Coachella Valley
Community Health Monitor
2013

Executive Report

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PREFACE

The Health Assessment Resource Center (HARC) 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. This 2013 report represents the third triennial survey of the region's health status and needs, that along with the 2007 and 2010 results provides 3 data points or trends that demonstrates if the results have changed course.

Over this and the coming years, HARC will be presenting several workshops designed to support organizational learning and development through demonstrated uses for the Community Health Monitor data and data obtained from secondary sources. One such training will cover HARCSearch, a database that HARC has developed. This is a free service on our website that allows individuals to customize data searches using the 2007, 2010 and 2013 Community Health Monitor data.

In addition to the Community Health Monitor, HARC has expertise in conducting needs assessments, program evaluations, applied social research using both quantitative and qualitative methods, and Workplace Wellness programs. Research findings are presented in easy to understand, comprehensive technical reports designed to assist our regional partners make informed decisions about programs and services.

This 2013 Executive Report of the Community Health Monitor includes many key findings from our survey. The Executive Report highlights and frames the discussion of our community's health needs in the context of geographic, demographic, economic and environmental profiles of the Coachella Valley.

The Board of Directors, Steering Committee, Community Supporters, and HARC staff hope you find our third Community Health Monitor a helpful reference in understanding many of the health and quality of life issues in our region. In future years, we will strive to ensure that our triennial health needs assessment keeps pace with the diverse and ever-changing health and wellness needs in the Coachella Valley.

Contents

INTRODUCTION

A MESSAGE FROM OUR PRESIDENT

After 7 years of existence and tremendous community support, HARC is pleased to present to you its third triennial *Community Health Monitor* ("CHM"), an in-depth report and analysis of the current state of health and well-being of residents in the Coachella Valley.

This 2013 report differs from those in 2007 and 2010 in a number important ways:

- The 2007 and 2010 editions of the CHM induced broad interest in and significant action upon the multiple ways that the healthcare access and health outcomes of residents of the Coachella Valley ("CV") were worse than the median within California and the U.S. and less than national goals set by Healthy People 2010 and others. Great concern was expressed that there were such large disparities between those with high income and the impoverished, and between the white and Latino populations here in the Valley. Non-profit organizations, funders, and groups convened by the Clinton Health Matters Initiative held hundreds of discussions as to the reasons those discrepancies existed and then created and implemented solutions to close the gaps that HARC discovered and reported. But, since there seemed to be much less interest and action in areas outside the Coachella Valley itself, the Board and Steering Committee of HARC made the difficult decision to concentrate our efforts in this 2013 CHM on the CV alone, rather than diffusely throughout Eastern Riverside County as we have in the past.

- With this third in-depth report, we have now measured hundreds of indicators at three distinct points in time and can demonstrate multiple health-related trends that have occurred here over the last 6 years. You will find that in some ways, the health of our residents has improved since 2007. But, you may be disappointed to note that in other arenas, despite much effort from all of us, improvement has yet to be achieved.

- The data for this Monitor was collected in 2013, just prior to the major implementation of the Affordable Care Act ("ACA"). By 2016, we expect governmental agencies and the press to report widely as to the effects of the ACA on health status within California and the U.S. Unfortunately, those reports will not give us a feel as to how healthcare reform has affected our particular community. But, assuming that funding is available for HARC to repeat its CHM in 2016, that publication and its analysis should make clear how the ACA has or has not affected multiple parameters of healthcare access and health outcomes right here in the Valley.

As I did in the 2010 version, I want to warn the reader to be cognizant of several key factors when reviewing the reports that follow:

- Aggregate data as described in this CHM are not designed, nor should they be used, to give valid or useful information about any one individual or subset of individuals. For example, just because Latinos in general have a lower rate of healthcare coverage than whites, we cannot say with any degree of confidence that a particular Latino resident in our community does or does not have healthcare coverage.

- We describe in this report those health indicators that show a statistically significant change (for better or worse) across our three measurements in 2007, 2010, and 2013. But, given the nature of statistical methods, even in these situations, there may be up to a 5% chance that the difference is random and therefore not meaningful.

- Access to medical services has gradually improved and that improvement is likely to continue, due in part to the effects of the ACA and the efforts of various local agencies and organizations. As that happens, more individuals will find out for the first time that they have diseases such as diabetes and/or hypertension. When HARC then re-surveys the local population as to whether or not residents have ever been diagnosed with diseases like these, it is very possible that the percentages of those who answer "yes" will increase. However, simply because these numbers may move in the "wrong" direction, we cannot assume that the population is getting "sicker" (due to factors like obesity or overweight). Instead, the change could just as well imply that access to medical services is increasing, which is clearly good for our communities.

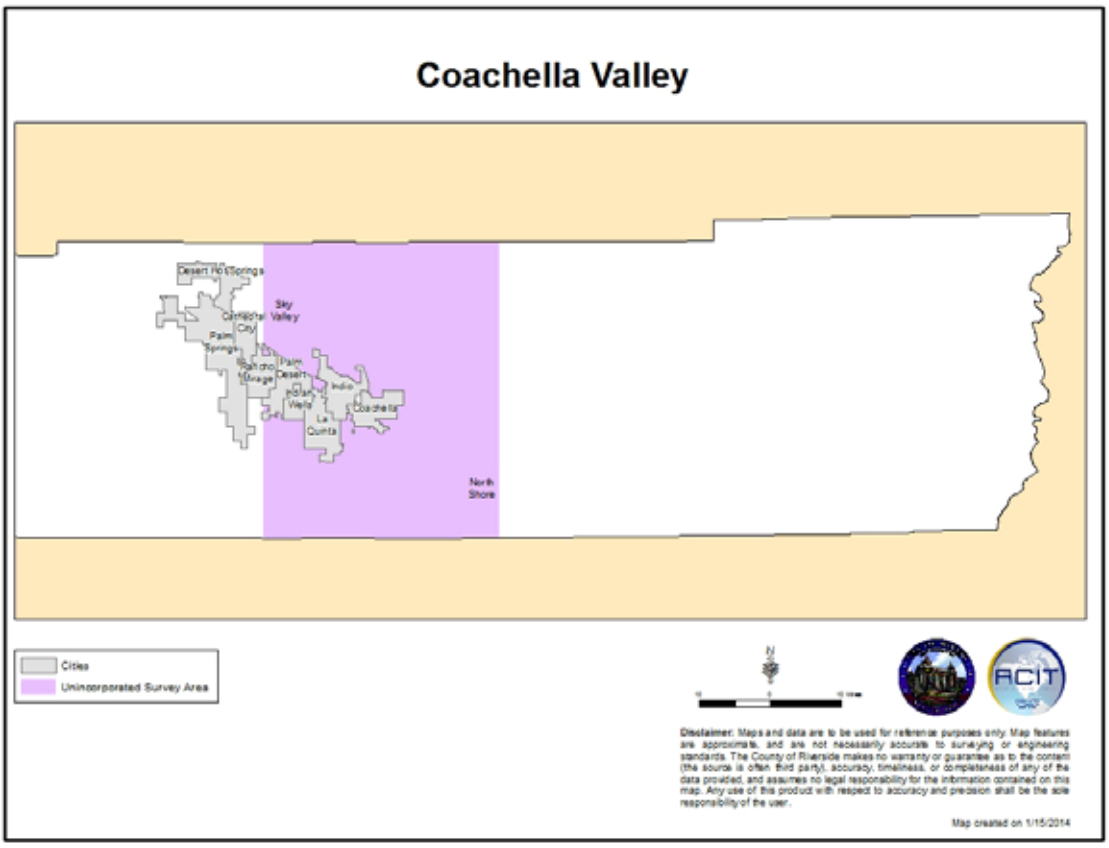
Given the limitations of any report of this nature, the Board, Steering Committee, and staff of HARC have made great efforts to publish the 2013 Community Health Monitor in the most rigorous, objective, and unbiased manner possible. We now proudly present this information with the hope that it will further your knowledge and understanding of your community and allow you to make better decisions in dealing with health-related issues. As always, we stand ready to answer your questions and help you make use of the data to achieve your organizational goals. Please contact us at (760) 404-1945 or staff@harcdata.org with your questions or comments.

Thank you in advance for your interest and continuing support.

Glen Grayman, MD, MBA
President
Health Assessment Resource Center

Geographic Profile

This report focuses on the health status of the Coachella Valley. The region is composed of 9 incorporated cities and a large, but sparsely populated, unincorporated area. Interstate highway 10 (I-10), which connects Los Angeles with Arizona, runs down the center of the area. Geographically, the cities are clustered around I-10 and a small number of feeder highways. The area is bounded by the San Jacinto, Santa Rosa mountains, and San Diego County line on the south; the San Bernardino County line on the north; and the Arizona border on the east.



- The Coachella Valley comprised of 9 cities and significant unincorporated areas. Palm Springs, Desert Hot Springs, Cathedral City, Rancho Mirage, Palm Desert, Indian Wells, La Quinta, Indio, and Coachella are the incorporated cities.
- Unincorporated areas within the Coachella Valley include North Palm Springs, Sky Valley, Thousand Palms, Bermuda Dunes, Sun City Palm Desert, Thermal, and Mecca.
- Tribal areas within the Coachella Valley include the reservations of the Aqua Caliente Band of Cahuilla Indians, the Augustine Band of Mission Indians, the Cahuilla Band of Mission Indians, and the Torres-Martinez Desert Cahuilla Indians.

Methods

The Community Health Monitor report presents the results of 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 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. This compares favorably to past years of HARC's Community Health Monitor: in the 2010 Community Health Monitor, there were 1,935 adults and 491 children in the sample, and in the 2007 Community Health Monitor, there were 2,226 adults and 589 children in the sample. A total of 496 of the 2013 surveys were conducted in Spanish, and 1,975 were conducted in English.

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

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

How to Use This Report

This section provides examples of tables and charts you will see in this report, and provides an explanation on how to interpret the information they contain.

Tables

These tables show 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

There are two types of charts represented in this Executive Report: column charts (vertical lines) and bar charts (horizontal lines).

The horizontal bar charts in this Executive Report compare the 2013 Community Health Monitor data for the Coachella Valley to similar data for relevant geographies, such as the County of Riverside, the State of California, and the United States. These charts are presented to allow the reader to compare prevalence rates in the Coachella Valley to prevalence rates in other places. The data used in these charts were not gathered by HARC, but are from other surveys, namely the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS, which includes the state of California and the nation as a whole), and the California Health Interview Survey (CHIS, which includes the state of California and individual county statistics). The data cited in these bar charts are available online to the general public.

These horizontal bar charts are included any time that directly comparable data exists; that is, when the exact same question was asked on another survey. The bar charts cite the most recent data that is available from these outside sources, which in some cases may be a few years older than HARC's 2013 data. These bar charts do ***not*** necessarily represent significant differences between the rates in Coachella Valley when compared to the county, state, and nation. In some instances, the charts may represent statistically significant differences; in these cases, the differences are described in the narrative text that accompanies these charts.

The vertical column charts illustrate significant differences ***within the Coachella Valley*** over time, as per the 2007 and 2010 Community Health Monitors conducted by HARC. These vertical column charts are included whenever a statistically significant different exists within the HARC data across years. When no bar chart appears, this indicates that the 2013 data is statistically similar to the rates from 2010 and 2007.

Text

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

Differences reported in the text are "statistically significant", which means that the differences are 95% sure to be "real" differences in the entire population of the Coachella Valley (and not just a fluke of HARC's sample of Coachella Valley residents). This means that there is a 95% likelihood that the differences described here are true differences, not just due to chance.

Things to Keep in Mind When Reading this Report

Report sections cover different populations, often determined by age. Pay close attention to relevant age restrictions. Unless otherwise specified (such as, "Men Age 40 and Over"), adult statistics are for all individuals age 18 and over. Unless otherwise specified (such as, "Children 0 to 5"), child characteristics are for all children between the ages of 0 and 17. Unless otherwise specified (such as "Seniors 65+"), all senior statistics apply to all seniors age 55 and over.

These report data were collected in 2013, and are considered primary data, as it is original data collected solely for the Community Health Monitor. However, this report does include some secondary data (that is, data collected by a different organization such from the U.S. Census or the California Health Interview Survey). This non-HARC data is always cited with the original source and year.

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

Comparisons between persons of different racial/ethnic backgrounds are conducted only for Whites and Hispanic/Latinos due to the small number of African American and "other race/ethnicity" respondents included in the sample owing to the relatively small number of such individuals in the Coachella Valley as a whole.

Technical school graduates are included in the "some college" category and are not considered as possessing a college degree—that category is reserved for respondents who have obtained a bachelor's degree.

Significant historical trends between HARC's 2007, 2010, and 2013 Coachella Valley data are noted where applicable in text and vertical column charts. When no historical trend is specifically mentioned, this indicates the 2013 data is statistically similar to HARC's data from previous years.

We have done our best to ensure that source material is well documented and up-to-date. However, Internet web pages change frequently. If you visit a website outside the report and are unable to connect to the information you desire, please use the organization's "home page," search for the information or statistics you desire.

HARC's Community Health Monitor (2013) survey has produced a significant amount of noteworthy information. This Executive Report covers many of the important highlights and key findings. Additional in-depth information will subsequently be available online via HARC's online database, HARCSearch. HARC will also release additional reports on topics of special interest progressively throughout the year; for a schedule of the data releases, please visit www.harcdata.org.

HARC enthusiastically supports the responsible use of statistics. If you have any questions on how to interpret this data, or how to cite the data accurately, please don't hesitate to contact us at 760-404-1945, or via email at staff@harcdata.org.

ADULT HEALTH (AGE 18+)

DEMOGRAPHIC PROFILE

Adult Demographics

Approximately two-thirds of adults in the Coachella Valley identify as White. Nearly half of the adults in the Coachella Valley are 55 or over (48%), and the gender split in Coachella Valley is relatively even.

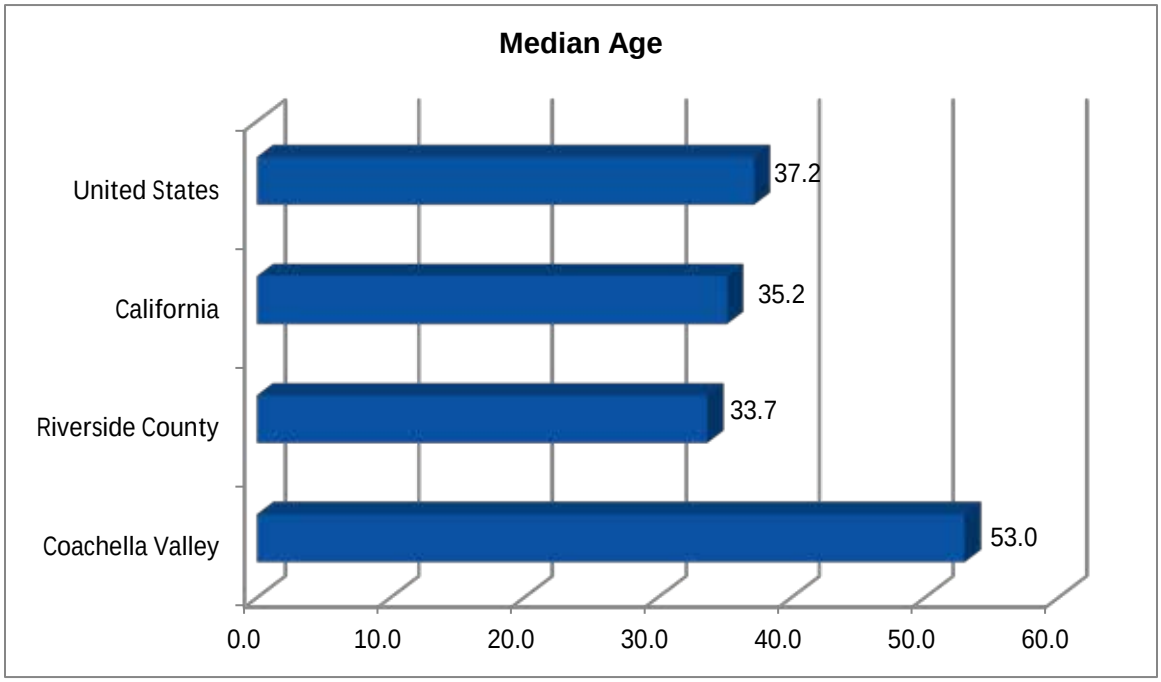
Adult Demographics
(HARC, 2013)

	Weighted Percent	Population Estimates
Race		
White/Caucasian	67.4%	234,874
Hispanic/Latino	24.5%	85,435
African American/Black	3.0%	10,323
Other	5.2%	18,069
Total	**100.0%**	**348,701**
Age		
18 to 24	8.0%	28,122
25 to 34	16.0%	56,284
35 to 44	14.0%	49,250
45 to 54	14.2%	49,969
55 to 64	11.6%	40,934
65 to 74	20.0%	70,495
75 and older	16.4%	57,774
Total	**100.0%**	**352,828**
Gender		
Male	51.1%	181,549
Female	48.9%	173,525
Total	**100.0%**	**355,074**

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

Approximately 32.6% of Coachella Valley adults identify as non-white. The majority of these identify as Hispanic/Latino. The “other” races include Asian, Native Hawaiian or other Pacific Islander, American Indian, Alaska Native, or multi-racial. Individuals who identified a race other than Hispanic/Latino were subsequently asked whether they were of Spanish, Hispanic, or Latino origin. Results show that approximately 7.6% of adults who identified their race as white, black, or other are of Spanish, Hispanic, or Latino origin (20,264 additional adults).

The median age of adults is 53 years old, which is significantly older than the county, state, or nation as a whole, as per the U.S. Census Bureau data.



Note: The Riverside County, California, and United States data represented in this chart are from the 2010 Census.

Adult Social Characteristics

The proportion of Coachella Valley adults that are married has dropped significantly from 55.1% in 2007 to 45.8% in 2013. In contrast, the proportion of Coachella Valley adults that are single (never married) has significantly increased: in 2007 and 2010, the rates were similar (22.7% and 23.1%, respectively), which has since increased significantly to 30.2%.

Marital Status
(HARC, 2013)

	Weighted Percent	Population Estimates
Married	45.8%	162,409
Single, never married	30.2%	106,846
Divorced	9.8%	34,776
Widowed	7.8%	27,490
Separated	2.0%	7,200
Cohabitating with a partner	4.2%	14,995
Other	0.2%	542
Total	**100.0%**	**354,257**

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

The proportion of the adult population that identifies as homosexual, bisexual, or other has remained relatively constant since 2007.

Sexual Orientation
(HARC, 2013)

	Weighted Percent	Population Estimates
Heterosexual	86.5%	300,877
Homosexual	10.0%	34,902
Bisexual	2.8%	9,898
Other	0.6%	2,111
Total	**100.0%**	**347,788**

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

Individuals who did not identify their sexual orientation as “heterosexual” were subsequently asked, “Are you legally registered as a domestic partner, in a civil union or legally married with someone of the same sex?” Results show that approximately 32.0% of non-heterosexual adults are in a legally recognized homosexual relationship (16,360 adults).

Adult Socioeconomic Status (SES)

Household income levels are relatively varied for adults in the Coachella Valley. About one-quarter of Coachella Valley adults are living in poverty, as per the Department of Health and Human Services guidelines. Over 40% of adults have a college degree or higher level of education. Due to the relatively advanced age of the adult population in the Coachella valley, nearly 40% are retired. About 10% of adults are currently unemployed.

Household Income

(HARC, 2013)

	Weighted Percent	Population Estimates
$0 to $24,999	22.3%	72,265
$25,000 to $49,999	19.3%	62,624
$50,000 to $74,999	22.9%	74,397
$75,000 and over	35.5%	115,188
Total	**100.0%**	**324,474**

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

Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels as per the Department of Health and Human Services' guidelines for poverty in 2013. About 37.6% of Coachella Valley adults live in households that fall at or below 250% of the federal poverty line, and are therefore likely to be eligible for one or more types of federal or state assistance.

Adult Population in Poverty

(HARC, 2013)

	Weighted Percent	Population Estimates
0 to 100% of poverty guideline	14.6%	47,150
101 – 200% of poverty guideline	18.1%	58,602
201 – 250% of poverty guideline	4.9%	15,921
251 – 300% of poverty guideline	3.1%	10,023
> 300% of poverty guideline	59.3%	192,076
Total	**100.0%**	**323,782**

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

Adult Education Level

(HARC, 2013)

	Weighted Percent	Population Estimates
Less than high school	12.2%	43,351
High school or equivalency	17.9%	63,533
Some college	29.9%	106,379
College graduate	24.8%	88,001
Post graduate degree	15.3%	54,212
Total	**100.0%**	**355,476**

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

The percent of adults that identified as “out of work” rose significantly from 4.5% in 2007 to 10.1% in 2010; this proportion has not significantly dropped back down as of 2013 (where the rate is 9.6%).

Employment Status

(HARC, 2013)

	Weighted Percent	Population Estimates
Employed or self employed	38.7%	137,171
Retired	37.3%	132,163
Out of work	9.6%	34,088
Unable to work	5.4%	19,043
Homemaker	4.6%	16,319
Student	4.5%	15,814
Total	**100.0%**	**354,597**

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

Individuals who indicated they had a job were subsequently asked to describe their employment status in more detail.

Type and Number of Jobs

(HARC, 2013)

	Weighted Percent	Population Estimates
Full-time in one job	62.3%	83,389
Full-time in two jobs	3.0%	4,032
Part-time in one job	26.1%	34,901
Part-time in two or more jobs	5.9%	7,847
Other	2.8%	3,783
Total	**100.0%**	**133,953**

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

Citizenship and Residency

The majority of Coachella Valley adults (85.0%) are U.S. citizens. However, the amount of adults that are not U.S. citizens (15.0%) has significantly increased since 2010, when the rate was 10.3%.

U.S. Citizenship

(HARC, 2013)

	Weighted Percent	Population Estimates
Citizen	85.0%	301,602
Non-Citizen	15.0%	53,041
Total	**100.0%**	**354,644**

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

Individuals who indicated they were not a U.S. citizen were subsequently asked, “Are you a permanent resident with a green card?”

U.S. Permanent Resident

(HARC, 2013)

	Weighted Percent	Population Estimates
Legal permanent resident	37.1%	19,522
Not a legal permanent resident	62.9%	33,117
Total	**100.0%**	**52,638**

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

Individuals who indicated they were not a legal permanent resident were subsequently asked, “Do you hold a temporary visa that permits you to stay in the United States?”

U.S. Temporary Resident

(HARC, 2013)

	Weighted Percent	Population Estimates
Hold a temporary visa	12.0%	3,961
Do not hold a temporary visa	88.0%	29,120
Total	**100.0%**	**33,081**

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

This indicates that over 33,000 adults in the Coachella Valley are not legal residents of the United States. These adults may not have access to the same resources that U.S. citizens do, and thus may have greater health disparities.

Military Service

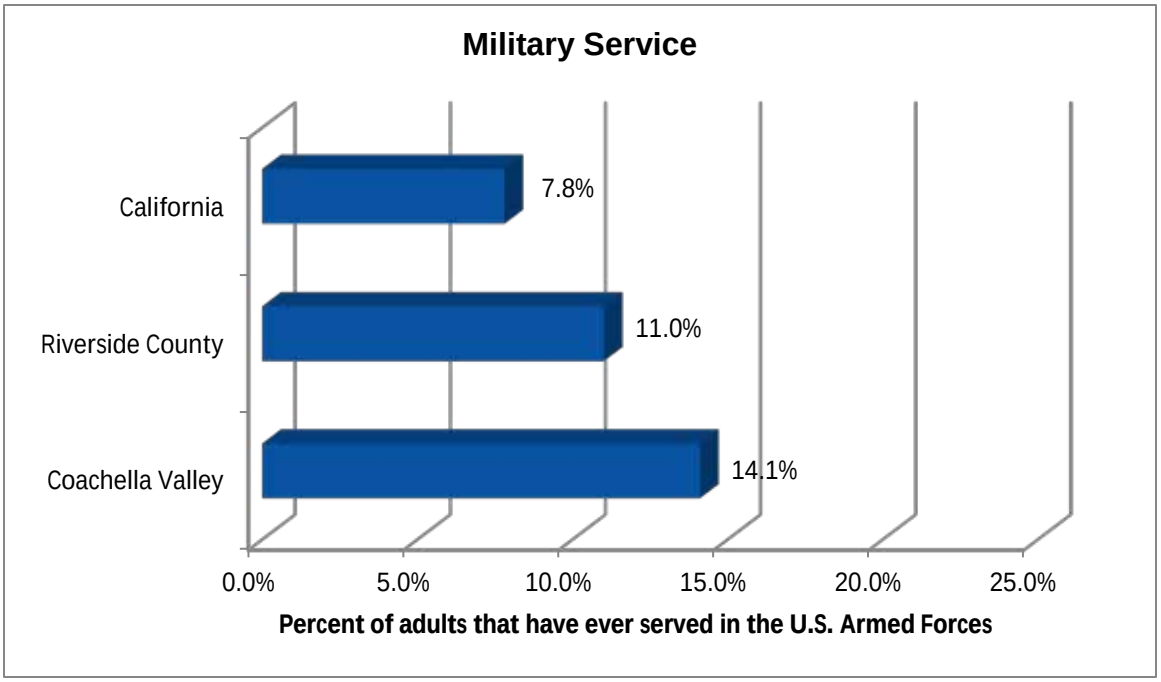
Participants were asked, “Have you ever served on active duty in the Armed Forces of the United States?” Results indicate that approximately 14.1% of Coachella Valley adults have served in the U.S. Armed Forces.

