illustrated by Table 1 above, but it is especially dangerous for those individuals with compromised airways due to respiratory disease. Breathing is one of the most vital and basic functions that our body performs but for children, adults and seniors who suffer from respiratory diseases, breathing can become quite a task. Everyday millions of Americans, both adults and children alike, suffer from some kind of respiratory disease. The most common respiratory diseases are asthma and chronic obstructive pulmonary disease (COPD).

Asthma is a chronic lung disease that is characterized by inflammation and narrowing of airways. As a result, asthma can cause frequent episodes of difficulty breathing, breathlessness, coughing, and/or chest tightness. For many people, asthma can be controlled by taking medication and by avoiding triggers in the environment that cause asthma, including tobacco smoke, dust mites, and outdoor air pollution, among others.² More than 25 million people have asthma in the U.S., including 7 million children.³

Chronic obstructive pulmonary disease (COPD), an umbrella term for progressive lung diseases, is also caused by narrowing of the airways. However, for people with COPD, airways are permanently narrowed—that is, it is not episodic or reversible. COPD includes diseases such as emphysema and chronic bronchitis and affects over 24 million people in the U.S.⁴ People with COPD have difficulties with daily activities, such as walking up a short flight of stairs, carrying or lifting heavy objects and breathing in general.

For both of these respiratory diseases, air quality—or the lack thereof—is a critical factor for protecting and promoting well-being. Air pollutants such as tobacco smoke, vehicle emissions, and smog play a significant role. Fortunately, there are many steps that can be taken to improve air quality and prevent respiratory disease. Vehicle emissions are a major source of air pollution and greenhouse gases. Individuals can help reduce this major pollutant by taking the bus, riding a bike, or walking instead of driving a car. For those who need cars, air pollution can be greatly reduced by using hybrid electric cars or compressed natural gas vehicles instead of traditional gas-powered cars. Conserving energy in the home can also reduce greenhouse gas emissions that are created by artificially heating and cooling dwellings. For more ways to reduce air pollution, visit the website of the United States Environmental Protection Agency at http://epa.gov/oaqps001/peg_caa/reduce.html.

HARC has created this data brief to provide valuable information regarding respiratory disease in the Coachella Valley community. This data brief describes the Coachella Valley residents who live with a respiratory disease, and identifies health disparities that are especially problematic for these residents. Hopefully, this information will help to not only raise awareness of this important health problem and its prevalence in our community, but also to provide a more in-depth picture of the health risks that disproportionately affect this population.

² Centers for Disease Control and Prevention: Asthma. Available online at <http://www.cdc.gov/asthma/default.htm>

³ National Heart, Lung, and Blood Institute: What is Asthma? Available online at: <http://www.nhlbi.nih.gov/health/health-topics/topics/asthma>

⁴ COPD Foundation: What is COPD? Available online at: <http://www.copdfoundation.org/What-is-COPD/Understanding-COPD/What-is-COPD.aspx>

METHOD

The data presented in this data brief are from the 2013 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 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. The survey included two samples: an adult sample (age 18 and over) and a child sample (adults age 18 and over acting as a proxy for a randomly selected child between the ages of 0 and 17 in the household). The sample size for the adult sample is 1,962 people; the sample size for the child sample is 509 people.

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. 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). Thus, while 1,962 adult participants actually participated in this survey, the figures you will see in this brief will be closer to 350,000, the estimated adult population of the entire Coachella Valley. 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 includes two sections of results: one for adults, and another for children.

For the adult sample, participants are considered to have a respiratory disease if they answered “yes” to one or both of the following questions: “Have you ever been told by a doctor, nurse, or other health care professional that you have asthma?”; and, “Have you ever been told by a doctor, nurse, or other health care professional that you have other respiratory disease, such as emphysema, or COPD?”.

For the child sample, participants are considered to have a respiratory disease if the adult proxy answered “yes” to the question, “Has a doctor or other health professional ever told you that (child’s name) had asthma?”

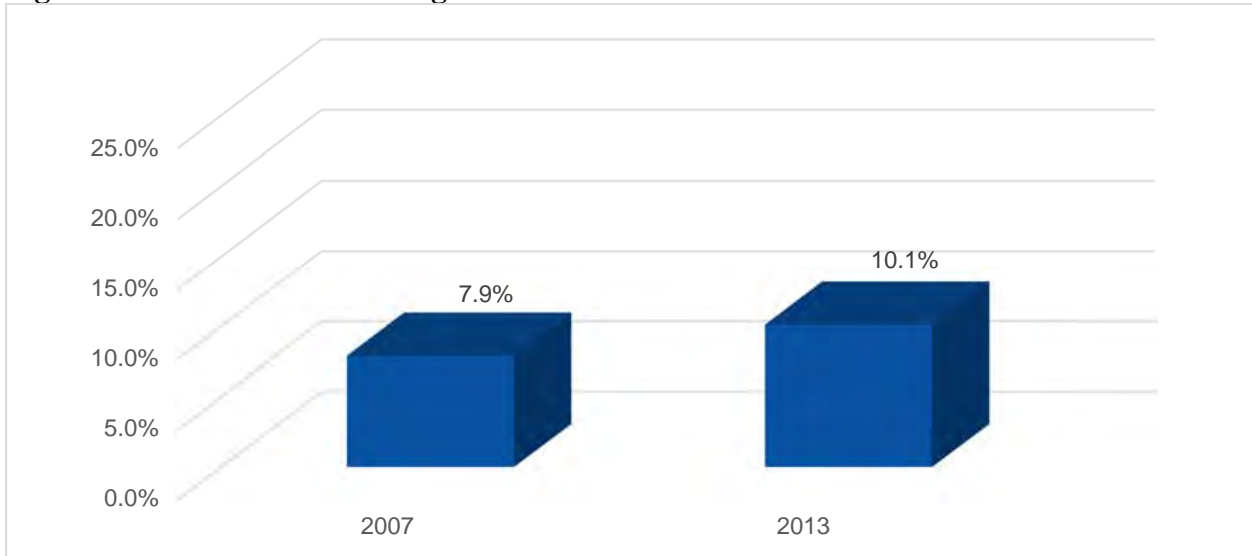
Adult results are presented first, followed by result for the children.

RESULTS: ADULTS

Prevalence of Respiratory Disease in Coachella Valley Adults

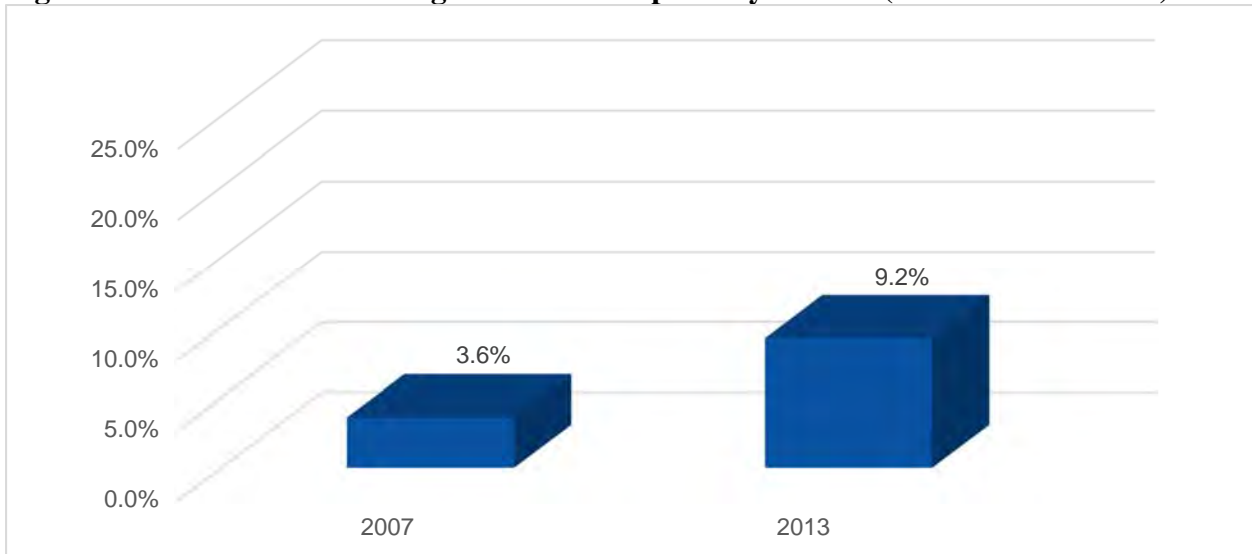
Overall, 17.6% of Coachella Valley adults (61,809 people) have been diagnosed with a respiratory disease. Asthma is the most common respiratory disease in Coachella Valley, affecting 10.1% of Coachella Valley adults (35,793 people). As illustrated in Figure 1, asthma prevalence rates in Coachella Valley are relatively stable over time.