Military Service
(HARC, 2013)

	Weighted Percent	Population Estimates
Served in the U.S. Armed Forces	14.1%	50,352
Did not serve in the U.S. Armed Forces	85.9%	305,510
Total	**100.0%**	**355,862**

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

There are significantly more veterans in the Coachella Valley than in the state of California as a whole, as per the CHIS 2011-2012 data.



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

Individuals that indicated they were veterans were subsequently asked additional questions about their military service. Participants reported a wide range of start dates, with the earliest beginning in 1940 and the most recent beginning in 2010. Similarly, service end dates ranged from 1944 to 2012, exhibiting a wide range. The majority of the veterans in the Coachella Valley are Cold War era veterans.

Era of Enlistment

(HARC, 2013)

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

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

Total years of service were calculated from the start and end dates of service. Results indicate that the majority of veterans served for 5 years or less, indicating they are not "lifers" and do not have retirement benefits from the military.

Duration of Military Service

(HARC, 2013)

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

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

Individuals who indicated they served in the military were subsequently asked if they were ever deployed during their time in the military. About half of Coachella Valley veterans were deployed during their time in the service.

Deployment During Military Service

(HARC, 2013)

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

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

Part-Time Residents

Participants were asked if they considered themselves to be full-time residents of the Coachella Valley. Results indicate that about one-quarter of Coachella Valley adults consider themselves to be part-time residents.

Full-Time and Part-Time Residents

(HARC, 2013)

	Weighted Percent	Population Estimates
Full-time resident	73.9%	262,180
Part-time resident	26.1%	92,554
Total	**100.0%**	**354,734**

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

These part-time residents were subsequently asked how many months they planned to live in the Coachella Valley during the year. Results indicate that the majority of part-time residents (52.7%) live in the Coachella Valley between 5 and 6 months of the year.

Part-Time Residents: Months Living in the Coachella Valley

(HARC, 2013)

	Weighted Percent	Population Estimates
1 to 2	8.6%	8,005
3 to 4	24.6%	22,767
5 to 6	52.7%	48,803
7 to 8	11.0%	10,194
9 or more	3.0%	2,785
Total	**100.0%**	**92,554**

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

ACCESS

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

Americans are eligible for MediCare at the age of 65, and therefore nearly all adults over the age of 65 have some sort of health insurance. Thus, in order to obtain an accurate picture of healthcare access for nonelderly Americans, this section on access is restricted to those between the ages of 18 and 64. More information on senior health access can be found in the "Seniors" section of this report.

Health Insurance Coverage

According to the Urban Institute of Research of Records, there were an estimated forty-five million nonelderly Americas who did not have any form of healthcare in 2007.[1] This number was recorded before the economic downturn in 2009. As a result of the recent recession, 2010 saw the highest number of uninsured individuals in the years between 1997 early 2012. The following years experienced a slight improvement compared to the number in 2010.[2] However, the 2010 estimate of 49 million uninsured individuals was lower than the projected number of 52 million.

A means of receiving health care for individuals is important for good health and quality of life. Having health care coverage in order to reimburse for medical services often facilitates acquiring necessary medical care.

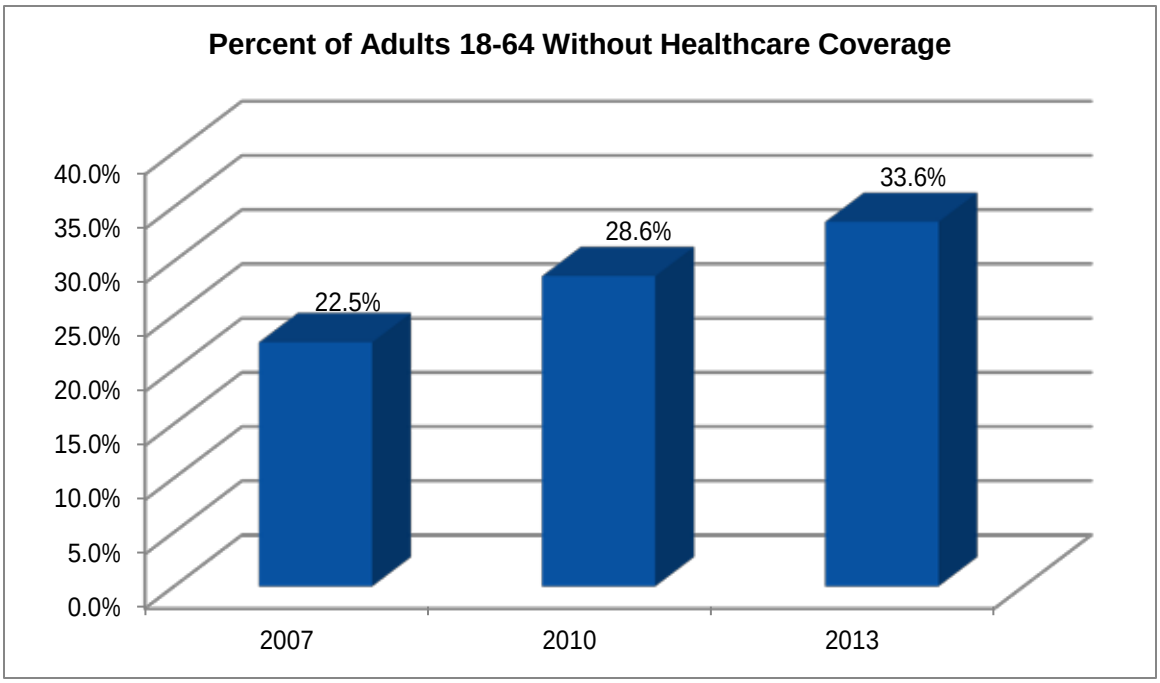
KEY FINDING: Healthcare Coverage	
About one-third of adults between 18 and 64 (33.6%) have no health insurance.	Approximately 74,656 Coachella Valley adults between the ages of 18 and 64 lack any type of healthcare coverage, and are required to pay out-of-pocket for any medical services they receive.

"It is health that is real wealth and not pieces of gold and silver."

— Mahatma Gandhi

[1] Urban Institute, Issues in Focus, Research Area: Health and Healthcare, http://www.urban.org/toolkit/issues/healthinsurance.cfm
[2] Percentage of Persons of All Ages Without Health Insurance Coverage at the Time of the Interview: United States, 1997 – 2011. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201206_01.pdf

The proportion of uninsured adults between the ages of 18 and 64 is significantly higher in 2013 than it was in 2007. There was not a statistically significant difference between the rate of insurance between 2010 and 2013, but the general trend is one of increasing numbers of uninsured adults.



KEY FINDING: Healthcare Coverage Disparities	
About one-third of adults between 18 and 64 (33.6%) have no health insurance.	Hispanic/Latino adults are significantly less likely than White adults to have health insurance coverage. Specifically, approximately 48.8% of Hispanic/Latino adults between the ages of 18 and 64 are uninsured, compared to only 22.1% of White adults between the ages of 18 and 64 are uninsured. Not surprisingly, health insurance coverage also differs significantly by income. Individuals whose household income is less than $50,000 per year have uninsured rates over 50%, while individuals whose household income is $50,000 or higher have uninsured rates of about 20%. Similarly, individuals with greater levels of education were also less likely to be uninsured. Specifically, those with a college degree or post-graduate degree had uninsured rates of less than 20% (14.9% and 13.2%, respectively), while closer to 30% of individuals without a college degree lack insurance. For individuals without a high school education, nearly 50% are uninsured. Older adults, those in the 55 to 64 age range, are the least likely to be uninsured (20.3%, while all other age groups have uninsured rates of over 30%). There were no significant differences in healthcare coverage by gender; both males and females had similar rates of insurance coverage.

Demographic Characteristics of Uninsured Adults 18 to 64

(HARC, 2013)

	Weighted Percent	Population Estimates
Race/Ethnicity		
White	22.1%	25,522
Hispanic/Latino	48.8%	37,922
Black	38.0%	3,324
Other	37.8%	5,633
Income		
$0 to $24,999	45.0%	28,127
$25,000 to $49,999	45.8%	22,999
$50,000 to $74,999	19.2%	7,275
$75,000 +	20.3%	10,228
Age		
18 to 24	35.9%	9,955
25 to 34	41.2%	22,802
35 to 44	34.9%	16,909
45 to 54	33.5%	16,683
55 to 64	20.3%	8,306
Education		
Less than high school	48.8%	16,939
High school or equivalent	51.5%	22,964
Some college	35.5%	23,916
College degree	14.9%	7,584
Graduate degree	13.2%	3,196
Gender		
Male	36.0%	42,285
Female	30.9%	32,371

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

KEY FINDING: Reasons for Lack of Healthcare Coverage

Most common reasons for lacking healthcare coverage include being unable to afford the premiums (34.1%) and losing employment (29.7%)

Approximately 21,696 adults age 18 to 64 do not have healthcare coverage because they cannot afford to pay the premiums. An additional 18,888 adults ages 18 to 64 lack healthcare coverage because they lost their job or changed employers.

Reasons for Lack of Health Insurance Coverage
Ages 18 to 64
(HARC, 2013)

Reasons	Weighted Percent	Population Estimates
Couldn't afford to pay the premiums	34.1%	21,696
Lost job/changed employers	29.7%	18,888
Insurance company refused coverage	5.5%	3,471
Lack of documents to prove legal residency	4.6%	2,939
Became ineligible because of age or left school	4.5%	2,879
Applying for healthcare coverage now	3.6%	2,280
Employer doesn't offer or stopped offering	2.9%	1,855
Spouse or parent lost job/changed employers	1.8%	1,125
Benefits from employer ran out	1.0%	612
Other	12.4%	7,909
Total	**100.0%**	**63,654**

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

KEY FINDING: Underutilization

Almost half of adults 18 to 64 with healthcare coverage (47.8%) report not using all of their benefits.

Approximately 67,797 adults 18 to 64 who do have health insurance report not using all of their benefits at some time in the past year. This level of underutilization does not differ significantly by ethnicity, age group, education, or gender.

Individuals in the lowest income bracket ($0 to $24,999 annual household income) are less likely to be underutilizing their benefits: approximately 31.8% of these individuals report not using all of their benefits, while the higher income brackets have underutilization rates of 57.4%, 59.2%, and 49.8%.

When asked why they did not utilize all of their benefits, the majority of respondents (78.0%) reported no problems. Other barriers included drugs not being covered by insurance (7.5%), not understanding their benefits (4.4%) and the cost of medications (3.1%).

Prescription Coverage

Advances in prescription drug therapy have tremendously improved longevity and quality of life. However, the costs of prescription medications have skyrocketed and are increasing faster than any other area of health care and the annual rate of general inflation.

Access to the benefits of prescription drug therapy can be negatively affected by the lack of prescription coverage. Previous research demonstrated that uninsured adults are more than twice as likely as insured adults to say that they or a family member cut pills, did not fill a prescription, or skipped medical treatment in the past year due to cost of prescription medications.[1]

KEY FINDING: Prescription Coverage

21.7% of adults 18 to 64 do not have health insurance that covers prescription drugs.

Approximately 31,911 adults between the age of 18 and 64 lack health insurance to cover some or all of the cost of their prescription drugs. The proportion of the population lacking prescription coverage does not differ significantly by ethnicity, income, age group, education, or gender. This indicates that all of these demographic groups have roughly equal rates of prescription coverage.

Individuals who had prescription coverage were asked if they had any problems accessing their prescriptions benefits. The vast majority of adults with prescription coverage (93.4%) do not have any problems accessing their prescription benefits.

Problems Accessing Prescription Benefits
Ages 18 to 64
(HARC, 2013)

	Weighted Percent	Population Estimates
No problems accessing benefits	93.4%	107,341
Drug needed is not covered by plan	1.8%	2,021
Cost of medication	0.5%	588
Not understanding benefits	0.2%	243
Benefits are maxed out	0.1%	89
Other problems	4.5%	5,178

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

[1] Prescription Drug Trends. (2010). Kaiser Family Foundation. http://kaiserfamilyfoundation.files.wordpress.com/2013/01/3057-08.pdf

KEY FINDING: Medication Misuse

7.8% of adults 18 to 64 do <u>not</u> always take their medications exactly the way they were prescribed.

Approximately 17,535 adults between the ages of 18 and 64 do not take their prescription medication in the way it was prescribed to them. About 44.0% of these adults are unsure why they don't take their medication according to the directions, while another 41.4% simply forget to take their medications.

Reasons for Not Obeying Prescription Orders
Ages 18 to 64
(HARC, 2013)

	Weighted Percent	Population Estimates
I don't know	44.0%	7,720
I forget	41.4%	7,267
Split pills	4.8%	837
Skip days to save money	1.5%	259
Other	17.0%	2,978

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

Vision Coverage

Visual health is an important, but often neglected, component of overall health care. Most health insurance plans provide coverage for medical care related to eye injury or disease, but do not cover the costs of periodic eye examinations or corrective lenses.

Approximately 8.2% of Americans with self-reported vision problems did not have health insurance. Only 4% of Americans without health insurance reported having optional vision insurance, compared with 58% of Americans with private health insurance and 44% of Americans with public health insurance.[1]

KEY FINDING: Vision Coverage	
Over half of adults 18 to 64 (55.3%) do <u>not</u> have vision coverage.	Approximately 120,782 adults between the ages of 18 and 64 do not have health insurance that covers some or all of the cost of their routine vision care. Hispanic adults are significantly less likely than White adults to have vision coverage (32.4% of Hispanic adults are covered, compared to 54.1% of white adults). Adults 18 to 64 with high income levels are also more likely to have vision coverage: 64.0% of adults in the $50,000 to $74,999 income range have vision coverage, as do 60.1% of adults in the $75,000 and up income range. In contrast, approximately 30.0% of those adults in the $0 to $24,999 income range have vision coverage, and 32.7% of adults in the $25,000 to $50,000 income range have vision coverage. Adults with less than a high school degree are significantly less likely to have vision coverage. Only 20.0% of adults 18 to 64 with less than a high school degree have vision coverage, while those 37.9% of those with a high school degree have coverage, and over 50% of those with some college or higher have vision coverage.

[1] Vision Health Initiative. (2009). Centers for Disease Control and Prevention. http://www.cdc.gov/visionhealth/data/national.htm

Dental Coverage

Access to regular dental care provides an opportunity for routine cleanings and early diagnosis, prevention, and treatment of dental problems. It also provides the individual with an opportunity to learn about the importance of good dental habits such as brushing and flossing regularly. Two major barriers to regular dental care are a lack of dental insurance coverage and concerns about the costs of dental care.

According to the Centers for Disease Control and Prevention, 45 million nonelderly persons in the United States lack dental insurance.[1] The two most common reasons for not seeking needed dental care are cost and not perceiving a dental problem.[2] Those without dental insurance are 2.5 times less likely to visit a dentist than those with insurance.[3]

KEY FINDING: Dental Coverage	
Approximately 57.8% of adults between the ages of 18 and 64 lack dental coverage.	Approximately 126,492 adults between the ages of 18 and 64 do not have any sort of coverage that pays for some or all of their routine dental care. Hispanic/Latino adults are significantly more likely to lack dental coverage than their White counterparts; 67.5% of Hispanic/Latino adults lack coverage, compared to 51.1% of Whites. Individuals in higher income brackets are more likely to have dental coverage than those in the lower income brackets. Specifically, about 40% of adults with incomes over $50,000 lack dental coverage, but this rises to closer to 70% for those with incomes below $50,000. Similarly, individuals with greater education are more likely to have dental coverage. Approximately 85.6% of individuals without a high school degree lack dental coverage.

[1] NCHS Data Brief. (2010). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/databriefs/db40.htm

[2] Dental Service Use and Dental Insurance Coverage – United States, Behavioral Risk Factor Surveillance System, 1995. (1997). Centers for Disease Control and Prevention. http://www.cdc.gov/MMWR/preview/mmwrhtml/00050448.htm

[3] Dental Benefits Improve Access to Dental Care. (2009). National Association of Dental Plans. http://nadp.org/resources/newsletters/nadphcr-dentalbenefitsimproveaccesstocare-3-28-09.pdf

Mental Health Coverage

Coverage for mental health and substance abuse varies depending on insurance plans, employer, and state of residence. The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) is a federal law that has been enacted to improve the coverage gap between mental coverage and physical coverage.[1] This law does not apply to small employers who have between 2 and 50 employees, but this act will allow more people suffering from mental illness to be covered more effectively by their group health plans.

KEY FINDING: Mental Health Coverage	
54.1% of adults 18 to 64 do <u>not</u> have mental health coverage. **An additional 14.3% of adults 18 to 64 do <u>not</u> know if they have mental health coverage.**	Approximately 103,705 adults 18 to 64 do not have health insurance coverage that pays for some or all of their mental health expenses. It is worth noting that when asked about other types of coverage (general healthcare coverage, vision coverage, dental coverage, prescription drug coverage) all but 1% or 2% of adults 18 to 64 can answer definitively "yes" or "no" about their coverage or lack thereof. In contrast, approximately 14.3% of adults 18 to 64 simply "don't know" if they have mental health coverage. It is unlikely that these 32,144 adults who don't know about their coverage status are receiving any mental health care. White participants are significantly more likely to have mental health coverage than Hispanic adults (58.1% coverage versus 28.4% coverage, respectively). Individuals in the lower income brackets were significantly less likely to have mental health coverage than those in the higher income brackets (71.5% and 66.6% lack mental health coverage for the $0 to $24,999 range and $25,000 to $50,000 range, respectively, as versus 30.9% and 35.5.5% lack coverage for the $50,000 to $74,999 range and the $75,000 and over range).

"Too many Americans who struggle with mental illness suffer in silence rather than seek help."

— Barack Obama

[1] The Mental Health Parity and Addiction Equity Act of 2008. (2010). Centers for Medicare and Medicaid Services. U.S. Department of Human and Health Services. http://www.cms.hhs.gov/healthinsreformforconsume/04_thementalhealthparityact.asp

Summary of Adult (18 to 64) Access

Nearly 75,000 Coachella Valley adults between the ages of 18 and 64 lack basic healthcare coverage, and this rate has significantly increased over the past 6 years. While rates of prescription coverage are higher, other types of coverage (dental, vision, and mental health) are drastically lacking.

Adult Uninsured Rates
Ages 18 to 64
(HARC, 2013)

	Weighted Percent	Population Estimates
Healthcare coverage	33.6%	74,656
Prescription coverage	21.7%	31,911
Dental coverage	57.8%	126,492
Vision coverage	55.3%	120,782
Mental health coverage	54.1%	103,705

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

KEY FINDING: Healthcare Coverage Disparities

Hispanic/Latino adults are less likely to have health insurance than White adults.

Adults with low income or education are less likely to have health insurance than those with high incomes or high education levels.

Overall, Hispanic/Latino adults are much more likely to be uninsured (across most types of coverage) than White adults.

Additionally, those who are low income or who have education at or below the high school level are also more likely to be uninsured than those with high levels of income or education. There are not great disparities between the genders, or between age groups.

UTILIZATION

Health care utilization has evolved as the population's need for care has changed. A shortage of primary care physicians, an increasing demand for services, aging, socio-demographic population shifts, changes in the prevalence and incidence of diseases, and the cost of health care are among the factors that influence the need for care.[1] As the prevalence of chronic conditions increases, new health-related services have emerged. These residential and community-based services are designed to minimize cost, improve quality of care, and keep people out of hospitals and emergency care settings. To increase health care utilization and improve health status, there has been a focal shift from specialized health care to preventative and primary care services.

General Health Status

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

General Health Status
(HARC, 2013)

	Weighted Percent	Population Estimates
Excellent	21.6%	76,618
Very good	33.3%	117,983
Good	28.7%	101,962
Fair	10.5%	37,403
Poor	5.9%	20,769
Total	**100.0%**	**354,734**

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

KEY FINDING: General Health Status

Over 16% of adults in the Coachella Valley rate their health as "fair or "poor".

Approximately 194,601 Coachella Valley adults rate their general health as "excellent" or "very good". Another 101,962 rate their general health as "good", and approximately 58,172 rate their health as "fair" or "poor". The most common reason why adults rate their health as "fair" or "poor" is due to chronic illness (41.5%).

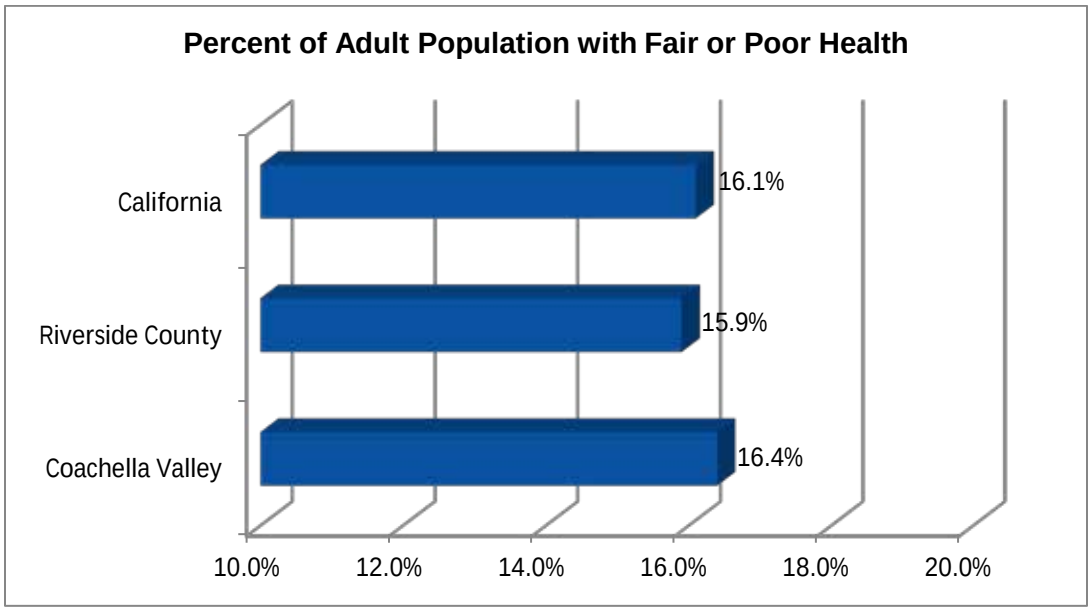
Main Reason Health is Fair or Poor
(HARC, 2013)

Main Reason	Weighted Percent	Population Estimates
Chronic illness	41.5%	22,712
Severe illnesses	16.4%	8,969
Physical disabilities	14.3%	7,820
Mental or emotional health problems	5.1%	2,800
Other	21.6%	11,856
Total	**100.0%**	**54,777**

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

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

The proportion of the population with "fair" or "poor" health in Coachella Valley is not statistically different from self-rated health in Riverside County as a whole and the state of California, as illustrated by the statistics collected by CHIS.



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

KEY FINDING: General Health Status Disparities	
Hispanic/Latino adults are more likely to have fair or poor health than White adults.	Hispanic/Latino adults are significantly more likely to rate their health as "fair" or "poor" than White adults. Approximately 13.2% of White adults report having fair or poor health, while 23.8% of Hispanic adults report having fair or poor health. Individuals with low levels of education are also significantly more likely to report having fair or poor health. Specifically, 32.9% of adults without a high school degree report having fair or poor health, while all other educational groups report levels below 20%. Adults 45 to 54 (26.9%) and 55 to 61 (23.7%) are more likely to report "fair" or "poor" health than other age groups.

Utilization of Health Services

Nearly one in five U.S. adults – more than 40 million people – report they do not have adequate access to the health care they need, according to the annual report on the nation's health released by the Centers for Disease Control and Prevention (CDC).[2]

Recent Use

Ideally, all adults should visit a healthcare provider with some regularity. This regular care increases the likelihood that any health problems will be identified and treated early on, leading to better health outcomes.

KEY FINDING: Recent Utilization	
The majority of adults in the Coachella Valley (71.0%) have visited a healthcare provider within the past 6 months.	Approximately 252,117 adults have visited a healthcare provider within the last 6 months. However, approximately 15,797 adults in Coachella Valley (4.5% of the adult population) have not seen a healthcare provider for five or more years. Additionally, approximately 255,981 adults have had a routine check-up within the past year (72.9% of adults in the Coachella Valley). In contrast, 34,059 adults have not had a routine checkup within the last five years (9.7% of adults in the Coachella Valley).

Usual Source of Care

In an ideal world, adults' usual source of care would be a primary care physician, who would be able to provide preventive services and the consistency of care that is crucial to protecting and promoting health. Emergency rooms, in contrast, should ideally be used for emergencies only, and should not be a usual source of care.

KEY FINDING: Usual Source of Care	
10.5% of adults' usual source of care is the ER or hospital.	Approximately 191,103 adults' usual source of care is their doctor's office. However, over 10% of Coachella Valley adults (37,119 adults) report that the ER/hospital is their usual source of care.

Usual Source of Care
(HARC, 2013)

Source of Care	Weighted Percent	Population Estimates
Doctor's office	54.2%	191,103
Urgent care	13.0%	45,872
Clinic	12.7%	44,880
Emergency room/hospital	10.5%	37,119
No usual place	5.9%	20,668
Health center	1.9%	6,789
Other	1.8%	6,293
Total	**100.0%**	**352,725**

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

Barriers to Receiving Care

People may be prevented from receiving regular healthcare by a wide variety of barriers. Addressing these barriers may increase the number of adults who receive regular care.