Figure 1. Percent of Adults Diagnosed with Asthma



Approximately 9.2% of Coachella Valley adults (32,634 people) have been diagnosed with respiratory diseases other than asthma, such as COPD. As illustrated in Figure 2, this is a significant increase from 2007, when only 3.6% of Coachella Valley adults had been diagnosed with other respiratory diseases.

Figure 2. Percent of Adults Diagnosed with Respiratory Disease (Other than Asthma)



For the remainder of this report, asthma and other respiratory disease prevalence are combined into a single category representing those who have been diagnosed with any type of respiratory disease.

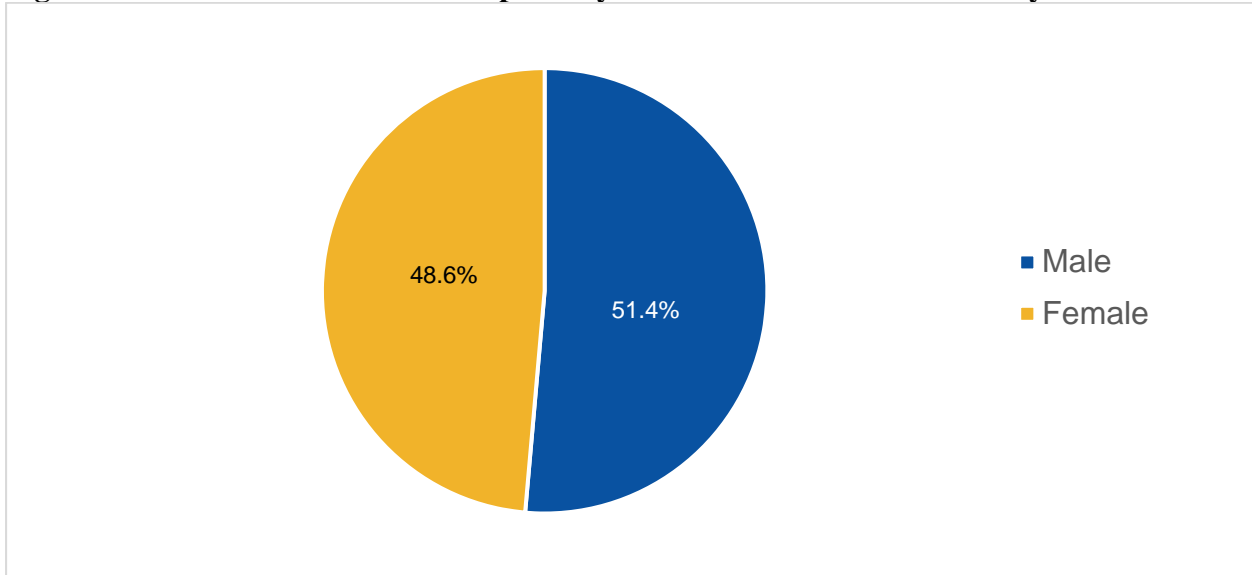
This report often compares those who have been diagnosed with respiratory disease to those who have not been diagnosed with a respiratory disease. It is important to note that this does not necessarily mean the latter group does *not* have a respiratory disease. In fact, it is entirely possible that many adults have a respiratory disease that has not been diagnosed. This is especially true for people who are uninsured or who rarely visit healthcare providers, as they would not have the opportunity to be diagnosed with respiratory disease. Thus, the comparisons in this report are between those who have been diagnosed with respiratory disease and those who have not been diagnosed. This is likely strongly correlated to those who have respiratory disease and those who do not, however, caution should be used when interpreting it in this manner.

Demographic Profile of Coachella Valley Adults with Respiratory Disease

Gender

As illustrated in Figure 3, respiratory disease affects men and women relatively equally in the Coachella Valley. Slightly over half of adults with respiratory disease are male.

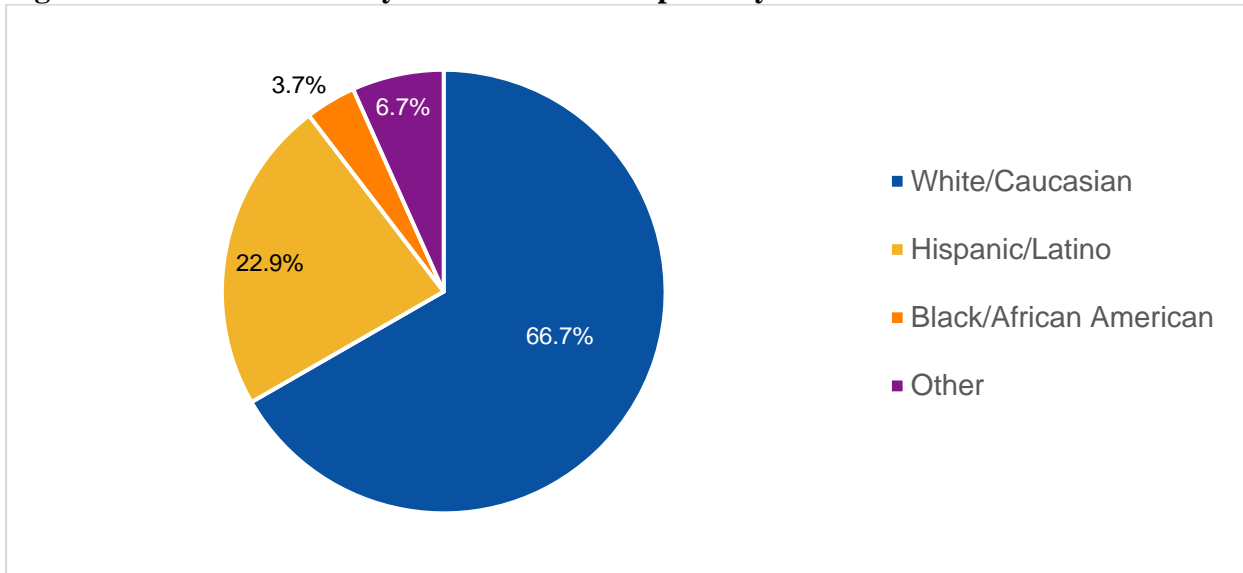
Figure 3. Gender of Adults with Respiratory Disease in the Coachella Valley



Race and Ethnicity

As illustrated in Figure 4, 66.7% of adults with respiratory disease in the Coachella Valley are White.

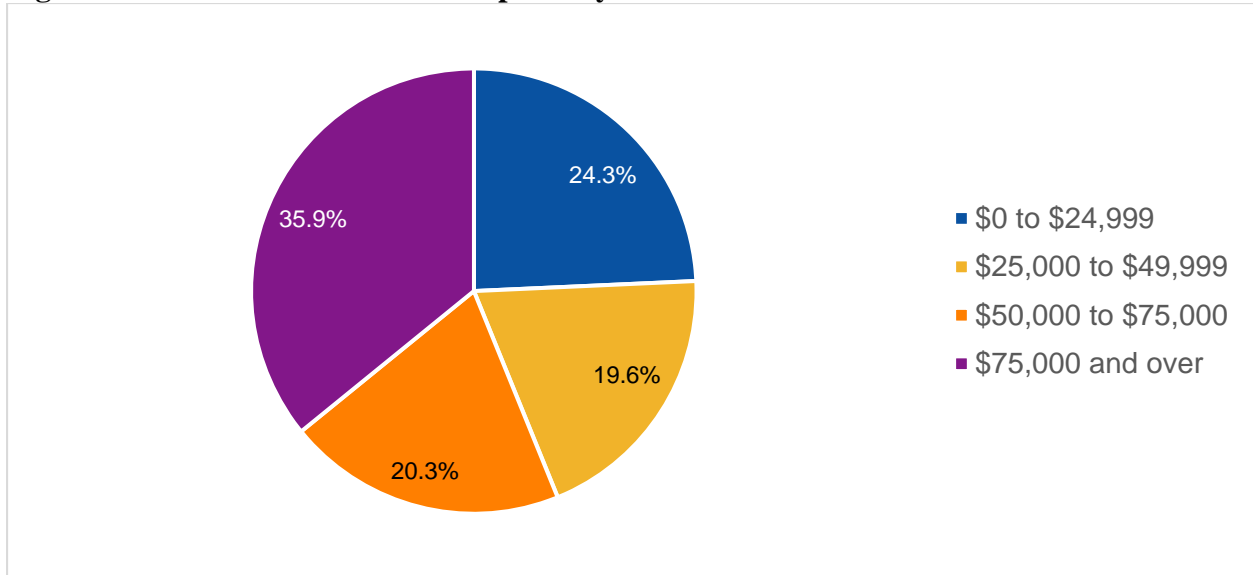
Figure 4. Race and Ethnicity of Adults with Respiratory Disease



Income

As illustrated in Figure 5, respiratory disease appears to affect people at all levels of income, from the very poor to the very wealthy.

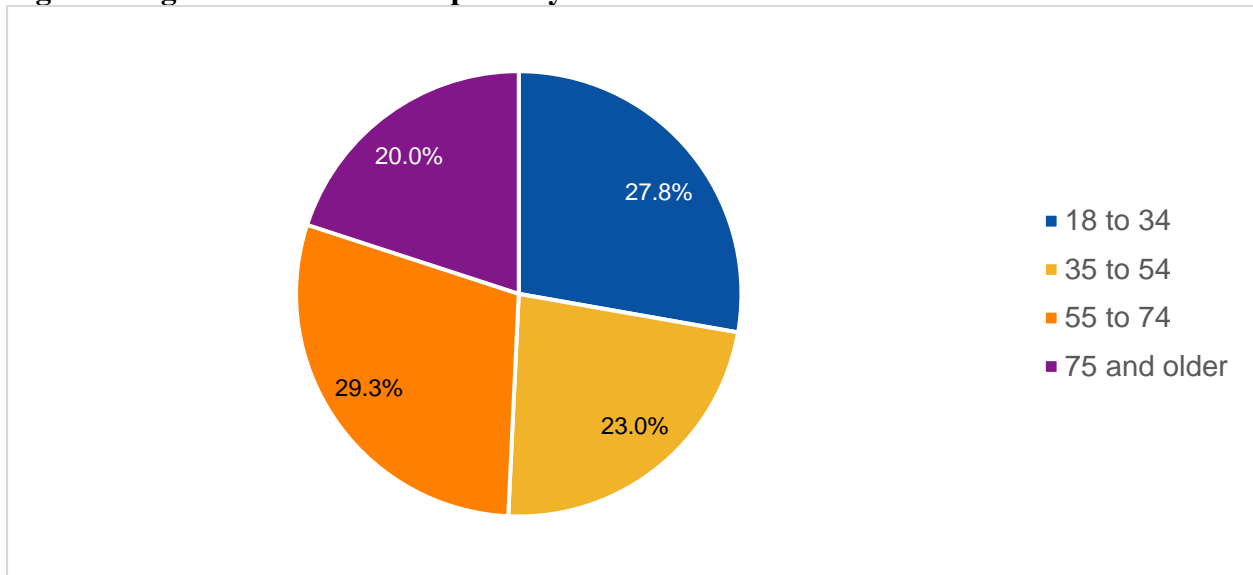
Figure 5. Income of Adults with Respiratory Disease



Age

As illustrated in Figure 6, respiratory disease affects all age groups relatively equally in the Coachella Valley.

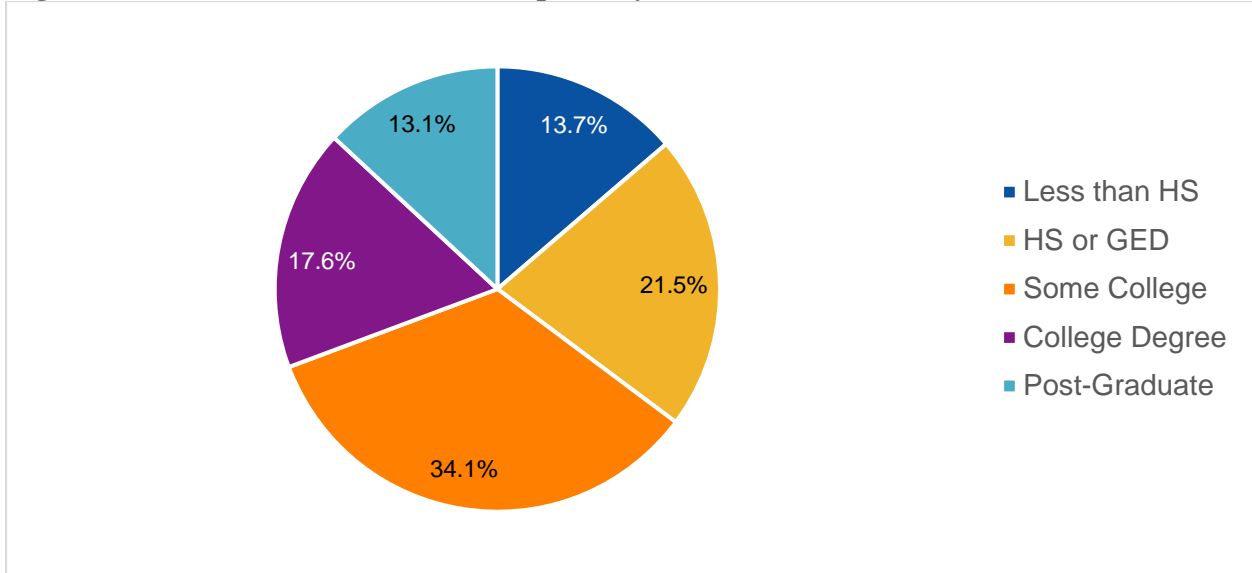
Figure 6. Age of Adults with Respiratory Disease



Education

As illustrated in Figure 7, 34.10% of adults with respiratory disease have some college education.

Figure 7. Education of Adults with Respiratory Disease



General Health

Coachella Valley adults with respiratory disease are significantly more likely than adults without respiratory disease to say that their health is fair or poor. As illustrated in Table 2, over a quarter of adults with respiratory disease have fair or poor health, compared to only 14.4% of adults who have not been diagnosed with respiratory diseases.

Table 2. General Health

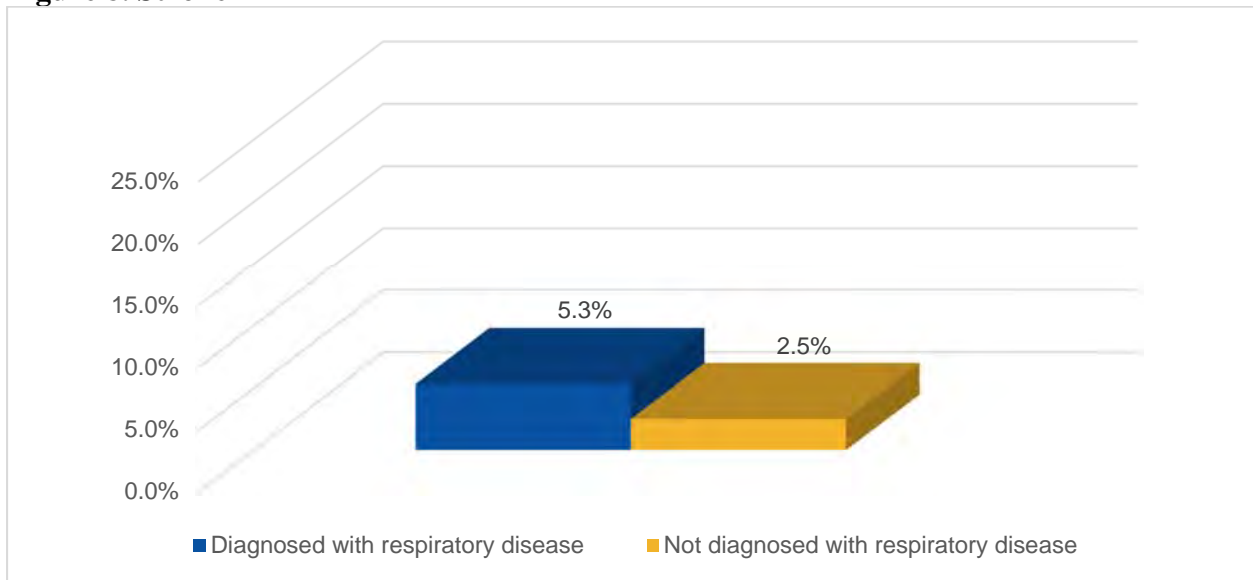
	Diagnosed with respiratory disease		Not diagnosed with respiratory disease	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	13.6%	8,392	23.4%	67,765
Very good	27.8%	17,168	34.4%	99,555
Good	32.7%	20,235	27.8%	80,493
Fair or poor	25.9%	16,015	14.4%	41,649
Total	100.0%	61,809	100.0%	289,462

Major Disease

Part of the reason for such poor health may be due to not only respiratory disease, but to other diseases as well.