KEY FINDING: Barriers to Receiving Care	
Common barriers to receiving care include understanding what is covered, healthcare provider hours, and taking time off work.	Approximately 55,264 adults experience difficulty in understanding what is covered by their healthcare coverage plan, and thus are prevented from receiving care. Other common barriers include the hours that the healthcare provider is open to see patients, and taking time off of work, for those who are employed.

Barriers to Utilizing Medical Care
(HARC, 2013)

Barriers	Weighted Percent	Population Estimates
Understanding what is covered by your plan	15.9%	55,264
Hours that the healthcare provider is open to see patients	14.1%	49,890
Taking time off work	12.6%	44,859
HMO authorization	9.9%	33,531
Transportation	8.2%	29,139
Finding a doctor of the sex, age, ethnicity, or sexual orientation that is comfortable for you	7.7%	27,395
Language barrier	3.8%	13,471

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

Seeking Healthcare in Mexico

Given the Coachella Valley's proximity to the U.S.-Mexico border, seeking medical treatment (in the form of prescription medications or other healthcare visits) is feasible for many adults.

KEY FINDING: Seeking Healthcare in Mexico	
Over 10% of adults in Coachella Valley have sought healthcare or prescription medications in Mexico within the past year.	Approximately 36,419 adults report having gone to Mexico to seek medical treatment, obtain prescription medications, or receive other healthcare within the past year. Hispanic/Latino adults were significantly more likely than White adults to report seeking healthcare in Mexico (22.7% versus 6.3%, respectively).

PREVENTION

Preventive health − or preventative health − is the practice of taking steps and making choices that are more beneficial to one's overall health. A lifestyle of preventive health will help significantly in avoiding disease. Common habits of people living a lifestyle of preventive health include regular exercise, proper nutrition, maintenance of a healthy weight, and avoidance of harmful substances such as illegal drugs, tobacco smoke, and excessive amounts of alcohol. Other preventive health actions include periodic mammogram screening for breast cancer, blood cholesterol and colon cancer screening, PSA blood test and digital rectal exam for the detection of prostate cancer, and regular dentist visits and professional tooth cleaning.

Blood Cholesterol Screening

High blood cholesterol often does not have signs or symptoms, but is a major risk factor for heart disease. Monitoring blood cholesterol levels can alert one of the need to prevent and control high blood cholesterol levels through consuming a diet high in fiber and low in saturated fat and cholesterol. In addition, exercising regularly and maintaining a healthy weight also help in controlling blood cholesterol levels. In most cases, a doctor's blood cholesterol screening is the only way to show high blood cholesterol.

According to the CDC and National Heart, Lung, and Blood Institute, all adults should have their cholesterol levels checked once every five years.[1]

KEY FINDING: Cholesterol Screening

Over 20% of Coachella Valley adults have never had their blood cholesterol checked.

Approximately 71,324 adults report that they have never had a blood cholesterol check. Of the 272,532 Coachella Valley adults who *have* been tested, all but 3.9% of them have been tested within the past five years, as recommended. This indicates that approximately 10,533 adults who have had their cholesterol checked before have out-of-date results and need to have another check conducted as soon as possible.

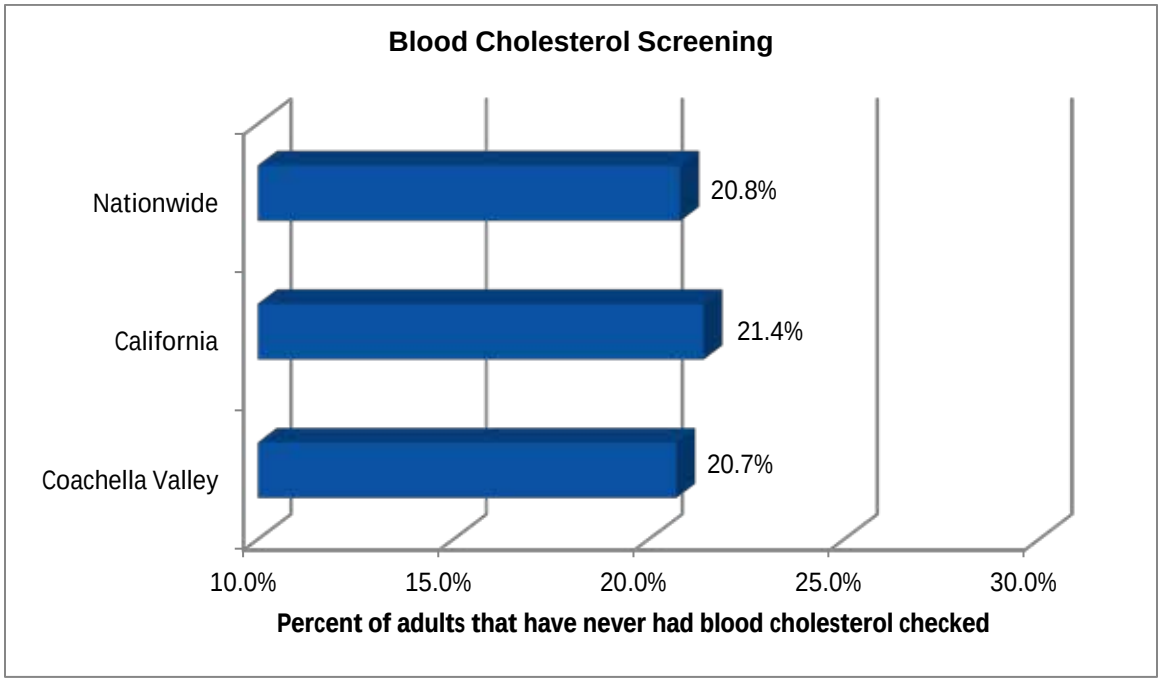
Time Since Last Cholesterol Screening
(HARC, 2013)

Time Frame	Weighted Percent	Population Estimates
Within the past year (any time less than 1 year ago	79.5%	214,578
Within the past 2 years (1 year but less than 2 years ago)	11.0%	29,789
Within the past 5 years (2 years but less than 5 years)	5.6%	15,124
5 years or more years ago	3.9%	10,533
Total	**100.0%**	**270,023**

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

[1] Cholesterol: What You Can Do. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/heartdisease/prevention.htm

Blood cholesterol screening rates in Coachella Valley are not statistically different from those in the state of California and the United States as a whole, as indicated by BRFSS 2011 data.



Note: California and United States data represented in this graph are from BRFSS 2011.

KEY FINDING: Cholesterol Screening Disparities	
Hispanic/Latino, low-income, low-education, and young adults are the least likely to have had a cholesterol screening test.	Hispanic/Latino adults are significantly less likely than White adults to have had their cholesterol levels checked. Specifically, 10.8% of White adults have never had their cholesterol checked, compared to 45.2% of Hispanic/Latino adults. Low income adults are significantly less likely to have their cholesterol levels checked than high-income adults. Specifically, between 32.0% and 36.0% of adults with household incomes below $50,000 have never had their cholesterol checked, while between 10.5% and 11.3% of adults with household incomes $50,000 and above lack a cholesterol check. Young adults are significantly less likely to receive cholesterol screening than their older adult counterparts. Approximately 64.1% of adults 18 to 24 have never had a cholesterol screening, which is lower than any other age group. This rate decreases as age increases. Adults between the ages of 65 to 74 are the most likely to have had their cholesterol checked; only 3.9% have never had the screening. Adults with lower levels of education are significantly less likely to have had a cholesterol screening test than those who are highly educated. Specifically, over half of adults without a high school degree (50.7%) have never had a cholesterol test, compared to only 2.5% of adults with a post-graduate degree. Men are more likely than women to have not have received a cholesterol screening test (29.6% compared to 20.3%).

Colorectal Cancer Screening

Colon cancer is the growth of abnormal cells in the large intestine (colon). Rectal cancer is the growth of abnormal cells that develop in the last several inches of the colon. Together, they are often referred to as colorectal cancer. Later stage colorectal cancers can cause pain due to blockage and can spread to nearby organs and lymph nodes.

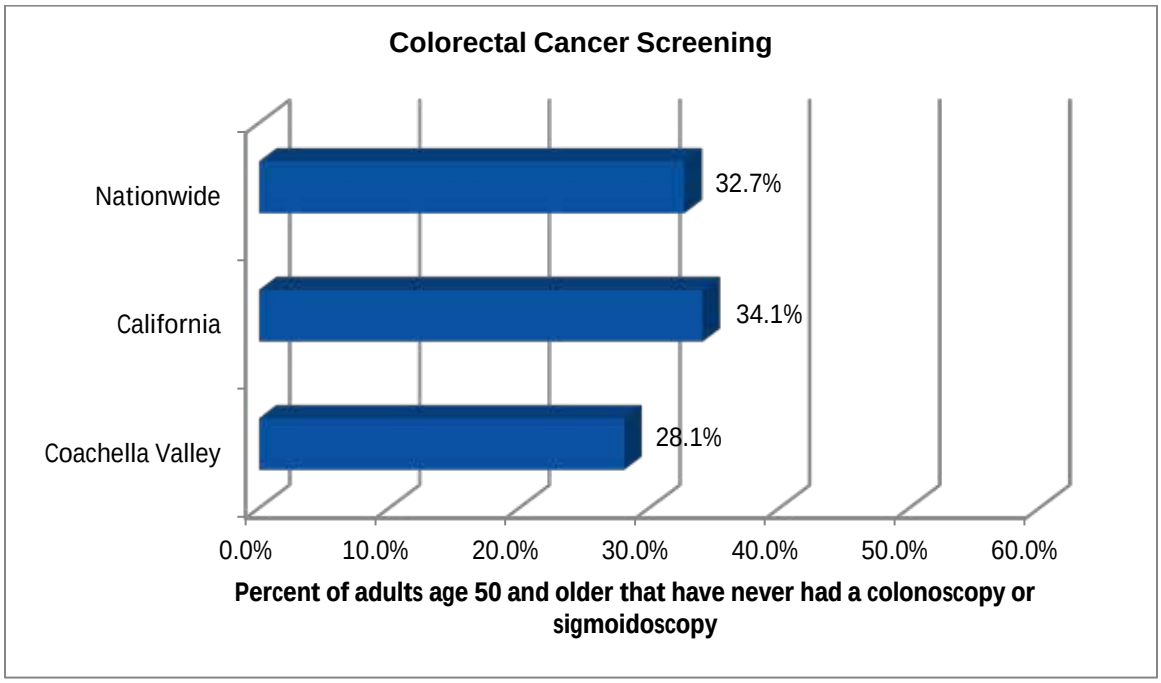
Screening tests can determine colorectal cancer in individuals who do not display symptoms. Often, asymptomatic patients are still in an early stage of the cancer, and early treatment will greatly improve the chances of eliminating the disease. In addition, screening tests can also help prevent some cancers by detecting polyps that might become cancerous, which doctors could remove immediately.

According to the CDC, colorectal cancer is second only to lung cancer in cancer-related deaths in the country.[1] In 2009 there were 136,717 individuals diagnosed with colorectal cancer in the U.S. and 51,848 deaths due to the disease.[2] As many as 60% of deaths from colorectal cancer could be prevented if everyone age 50 and older were screened regularly.[3]

KEY FINDING: Colorectal Cancer Screening	
Over 28% of adults over the age of 50 have <u>never</u> had a colonoscopy or sigmoidoscopy to check for colon cancer. **48.0% of adults age 50 and over have <u>never</u> had a blood stool test using a home kit.**	Approximately 55,543 adults over the age of 50 (28.1%) have never had a colonoscopy or sigmoidoscopy to check for colon cancer. Approximately half of adults that are age 50 and over have never had a blood stool test using a home kit, a total of approximately 94,253 adults in Coachella Valley. About 37.2% of these tests were performed within the past year (36,963). However, about 28.1% of the tests (27,918) occurred more than five years ago, and thus, need to be redone.

[1] Colorectal Cancer Statistics. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/colorectal/statistics/
[2] Ibid.
[3] March is National Colorectal Cancer Awareness Month. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/Features/ColorectalAwareness/

Colorectal cancer screening rates in the Coachella Valley are significantly higher than those in the state of California as a whole, as per BRFSS 2012 data. As illustrated below, 28.1% of adults age 50 and older in Coachella Valley have never had a colonoscopy or sigmoidoscopy, as versus 34.1% of adults age 50 and older in California.



Note: California and United States data represented in this graph are from BRFSS 2012.

KEY FINDING: Colonoscopy/Sigmoidoscopy Disparities	
Hispanic/Latino, low-income, low-education, and young adults are the least likely to have had a colonoscopy or sigmoidoscopy.	Hispanic/Latino adults age 50 and older are significantly less likely to have received colorectal cancer screening than their White counterparts. Specifically, 24.3% of White adults age 50 and over have never had a colonoscopy or sigmoidoscopy, while 57.8% of Hispanic/Latino adults age 50 and over have never had the screening. Low-income adults are significantly less likely to have had a colonoscopy or sigmoidoscopy than their higher-income counterparts. Between 40% and 50% of adults with household incomes lower than $50,000 have never had the test, while about 22% of adults with household incomes at or above $50,000 have never had the test. Younger adults are significantly less likely to have had a colonoscopy or sigmoidoscopy than older adults. Over half of adults between the ages of 50 and 55 (59.9%) have never had the test. This rate drops to 31.3% for the 55 to 64 age group, and then again to between 18% and 20% for those adults age 65 and older. Adults with a high school degree or less are significantly less likely to have had a colonoscopy or sigmoidoscopy than those with higher levels of education. Between 40% to 50% of adults with a high school degree or less have never had a colonoscopy/sigmoidoscopy; this rate drops to between 17% and 25% for those with at least some college education. There is no significant difference in colonoscopy/sigmoidoscopy rates between genders.

KEY FINDING: Home Blood Stool Test Disparities

Hispanic/Latino, low-income, low-education, and young adults are the least likely to have had a home blood stool test.

Hispanic/Latino adults age 50 and older are significantly less likely to have used a home blood stool kit than their White counterparts. Specifically, 44.1% of White adults age 50 and over have never used a home blood stool kit, while 79.1% (15,296) of Hispanic/Latino adults age 50 and over have never used this screening test.

Low-income adults are significantly less likely to have used a home blood stool kit. Between 60% and 70% of adults with household incomes lower than $50,000 have never used the kit, while between about 41% and 44% of adults with household incomes at or above $50,000 have never used the kit.

Younger adults are significantly less likely to have had used a home blood stool kit than their older counterparts. Over three-quarters of adults between the ages of 50 and 55 (79.3%) have never had the test. This rate is between 39% and 49% for the older age groups.

Adults without a high school degree are significantly less likely to have used a home blood stool kit than those with a high school degree or higher. Approximately 76.3% of adults without a high school degree have never had a home blood stool test; this rate ranges between 38.0% and 50.6% for the other education levels.

There is no significant difference in blood stool test use between genders.

Dental Care

Proper oral health is an important part in maintaining quality of life. Poor oral health and untreated oral diseases can cause pain, inflammation, and tooth decay that can make daily activities, such as eating, difficult and painful to perform. Regular dentist visits and professional tooth cleaning can detect early signs of oral health problems. A dental exam can also identify poor oral hygiene and growth and improper jaw alignment.

Oral health issues are common but preventable with periodic, regular dental visits. According to the CDC, 61.6% of nonelderly adults visited a dentist in the past year.[1] Advanced gum disease affects 4%-12% of adults in the United States.[2] In addition, a fourth of U.S. adults aged 65 and older have lost all of their teeth.[3] The CDC estimates that, each year, over 7,800 individuals in the U.S. die from oral or pharyngeal cancer, and approximately 36,500 new cases of oral cancer are diagnosed per year.[4]

KEY FINDING: Dental Care

The majority of adults in Coachella Valley (68.3%) have seen a dentist within the past year.

Approximately 240,872 Coachella Valley adults have seen a dentist in the past year. Similarly, about 225,273 adults (65.8%) have had a check-up or routine teeth cleaning within the past year.

Time Since Last Dental Visit
(HARC, 2013)

	Weighted Percent	Population Estimates
Less than 6 months	47.5%	167,531
6 months to < 1 year	20.8%	73,341
1 year to < 2 years	7.6%	26,979
2 years to < 5 years	12.0%	42,173
5 or more years ago	11.3%	39,695
Never	0.9%	3,052
Total	**100.0%**	**352,772**

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

[1] Oral and Dental Health. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/dental.htm
[2] Oral Health: Preventing Cavities, Gum Disease, Tooth Loss, and Oral Cancers At A Glance 2011. (2011). Centers for Disease Control and Prevention. http://www.cdc.gov/chronicdisease/resources/publications/AAG/doh.htm
[3] Ibid
[4] Ibid

Nearly two-thirds (65.8%) of respondents have had their teeth cleaned within the last year. Approximately 5,252 of respondents have never had their teeth cleaned.

Time Since Last Teeth Cleaning

(HARC, 2013)

	Weighted Percent	Population Estimates
Less than 6 months	45.2%	154,757
6 months to < 1 year	20.6%	70,516
1 year to < 2 years	8.1%	27,621
2 years to < 5 years	13.5%	46,124
5 or more years ago	11.2%	38,387
Never	1.5%	5,252
Total	**100.0%**	**342,657**

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

Approximately one-third of adults who have not visited the dentist within the past year (36.9%) have been prevented by cost. Another quarter of these adults (23.4%) have not gone because they feel they have no pain and therefore no need, indicating that they do not understand the value of strictly preventative dental check-ups.

Main Reason for Not Visiting a Dentist Within the Past Year

(HARC, 2013)

	Weighted Percent	Population Estimates
Cost	36.9%	41,461
No reason to go, don't need it, no pain	23.4%	26,284
Lack of dental coverage	9.7%	10,857
No teeth/have dentures	8.6%	9,629
Fear, nervousness, dislike going	5.6%	6,281
Dislike dentist	4.3%	4,798
Other priorities	3.3%	3,718
Other	8.4%	9,932
Total	**100.0%**	**112,361**

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

Vision Care

The American Academy of Ophthalmology recommends that adults under the age of 40 receive an eye exam every 3 years, and those over age 40 (or those at high risk for ophthalmic disorders) should have an eye exam every 2 years.[1]

KEY FINDING: Vision Care

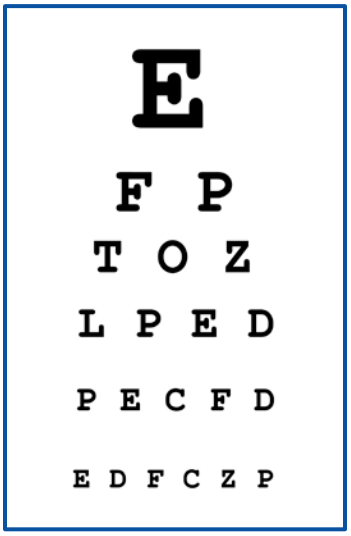
The majority of adults (58.5%) have had a vision exam within the past year.

Approximately 203,807 adults in Coachella Valley have had their vision tested within the past year. In contrast, nearly 5% of adults (16,930) have never had their vision checked.

Time Since Last Vision Exam
(HARC, 2013)

	Weighted Percent	Population Estimates
Within the past month	14.6%	50,989
1 month to <1 year	43.9%	152,818
1 year to < 2 years	13.3%	46,142
2 or more years ago	23.3%	81,297
Never	4.9%	16,930
Total	**100.0%**	**348,176**

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



[1] Exam Frequency. American Academy of Ophthalmology. http://www.aao.org/theeyeshaveit/screening/exam-frequency.cfm

Men's Health

Prostate Cancer Screening

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

Recently, the CDC and other federal agencies recommend that PSA-based screening should not be done for men with no signs and symptoms of cancer.[1] According to the U.S. Preventive Services Task Force, the potential harm of PSA tests outweighs the possible benefits. This can include pain and infection from biopsies or impotency or incontinency from surgery or radiation treatment from a cancer diagnosis.

The CDC estimates that in 2009, about 206,640 new cases of prostate cancer were diagnosed and 28,088 men died of prostate cancer.[2] Prostate cancer is the second leading cause of cancer death in American men, behind only lung cancer.[3] According to the American Cancer Society, 1 in 6 American men will be diagnosed with prostate cancer sometime during his lifetime, and 1 in 36 will die of prostate cancer.[4]

KEY FINDING: PSA Test

29.6% of men age 40 and over have <u>never</u> had a PSA test.

Approximately 32,836 men age 40 or over report that they have never had a prostate-specific antigen test.

Of the 78,144 men who *have* had a PSA test, 75.9% had the test within the past year (58,575). In contrast, 6.8% of men who have been tested have an outdated test over 5 years old, and need to be tested again (5,269).

Of those men who have had a PSA test in the past, approximately half of them report that their physician talked to them about the pros and cons of said test prior to administering it (55.4% or 39,834 men).

Time Since Last PSA Test
Males Age 40 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Within the past year	75.9%	58,575
One year to < 2 years	9.5%	7,337
Two years to < 5 years	7.3%	5,655
Five or more years ago	6.8%	5,269
Total	**100.0%**	**77,144**

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

[1] Prostate Cancer: Screening. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/prostate/basic_info/screening.htm
[2] Prostate Cancer Statistics. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/prostate/statistics/
[3] Cancer and Men. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/features/cancerandmen/
[4] What Are the Key Statistics About Prostate Cancer? (2013). American Cancer Society. http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics

KEY FINDING: PSA Test Disparities	
Hispanic/Latino, low-income, low-education, and younger men are significantly less likely to have had a PSA test.	Hispanic/Latino men age 40 or older are significantly less likely to have had a PSA test than White males age 40 and over. Specifically, 60.8% of Hispanic males age 40 and over have not had the test, while only 20.9% of White males age 40 and over have never had the test. Men age 40 and over in the lowest income bracket ($0 to $24,999) were significantly less likely to have had a PSA test than men age 40 and over in all other income brackets. Specifically, 70.3% of men age 40 and over in the lowest income bracket have never had a PSA test, compared to 40.9% of men in the $25,000 to $49,999 range, 22.1% in the $50,000 to $74,999 range, and 20.1% in the $75,000 range. Young men were significantly less likely than older men to have had a PSA test. About 97.0% of men age 40 to 44 have never had a PSA test. This drops to 48.1% for the 45 to 54 age range, and again to 21.9% for the 55 to 64 age range. Between 10% and 13% of men age 65 and older have never had a PSA test. Men age 40 and over with low levels of education are significantly less likely to have had a PSA test. About 69.1% of men age 40 and over without a high school diploma have never had a PSA test, which is significantly higher than those with a high school degree (38.0%), some college (35.7%), and a college degree (23.2%). Men age 40 and over with a post-graduate degree have an even lower rate; only 11.1% have never had a PSA test.

KEY FINDING: Digital Rectal Exam	
26.8% of men age 40 or over have <u>never</u> had a digital rectal exam. **Hispanic/Latino, low-income, low-education, and younger men are significantly less likely to have had a digital rectal exam.**	Approximately 31,011 men age 40 or over report that they have never had a digital rectal exam. Hispanic/Latino men age 40 or older are significantly less likely to have had a digital rectal exam than White males age 40 and over. Specifically, 58.6% of Hispanic males age 40 and over have not had the test, while only 18.9% of White males age 40 and over have never had the test. Men age 40 and over in the lowest income bracket ($0 to $24,999) were significantly less likely to have had a digital rectal exam than men age 40 and over in the highest income bracket ($75,000 and over; 41.4% versus 18.4%, respectively). Young men were significantly less likely than older men to have had a digital rectal exam. Between 45% to 55% of those in the 40 to 54 age range have never had a digital rectal exam. In contrast, for those age 55 and over, the percent lacking a digital rectal exam ranges from 14% to 22%. Men age 40 and over with low levels of education are significantly less likely to have had a digital rectal exam. Specifically, the percent of men age 40 and over who have never had a digital rectal exam is highest in those with less than a high school degree (63.2%), and subsequently drops for each additional level of education (42.8% for high school graduates, 28.7% for men with some college, 18.0% for college graduates, and 11.9% for men with a post-graduate degree).

Women's Health

Breast Health

Breast cancer forms in tissues of the breast, usually the ducts (tubes that carry milk to the nipple) and lobules (glands that make milk). Risk factors for developing breast cancer include older age, early age of menarche (menstruation), family history, obesity, and hormone therapy. It is not yet known exactly why some of these risk factors cause cells to become cancerous. Approximately 40,676 women are expected to die from breast cancer per year.[1]

A mammogram is an x-ray exam of the breast that is used to detect and evaluate breast abnormalities. The National Cancer Institute recommends that women 40 and older have mammograms every 1 to 2 years.

KEY FINDING: Mammography

6.4% of women age 40 and over have never had a mammogram.

Approximately 7,790 Coachella Valley women aged 40 and over report that they have never had a mammogram.

Of the 11,415 women aged 40 and over who *have* had a mammogram, the majority of these (70.0%, or 79,494 women) have had the test within the past year.

Time Since Last Mammogram
Females Age 40 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Within the past year	70.0%	79,494
1 year to < 2 years	17.4%	19,710
2 years to < 3 years	2.9%	3,314
3 years to < 5 years	3.8%	4,359
5 or more years ago	5.8%	6,624
Total	**100.0%**	**113,501**

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

[1] Breast Cancer Statistics. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/breast/statistics/

A clinical breast examination by a health professional is an important part of routine physical checkups and an important method of early breast cancer detection and should be performed along with mammography. A woman should have a clinical exam at least every three years starting at age 20 and every year starting at age 40. This question, unlike that regarding mammograms, was asked of all adult women.

KEY FINDING: Clinical Breast Exam

15.9% of adult women in Coachella Valley have never had a clinical breast exam.