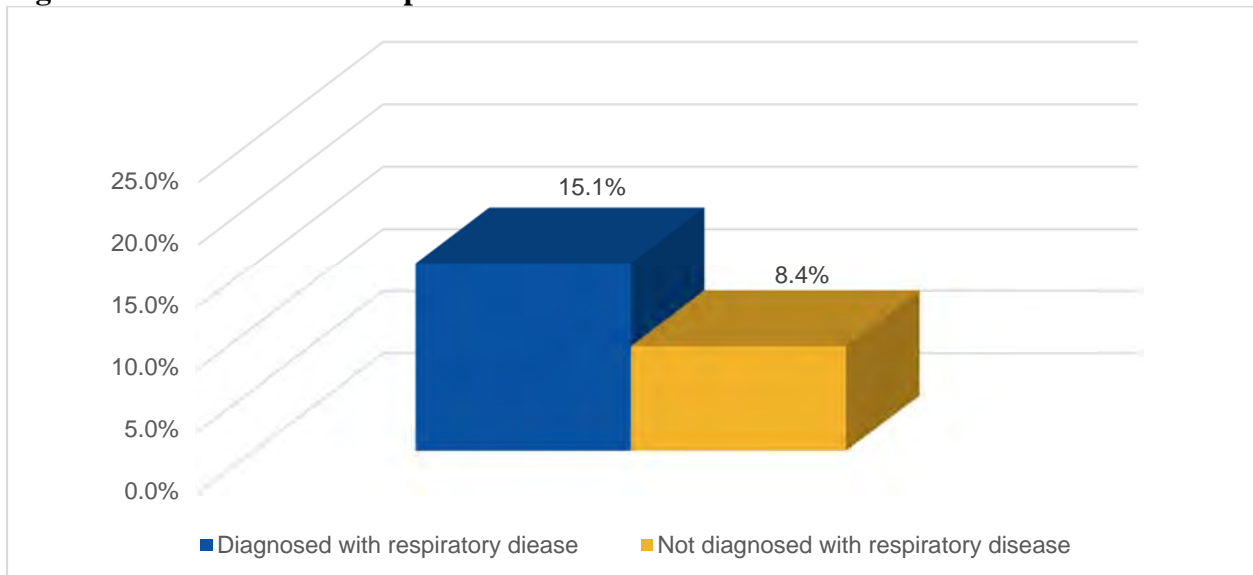
Adults with respiratory disease are significantly more likely to have also suffered from a stroke when compared to those adults who have not been diagnosed with respiratory disease. As illustrated in Figure 8, 5.3% of adults with respiratory disease have also had a stroke, compared to only 2.5% of adults who have not been diagnosed with respiratory disease.

Figure 8. Stroke



As illustrated in Figure 9, adults with respiratory disease are also significantly more likely than those not diagnosed to have suffered from bone disease (15.1% versus 8.4%, respectively).

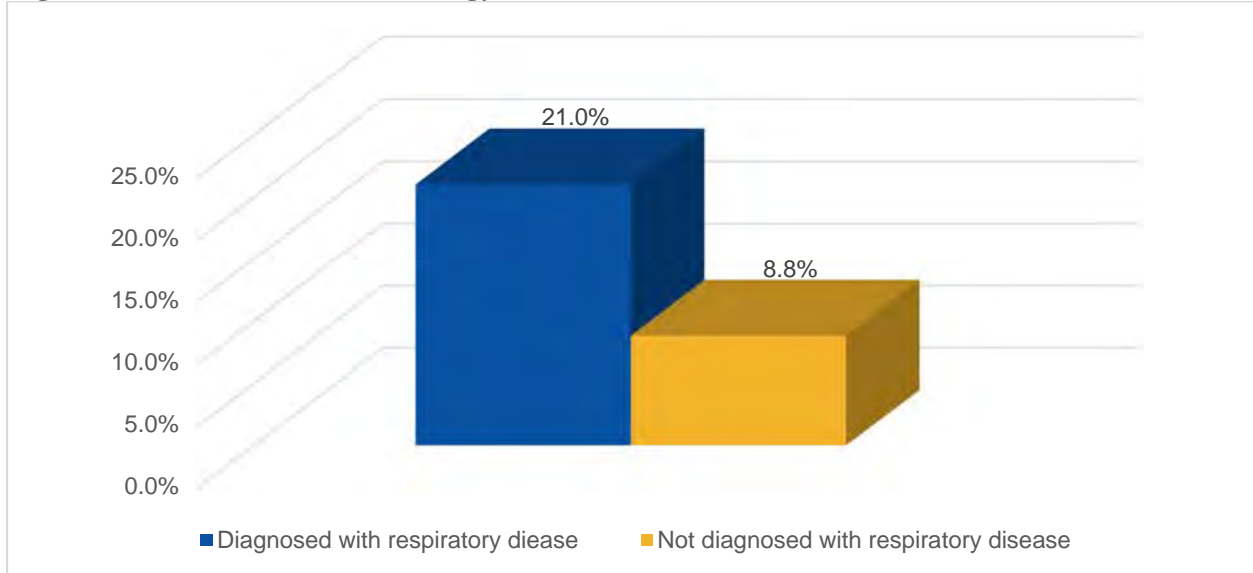
Figure 9. Bone Disease/Osteoporosis



Disability

As illustrated in Figure 10, approximately 21.0% of Coachella Valley adults with respiratory disease need to use special equipment (also called assistive technology) such as a cane, specialized telephone, or a special bed in order to cope with their health problems. This is significantly higher than the proportion of adults who have not been diagnosed with respiratory disease; only 8.8% of these adults need to use assistive technology.

Figure 10. Use Assistive Technology



Socioeconomic Needs

As illustrated in Table 3, adults with respiratory disease are significantly more likely to need assistance with food, utilities, transportation and home health care than adults without a respiratory disease. The need for assistance with these tasks may potentially be caused by their illness—those who have been diagnosed with respiratory disease may have trouble keeping up with a full-time job, and thus have trouble with obtaining an adequate income.

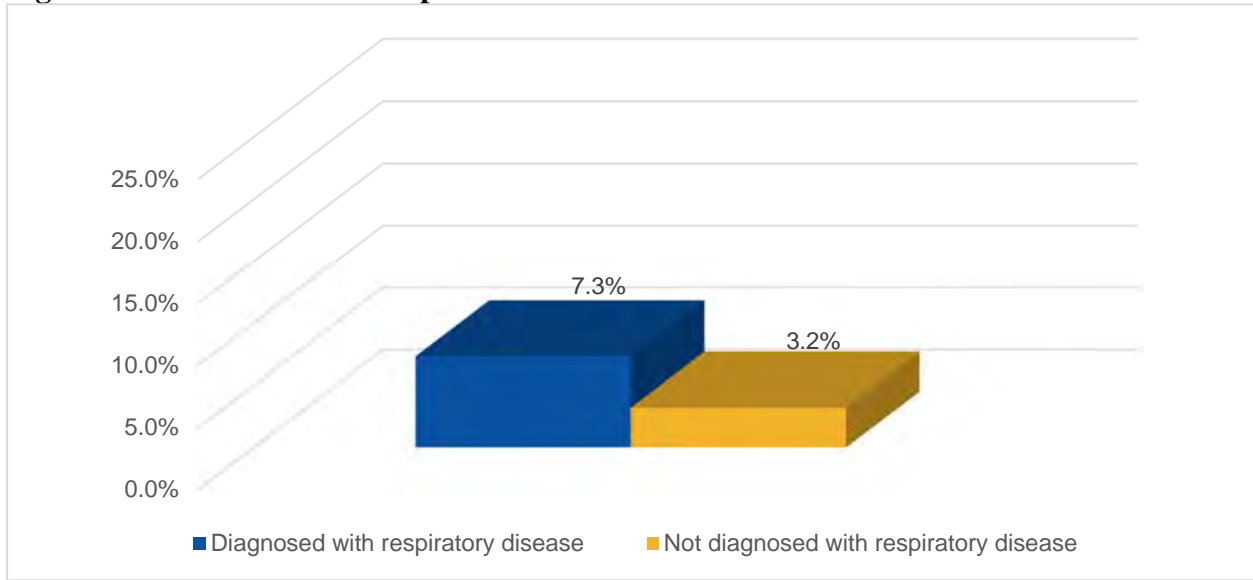
Table 3. Socioeconomic Needs

	Diagnosed with respiratory disease		Not diagnosed with respiratory disease	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Needed food assistance	19.6%	12,096	9.1%	26,387
Needed utility assistance	15.9%	9,858	7.5%	21,817
Needed transportation	15.0%	9,261	6.6%	18,977
Needed home healthcare	8.2%	5,060	2.6%	7,473

Senior Health (55+)

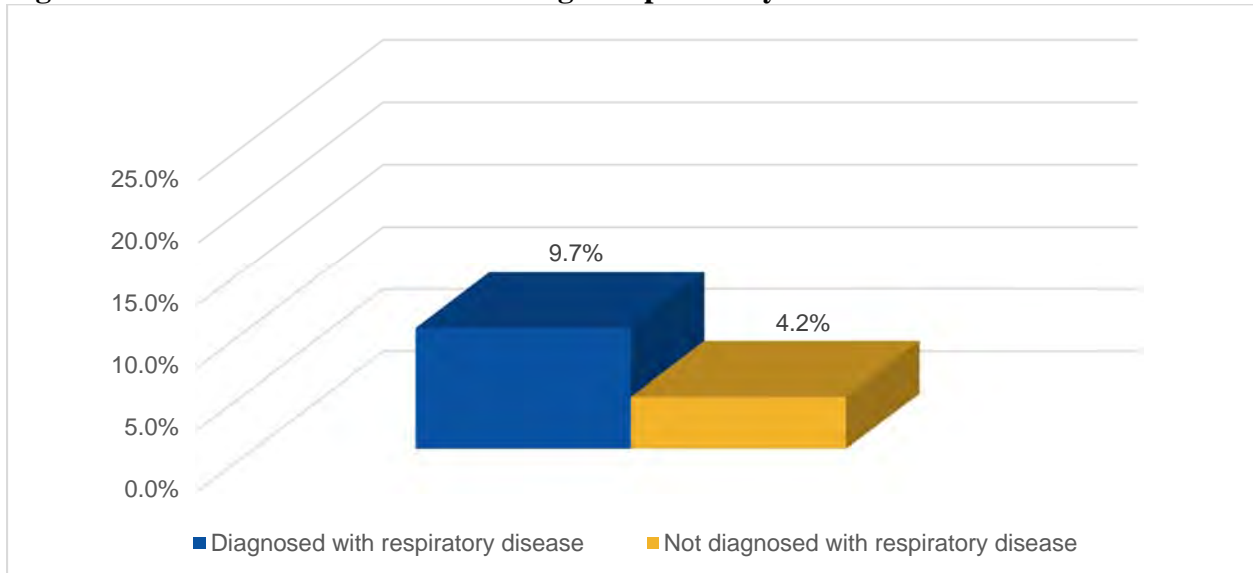
Activities of Daily Living (ADLs) are the basic tasks of everyday life, such as eating, bathing, dressing, and toileting. As illustrated in Figure 11, seniors with a respiratory disease were significantly more likely to need help with ADLs than seniors who have not been diagnosed with a respiratory disease (7.3% versus 3.2%, respectively).

Figure 11. Seniors Needed Help with ADLs



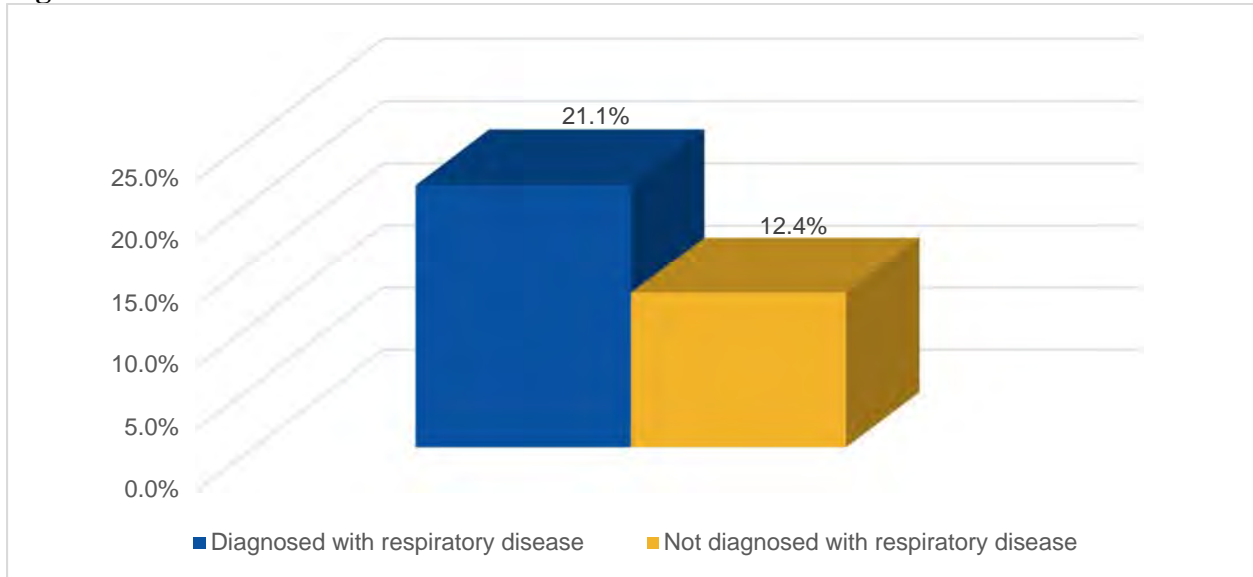
Independent Activities of Daily Living (IADLs) are more complex social activities such as using the telephone, preparing meals, managing medications, or grocery shopping. Seniors with respiratory disease are significantly more likely to be unable to live independently because they require assistance with IADLs when compared to seniors who have not been diagnosed with a respiratory disease (9.7% and 4.2%, respectively, as illustrated in Figure 12).

Figure 12. Seniors Prevented from Living Independently due to IADLs



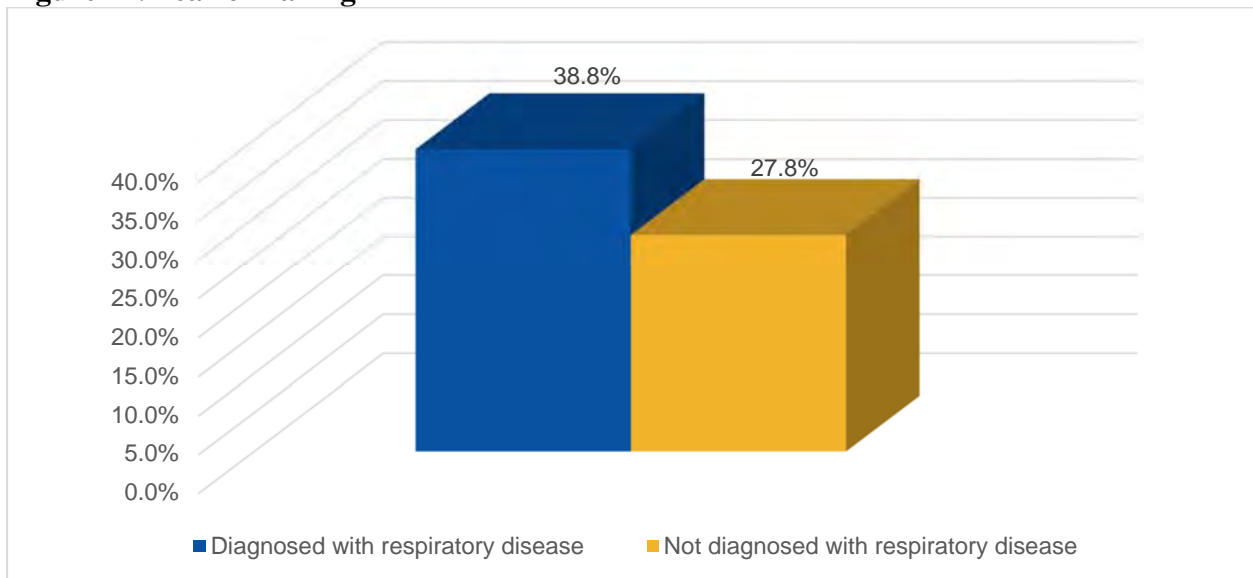
Falls can result in decreased mobility, serious injury, and even death, making this a major concern for senior health. As illustrated in Figure 13, 21.1% of seniors with respiratory disease have fallen one or more times in the past three months, compared to only 12.4% of seniors who have not been diagnosed with respiratory disease.