Approximately 27,614 women age 18 and over report that they have never had a clinical breast exam.

Of the 146,432 women who *have* had a clinical breast exam, the majority of these (83.5%) occurred within the last two years.

Time Since Clinical Breast Exam
Females Ages 18 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Within the past year	68.9%	99,819
1 year to < 2 years	14.6%	21,164
2 years to < 3 years	4.9%	7,119
3 years to < 5 years	3.9%	5,615
5 or more years ago	7.8%	11,261
Total	**100.0%**	**144,978**

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

KEY FINDING: Clinical Breast Exam Disparities

15.9% of adult women in Coachella Valley have never had a clinical breast exam.

Hispanic/Latino women are significantly less likely than White women to have had a clinical breast exam. Specifically, 30.8% of Hispanic/Latino women have never had a clinical breast exam, while only 8.1% of White women have never had a clinical breast exam.

Low-income women are significantly less likely to have had a clinical breast exam than their high-income counterparts. Specifically, between 20.4% and 26.5% of women with household incomes under $50,000 have never had a clinical breast exam. In contrast, between 8.4% and 10.8% of women with household incomes at or above $50,000 have never had a clinical breast exam.

Young women are significantly less likely to have had a clinical breast exam than older women. Women between the ages of 18 to 24 have the lowest rates (49.1% have never had a clinical breast exam).

Women with low levels of education are significantly less likely to have had a clinical breast exam than those with high levels of education. About 39.6% of women without a high school degree have never had a clinical breast exam, which is significantly higher than all other education groups (which range between 6.4% to 16.3%).

Pap Smear Test

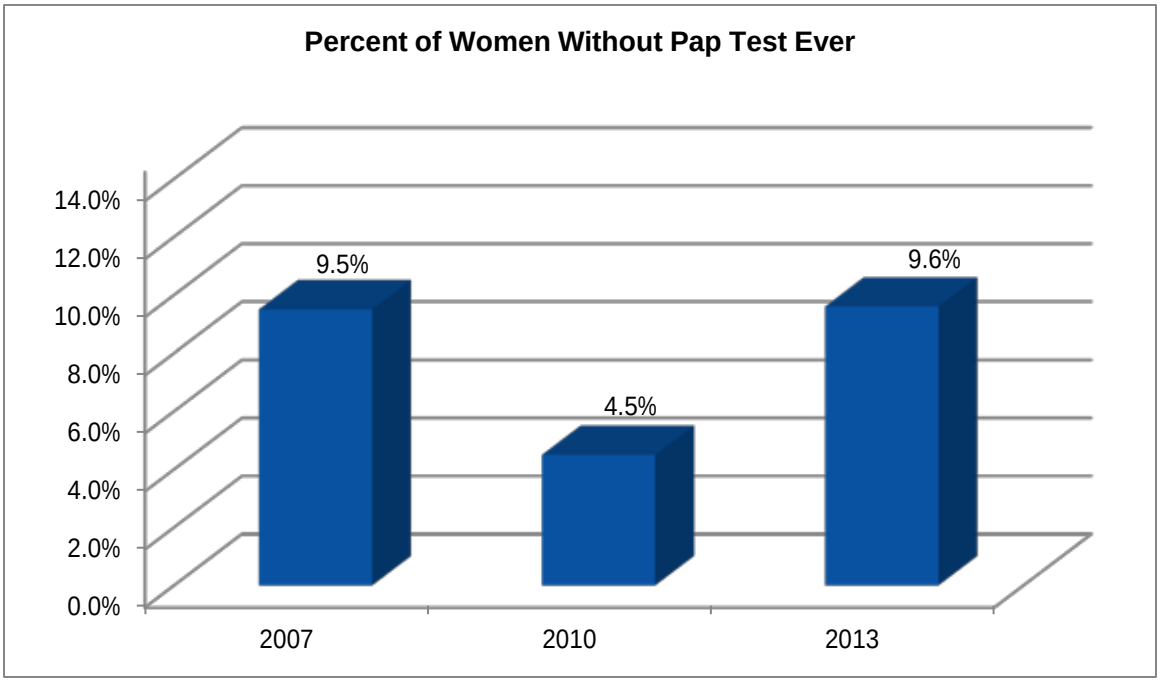
The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to detect cancer or abnormal cells that may lead to cancer. It can also find non-cancerous conditions, such as infection and inflammation.

All women should begin cervical cancer screening about 3 years after they begin having vaginal intercourse, but no later than age 21. According to the CDC, if the patient's test results are normal from a Pap test, her doctor may allow up to three years until the next test.[1] Beginning at age 30, women can also choose to have an HPV test along with the Pap test.[2] Receiving normal results for both tests when taken together means that the chance of getting cervical cancer is very low for the next few years and additional tests may not be needed for up to five years. Cervical cancer, according to the CDC, is the easiest female cancer to prevent as long as screening and follow-ups are done.

KEY FINDING: Pap Test	
9.6% of adult women in Coachella Valley have <u>never</u> had a Pap smear.	Approximately 16,794 women age 18 and over report that they have never had a Pap smear. Hispanic/Latino women are significantly less likely to have had a Pap smear than White women. Specifically, 19.0% of Hispanic/Latino women have never had a Pap smear, compared to 3.1% of White women. Low-income women are significantly less likely to have had a Pap smear than high-income women. Between 13.1% and 15.9% of women with a household income of less than $50,000 have never had a Pap smear. In contrast, between 3.8% and 4.4% of women with household incomes of $50,000 or more have never had a Pap smear. Young women are significantly less likely than older women to have had a Pap smear. About 59.5% of women between the ages of 18 to 24 have never had a Pap smear. In comparison, about 15.0% of women between the ages of 25 and 34 have never had a Pap smear. For women age 35 and over, the percent ranges between 2.2% and 8.9%.

[1] Cervical Cancer Screening. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/cancer/cervical/basic_info/screening.htm
[2] Ibid

The proportion of adult women who have never had a Pap smear in 2013 is significantly higher than the rate in 2010, but very similar to the rate in 2007.



KEY FINDING: Most Recent Pap Test

20.4% of adult women who have had a Pap smear have not had one within the past five years.

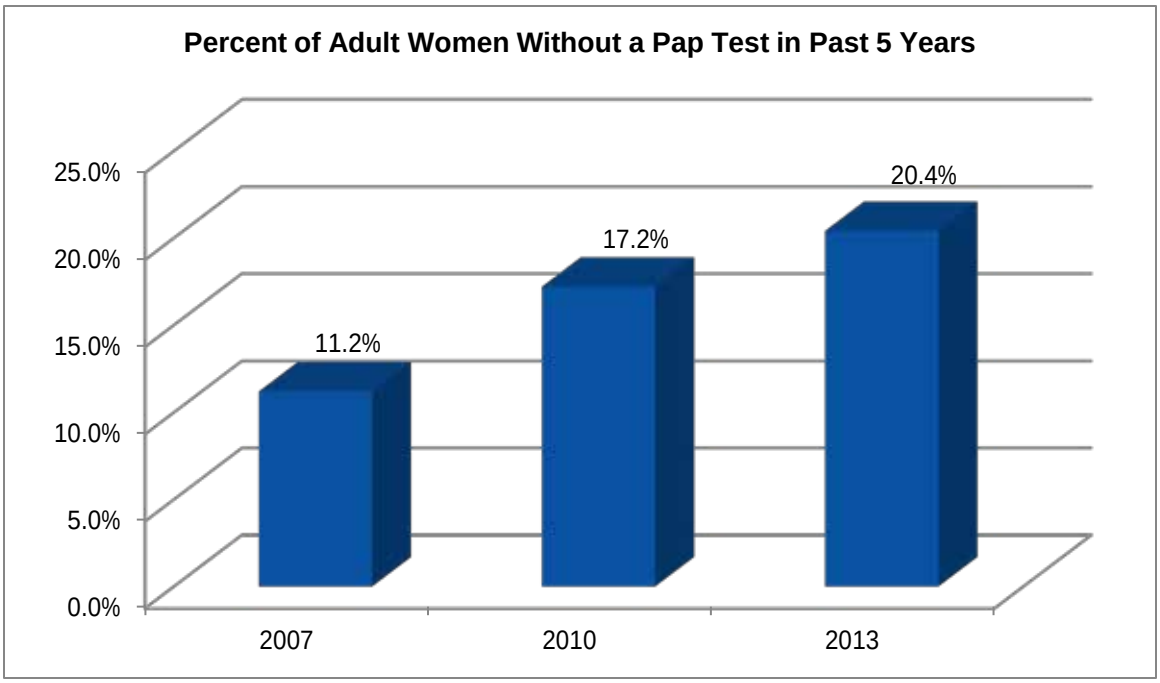
Of the 157,749 adult women who have had a Pap smear, the majority (68.7%) have had a Pap smear within the past two years. However, approximately 20.4% of adult women who have had a Pap smear have not had one for five or more years. This indicates that approximately 32,093 women's Pap smear results are likely out-of-date.

Time Since Last Pap Test
Females Ages 18 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Within past year	50.0%	78,479
1 year to < 2 years	18.7%	29,356
2 years to < 3 years	6.1%	9,620
3 years to < 5 years	4.7%	7,406
5 or more years ago	20.4%	32,093
Total	**100.0%**	**156,954**

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

The percent of adult women waiting more than five years between Pap smears increased significantly from 2007 to 2010, and again from 2010 to 2013. Overall, more and more adult women are waiting five or more years between each Pap test.



Vaccines

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

HPV Vaccine

Genital human papillomavirus, more commonly known as HPV, is the most common sexually transmitted infection. Most people with HPV do not develop symptoms or health problems. In 90% of cases, the body's immune system clears HPV naturally within two years.

In June 2006 the Gardasil® vaccine was approved by the FDA as a vaccine against HPV. The vaccine protects against four types of HPV (6, 11, 16, and 18). For females aged 9 to 26, it protects against types 16 and 18 that cause about 75% of cervical cancers, and types 6 and 11 that cause 90% of genital warts. The vaccine also protects females in this age group against 70% of vaginal cancer cases and up to 50% of vulvar cancer cases. For males aged 9 to 26, Gardasil® protects against 90% of genital wart cases.[1]

For both females and males, 3 doses (shots) are needed. The CDC recommends that the second dose be given one to two months after the first, and the third dose be given six months after the first dose.

Since the Gardasil® vaccine has only been available since 2006, and since it is only targeted to individuals between the ages of 9 and 26, only individuals that are currently age 33 or younger could have been vaccinated. Thus, the HPV statistics presented here are for those adults between the ages of 18 and 33.

KEY FINDING: HPV Vaccination	
The majority of Coachella Valley adults between the ages of 18 and 33 (86.4%) have <u>not</u> received the HPV vaccine.	Only 13.6% of adults between the ages of 18 and 33 report receiving the HPV vaccine. Based on this, there are approximately 9,709 adults in Coachella Valley who have been vaccinated against HPV. There are no significant differences in rates of HPV vaccinations by ethnicity, age, income, or education. However, there is a significant difference between genders; approximately 26.9% of females in the target age range have been vaccinated (8,040 women), but only 4.0% of males in the target age range report being vaccinated (1,669 men). The majority of participants who have received the HPV vaccine (74.2%) report receiving all three shots.

[1] Gardasil Information. (2010). Gardasil Website. http://www.gardasil.com/

Flu Vaccine

The CDC recommends that all people older than 6 months of age should be vaccinated against influenza annually, with extremely rare exceptions.[1]

KEY FINDING: Influenza Vaccination	
Approximately half of Coachella Valley adults (52.2%) have <u>not</u> had a flu vaccine within the past year.	Approximately 185,260 adults in Coachella Valley have not had a flu vaccine of any form within the past year (including nasal spray and/or shots). Hispanic/Latino adults are significantly less likely to receive the flu vaccine than White adults. Over two thirds of Hispanic/Latino adults (69.0%) have not been vaccinated, compared to 42.6% of White adults. Low-income adults are also significantly less likely to receive the flu vaccine than their high-income counterparts. Specifically, 72.7% of adults in the $0 to $24,999 income range have not been vaccinated. This rate drops to 62.5% for the $25,000 to $49,999 range, 44.2% for the $50,000 to $74,999 range, and 37.1% for the $75,000 and over range. Young adults are significantly less likely to have had a flu vaccine. Until about age 55, about 70% of adults have not been vaccinated. However, this rate drops to 48.8% for the 55 to 64 year olds, 30.2% for the 65 to 74 year olds, and 20.9% for the 75 and older group. Adults with low levels of education are significantly less likely to receive a flu vaccine. 68.8% of adults without a high school degree lack a flu vaccine, while only 29.3% of those with a post-graduate degree are in the same situation. Men and women are equally likely to receive the flu vaccine.

[1] CDC Seasonal Influenza (Flu): Who Should Get Vaccinated Against Influenza http://www.cdc.gov/flu/protect/whoshouldvax.htm

HEALTH BEHAVIORS

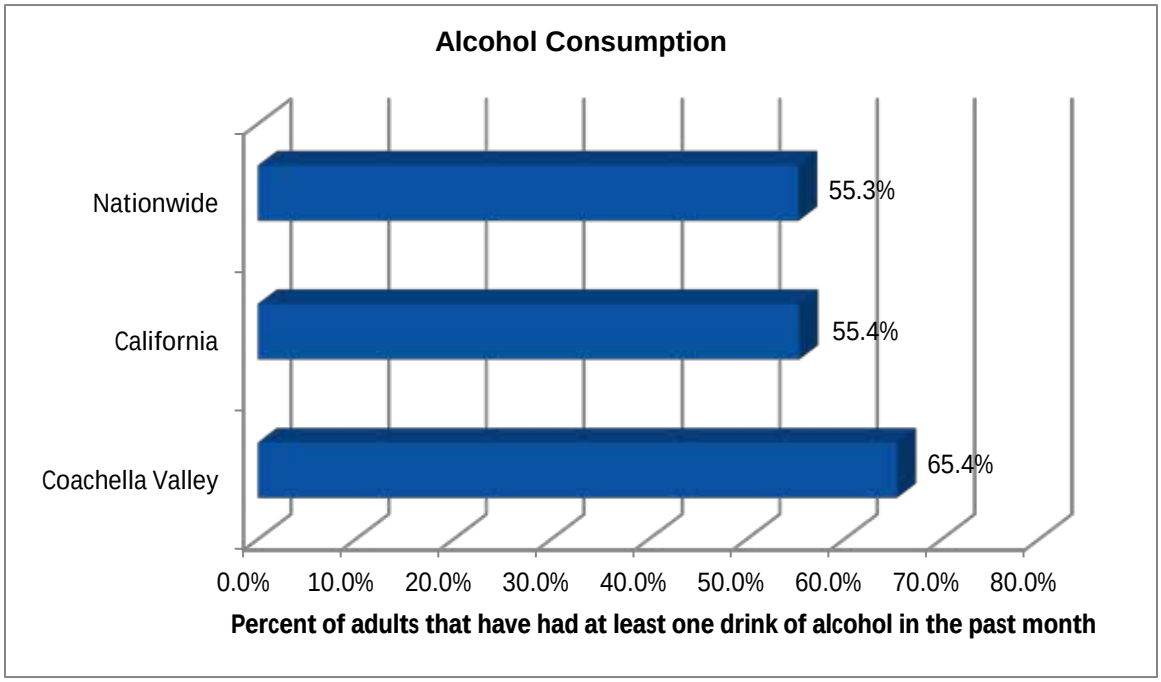
Alcohol Use

Alcohol, most often consumed in liquid beverages, is a legal psychoactive drug in the United States and is one of the most widely used in the country.[1] It is recommended that alcohol only be consumed in moderation. According to the Dietary Guidelines for Americans, moderate consumption is one drink per day for women or any person over 65 and up to 2 drinks per day for men under the age of 65.[2]

KEY FINDING: Alcohol Consumption	
65.4% of Coachella Valley adults have had at least one alcoholic beverage within the past 30 days. **White adults, highly educated adults, and men are more likely to consume alcohol than Hispanic adults, adults with low levels of education, and women.**	Approximately 147,883 adults in Coachella Valley have had at least one alcoholic beverage within the past month. A little over one-third of adults (34.6%, or 78,361 people) have not had a single alcoholic beverage within the past month. Hispanic/Latino adults are significantly more likely to abstain from alcohol than White adults. Approximately 52.4% of Hispanic/Latino adults have not consumed any alcohol in the past month, compared to about 27.6% of White adults. Adults in the lower income levels are more likely to abstain from alcohol. Over 50% (52.4%) in the $0 to $24,999 income levels and over 40% (43.2%) in the $25,000 to $49,999 have abstained from having at least one alcoholic beverage in the past 30 days. Adults with low-levels of education are also significantly more likely to abstain from alcohol than those with high levels of education. For those with a high school degree or less, between 50.8% and 59.7% have not consumed any alcohol within the past month. In contrast, for adults who have attended college and/or received college degrees, between 23.7% and 28.5% have abstained from alcohol within the past month. Women are significantly more likely to abstain from alcohol than men; 41.3% of women have not consumed alcohol in the past month, compared to 29.0% of men.

[1] Facts about Alcohol and Drug Abuse. (2012) Florida Institute of Technology. http://www.fit.edu/caps/articles/facts.php
[2] Dietary guidelines for Americans, 2010. (2010) U.S. Department of Agriculture and U.S. Department of Health and Human services. http://www.health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf
http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm

Coachella Valley adults are significantly more likely to have consumed at least one alcoholic beverage in the past 30 days than adults in the state of California as a whole (65.4% versus 55.4%, respectively), as per BRFSS 2012 data.



Note: California and United States data represented in this graph are from BRFSS 2012.

Number of Days Consuming at Least One Drink in Past Month
(HARC 2013)

	Weighted Percent	Population Estimates
None	34.6%	78,361
1 to 4	24.2%	54,733
5 to 8	9.0%	20,374
9 to 12	5.9%	13,362
13 to 16	4.6%	10,432
17 to 29	8.4%	19,069
30 Days	13.2%	29,914
Total	**100.0%**	**226,244**

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

Consuming alcohol in moderation is not necessarily detrimental to health. However, alcoholism and other forms of alcohol abuse *are* detrimental to health. Alcoholism is a disease associated with an excessive intake of alcohol to the detriment of the individual's health. Alcoholism can cause physical and mental dependence, cravings, and tolerance. Alcoholism is attributed to family history as well as mental health and personal behavior. Long-term effects of consuming large quantities of alcohol could include permanent damage to vital organs such as the brain and liver, pancreatitis, and cancer.

KEY FINDING: Number of Alcoholic Beverages Consumed

72.7% of drinkers report drinking an average of 2 or fewer drinks on each drinking occasion.

The majority of drinkers are drinking in moderation: 72.7% of drinkers, or 107,279 adults, drink an average of 2 or fewer alcoholic beverages each time they drink. This level is roughly consistent with the Dietary Guidelines for America's definition of "moderate drinking".

Approximately 27.3% of drinkers, or 40,279 adults, consume an average of 3 or more alcoholic beverages each time they drink, a level which may be detrimental to health.

Average Number of Drinks per Drinking Occasion

(HARC 2013)

	Weighted Percent	Population Estimates
1	40.6%	59,874
2	32.1%	47,405
3	12.1%	17,802
4 to 6	10.6%	15,622
7 or more	4.6%	6,855
Total	**100.0%**	**147,558**

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

Another form of alcohol abuse is binge drinking. The consumption of any amount of alcohol that raises an individual's blood alcohol concentration (BAC) to 0.08 or more qualifies as binge drinking. Binge drinking is the consumption of five or more drinks within two hours for men and four or more drinks within two hours for women.

According to the CDC, one out of six Americans over the age of 18 binge drinks approximately 4 times a month and consumes about 8 drinks each time.[1] In addition, binge drinking is twice as common among men than among women, and more than half of the total amount of alcohol consumed in the United States by adults is through binge drinking.[2] Binge drinking has been linked to several health problems such as liver disease, neurological damage, cardiovascular conditions, alcohol poisoning, and physical injuries.[3]

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

[1] Fact Sheets – Binge Drinking. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm
[2] Ibid.
[3] Ibid.

KEY FINDING: Binge Drinking

Nearly one-third of adult drinkers in Coachella Valley (30.0%) report binge drinking at least one time within the past month.

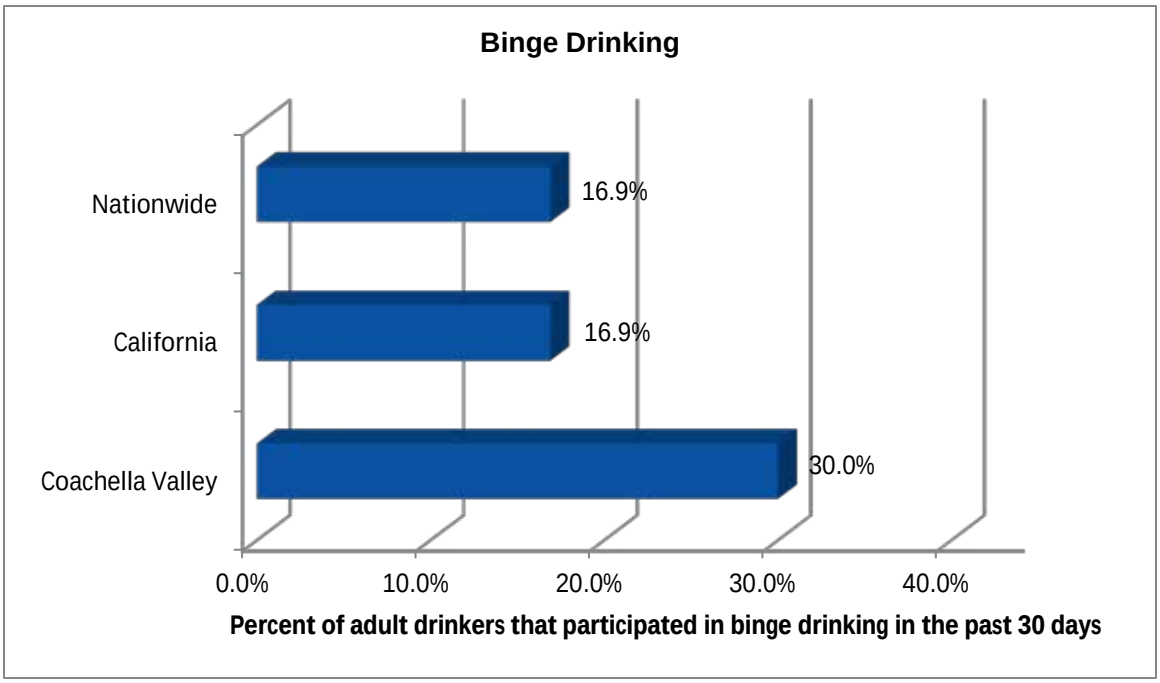
The majority of adult drinkers (70.0%, or 17,163 adults) have not engaged in binge drinking within the past month.

However, nearly one-third of adult drinkers (30.0%, or 73,600 adults) have engaged in binge drinking at least once in the past month.

Men are significantly more likely to have engaged in binge drinking at least once in the past month than women (36.6% versus 21.4%, respectively).

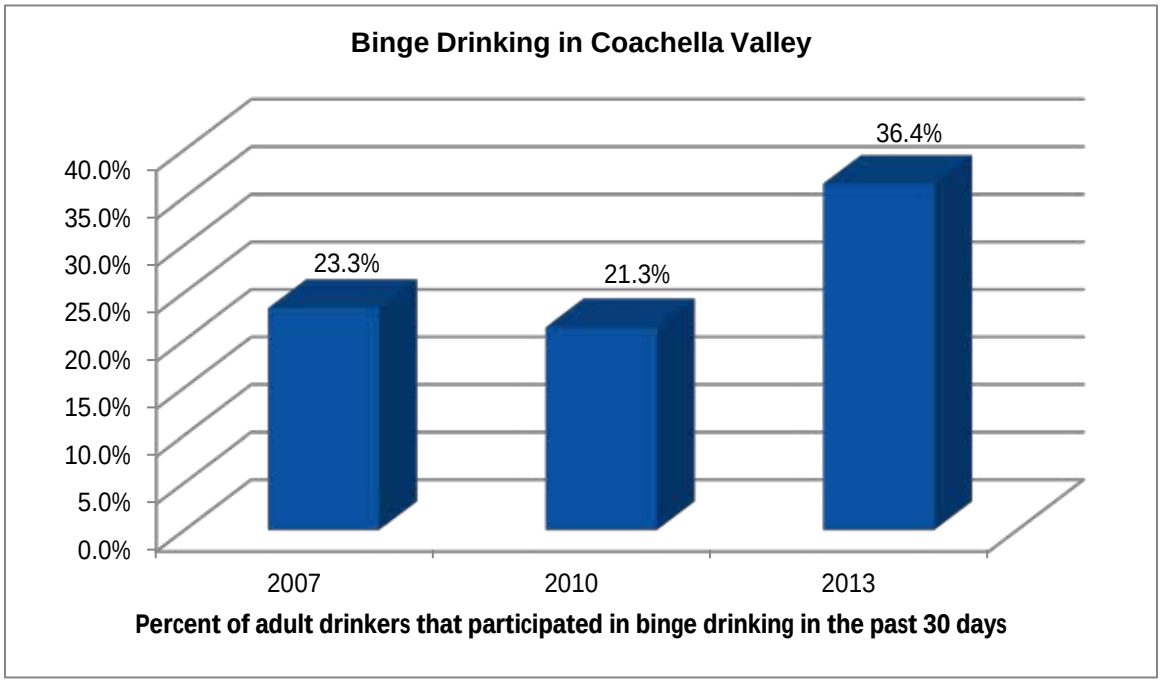
Furthermore, 18,248 of the adults that have engaged in binge drinking have done so seven or more times within the past month, levels that are very likely detrimental to their health.