Figure 13. Fallen One or More Times in the Past Three Months



Given the high rate of falls, it is not surprising that seniors who have been diagnosed with respiratory disease are significantly more likely to have a concern or fear of falling when compared to seniors who have not been diagnosed with respiratory disease (38.8% versus 27.8%, respectively, as illustrated in Figure 14).

Figure 14. Fear of Falling



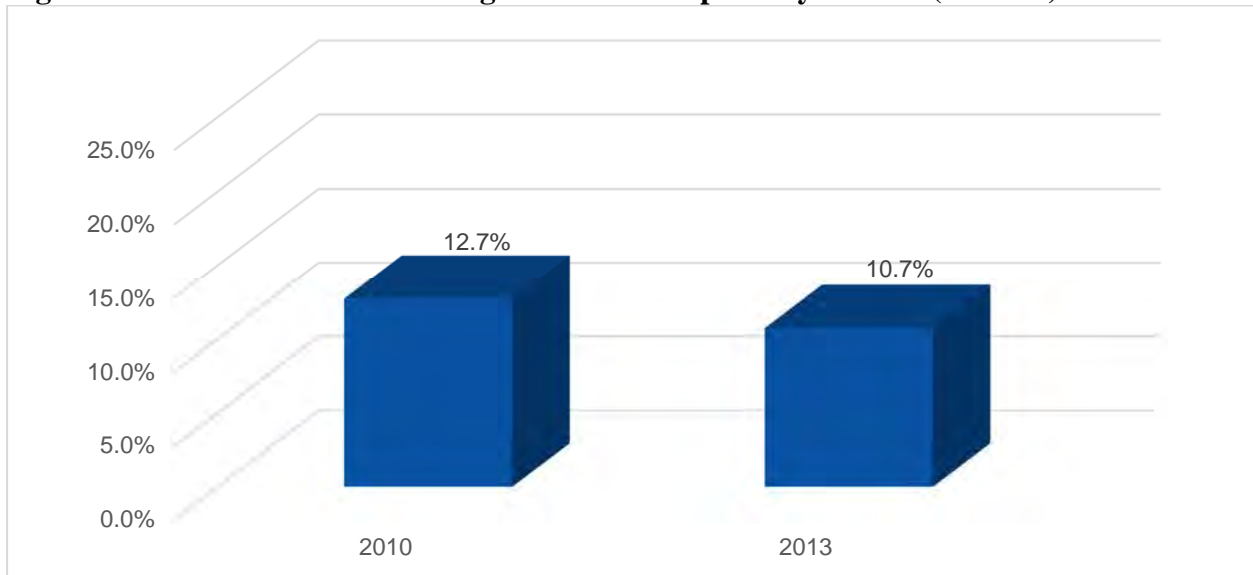
RESULTS: CHILDREN

Prevalence of Respiratory Disease in Coachella Valley Children

Approximately 10.7% of Coachella Valley children (8,581 children ages 0 to 17) have been diagnosed with asthma. Due to the relative rarity of other respiratory disease in such a young population, no other respiratory disease diagnoses were covered in the survey. Thus, for the purposes of this report, “children with respiratory disease” refers solely to children who have been diagnosed with asthma.

Rates of asthma diagnoses in Coachella Valley children are relatively stable. As illustrated in Figure 15, the number of children who have been diagnosed with asthma did not significantly change between 2010 and 2013.

Figure 15. Percent of Children Diagnosed with Respiratory Disease (Asthma)



As mentioned in the adult section of this report, the remainder of this report often compares those who have been diagnosed with respiratory disease to those who have not been diagnosed with a respiratory disease. It is important to note that this does not necessarily mean the latter group does *not* have a respiratory disease. In fact, it is entirely possible that many adults have a respiratory disease that has not been diagnosed. This is especially true for people who are uninsured or who rarely visit healthcare providers, as they would not have the opportunity to be diagnosed with respiratory disease. Thus, the comparisons in this report are between those who have been diagnosed with respiratory disease and those who have not been diagnosed. This is likely strongly correlated to those who have respiratory disease and those who do not, however, caution should be used when interpreting it in this manner.

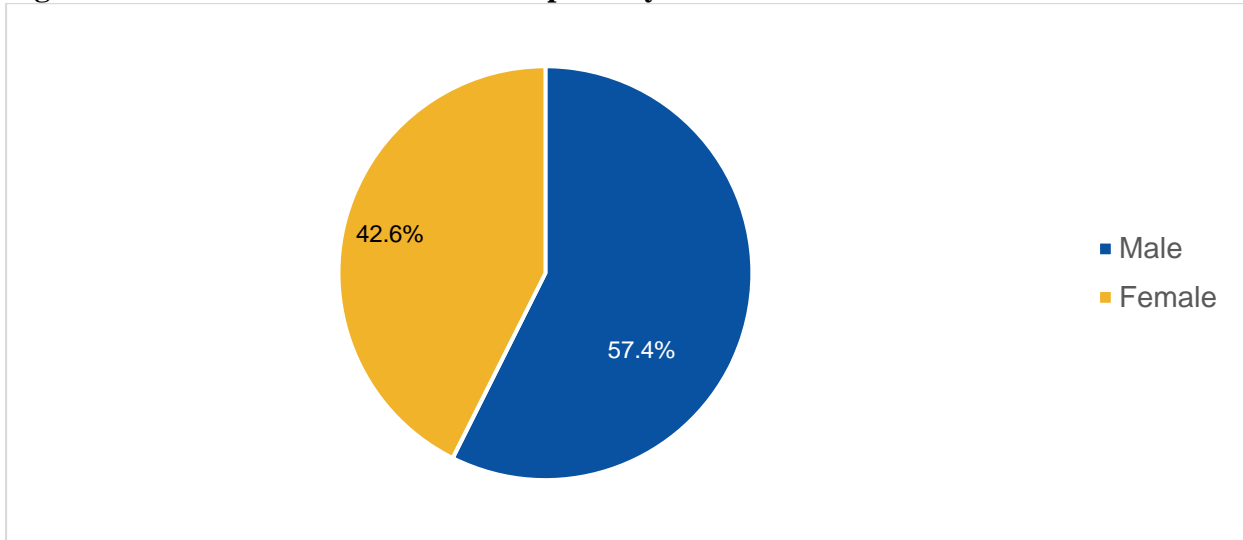
Demographic Profile of Coachella Valley Children with Respiratory Disease

A demographic profile is provided here to describe children with respiratory disease—specifically, asthma—in the Coachella Valley.

Gender

As illustrated in Figure 16, slightly more than half of children with respiratory disease (57.4%) are male.

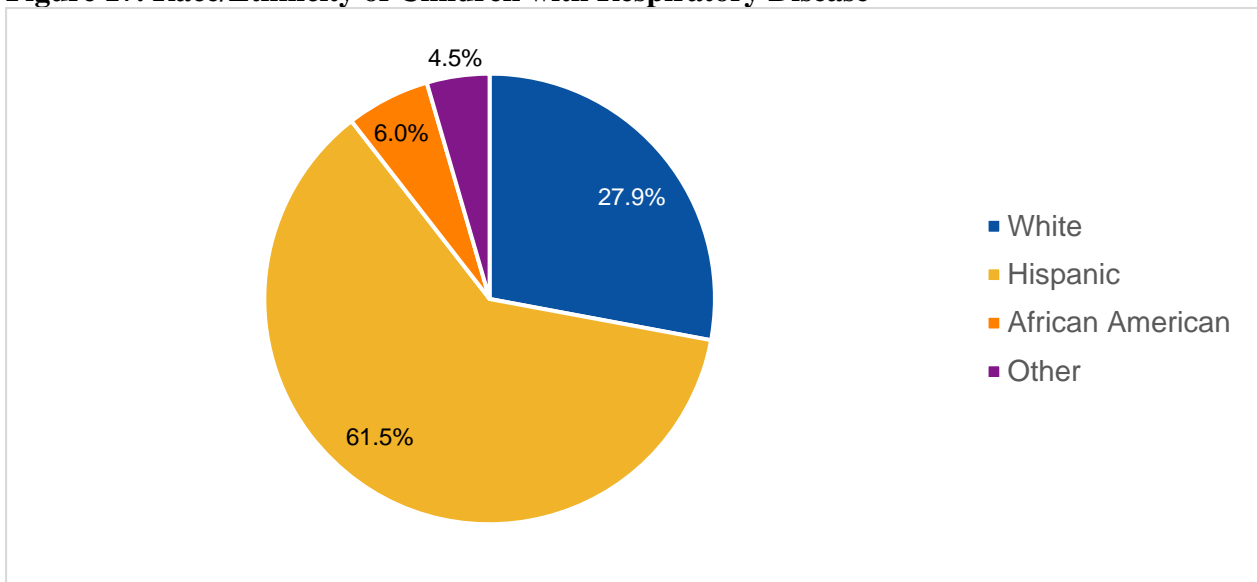
Figure 16. Gender of Children with Respiratory Disease



Race

As illustrated in Figure 17, the majority of children with respiratory disease are Hispanic (61.5%).

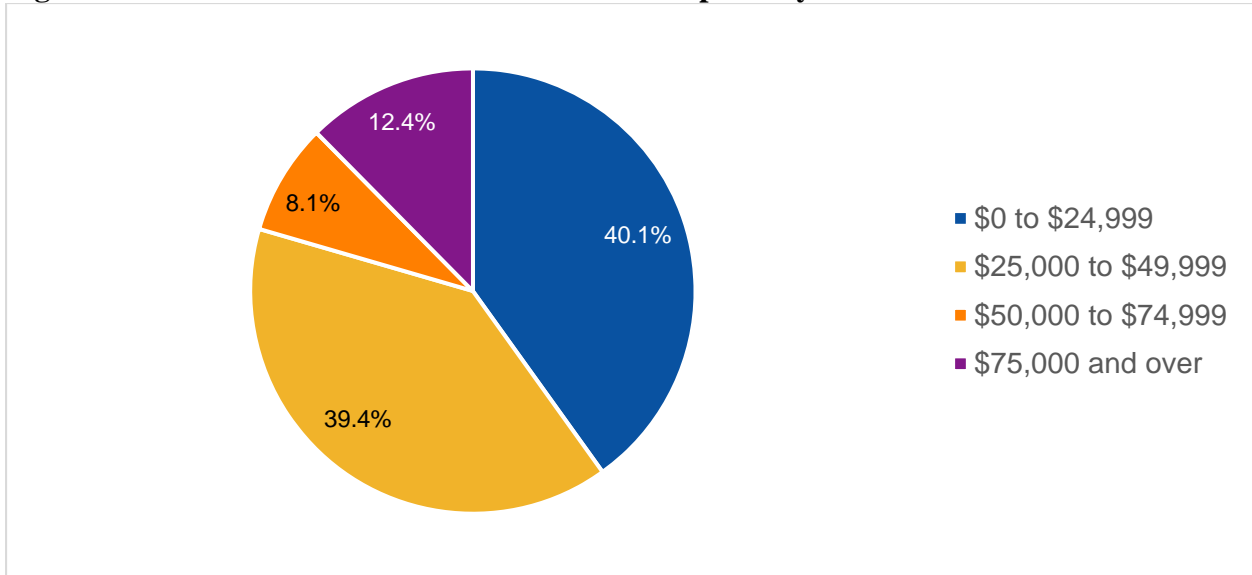
Figure 17. Race/Ethnicity of Children with Respiratory Disease



Income

As illustrated in Figure 18, most children with respiratory disease (about 80%) live in households with an annual income below \$50,000 a year.

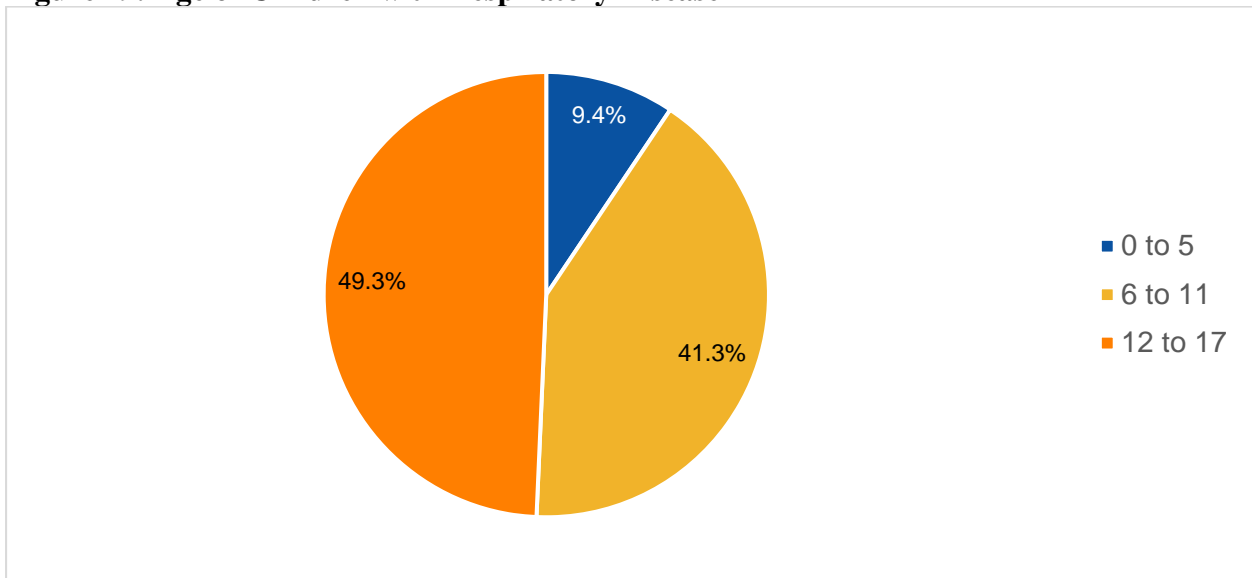
Figure 18. Household Income of Children with Respiratory Disease



Age

As illustrated in Figure 19, very few young children (ages 0 to 5) have been diagnosed with respiratory disease. Most children who have been diagnosed with asthma are age 6 and older.

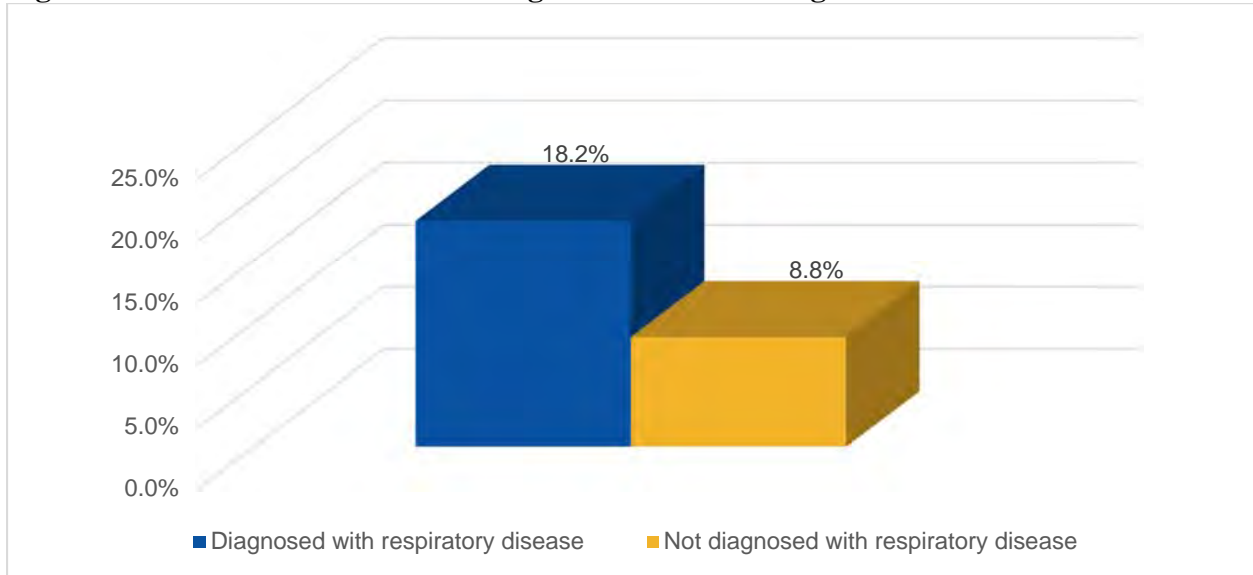
Figure 19. Age of Children with Respiratory Disease



Health Insurance

Healthcare coverage—and the access it affords—is critical to the health of young children, especially for those who have been diagnosed with a respiratory disease. Having health coverage allows children to receive the care and medications they need to cope with their condition. As illustrated in Figure 20, 18.2% of children with a respiratory disease do not have health care coverage and may be missing out on important care. This is significantly higher than the rate for children who have not been diagnosed with respiratory disease (8.8%).