Coachella Valley adult drinkers are significantly more likely to have engaged in binge drinking in the past 30 days than adult drinkers in the state of California as a whole (30.0% versus 16.9%, respectively), as evidenced by BRFSS 2012 data.



Note: California and United States data represented in this graph are from BRFSS 2012.

The rate of binge drinking in Coachella Valley in 2013 is significantly higher than the rate of binge drinking in Coachella Valley in 2010 (21.3%), although statistically similar to the rate in 2007 (23.3%).



Number of Binge Occasions Within the Past 30 Days
(HARC 2013)

	Weighted Percent	Population Estimates
None	70.0%	171,613
1	9.0%	22,041
2	5.9%	14,394
3 to 6	7.7%	18,917
7 or more	7.4%	18,248
Total	**100.0%**	**245,213**

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

Not all of the ill effects of alcohol on health are manifested internally. Another threat to health is that of driving while under the influence, which puts not only the drinker at risk, but also other people around them. To assess whether individuals engaged in this risky behavior, participants were asked, "How many times during the past month have you driven a vehicle after you've had perhaps too much to drink?"

KEY FINDING: Driving Under the Influence	
4.0% of adult drinkers in Coachella Valley have driven under the influence within the past month.	The majority of Coachella Valley drinkers (96.0%, or 230,056 adults) have not driven under the influence at all during the past 30 days. However, the other 4.0% (9,558 adults) have driven under the influence at least once within the past month. Furthermore, approximately 2,107 of these adults have driven under the influence seven or more times during the past month, posing a serious safety risk to both themselves and others frequently.

Tobacco Use

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

According to the Centers for Disease and Prevention, 19.4% of American adults (43.8 million people) 18 years and older are current smokers.[1] This number is higher than in 2009, nationally, when there were 43.4 million adults in the U.S. that were current smokers.[2] An estimated 69% of smokers wish to quit smoking, and more than half of smokers try to quit each year.[3] Tobacco us is still the leading preventable cause of death and is considered responsible for about 5 million deaths annually.[4] Cigarette smoking is the cause of about 20 percent of yearly deaths, and approximately 49,000 deaths are the result of secondhand exposure per year.[5]

KEY FINDING: Cigarette Smoking	
16.2% of adults in Coachella Valley are current smokers.	Approximately 10.5% of adults (32,185 people) smoke cigarettes 'every day', and an additional 5.7% of adults (17,414 people) smoke cigarettes 'some days'. Young adults are significantly more likely to smoke than older adults. Specifically, for adults between the ages of 18 and 64, between 18.1% and 25.8% adults smoke cigarettes. In contrast, for adults age 65 and over, between 6.1% and 7.9% smoke cigarettes. Adults with low levels of education are significantly more likely to smoke than those who are highly educated. Between 22.4% and 23.9% of adults with a high school degree or less smoke cigarettes, while only 6.5% of adults with a post-graduate degree smoke cigarettes. There is no significant difference in smoking prevalence between ethnicities, income levels, or gender. Approximately 50.9% of current smokers (24,570 adults) have tried to quit smoking within the past year.

[1] Smoking & Tobacco Use. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
[2] Smoking & Tobacco Use. (2009). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
[3] Smoking & Tobacco Use. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm
[4] Ibid.
[5] Ibid.

Medical Marijuana Use

California Proposition 215, sometimes known as the Compassionate Use Act of 1996, was the first medical marijuana measure to be voted into law in the U.S. Proposition 215 allows seriously ill patients to use marijuana for medical purposes upon physician recommendation. Proposition 215 is supplemented by SB 420 (Chapter 875, Statutes of 2003), which required the California Department of Public Health to create the Medical Marijuana Program (MMP). As defined by SB 420, serious medical conditions that warrant the use of medical marijuana include AIDS, anorexia, arthritis, cancer, chronic pain, glaucoma, migraines, seizures, and severe nausea, among others.[1]

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

KEY FINDING: Medical Marijuana	
8.3% of Coachella Valley adults use marijuana for medical purposes.	Approximately 29,342 adults in the Coachella Valley currently use marijuana for medical purposes such as chronic pain, glaucoma, nausea and vomiting associated with cancer treatments, epilepsy, HIV, and appetite stimulation. Low-income adults are significantly more likely to use medical marijuana than high-income adults. Specifically, 17.9% of adults in the $0 to $24,999 income range use medical marijuana. This drops to 8.1% for adults in the $25,000 to $49,999 range, and varies between 4.9% and 5.5% for those with income levels greater than $50,000.

[1] California Department of Public Health, Medical Marijuana Program http://www.cdph.ca.gov/programs/MMP/Pages/MMPFAQ.aspx

Sexual Health

Sexually transmitted diseases (STDs) are also known as sexually transmitted infections (STIs) or venereal diseases (VDs). They are infections that can be transferred from one person to another through sexual contact and often do not cause visible symptoms. The most common STDs in the United States are human immunodeficiency virus (HIV), chlamydia, gonorrhea, syphilis, genital herpes, human papillomavirus (HPV), hepatitis B, trichomoniasis, and bacterial vaginosis.

STDs and STIs can have various short-term and long-term complications including pain, swelling, and even ulcers. If left untreated, some STDs can cause infertility or genital cancers, among other conditions.

KEY FINDING: Sexual Health

63.3% of Coachella Valley adults have been sexually active during the past year.

29.7% of these adults have used a condom for protection against STDs.

Approximately 217,443 adults in Coachella Valley report that they have been sexually active during the past year.

Only 29.7% of these sexually active adults (63,628) have used a condom for protection from STDs within the past year. This indicates that approximately 150,713 sexually active adults do not use condoms to prevent against STDs. The primary rationale for not using condoms to protect against STDs is that these adults are in monogamous relationships and/or married.

Of the 217,443 sexually active adults in the Coachella Valley, 75.4% report that a health professional has not counseled them within the past year about preventing STDs through condom use (163,577 adults).

Reasons for Not Using a Condom
(HARC 2013)

	Weighted Percent	Population Estimates
Married	59.8%	88,438
In a monogamous relationship	27.3%	40,348
Don't like condoms	3.7%	5,455
Other	9.1%	13,558
Total	**100.0%**	**147,798**

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

HIV/AIDS Screening

HIV (human immunodeficiency virus) is a virus that attacks the immune system. HIV finds and destroys a type of white blood cell (T cells or CD4 cells) that the immune system must have to fight disease. AIDS (acquired immune deficiency syndrome) is the final stage of HIV infection. It can take years for a person infected with HIV, even without treatment, to reach this stage. AIDS weakens the immune system and increases a person's risk of developing serious illnesses such as certain cancers, opportunistic diseases, and neurologic disorders.

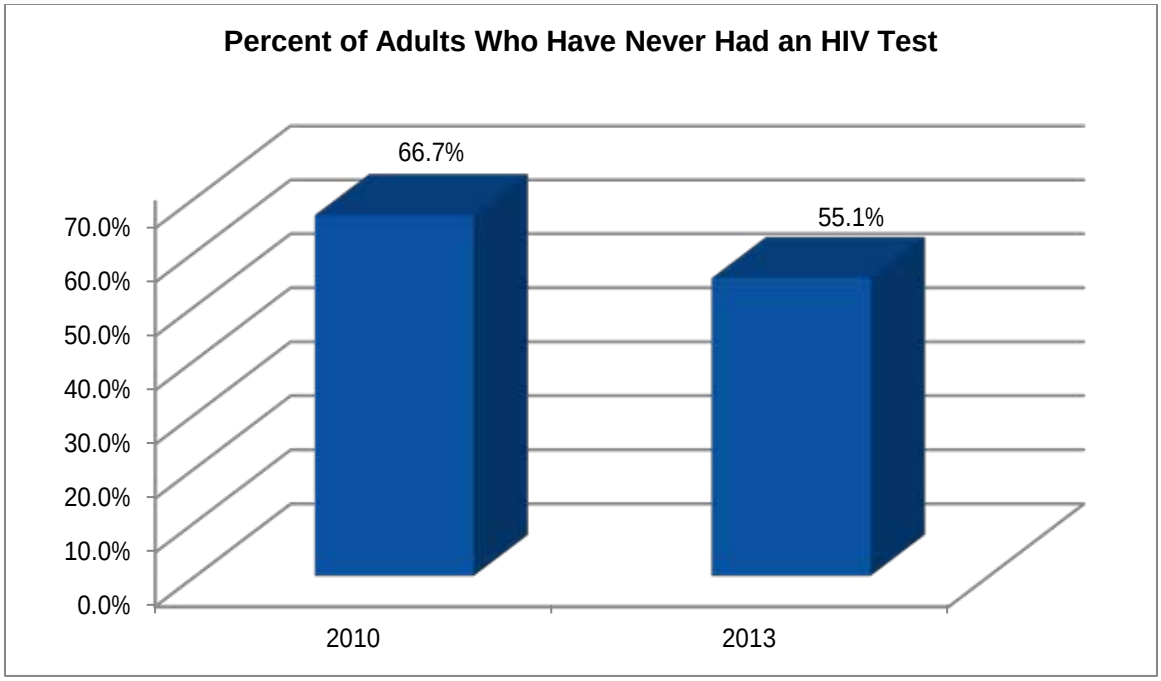
At the end of 2009, an estimated 1.15 million persons aged 13 and above in the United States were living with diagnosed or undiagnosed HIV/AIDS.[1]

The most recent guidelines from the CDC recommend that all persons between the ages of 13 and 64 in all healthcare settings be screened for HIV and that screening should be routine.[3]

KEY FINDING: HIV/AIDS Testing

55.1% of Coachella Valley adults have <u>never</u> been tested for HIV.

Approximately 191,791 adults in Coachella Valley have never been tested for HIV. The rate of adults who have had an HIV test has significantly increased since 2010; in 2010, 66.7% had never been tested, but this number dropped to 55.1% in 2013, indicating that more adults are getting tested for HIV.



[1] HIV/AIDS Statistics Overview. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/hiv/resources/factsheets/us.htm

KEY FINDING: HIV/AIDS Testing

Older adults are significantly less likely to have been tested for HIV.

There is no significant difference in HIV testing rates by ethnicity, income, education, or gender.

However, older adults are significantly less likely to have been tested for HIV than young adults. Adults in the 25 to 34 age range and those in the 35 to 44 age range are the most likely to have been tested for HIV (only 38.5% and 26.8%, respectively, have not been tested). After age 45, a significantly higher number of adults have not been tested—40.9% for the 45 to 54 age range, 55.1% for the 55 to 64 age range, 72.4% for the 65 to 74 age range, and 84.4% for the 75 and over age range.

The majority of recent tests were conducted in a private doctor's office or HMO office (41.2%) or in a clinic (34.5%).

The timing of the most recent HIV test was widely varied; roughly one-third occurred within the past year, another third between one and five years ago, and the final third over five years ago.

Time of Last HIV Test
(HARC 2013)

	Weighted Percent	Population Estimates
Less than 6 months ago	18.3%	28,207
6 months to < 1 year ago	13.2%	20,329
1 year to < 2 years ago	13.3%	20,517
2 years to < 5 years ago	16.7%	25,727
5 or more years ago	38.3%	58,831
Total	**100.0%**	**153,730**

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

Location of Last HIV Test
(HARC 2013)

	Weighted Percent	Population Estimates
Private doctor or HMO Office	41.2%	63,191
Clinic	34.5%	52,833
Counseling and testing site	9.3%	14,282
Other	15.0%	23,040
Total	**100.0%**	**153,345**

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

MAJOR DISEASES

Chronic Diseases

Chronic illnesses – the leading cause of death and disability in the nation – are diseases that generally take years or decades to progress, are persistent, and can last for long periods of time. These illnesses are the cause of 7 out of 10 deaths in the U.S., and approximately 133 million Americans have at least one chronic illness.[1] These conditions diminish one's quality of life and often result in continuous health care costs.

KEY FINDING: Chronic Disease

The three most common chronic diseases in Coachella Valley adults are hypertension, high cholesterol, and arthritis.

Over one-third of Coachella Valley adults (37.8%, or 134,208 adults) have been diagnosed with high blood pressure, otherwise known as hypertension.

High cholesterol is also prevalent; approximately 108,183 adults have been diagnosed. The third most common chronic disease in Coachella Valley adults is arthritis; approximately 98,807 adults have been diagnosed.

Major Disease Diagnoses
(HARC 2013)

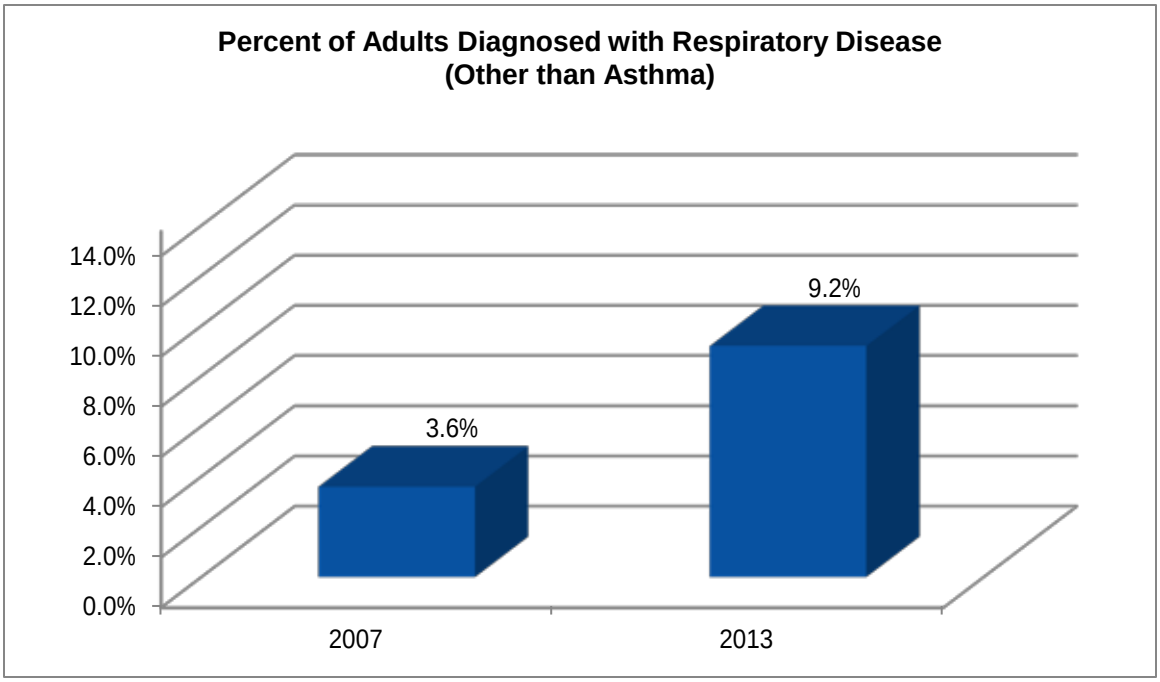
	Weighted Percent	Population Estimates
High blood pressure/ hypertension	37.8%	134,208
High cholesterol	30.8%	108,183
Arthritis	27.9%	98,807
Cancer	13.8%	49,041
Asthma	10.1%	35,793
Diabetes	10.3%	36,095
Bone disease or osteoporosis	9.6%	33,914
Respiratory disease other than asthma (COPD, etc.)	9.2%	32,634
Heart disease	8.0%	28,332
Heart attack	5.1%	18,071
Stroke	3.0%	10,474
Liver disease or cirrhosis	1.8%	6,478
Tuberculosis	1.1%	3,847

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

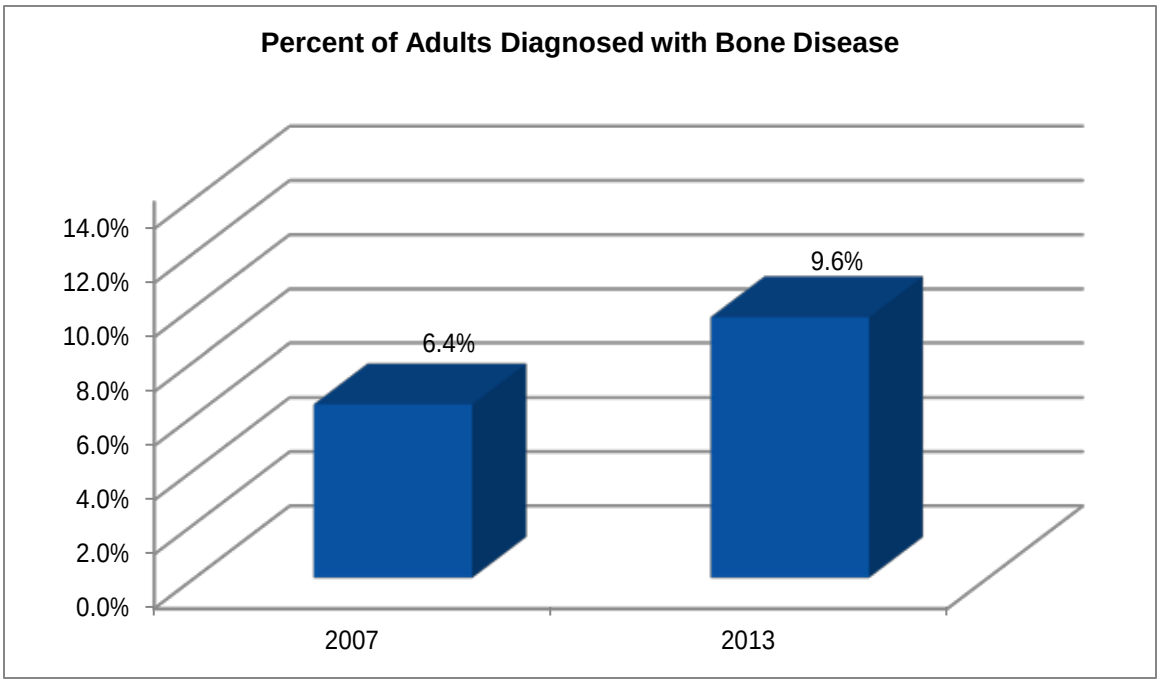
[1] Chronic Diseases. (2009). Centers for Disease Control and Prevention. http://www.cdc.gov/chronicdisease/resources/publications/aag/chronic.htm

Most of the prevalence rates of these major diseases have not significantly changed since 2007, with two exceptions: respiratory disease and bone disease.

The percent of adults diagnosed with respiratory diseases other than asthma has increased significantly from 3.6% in 2007 to 9.2% in 2013.



The percent of adults diagnosed with bone disease/osteoporosis has increased significantly from 6.4% in 2007 to 9.6% in 2013.



Cancer

Cancer – the excessive division, growth, and possible invasion of cells in any part of the body – refers to a group of several diseases. There are over 200 known types, and most can be fatal. Cancer is the second leading cause of death in the United States after heart disease.[1] In addition, according to the CDC, prostate and female breast cancer were the most prevalent types in the state of California in 2009.[2]

There are a number of factors that can increase the risk of cancer including tobacco smoke, certain food additives, and genetic background.

KEY FINDING: Cancer

13.8% of Coachella Valley adults have been diagnosed with some form of cancer.

Approximately 49,041 adults in Coachella Valley have been diagnosed with cancer. The most common type of cancer in Coachella Valley is skin cancer, followed by prostate and breast cancer.

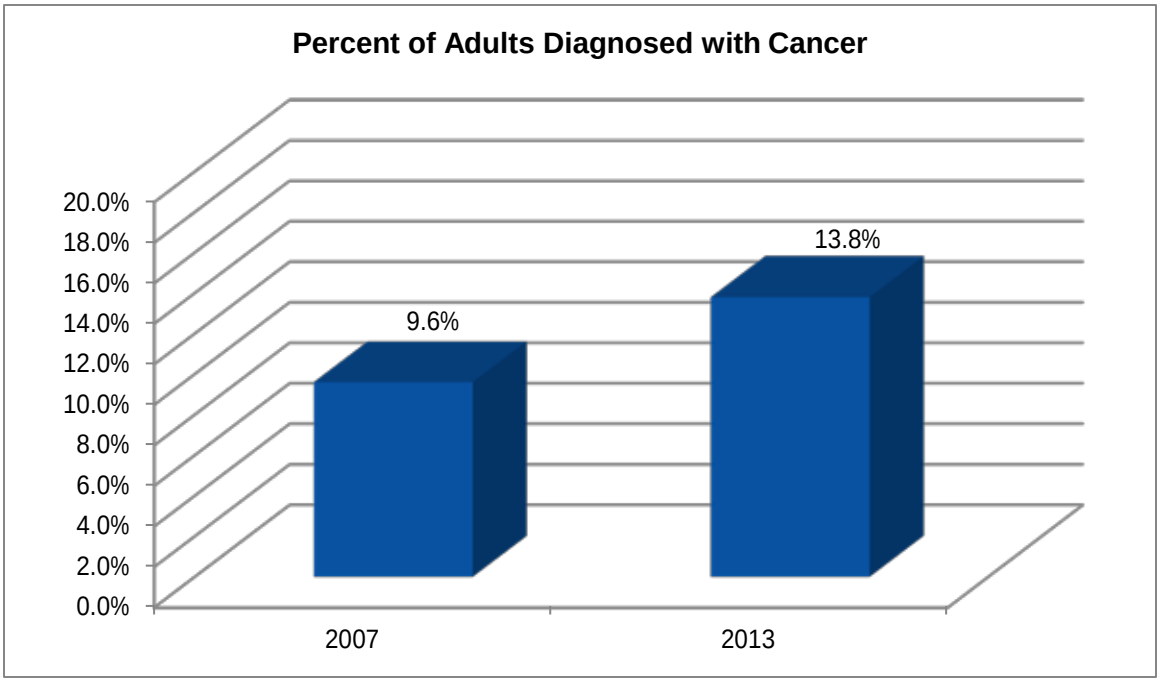
Types of Cancer Diagnoses
(HARC 2013)

	Weighted Percent	Population Estimates
Skin	32.7%	16,048
Prostate	16.9%	8,273
Breast	16.4%	8,036
Cervix	6.4%	3,153
Colon	6.1%	2,980
Uterus	3.6%	1,769
Bladder	3.5%	1,694
Lymphoma	3.2%	1,557
Ovarian	2.8%	1,354
Kidney	2.4%	1,173
Lung	2.2%	1,064
Throat – Pharynx	2.1%	1,019
Thyroid	1.4%	705
Testis	1.2%	598
Rectum	1.1%	542
Bone	0.8%	377
Brain	0.6%	304
Leukemia	0.6%	294
Other	11.3%	5,555

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

[1] FastStats: Leading Causes of Death. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/fastats/lcod.htm
[2] United States Cancer Statistics. (2009). National Program of Cancer Registries. http://apps.nccd.cdc.gov/USCS/toptencancers.aspx?Year=2009&Variable1=California

The percentage of adults that have been diagnosed with cancer significantly increased from 9.6% in 2007 to 13.8% in 2013.



Diabetes

Diabetes mellitus is a group of chronic diseases in which the body has exceedingly high levels of blood glucose resulting from a lack of insulin production, insulin action or both. Insulin is a hormone that is needed to store sugar, starches, and other nutrients newly absorbed from digestion of food. It lowers blood sugar levels by storing glucose from the blood in other cells and tissues of the body. When untreated or not properly managed, diabetes can lead to serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death. There are three types of diabetes: Type 1, Type 2, and gestational diabetes.

There are currently about 25.8 million children and adults (or 8.3% of the population) with diabetes in the United States.[1] The rate of new cases of diabetes – diagnosed in people 20 years and older – is 1.9 million cases per year.[2] According the American Diabetes Association, "adults with diabetes have heart disease death rates about 2 to 4 times higher than adults without diabetes."[3] Diabetics also make up more than 60% of those with non-traumatic lower limb amputations.[4]

KEY FINDING: Diabetes

10.3% of Coachella Valley adults have been diagnosed with diabetes.

An additional 1.9% of adults have been diagnosed with borderline or pre-diabetes.

Approximately 36,095 adults in Coachella Valley have been diagnosed with diabetes or sugar diabetes. An additional 6,838 adults have been diagnosed with borderline or pre-diabetes.

There are no significant differences in diabetes diagnoses by ethnicity, income, education, or gender. Young adults are significantly less likely to have been diagnosed with diabetes than older adults; between 1.4% and 5.0% of adults under the age of 45 have been diagnosed. In contrast, between 11.8% and 18.1% of adults age 45 and over have been diagnosed with diabetes.

The majority of adults with diabetes (86.6%) were diagnosed at or above the age of 35. Over two-thirds of diabetics (68.1%, or 24,592 adults) have taken a class regarding how to manage their diabetes.