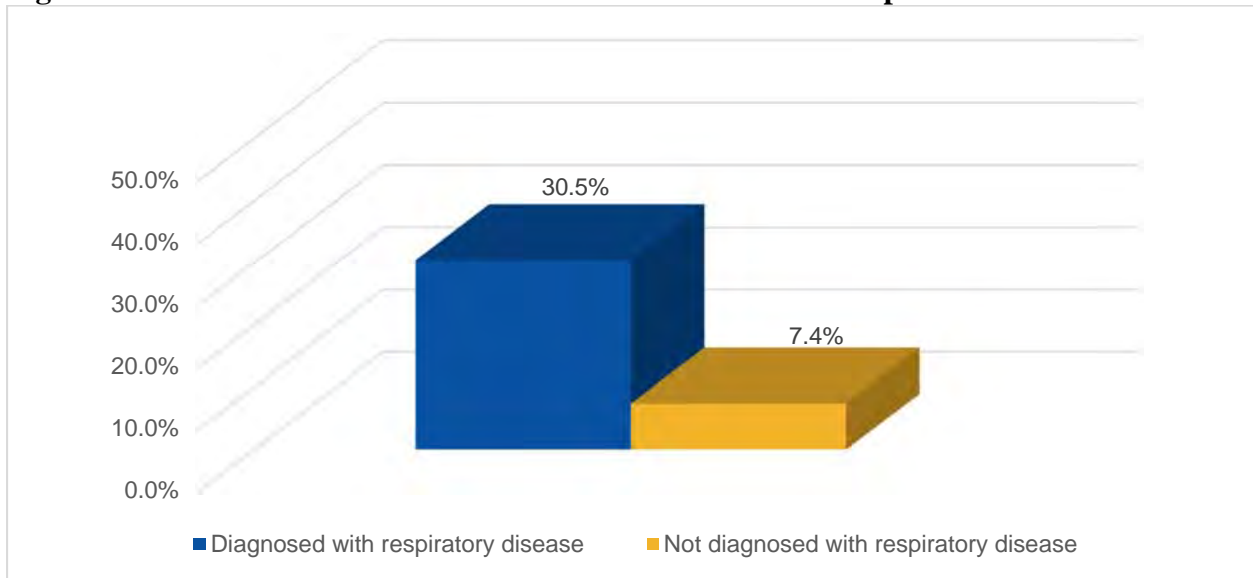
Figure 20. Percent of Children Lacking Healthcare Coverage



Prescription Medication

As illustrated in Figure 21, approximately 30.5% of children with a respiratory disease could not obtain a needed prescription due to cost. This is significantly higher than children not diagnosed with a respiratory disease. This indicates that children with a respiratory disease may be lacking medication that helps keep their condition under control.

Figure 21. Percent of Children Unable to Obtain Needed Prescriptions Due to Cost



General Health

As illustrated in Table 4, children diagnosed with a respiratory disease are significantly less likely to be in excellent health when compared to their counterparts that have not been diagnosed with respiratory disease. Specifically, less than a quarter of children with respiratory disease have excellent health, compared to over 40% of children not diagnosed with respiratory disease. At the other end of the spectrum, 11.5% of children with respiratory disease have fair or poor health, while only 3.8% of children not diagnosed with respiratory disease fall into this category.

Table 4. Child General Health

	Diagnosed with respiratory disease		Not diagnosed with respiratory disease	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
Excellent	21.2%	1,822	43.0%	30,401
Very good	30.8%	2,639	30.0%	21,190
Good	36.5%	3,132	23.2%	16,442
Fair or Poor	11.5%	988	3.8%	2,690
Total	100.0%	8,581	100.0%	70,724

School Absenteeism

Asthma is one of the leading causes of school absenteeism,⁵ in 2008. Asthma accounted for an estimated 14.4 million lost school days in children with an asthma attack in the previous year.⁶

As illustrated in Table 5, children with respiratory disease were significantly more likely to have missed 17 or more days of school in an academic year than children not diagnosed with a respiratory disease (11.1% versus 1.5%, respectively). It may well be that the children who have been diagnosed with respiratory disease miss school to recover from severe bouts of asthma, go to an appointment with their doctor or go to an emergency room.

Table 5. Days Missed of School

	Diagnosed with respiratory disease		Not diagnosed with respiratory disease	
	Weighted Percent	Population Estimate	Weighted Percent	Population Estimate
None	16.7%	1,116	33.6%	13,629
1 to 5	54.0%	3,607	50.8%	21,246
6 to 10	12.0%	806	9.4%	3,810
11 to 15	6.2%	416	4.6%	1,862
17 or more days	11.1%	743	1.5%	627
Total	100.0%	6,688	100.0%	40,544

⁵ Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Healthy Youth! Health Topics: Asthma. August 14, 2009. Accessed on February 9, 2010.

⁶ Centers for Disease Control and Prevention: National Center for Health Statistics, National Health Interview Survey Raw Data, 2008. Analysis by the American Lung Association Research and Health Education Division using SPSS and SUDAAN software.

CONCLUSION

Respiratory disease affects over 61,500 adults and over 8,500 children in the Coachella Valley. This is a substantial proportion of the community. This chronic disease spans all income levels and all ages. People in the Coachella Valley with a respiratory disease face a number of challenges as a result of their condition.

Adults with respiratory disease are significantly more likely to have fair or poor health than adults not diagnosed. However, respiratory disease might not be the only reason their health is fair or poor; adults diagnosed with a respiratory disease are significantly more likely to suffer from stroke and bone disease as well. Furthermore, adults with respiratory disease are significantly more likely to need assistance with a disability through the use of special equipment as well as with socioeconomic needs such as food, utility, transportation and home healthcare assistance.

Seniors with a respiratory disease are significantly more likely to need help with ADLs such as eating, bathing, dressing and toileting. They also need assistance with IADLs such as using the telephone, preparing meals, managing medication or grocery shopping. Additionally, falling is a greater concern for seniors with respiratory disease compared to seniors not diagnosed with a respiratory disease; they are significantly more likely to have fallen in the past three months and significantly more likely to be afraid of falling in the future.

Children with respiratory disease are similarly disadvantaged. When compared to children not diagnosed with respiratory disease, those with asthma have significantly worse health and miss more days of school. Children with asthma are also less likely to be covered by health insurance, or to be able to afford their prescription medication than those children not diagnosed with a respiratory disease. Thus, children with respiratory disease may not be getting the care that they need to adequately cope with their illness.

Steps should be taken to ensure that these adults and children with respiratory disease have adequate care, and that these health disparities are addressed.

RESOURCES

HARC has identified the following resources as especially useful in providing information on air quality and promoting respiratory health, both in the Coachella Valley and in general:

COPD Foundation

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

American Lung Association

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

American Lung Association- Spanish

Website: <http://www.lung.org/espanol/>

National Heart, Lung and Blood Institute

Website: http://www.nhlbi.nih.gov/health/dci/Diseases/Copd/Copd_WhatIs.html

Healthy People 2020

Website: <https://www.healthypeople.gov/2020/topics-objectives/topic/respiratory-diseases>

National Library of Medicine

Website: <http://www.nlm.nih.gov/medlineplus/ency/article/000091.htm>

Sempra Energy

Website: <http://www.sempra.com/community/community-involvement.shtml>

Southern California Gas Company

Website: <http://www.socalgas.com/about-us/community/index.shtml>

Riverside County Asthma Program

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

APPENDIX

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, Valeri Vista Santa
92276	Thousand Palms	--