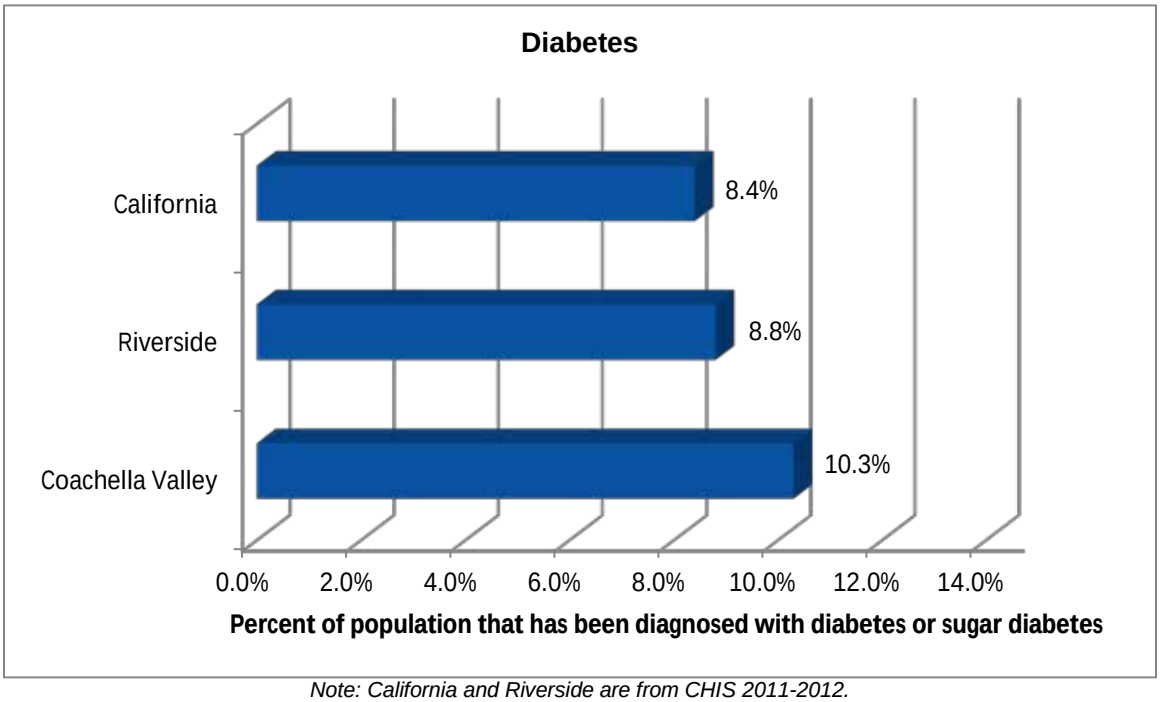
Age of Diabetes Diagnosis
(HARC 2013)

	Weighted Percent	Population Estimates
Under 18	6.5%	2,297
18 to 34	6.8%	2,389
35 to 54	41.6%	14,658
55 and older	45.0%	15,859
Total	**100.0%**	**35,204**

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

[1] Diabetes Statistics. (2012). American Diabetes Association. http://www.diabetes.org/diabetes-basics/diabetes-statistics/
[2] Ibid.
[3] Ibid.
[4] Ibid

The proportion of adults who have been diagnosed with diabetes in Coachella Valley is not statistically different from the rates for Riverside County and the state of California as a whole, when compared to the CHIS statistics for 2011-2012.



Note: California and Riverside are from CHIS 2011-2012.

Preventive exams and treatment should be done regularly for those diagnosed with diabetes, as the condition can lead to other serious health complications such as heart disease, blindness, kidney failure, lower extremity amputations, and premature death.

Times Seen Provider for Diabetes in Past 12 Months

(HARC, 2013)

	Weighted Percent	Population Estimates
Never	22.5%	5,413
One to three times	54.4%	13,101
Four to six times	13.7%	3,291
Seven or more times	9.5%	2,296
Total	**100.0%**	**24,101**

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

KEY FINDING: Diabetic-Specific Preventive Exams

The majority of adult diabetics have had the important preventive exams (A1C, feet, and eyes) within the past year.

Feet examinations are the least commonly administered preventive exam.

The majority of adults with diabetes (87.2%, or 29,103 diabetics) have had their hemoglobin A1C checked at least once in the past year. Approximately 4,269 diabetics have not had the test performed in the past year.

The majority of adults with diabetes (70.2%, or 24,664 diabetics) have had a health professional check their feet for sores or irritations within the past year. However, over a quarter of diabetics (29.0%, or 10,204 diabetics) have not had their feet checked within the past year.

Almost all adults with diabetes (97.3%, or 41,355 diabetics) have had an eye exam within the past year. About 2.7% of diabetics, or 1,168 adults, have not had an eye exam within the past year.

Types and Frequency of Diabetic-Specific Preventive Exams in the Past 12 Months

(HARC, 2013)

	Weighted Percent	Population Estimates
Hemoglobin A1C Checked		
One to three times	59.2%	19,748
Four to six times	23.2%	7,742
Seven or more times	4.8%	1,613
Never	12.8%	4,269
Feet Checked		
One to three times	50.9%	17,877
Four to six times	15.8%	5,541
Seven or more times	3.5%	1,246
No feet	0.8%	269
Never	29.0%	10,204
Eyes Checked		
Within past month	18.6%	7,908
One month to < 1 year	58.0%	24,669
One year to < 2 years	8.6%	3,646
Two or more years ago	12.1%	5,132
Never	2.7%	1,168

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

DISABILITY

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

KEY FINDING: Disability	
11.0% of Coachella Valley adults have a health problem that requires them to use assistive technology.	Approximately 39,031 adults in Coachella Valley have a health problem or disability that requires them to use special equipment, known as assistive technology, such as a cane, a specialized telephone, etc. Use of this assistive technology did not differ significantly between ethnicities, income groups, education groups, or genders. Age did make a significant difference in the use of assistive technology; the older a person is, the more likely they are to use assistive technology. For example, 21.2% of adults age 75 and over use assistive technology, while only 4.6% of adults between the ages of 18 and 24 use it.

MENTAL HEALTH

Mental health is a state of psychological well-being in which an individual can enjoy life and can cope with everyday situations and stressors. It is not simply the lack of a mental disorder. One's mental health can be affected by environmental, genetic, and/or psychological factors.

Mental disorders are classified into the following areas: anxiety, mood, psychotic, personality, eating, sleeping, substance abuse, sexual, and developmental. Of these disorders, mood disorders are the most common—approximately 20.9 million American adults have a mood disorder.[1]

An estimated 26.2 percent of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year.[2] Mental disorders are the leading cause of disability in the U.S. and Canada for ages 15-44.[3] Specifically, within this age group in the U.S., major depressive disorder is the leading cause of disability.[4]

KEY FINDING: Mental Health Concerns

Over a quarter of adults in the Coachella Valley (25.3%) have had an emotional, mental, or behavioral problem that concerned them in the past year.

Over half of these (55.9%) felt that their problem was severe enough to require professional help.

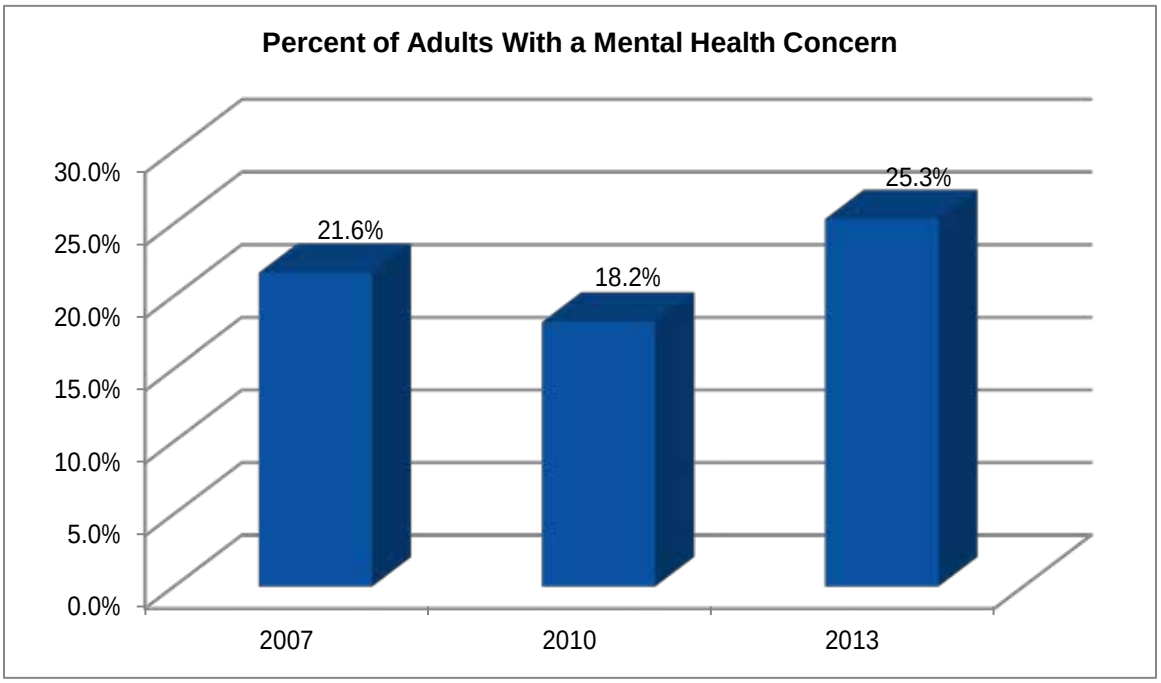
Approximately 89,791 adults in Coachella Valley have had an emotional, mental, or behavioral problem (such as stress, anxiety, etc.) that concerned them within the past year.

Over half of these adults (55.9%, or 49,529 people) felt that these emotional, mental, or behavioral problems were severe enough to require professional help.

About three-quarters of these adults (77.7%, or 69,574 people) know who to contact for professional help regarding these emotional, mental, or behavioral problems. However, this means that about 22.3% of adults with these problems, or 19,989 people, do not know who to contact for assistance.

[1] The Numbers Count: Mental Disorders in America. (2008). National Institute of Mental Health. http://www.nimh.nih.gov/health/publications/the-numbers-count-mental-disorders-in-america/index.shtml#Intro
[2] Ibid
[3] Ibid
[4] Ibid

The proportion of adults with a mental health concern increased significantly from 18.2% in 2010 to 25.3% in 2013. The 2013 rate is statistically similar to the rate in 2007.



KEY FINDING: Mental Health Disorders

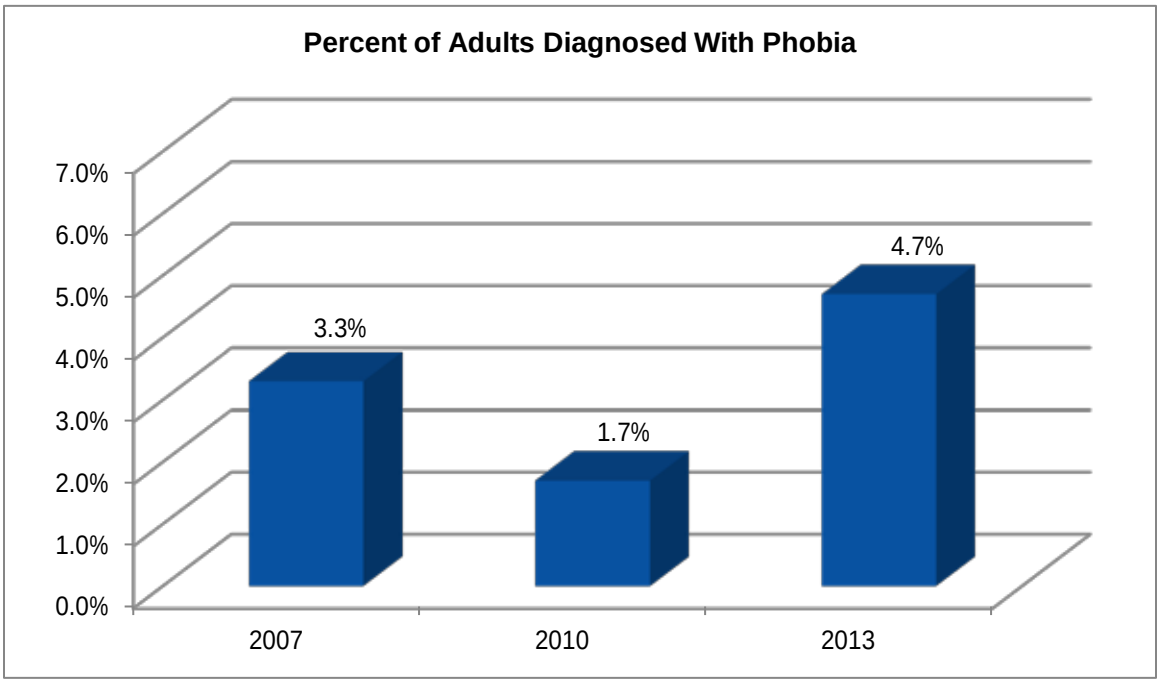
The three most common mental health disorder diagnoses are depressive disorder, anxiety disorder, and phobia.

Approximately 40,458 adults in Coachella Valley have been diagnosed with depressive disorder, and approximately 28,087 have been diagnosed with anxiety disorder. Other relatively common mental health disorders include phobia, PTSD, and panic disorder.

Diagnosed With a Mental Health Disorder
(HARC, 2013)

Type of Mental Health Disorder	Weighted Percent	Population Estimates
Depressive disorder	11.4%	40,458
Generalized anxiety disorder (GAD)	7.9%	28,087
Phobia	4.7%	16,541
Post-traumatic stress disorder (PTSD)	4.2%	14,683
Panic disorder	3.9%	13,951
Obsessive-compulsive disorder (OCD)	2.6%	9,362
Bipolar disorder	1.9%	6,682
Schizophrenia	1.1%	3,802
Other mental health disorder	0.9%	3,092

The rates of mental health diagnoses have remained relatively stable over the years. One exception is the rate of phobia diagnoses, which are significantly higher in 2013 than they were in 2010.



KEY FINDING: Mental Health Treatment

74.7% of adults with a mental health concern or condition have not received counseling within the past year.

62.4% of adults with a mental health concern or condition have not received medication within the past year.

Adults who had experienced an emotional, mental, or behavioral problem (such as stress, anxiety, etc.) that concerned them within the past year *or* a mental health disorder diagnosis were subsequently asked if they sought treatment.

Approximately 25.3% of these adults, or 27,962 adults, received psychological counseling or therapy for their mental health concern or condition within the past year. However, the remaining 74.7% (82,542 adults) did not receive counseling.

Approximately 37.6% of adults with a mental health concern or condition (41,339 adults) took medication to treat their mental health concern or condition within the past year. However, the remaining 62.4% (68,665 adults) did not utilize medication to treat their mental health concern or condition in the past year.

Hispanic/Latino adults were significantly less likely than White adults to have received medication for their mental health concern or condition in the past year. Specifically, 81.5% of Hispanic/Latino adults with a mental health condition or concern have not taken medication in the past year; this rate is only 53.0% for White adults.

KEY FINDING: Suicidal Ideation

2.5% of adults seriously considered suicide within the past year.

Approximately 8,728 adults in Coachella Valley seriously considered suicide within the past year. This rate was relatively stable compared to previous years.

COMMUNITY HEALTH

Livability, when referring to a community, is based on the environmental and social qualities of that community. A livable community is one that has reasonably attained living spaces, sufficient transportation and mobility options, and friendly residents, which all encourage residents to participate in civic and social life. A community's livability is improved by promoting economic health, standard of living, quality of life, and fair access to resources and education.

KEY FINDING: Greatest Community Concern

The top three greatest concerns for local communities included jobs/ employment/ unemployment, crime, and healthcare/health coverage.

About 20.2% of participants (70,548) stated that they have no concerns for their community.

Of those individuals who did have a major concern for their community, the most common were jobs/employment/unemployment (13.1%), crime (11.4%), and healthcare/health coverage (9.8%).

Major Community Concerns
(HARC, 2013)

Issue	Weighted Percent	Population Estimates
No concerns	20.2%	70,548
Jobs/ employment/ unemployment	13.1%	45,793
Crime	11.4%	39,817
Healthcare/ health coverage/ healthcare bill	9.8%	34,250
Economy	8.1%	28,394
Neighborhood safety and security	7.8%	27,224
Poverty	5.2%	18,251
Vandalism	2.4%	8,431
Lack of transportation	2.3%	8,056
Affordable housing	1.9%	6,583
Drug trafficking	1.8%	6,242
Gang activity	1.8%	6,197
Air quality	1.3%	4,609
Other	13.1%	45,592

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

WEIGHT, ACTIVITY, AND NUTRITION

BMI and Obesity

Body mass index (BMI) is a calculated value based on the height and weight of a person. For most people, BMI correlates with body fat percentage, and it is used as one reliable indicator of good health. A BMI test is one of the accepted tools used to determine obesity or other weight problems in adults. Less than one-third (31.2%) of U.S. adults are at a healthy weight (BMI > 18.5 to < 25).[1]

A person with a BMI value higher than 30 is considered obese.[2] Determining obesity through BMI often is also accompanied by a waist circumference measurement. Obesity is often directly caused by a combination of two factors: poor nutrition and a lack of physical activity. Poor nutrition refers to the consumption of foods with inadequate nutritional content, despite often having high caloric value. Individuals who are inactive do not burn all of these consumed calories, and most unused calories are stored in fat cells.

Obesity has serious medical consequences. It can lead to an increased risk for various diseases such as type 2 diabetes, hypertension, coronary heart disease, and ischemic stroke. The CDC ranks obesity, after tobacco use, as the second leading cause of preventable death in the United States. It accounts for approximately 300,000 deaths each year.[3]

KEY FINDING: Obesity	
59.5% of Coachella Valley adults are overweight or obese.	Approximately 201,520 adults in Coachella Valley have a BMI that places them in the "overweight" or "obese" category, as defined by the CDC. There were no significant differences in the rates of overweight/obese adults by ethnicity, income, age, or education. However, women were significantly less likely to be overweight or obese than men (49.1% versus 69.1%, respectively). When asked, if in the past year had a health professional given advice about their weight, only 14.3% of adults reported that they were advised to lose weight.

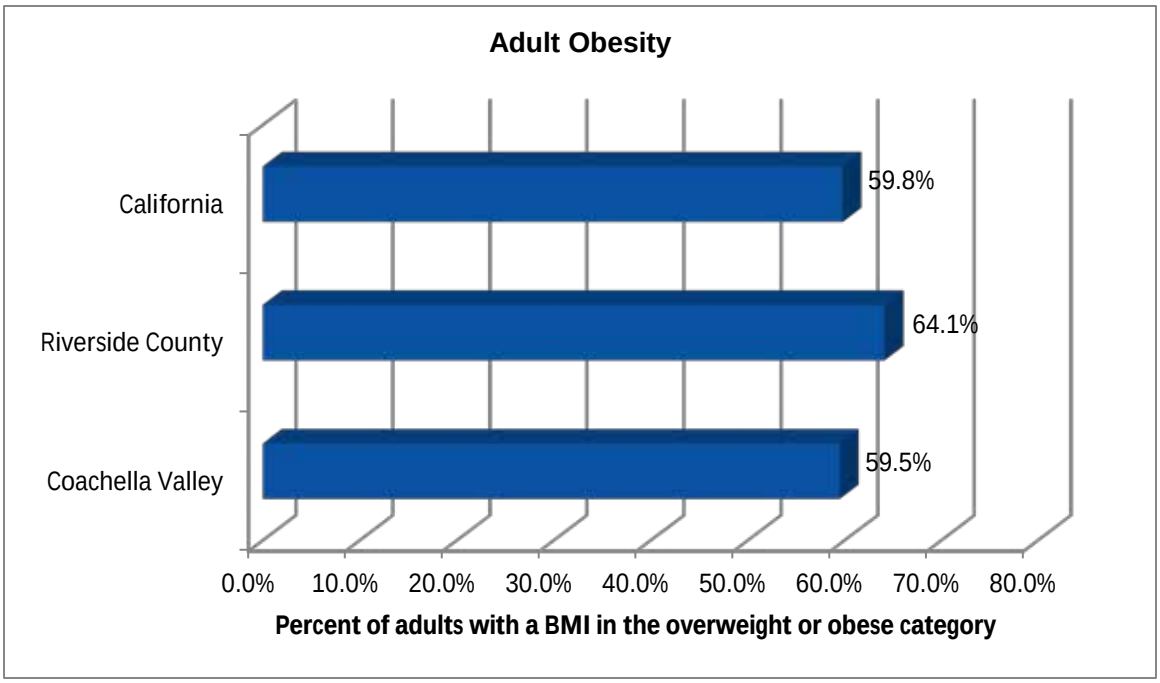
BMI of Coachella Valley Adults
(HARC, 2013)

BMI Analysis	Weighted Percent	Population Estimates
Underweight	4.0%	13,563
Normal Weight	36.5%	123,716
Overweight	38.2%	129,489
Obese	21.3%	72,031
Total	**100.0%**	**338,800**

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

[1] Statistics Related to Overweight and Obesity. (2013). Weight-Control Information Network. http://win.niddk.nih.gov/statistics/index.htm#overweight
[2] Obesity. (2013). World Health Organization. http://www.who.int/topics/obesity/en/
[3] Overweight and Obesity: Health Consequences. (2013). Surgeon General. http://www.surgeongeneral.gov/library/calls/obesity/fact_consequences.html

Overall, the proportion of Coachella Valley adults with a BMI in the "overweight" or "obese" category is not statistically different from the rates in Riverside County and the state of California as a whole, as per the CHIS 2011-2012 data.



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

Weight Control

The key to achieving and maintaining a healthy weight is starting and maintaining a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.

According the CDC, for more extensive health benefits, adults should maintain a level of physical activity with a minimum of 5 hours a week of moderate intensity or 150 minutes a week of vigorous intensity aerobic activity.[1] In addition, adults should also do muscle-strengthening activities that are moderate or high intensity and involve all major muscle groups on 2 or more days a week.[2]

KEY FINDING: Weight Perception	
Many people believe they are "about the right weight" when, according to BMI, they are actually overweight or obese.	The majority of adults (59.3%, or 210,877 adults) believe that they are "about the right weight". This exhibits some degree of misperception, as it is clear from the BMI statistics above that only about 36.5% of adults are at "about the right weight".

Adult BMI vs. Perception
(HARC, 2013)

BMI Category	Perception Category	BMI Weighted Percent	Perception Weighted Percent
Underweight	Underweight	4.0%	3.9%
Normal Weight	About the right weight	36.5%	59.3%
Overweight or Obese	Overweight	59.5%	36.8%

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

[1] Physical Activity Guidelines for Americans. (2008). U.S. Department of Health and Human Services. http://www.health.gov/paguidelines/guidelines/summary.aspx
[2] Ibid.

Physical Activity

Physical activity is important for maintaining good health and a necessary part of a healthy lifestyle. Engaging in regular physical activity lowers one's risk of premature death and decreases the risk for heart disease, diabetes, high blood pressure, depression, anxiety, and colon cancer. Other benefits of regular physical activity include increased bone and muscle strength, increased lean muscle mass, and decreased body fat. Additionally, physical activity facilitates weight control, helps boost a sense of well-being, improves mood, reduces the risk of falling, and helps one perform basic activities necessary for daily living.

The CDC recommends that adults get at least 150 minutes of moderate-intensity aerobic activity each week, as well as 2 or more days per week of muscle-strengthening activities. Alternatively, adults can substitute 75 minutes of vigorous-intensity aerobic activity for the 150 minutes of moderate-intensity aerobic activity if they so choose[1].

KEY FINDING: Aerobic Activity

About half of adults (48.4%) engage in aerobic activity 5 or more days per week.

Approximately half of Coachella Valley adults (48.4%, or 170,203 people) engaged in aerobic activities such as running, calisthenics, golf, gardening, or walking for exercise on 5 or more days out of the last week. However, about 16.9% of adults, or 59,619 did not engage in aerobic exercise at all in the past week.

Adult Aerobic Activity Levels
(HARC, 2013)

Number of Active Days in Past Week	Weighted Percent	Population Estimates
None	16.9%	59,619
1 to 2	12.0%	42,357
3 to 4	22.7%	80,100
5 to 6	12.7%	44,612
Every day	35.7%	125,591
Total	**100.0%**	**352,278**

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

"Physical fitness is not only one of the most important keys to a healthy body, it is the basis of dynamic and creative intellectual activity."

— John F. Kennedy

[1] CDC Physical Activity Guidelines for Everyone, March 2011. Available online at: http://www.cdc.gov/physicalactivity/everyone/guidelines/index.html

KEY FINDING: Strength-Training Activity

Over half of adults (51.4%) have <u>not</u> done any strength-training activities within the past week.

Muscle-strengthening exercises, such as sit-ups, push-ups, and weight-lifting, should be done at least 2 days per week. Approximately 180,546 adults have not engaged in any muscle-strengthening exercises within the past week, indicating they are not reaching the CDC's recommendation for physical exercise.

Adult Strength-Training Activity Levels
(HARC, 2013)

Number of Active Days in Past Week	Weighted Percent	Population Estimates
None	51.4%	180,546
1 to 2	14.2%	49,865
3 to 4	17.4%	61,277
5 to 6	5.8%	20,352
Every day	11.2%	39,260
Total	**100.0%**	**351,301**

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

Nutrition

The current dietary guidelines are designed to promote weight control, stronger muscles and bones, and balanced nutrition. When applied, these guidelines provide preventive measures to reduce chronic diseases such as heart disease, diabetes, and some cancers.

The FDA reports that, over the past few decades, Americans are choosing to dine out more often. Eating out has been associated with increased obesity because those who eat out consume unnecessary calories, more saturated fats, and drinks with added sugar.[1] The USDA suggests that cooking at home allows one to control the ingredients that are included in the meal and portion sizes and may be more beneficial to one's health.

KEY FINDING: Eating Outside the Home

The majority of adults (82.1%) ate a meal that was prepared away from home at least once in the past week.

Approximately 17.9% of adults (62,884 people) ate only meals that were prepared in the home during the past week. The majority of adults (69.8%) ate a meal that was prepared outside the home between once a week and once a day. Approximately 1.6% of adults (5,648 people) ate out every meal of every day during the past week.

Meals Prepared Away From Home
(HARC, 2013)

Number of Meals Prepared Away from Home in the Past Week	Weighted Percent	Population Estimates
None	17.9%	62,884
1	16.8%	59,054
2	16.6%	58,337
3	14.6%	51,286
4	8.4%	29,462
5	6.3%	2,208
6	1.9%	6,667
7	5.2%	18,385
8 to 13	7.3%	25,627
14 to 20	3.4%	11,917
21 and over	1.6%	5,648
Total	**100.0%**	**351,274**

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

[1] When Eating Out, Make Better Choices. (2013). United States Department of Agriculture. http://www.choosemyplate.gov/weight-management-calories/weight-management/better-choices/eating-out.html

Food Insecurity

Food insecurity has become an issue in the United States with the recent economic downturn. The World Health Organization defines food security as, "access to sufficient, safe, nutritious food to maintain a healthy and active life."[1]

In 2011, an estimate of 85.1% of American households were food secure, meaning that all household members had access to enough food for a healthy lifestyle.[2] However, the other 14.9% of American households were food insecure at least some point of the year, and this number includes 5.7% with especially low food security.[3] In these households, the food intake and regularity of eating patterns of at least one household member was decreased or interrupted at some point during the year. The percentage of very low food security increased from the previous year (5.4% in 2010), but, at the same time, the change in overall food insecurity did not change much.[4]

KEY FINDING: Food Insecurity	
12.0% of adults have cut the size of their meals or skipped meals. **3.6% of adults went without eating for an entire day.**	Approximately 42,569 adults had to cut the size of their meals or skip meals because there was not enough money for food at least once in the past year. 40.3% of these adults (17,101) had to do this almost every month in the past year. Approximately 3.6% of adults (12,889 people) went without eating for a whole day because they did not have enough money for food at least once in the past year. 45.2% of these adults (5,824) had to do this almost every month in the past year.

KEY FINDING: Use of Emergency Food Sources	
8.3% of adults have gotten food from an emergency food source at least once in the past year.	Approximately 29,505 adults in Coachella Valley report that they received food from an emergency food source such as a food pantry or soup kitchen within the past year.

[1] Food Security. (2010). World Health Organization. http://www.who.int./trade/glossary/story028/en/
[2] United States Department of Agriculture, Economic Research. Report No. (ERR-141) 37pp. (2012). *Household Food Insecurity in the United States in 2011.*
[3] Ibid.
[4] Ibid.

SENIOR HEALTH (AGE 55+)

SENIOR DEMOGRAPHIC PROFILE

There are roughly 169,000 “seniors”, or adults age 55 and over, in the Coachella Valley.

Senior Demographics
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Race		
White/Caucasian	88.7%	148,460
Hispanic/Latino	7.4%	12,339
African American/Black	1.8%	2,997
Other	2.2%	3,667
Total	**100.0%**	**167,463**
Age		
55 to 64	24.2%	40,934
65 to 74	41.7%	70,495
75 and older	34.1%	57,774
Total	**100.0%**	**169,203**
Gender		
Male	48.4%	82,207
Female	51.6%	87,710
Total	**100.0%**	**169,917**

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

Senior Social Characteristics

Senior Marital Status
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Married	58.9%	99,695
Single, never married	8.3%	14,001
Divorced	12.3%	20,844
Widowed	15.1%	25,485
Separated	0.9%	1,599
Cohabitating with a partner	4.4%	7,451
Other	0.1%	107
Total	**100.0%**	**169,182**

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

Senior Sexual Orientation
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Heterosexual	88.6%	148,086
Homosexual	9.8%	16,407
Bisexual	1.3%	2,219
Other	0.3%	449
Total	**100.0%**	**167,161**

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

Seniors who did not identify their sexual orientation as "heterosexual" were subsequently asked, "Are you legally registered as a domestic partner, in a civil union or legally married with someone of the same sex?" Results show that approximately 30.6% of non-heterosexual seniors are in a legally recognized homosexual relationship (6,342 adults).

Senior Socioeconomic Status (SES)

Senior Household Income
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
$0 to $24,999	9.2%	14,496
$25,000 to $49,999	10.8%	16,907
$50,000 to $74,999	28.8%	45,286
$75,000 and over	51.2%	80,310
Total	**100.0%**	**157,000**

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

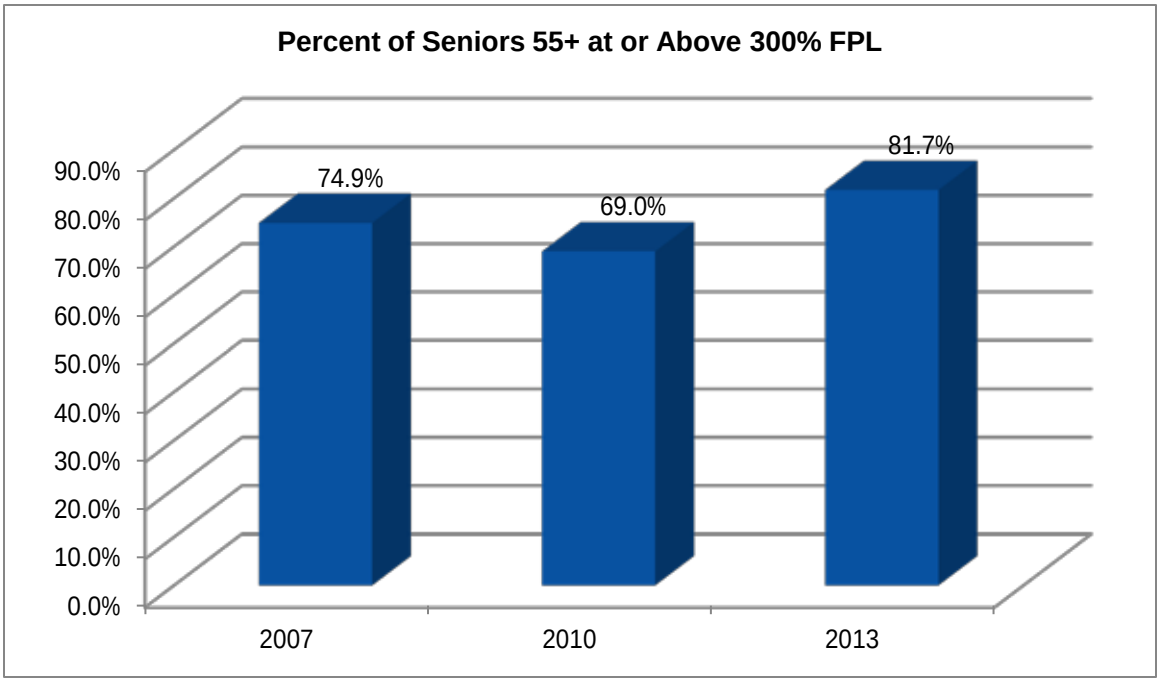
Participants were asked to report their household income and the number of people residing within their household. This information was used to calculate poverty levels as per the Department of Health and Human Services' guidelines for poverty in 2013. About 15.7% of Coachella Valley seniors live in households that fall at or below 250% of the federal poverty line, and are therefore likely to be eligible for one or more types of federal or state assistance.

Senior Population in Poverty
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
0 to 100% of poverty guideline	4.1%	6,502
101 – 200% of poverty guideline	7.7%	12,042
201 – 250% of poverty guideline	3.9%	6,155
251 – 300% of poverty guideline	2.5%	3,964
> 300% of poverty guideline	81.7%	128,275
Total	**100.0%**	**156,939**

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

Significantly more seniors fall into the "greater than 300% of poverty guideline" category than in previous years (74.9% in 2007 and 69.0% in 2010).



Senior Education Level
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Less than high school	7.7%	13,026
High school or equivalency	13.3%	22,463
Some college	30.0%	50,765
College graduate	26.7%	45,255
Post graduate degree	22.4%	37,906
Total	**100.0%**	**169,415**

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

Senior Employment Status
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Retired	74.6%	126,466
Employed or self employed	16.1%	27,246
Unable to work	4.5%	7,707
Out of work	2.6%	4,366
Homemaker	2.2%	3,790
Total	**100.0%**	**169,576**

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

Part-Time Residents

Participants were asked if they considered themselves to be full-time residents of the Coachella Valley. Results indicate that nearly 40% of Coachella Valley seniors consider themselves to be part-time residents.

Full-Time and Part-Time Residents
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
Full-time resident	60.5%	102,803
Part-time resident	39.5%	67,114
Total	**100.0%**	**169,917**

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

These part-time residents were subsequently asked how many months they planned to live in the Coachella Valley during the year. Results indicate that the majority of part-time seniors (60.7%) live in the Coachella Valley between 5 and 6 months of the year.

Part-Time Residents: Months Living in the Coachella Valley
Age 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
1 to 2	4.6%	3,112
3 to 4	25.3%	16,968
5 to 6	60.7%	40,707
7 to 8	7.5%	5,061
9 or more	1.9%	1,266
Total	**100.0%**	**67,114**

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

SENIOR (65+) HEALTHCARE COVERAGE

In 2011, according to U.S. Census data, an estimated 1.7% of Americans 65 years and older were uninsured.[1]

KEY FINDING: Senior 65+ Healthcare Coverage	
98.5% of Coachella Valley seniors age 65 and over have health insurance.	Approximately 1.5% of seniors age 65 and over (1,932 seniors) in the Coachella Valley lack healthcare coverage. The majority of the 126,716 seniors age 65 and over with healthcare coverage get their insurance through Medicare (79.0%).

KEY FINDING: Senior 65+ Healthcare Coverage	
Many seniors, despite having healthcare coverage in general, do <u>not</u> have coverage for key aspects of care such as prescription drugs, mental health, vision, and dental.	Approximately 76.9% of seniors age 65 and over (96,952 seniors) have health insurance that pays for some or all of their prescription drug costs. The other 23.1% of seniors age 65 and over (29,196 seniors) do not have prescription coverage. Approximately 69.8% of seniors age 65 and over (60,146 seniors) have health insurance that pays for some or all of their mental health expenses. The other 30.2% (26,019 seniors) do not have mental health coverage. Approximately 62.5% of seniors age 65 and over (78,605 seniors) have health insurance that pays for some or all of their routine vision care. The other 37.5% (47,188 seniors) do not have vision coverage. Approximately 41.2% of seniors age 65 and over (52,027 seniors) have health insurance that pays for some or all of their routine dental care. The other 58.8% of seniors age 65 and over (74,302 seniors) do not have dental insurance.

KEY FINDING: Senior 65+ Under-Utilization	
41.2% of insured seniors 65 and over underutilized their healthcare coverage in the past year.	Approximately 41.2% of insured seniors age 65 and over (49,733 seniors) did not use all of their health insurance benefits within the past year. The majority of these seniors (76.3%, or 37,258 seniors) did not have any problems that prevented them from using all of their benefits. Problems that did arise for some seniors included lack of coverage for a specific drug, not understanding benefits, and the cost of medications.

[1] "People Without Health Insurance Coverage by Selected Characteristic: 2010 and 2011". (2012). U.S. Census Bureau. http://www.census.gov/hhes/www/hlthins/data/incpovhlth/2011/Table7.pdf

Main Reason for Under-Utilization
Ages 65 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
No problems	76.3%	37,258
Drug I need is not covered by plan	6.9%	3,382
Not understanding my benefits	5.9%	2,901
Cost of medications	5.2%	2,536
Benefits are maxed out	2.8%	1,358
Other	2.9%	1,417
Total	**100.0%**	**48,854**

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

KEY FINDING: Senior 65+ Medication Misuse

8.2% of seniors 65 and over do not take their medications exactly as prescribed.

Approximately 8.2% of seniors age 65 and over (10,546 seniors) do not always take their medications exactly the way in which they were prescribed by their physician.

Many seniors age 65 and over (31.1%, or 7,261 seniors) couldn't identify why they do not take their medications exactly as prescribed. Approximately 30.9% of seniors 65 and over (3,257 seniors) don't take their medication as prescribed because they forget, and 14.2% (1,492 seniors) skip days to save money.

SENIOR (55+) HEALTHCARE COVERAGE

KEY FINDING: Senior 55+ Healthcare Coverage	
94.0% of Coachella Valley seniors age 55 and over have health insurance.	Approximately 6.0% of seniors age 55 and over (10,238 seniors) in the Coachella Valley lack healthcare coverage. The majority of the 159,344 seniors age 55 and over with healthcare coverage get their insurance through Medicare (67.8%).

KEY FINDING: Senior 55+ Healthcare Coverage	
Many seniors, despite having healthcare coverage in general, do <u>not</u> have coverage for key aspects of care such as prescription drugs, mental health, vision, and dental.	Approximately 76.5% of seniors age 55 and over (121,166 seniors) have health insurance that pays for some or all of their prescription drug costs. The other 23.5% of seniors age 55 and over (37,257 seniors) do not have prescription coverage. Approximately 68.6% of seniors age 55 and over (81,473 seniors) have health insurance that pays for some or all of their mental health expenses. The other 31.4% (37,369 seniors) do not have mental health coverage. Approximately 60.9% of seniors age 55 and over (100,816 seniors) have health insurance that pays for some or all of their routine vision care. The other 39.1% (64,706 seniors) do not have vision coverage. Approximately 42.6% of seniors age 55 and over (71,045 seniors) have health insurance that pays for some or all of their routine dental care. The other 57.4% of seniors age 55 and over (95,645 seniors) do not have dental insurance.

KEY FINDING: Senior 55+ Under-Utilization	
40.7% of insured seniors 55 and over underutilized their healthcare coverage in the past year.	Approximately 40.7% of insured seniors age 55 and over (61,881 seniors) did not use all of their health insurance benefits within the past year. The majority of these seniors (76.5%, or 46,513 seniors) did not have any problems that prevented them from using all of their benefits. Problems that did arise for some seniors included lack of coverage for a specific drug, not understanding benefits, and the cost of medications.

Main Reason for Under-Utilization
Ages 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
No problems	76.5%	46,513
Drug I need is not covered by plan	6.1%	3,720
Not understanding my benefits	6.0%	3,627
Cost of medications	5.4%	3,294
Benefits are maxed out	2.6%	1,571
Other	3.5%	2,107
Total	**100.0%**	**60,832**

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

KEY FINDING: Senior 55+ Medication Misuse

8.4% of seniors 55 and over do not take their medications exactly as prescribed.

Approximately 8.4% of seniors age 55 and over (14,210 seniors) do not always take their medications exactly the way in which they were prescribed by their physician.

Many seniors age 55 and over (35.0%, or 4,968 seniors) couldn't identify why they do not take their medications exactly as prescribed. Approximately 29.0% of seniors 55 and over (4,118 seniors) don't take their medication as prescribed because they forget, and 11.3% (1,608 seniors) skip days to save money.

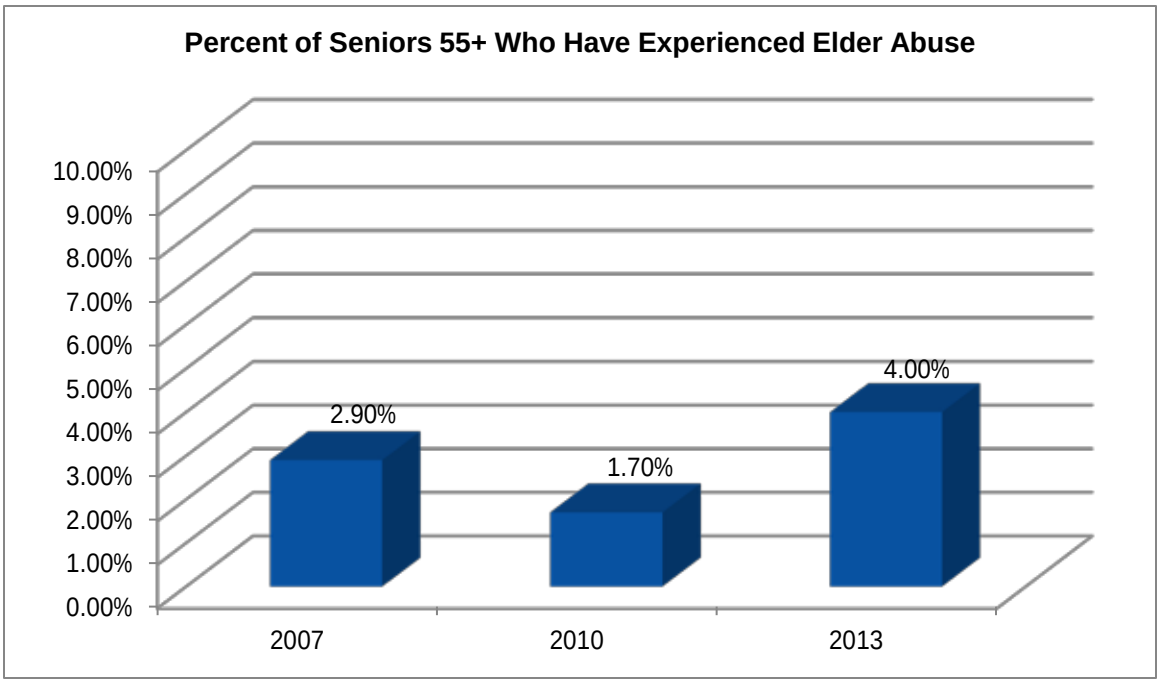
ELDER ABUSE

Under California Law, abuse of an elder or a dependent adult includes physical or mental abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm, pain, or mental suffering. The term also includes the deprivation by a care custodian of goods or services which are necessary to avoid physical harm or mental suffering.

According to the American Psychological Association, an estimated 4 million older Americans are victims of abuse and neglect each year.[1] The APA also estimates that for each case of elder abuse, neglect, or exploitation reported to authorities, approximately 23 more go undetected.[2]

KEY FINDING: Elder Abuse 55+	
4.0% of seniors have been mistreated or neglected physically or mentally in the past year.	Approximately 6,594 seniors age 55 and over have been mistreated or neglected physically or mentally within the past year. Approximately 6.9% of seniors (11,402 adults age 55 and over) have been taken advantage of financially by a merchant, neighbor, or family member within the past year.

Seniors were significantly more likely to have been mistreated or neglected physically or mentally in 2013 than in 2010 (4.0% versus 1.7%, respectively). The rate of elder abuse was statistically similar when comparing 2007 to 2013.



[1] "Elder Abuse and Neglect: In Search of Solutions". (2013). American Psychological Association. http://www.apa.org/pi/aging/resources/guides/elder-abuse.aspx
[2] Ibid.

SENIOR DAILY CARE

Seniors who live alone sometimes need assistance with the activities of daily living (ADLs) which are the basic tasks of everyday life such as eating, bathing, dressing, toileting, and transferring oneself from place to place. Inability to perform the ADLs are significant predictors of increased use of physician services, formal paid home care services, and inpatient hospital services; changes in living arrangements; admissions to a nursing home; and increased mortality for seniors. Independent Activities of Daily Living (IADLs) are more complex social activities compared to ADLs. IADLs include using the telephone, preparing meals, managing medications, and shopping, among others.

KEY FINDING: Senior 55+ ADLs and IADLs

4.1% of seniors require help from another person with their ADLs.

5.1% of seniors are prevented from living independently because they require assistance with IADLs.

Due to disability, health problems, or frailty due to age, approximately 6,819 adults age 55 and over need assistance with their ADLs, such as eating, bathing, toileting, or dressing. About 88.8% of these seniors in need (6,058 seniors) have someone available to assist them with these tasks when they need it. In contrast, about 11.2% of the seniors who need assistance with ADLs (761 seniors) do not have someone available to assist them when necessary.

Due to disability, health problems, or frailty due to age, approximately 5.1% of adults age 55 and over (8,514 seniors) are unable to live independently because they require assistance with IADLs such as meal preparation, shopping, medication management, money management, housework, or mobility. About 85.0% of these seniors in need (7,239 seniors) have someone available to assist them with these IADLs when they need it. In contrast, about 15.0% of the seniors who need assistance with IADLs (1,276) do not have someone available to assist them when necessary.

KEY FINDING: Senior 55+ Social Support

8.2% of seniors do <u>not</u> get the emotional and social support that they need.

Approximately 13,481 seniors age 55 and over do not get the emotional and social support that they need.

SENIOR MOBILITY

One of the greatest challenges seniors face is the battle to remain mobile. The American Journal of Preventive Medicine listed mobility as a key factor affecting the quality of life of older Americans.[1] One effect of the loss of mobility is the increased risk and fear of falling. Falls are the leading cause of injury deaths and the most common cause of nonfatal injuries and hospital admissions from trauma.[2] Between 20% and 30% of people who fall suffer moderate to severe injuries such as bruises, hip fractures, or head traumas.[3] Most fractures among older adults (commonly spine, hip, and hand) are a result of falls.[4] These injuries can further reduce an elderly adult's mobility, and even if a physical injury doesn't occur, he or she may develop a fear of falling that may still limit mobility.

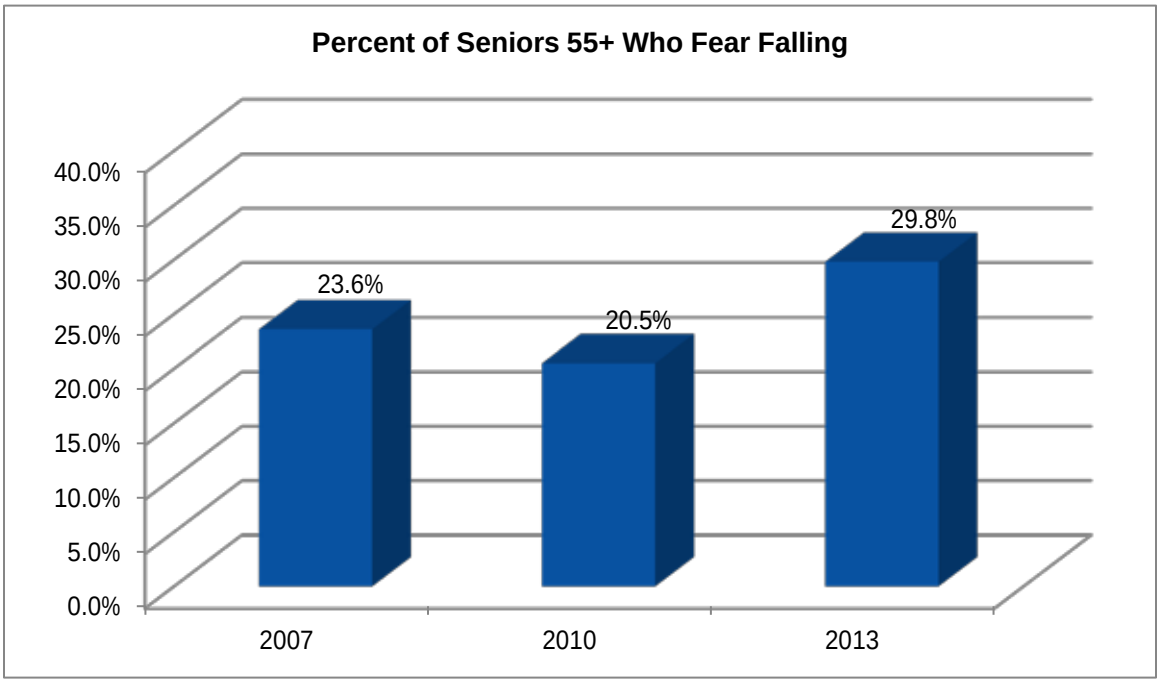
KEY FINDING: Senior 55+ Mobility

14.1% of seniors have fallen one or more times within the past 3 months.

Approximately 23,576 Coachella Valley seniors have fallen one or more times within the past three months. About 38.4% of the seniors who fell (9,245 seniors) were injured such that they required medical treatment or restriction of daily activities.

29.8% of Coachella Valley seniors (49,249 seniors age 55 and over) have a concern or fear that they may fall.

The proportion of seniors who fear falling is significantly higher in 2013 than in 2010 (29.8% versus 20.5%, respectively), although statistically similar to the rate in 2007 (23.6%).



[1] Midlife Physical Activity and Mobility in Older Age. (2006). American Journal of Preventive Medicine, Volume 31, Issue 3. http://www.ajpmonline.org/article/S0749-3797(06)00201-7/abstract
[2] Falls: Fact Sheet. (2012). World Health Organization. http://www.who.int/mediacentre/factsheets/fs344/en /
[3] Falls Among Older Adults. Overview. (2011). Centers for Disease Control and Prevention. http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html
[4] Ibid.

SENIOR WEIGHT, ACTIVITY, AND NUTRITION

For seniors, the methods of losing weight are much more complicated. For example, a large number of people over 65 are dealing with multiple health problems – including joint pain, loss of balance, vision problems, concerns about safety, and lack of mobility − that most of their younger counterparts do not have. In addition, seniors often have a reduced ability to taste, which tends to lead them toward eating foods that are higher in calories because of their sweet and/or salty taste. This, in combination with a slower metabolism (resulting in a reduced rate of the body using fuel for energy) than younger counterparts, causes an excess of calories that can end up being stored as fat.

According to the National Health and Nutrition Examination Survey, in 2007 to 2010, a third of Americans 65 years and older are considered obese, and the number of obese seniors is believed to double by 2050.[1]

BMI Status

Body mass index (BMI) is a calculated value based on the height and weight of a person. For most people, BMI correlates with body fat percentage, and it is used as one reliable indicator of good health. A BMI test is one of the accepted tools used to determine obesity or other weight problems in adults. Less than one-third (31.2%) of U.S. adults are at a healthy weight (BMI > 18.5 to < 25).[2]

KEY FINDING: Senior 55+ BMI	
60.7% of seniors 55 and over are overweight or obese.	Only 37.1% of seniors age 55 and over (60,283) have a BMI in the "healthy" weight category. The majority of seniors 55 and over (60.7%, or 98,717 seniors) have a BMI in the "overweight" or "obese" category.

Senior BMI Categories
Ages 55 and Over
(HARC, 2013)

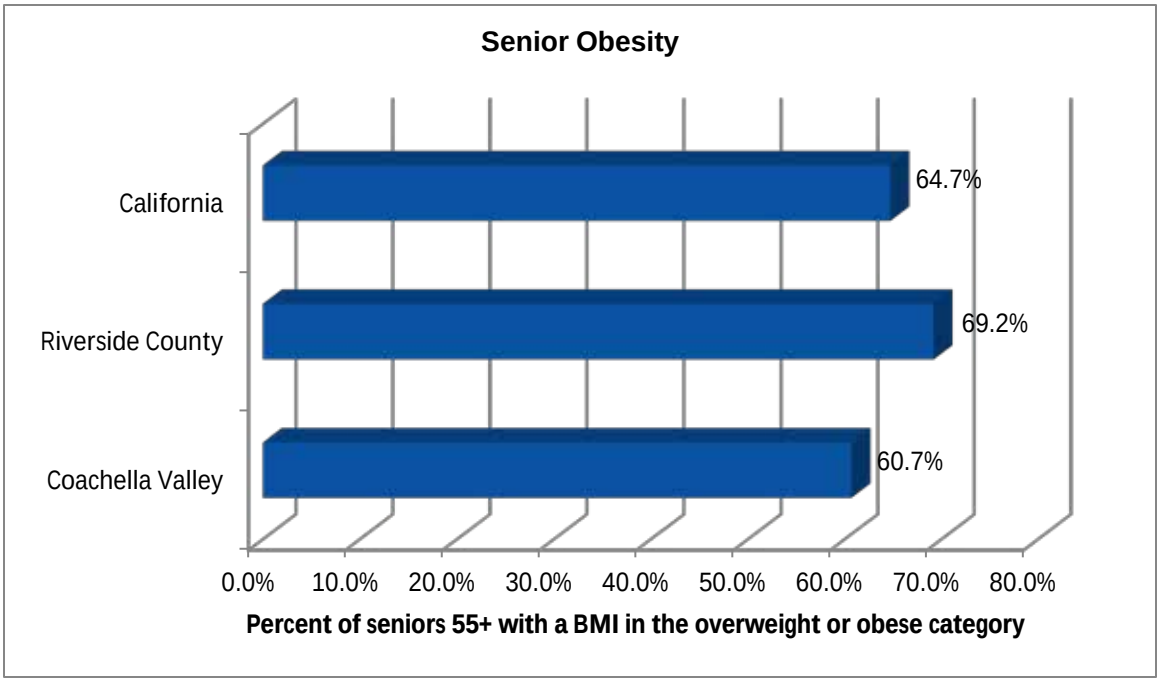
	Weighted Percent	Population Estimates
Underweight	2.2%	3,592
Healthy weight	37.1%	60,283
Overweight	41.3%	67,204
Obese	19.4%	31,513
Total	**100.0%**	**162,593**

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

[1] NCHS Data Brief: Prevalence of Obesity Among Older Adults in the United States, 2007 – 2010. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/databriefs/db106.htm

[2] Statistics Related to Overweight and Obesity. (2013). Weight-Control Information Network. http://win.niddk.nih.gov/statistics/index.htm#overweight

Seniors in Coachella Valley are significantly less likely to be overweight or obese than those in Riverside County as a whole, as per the CHIS 2011-2012 data.



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

KEY FINDING: Senior 55+ BMI Disparities	
Hispanic seniors, seniors with low levels of education, and male seniors are at a greater risk for obesity.	Hispanic/Latino seniors are significantly more likely to be overweight or obese than White seniors (71.7% versus 58.8%, respectively). Seniors with low levels of education are significantly more likely to be overweight or obese than those with high levels of education. Specifically, seniors without a high school diploma have the highest rate of overweight/obesity at 77.1%. This rate drops to 65.1% for those with a high school diploma, 59.5% for those with some college, 54.8% for those with a college degree, and 61.4% for those with a post-graduate degree. Male seniors are significantly more likely to be overweight or obese than female seniors (72.7% versus 49.0%, respectively).

Physical Activity

Physical activity is an important part of maintaining one's health, even for the elderly population. Regular activity can hinder or stop the onset of heart complications and diabetes. In addition, it can also improve a person's balance and mobility and may even lower arthritis pain and anxiety.[1]

According to the CDC, even individuals with a chronic condition or a disability may still participate in physical activities after verifying their limitations with a doctor or other health care professional.[2]

KEY FINDING: Senior 55+ Physical Activity

About half of seniors 55 and over (45.6%) exercise at least 5 days a week.

About half of seniors 55 and over (55.0%) do not strength-train at all.

Approximately 38.7% of seniors age 55 and over (65,141 seniors) engage in physical activity such as gardening, golfing, or walking for exercise every day. In contrast, 15.4% of seniors age 55 and over (25,922 seniors) did not engage in physical exercise any days during the past week.

Strength-training is much less common than aerobic activity. Approximately 55.0% of seniors age 55 and over (92,436 seniors) did not engage in strength-training exercises at all during the past week.

Days of Physical Activity in Past Week
Ages 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
None	15.4%	25,922
1 to 2	10.5%	17,754
3 to 4	20.2%	34,064
5 to 6	15.1%	25,506
Every day	38.7%	65,141
Total	**100.0%**	**168,388**

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

Days of Strength-Training in Past Week
Ages 55 and Over
(HARC, 2013)

	Weighted Percent	Population Estimates
None	55.0%	92,436
1 to 2	13.2%	22,229
3 to 4	15.2%	25,608
5 to 6	5.2%	8,746
Every day	11.3%	18,930
Total	**100.0%**	**167,948**

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

[1] NCHS Data Brief: Prevalence of Obesity Among Older Adults in the United States, 2007 – 2010. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/nchs/data/databriefs/db106.htm
[2] Making Physical Activity a Part of an Older Adult's Life. Physical Activity. (2011). Centers for Disease control and Prevention. http://www.cdc.gov/physicalactivity/everyone/getactive/olderadults.html

Food Insecurity

Isolated elderly persons, those with inadequate income, or those who suffer a condition that prevents independence, have a higher risk of having poor nutrition or being malnourished. The symptoms of malnutrition (weight loss, disorientation, lightheadedness, lethargy, and loss of appetite) can easily be mistaken for illness or disease. This malnutrition could be caused by several factors that could be physical, social, or medical. Physical impairments could deal with oral health, such as poor dentition, or other mobility issues that prevent an elderly person from acquiring or eating food. In addition, an aging individual's senses of taste and smell tend to decrease as they get older, and this may result in a loss of interest in food.

Seniors over 60 years of age who meet the eligibility requirements may receive a meal subsidized by the federal government under the Older Americans Act. These meals are provided at the community level and for those who are homebound.

In 2011, an estimated 4.8 million, nearly 1 in 12, American adults above the age of 60 were food insecure.[1] This number is about twice the number of food insecure seniors in 2001.[2]

KEY FINDING: Senior 55+ Food Insecurity

4.1% of seniors 55 and over have cut the size of meals or skipped meals in the past year.

Half of these seniors had to do so every month.

Hispanic/Latino, low-income, and younger seniors are more likely to have cut the size of meals or skipped meals in the past year.

In the past year, approximately 4.1% of seniors age 55 and over (7,032 seniors) have cut the size of meals or skipped meals due to a lack of money for food.

About half of these seniors (53.0%, or 3,696 seniors) had to do this almost every month. 28.4% of these seniors (1,982 seniors) had to do this some months, but not every month, and 18.6% (1,298 seniors) only had to do this once or twice in the past year.

Hispanic/Latino seniors are significantly more likely to have cut the size of meals or skipped meals in the past year than White seniors (15.0% versus 2.6%, respectively).

Low-income seniors are significantly more likely to have cut the size of meals or skipped meals in the past year than high-income seniors. Specifically, between 12.2% and 12.8% of seniors with household incomes below $50,000 have had to skip meals within the past year. In contrast, between 2.0% and 2.5% of seniors with household incomes at or above $50,000 have had to skip meals within the past year.

Younger seniors are significantly more likely to have cut the size of meals or skipped meals in the past year than older seniors. Specifically, 13.3% of seniors between the ages of 55 and 64 have had to do this within the past year, compared to only 1.9% of 65 to 74 year-olds, and 0.5% of those age 75 or over.

Seniors without a high school degree are significantly more likely than other seniors to have had to cut the size of meals or skipped meals in the past year (15.3% versus a range of 2.6% to 4.1%).

[1] "Spotlight on Senior Hunger: Executive Summary". (2013). Feeding America and the National Foundation to End Senior Hunger. http://www.nfesh.org/wp-content/uploads/2013/05/Senior-Hunger-Research.pdf
[2] Ibid.

KEY FINDING: Senior 55+ Food Insecurity

1.5% of seniors 55 and over went for a whole day without eating because there was not enough money for food.

4.5% of seniors 55 and over have used an emergency food system in the past year.

In the past year, approximately 1.5% of seniors age 55 and over (2,605 seniors) went for an entire day without eating due to a lack of money for food.

About half of these seniors (50.2%, or 1,307 seniors) had to go without eating for an entire day almost every month in the past year. 24.0% of these seniors (625 seniors) had to do this some months, and 25.8% (673 seniors) only had to do this once or twice in the past year.

In the past year, 4.5% of seniors age 55 and over (7,657 seniors) obtained food from an emergency food source, such as a food pantry or soup kitchen.

CHILDREN (0 TO 17)

CHILD DEMOGRAPHIC PROFILE

Child data were gathered from adults that lived in the same household as the child and were knowledgeable about the child's health. The majority of these respondents (88.8%) were the child's birth parents.

Relationship between Respondent and Child
(HARC, 2013)

	Weighted Percent	Population Estimates
Birth mother	67.6%	54,122
Birth father	21.2%	17,006
Grandparent	5.2%	4,187
Adoptive parent	2.8%	2,223
Other relative	2.2%	1,737
Step parent	1.1%	814
Total	**100.0%**	**80,088**

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

There are roughly 80,000 children between the ages of birth (0) and 17 in the Coachella Valley.

Child Demographics
(HARC, 2013)

	Weighted Percent	Population Estimates
Race		
White/Caucasian	19.9%	15,762
Hispanic/Latino	64.4%	50,978
African American/Black	6.2%	4,900
Other	9.5%	7,542
Total	**100.0%**	**79,181**
Age		
0 to 5	35.7%	28,111
6 to 11	33.8%	26,670
12 to 17	30.5%	24,011
Total	**100.0%**	**78,792**
Gender		
Male	48.6%	38,923
Female	51.4%	41,165
Total	**100.0%**	**80,088**

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

Respondents who identified the child's race as not Hispanic/Latino were subsequently asked whether the child was of Spanish, Hispanic, or Latino origin. Results show that approximately 28.7% of children whose race was identified as white, black, or other are of Spanish, Hispanic, or Latino origin (8,010 additional children).

Adult Social Characteristics

Marital Status of Child's Parents

(HARC, 2013)

	Weighted Percent	Population Estimates
Married	62.2%	49,620
Single, never married	13.8%	10,995
Cohabitating with a partner	8.8%	7,051
Divorced	7.1%	5,667
Separated	5.5%	4,352
Widowed	1.9%	1,481
Other	0.7%	564
Total	**100.0%**	**79,730**

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

Socioeconomic Status (SES)

Household Income

(HARC, 2013)

	Weighted Percent	Population Estimates
$0 to $24,999	45.6%	32,455
$25,000 to $49,999	30.3%	21,534
$50,000 to $74,999	10.7%	7,646
$75,000 and over	13.4%	9,516
Total	**100.0%**	**71,151**

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

Respondent Education

(HARC, 2013)

	Weighted Percent	Population Estimates
Less than high school	33.7%	26,902
High school or equivalency	24.0%	19,140
Some college	21.7%	17,324
College graduate	15.1%	12,083
Post graduate degree	5.4%	4,333
Total	**100.0%**	**79,781**

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

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

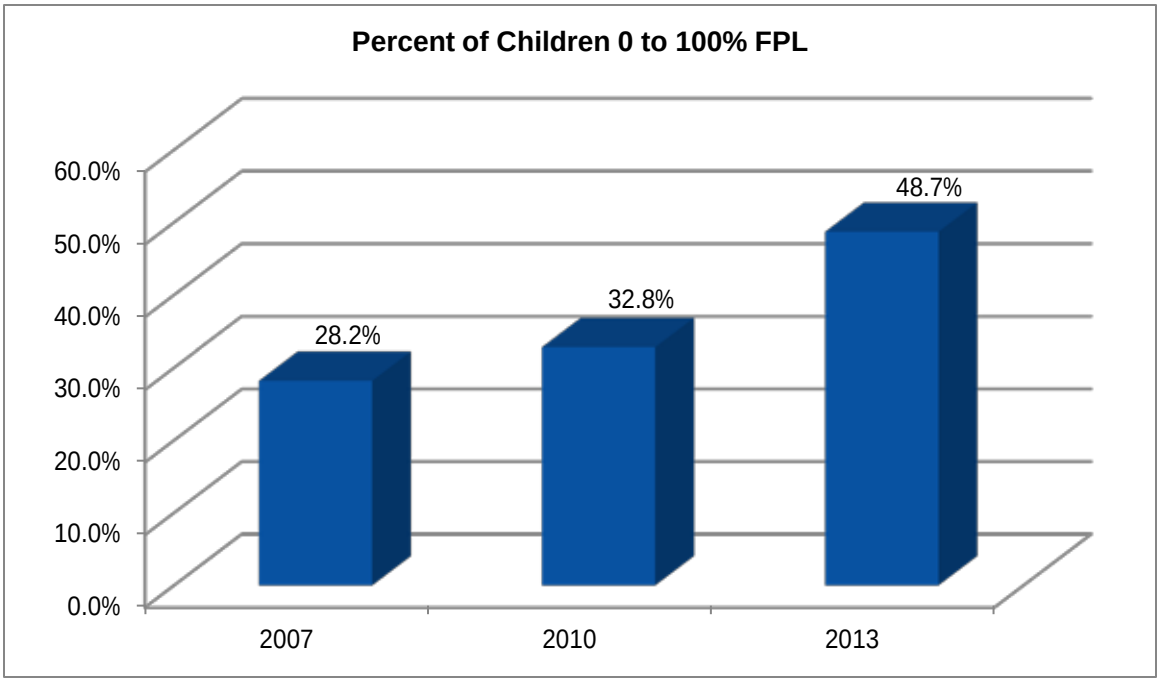
Child Population in Poverty
(HARC, 2013)

	Weighted Percent	Population Estimates
0 to 100% of poverty guideline	48.7%	34,595
101 – 200% of poverty guideline	23.8%	16,921
201 – 250% of poverty guideline	6.8%	4,821
251 – 300% of poverty guideline	4.5%	3,213
> 300% of poverty guideline	16.2%	11,498
Total	**100.0%**	**71,049**

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

About 79.3% of Coachella Valley children live in households that fall at or below 250% of the federal poverty line, and are therefore likely to be eligible for one or more types of federal or state assistance.

Significantly more children are living at or below the federal poverty level in 2013 (48.7%) than in 2010 (32.8%) or 2007 (28.2%).



CHILD 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.

KEY FINDING: Child Healthcare Coverage

9.8% of children do not have any kind of health insurance coverage.

Approximately 7,798 children in Coachella Valley do not have any type of health insurance coverage.

Nearly one-third of children (32.0%, or 2,191 children) lack coverage because their parent or guardian cannot afford to pay the insurance premiums.

Reasons for Lack of Child Healthcare Coverage
(HARC, 2013)

	Weighted Percent	Population Estimates
Can't afford to pay the premiums	32.0%	2,191
Insurance company refused coverage	14.0%	960
Cut back to part time or became a temporary employee	9.2%	631
Lack of documentation to prove legal residency	8.9%	610
Lost job or changed employers	8.0%	545
Currently applying for healthcare coverage	5.6%	383
Lost Medi-Cal/IEHP eligibility	3.5%	240
Spouse or parent lost job or changed employers	2.9%	198
Other	16.0%	1,097
Total	**100.0%**	**6,855**

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

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

KEY FINDING: Source of Child Healthcare Coverage	
83.0% of children with health insurance coverage are covered by a governmental plan. **11.4% of children with current health coverage did <u>not</u> have continuous coverage in the past year.**	Over half of the 71,525 children that *do* have health insurance coverage (59.0% or 40,088 children) are covered by Medi-Cal/IEHP. Overall, 83.0% of children with health insurance coverage are covered by government or public insurance (49,715 children). Only about 17.0% of children with health insurance coverage are covered by a private plan (10,194 children). Children that were currently insured at the time of the survey didn't always have continuous coverage. In fact, 11.4% of the children who were currently covered (8,214 children) had not had health insurance coverage at some time previously in the past 12 months.

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.

KEY FINDING: Child Prescription Coverage	
15.5% of children do <u>not</u> have prescription drug coverage.	Approximately 12,121 children do not have health insurance coverage that covers some or all of the cost of prescription drugs. Low-income children are significantly less likely than high-income children to have prescription coverage: 21.1% of children in the $0 to $24,999 income group lack prescription coverage, compared to 18.2% in the $25,000 to $49,999 range, 5.5% in the $50,000 to $75,000 range, and 2.2% of those in homes with incomes at or above $75,000. 9.9% (7,886) of all children had their medication delayed or did not receive it at all because the prescription was not affordable.

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.[1] Dental services for children must at least include relief of pain and infections, teeth restoration, and dental health maintenance.

KEY FINDING: Child Dental Coverage	
22.4% of children do not have dental coverage.	Approximately 17,249 children do not have health insurance coverage that pays for some or all of their routine dental care.

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.[2]

KEY FINDING: Child Vision Coverage	
26.9% of children lack vision coverage.	Approximately 19,810 children do not have health insurance coverage that pays for some or all of routine vision care.

[1] Dental Care for Medicaid and CHIP Employees. (2010). Medicaid. http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Benefits/Dental-Care.html
[2] What's Covered. (2013). CHIP and Children's Medicaid. 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.[1]

KEY FINDING: Child Mental Health Coverage	
30.6% of children lack mental health coverage. **An additional 24.3% of children may or may not have mental health coverage.**	Approximately 18,483 children have no health insurance coverage that pays for some or all of their mental health expenses. Hispanic/Latino children are significantly less likely to have mental health coverage than White children. Specifically, 18.5% of White children lack mental health coverage, while 36.3% of Hispanic/Latino children lack mental health coverage. Low-income children are significantly less likely to have mental health coverage than high-income children. For those in the lowest income bracket ($0 to $24,999), 42.8% do not have mental health coverage. In contrast, only 4.7% of children in the highest income bracket ($75,000 and up) lack mental health coverage. It is worth noting that nearly all of the respondents in this survey (often biological parents of the child in question) knew with certainty whether a child had health insurance, dental insurance, and prescription insurance. In contrast, nearly one-quarter of respondents (24.3%) did not know if the child had mental health coverage.

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

— Nelson Mandela

[3] What's Covered. (2013). CHIP and Children's Medicaid. http://www.chipmedicaid.org/en/Benefits

CHILD UTILIZATION

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.

KEY FINDING: Child General Health

4.8% of children have health that is "fair" or "poor".

The majority of children in the Coachella Valley have "excellent" health (40.5%, 32,223 children) or "very good" health (30.0%, 23,829 children), according to respondents. About 4.8% of children (3,809) have "fair" or "poor" health.

The parent/guardian reported the top three reasons for their child's health as being "fair" or "poor" as asthma (15.7%), allergies (13.1%) and infections (11.3%).

Child General Health
(HARC, 2013)

	Weighted Percent	Population Estimates
Excellent	40.5%	32,223
Very good	30.0%	23,829
Good	24.8%	19,702
Fair	3.6%	2,892
Poor	1.2%	917
Total	**100.0%**	**79,563**

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

Routine Care

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

KEY FINDING: Child Healthcare Provider Visits

Nearly all children (92.1%) have visited a healthcare provider within the past year.

Approximately three-quarters of children (73.2%, or 57,775 children) have seen a healthcare provider within the past 6 months. However, about 0.8% of children (over 500 children) have either never seen a healthcare provider, or their last visit was over five years ago.

About half of these visits (56.7%, or 41,189 children) were for a routine check-up, school physical, vaccination, or other general preventive visit. Another quarter of these visits (25.2%, or 18,318 children) were for treatment of an acute illness, such as the flu.

Most Recent Visit to a Healthcare Provider

(HARC, 2013)

	Weighted Percent	Population Estimates
Less than 6 months	73.2%	57,775
6 months to < 1 year	18.9%	14,913
1 year to < 2 years	4.4%	3,487
2 years to < 5 years	2.8%	2,220
5 or more years ago	0.4%	292
Never	0.4%	278
Total	**100.0%**	**78,965**

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

Reason for Most Recent Visit to a Healthcare Provider

(HARC, 2013)

	Weighted Percent	Population Estimates
Routine check-up/ school physical/ preventive care	56.7%	41,189
Treatment of acute illness	25.2%	18,318
Treatment of chronic illness	7.8%	5,641
Treatment of injury	4.1%	2,948
Other	6.3%	4,593
Total	**100.0%**	**72,688**

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

KEY FINDING: Child Routine Check-Ups

Nearly 10,000 children have <u>not</u> visited a doctor or other health care provider in the past 12 months for a routine check-up.

If a child last visited a provider for a reason other than a routine check-up, respondents were asked specifically if their child had seen a provider for a routine check-up in the last 12 months. The data shows that 9,952 (30.5%) children are reported to as not having seen a doctor or other health care provider for a routine check-up in the past year.

KEY FINDING: Child Usual Source of Care

43.0% of children's usual source of care is a doctor's office.

When a child is sick the usual source of care is typically a doctor's office (43.0%, or 4,275 children) or a clinic (31.9%, or 3,175 children).

Child's Usual Source of Care

(HARC, 2013)

	Weighted Percent	Population Estimates
Doctor's office	43.0%	4,275
Clinic	31.9%	3,175
ER or hospital	9.1%	910
Urgent Care	7.3%	730
Other	4.4%	433
Health center	3.1%	306
Natural/ holistic provider	1.2%	121
Total	**100.0%**	**9,952**

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

KEY FINDING: Satisfaction with Child's Care

85.8% of parents/guardians are at least "satisfied" with the care the child received on their most recent healthcare visit.

The majority of parents/guardians (85.5%, or 62,165) are "very satisfied" or "satisfied" with the quality of care the child received on their most recent visit to a healthcare provider. However, nearly 1,000 parents/guardians were "very dissatisfied" with the quality of care the child received on their latest visit.

Satisfaction with Child's Recent Healthcare

(HARC, 2013)

	Weighted Percent	Population Estimates
Very satisfied	38.9%	28,153
Satisfied	46.9%	34,012
Neither satisfied nor dissatisfied	8.1%	5,838
Dissatisfied	4.8%	3,464
Very dissatisfied	1.4%	988
Total	**100.0%**	**72,454**

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

KEY FINDING: Difficulties Experienced During Child's Last Provider Visit

The most common difficulty experienced during the child's last visit was the amount of time spent waiting to see the doctor or healthcare provider.

The majority of parents/guardians did not experience difficulties with aspects of their child's care on the most recent visit to a doctor or healthcare provider. However, about a quarter of children (25.2%, or 18,199 children) experienced difficulty with the amount of time they had to wait before seeing the doctor or healthcare provider.

Difficulties Experienced During Child's Last Provider Visit

(HARC, 2013)

	Weighted Percent	Population Estimates
Amount of time spent waiting to see the healthcare provider	25.2%	18,199
Amount of time to get an appointment	15.2%	11,065
Attitude of office staff	14.4%	10,458
Attitude of doctor or healthcare provider	8.7%	6,271

KEY FINDING: Delay or Denial of Medical Testing

4.9% of parents/ guardians delayed or did not get a prescribed medical test or treatment for the child within the past year.

Approximately 4.9% of parents/guardians have delayed or not obtained a test or treatment that a healthcare provider ordered for the child. This indicates that approximately 3,872 children had a physician-ordered test or treatment delayed or denied.

Reasons for the delay or lack of prescribed test or treatment including the inability to pay for the treatment, inability to schedule the test or treatment for after work hours, and the lack of insurance.

Reason for Delaying or Denying Medical Test or Treatment for Child

(HARC, 2013)

	Weighted Percent	Population Estimates
Couldn't afford it	25.6%	993
Hours not convenient, unable to take time off of work	14.9%	576
No insurance	13.9%	539
Did not trust healthcare provider	5.8%	226
Treated problems at home	3.3%	129
Insurance wouldn't cover the test/treatment	2.6%	102
Other	33.8%	1,308
Total	**100.0%**	**3,872**

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

CHILD 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.

KEY FINDING: Child Dental Visits	
17.3% of children have <u>never</u> been to a dentist.	Approximately 13,757 Coachella Valley children have never been to a dentist. Young children were significantly less likely to have visited the dentist; approximately 44.3% of children 0 to 5 have never been to the dentist, compared to only 2.9% of 6 to 11 year olds and 2.3% of 12 to 17 year olds. Of the 65,823 children that *have* been to a dentist, the majority (69.0%, or 42,421 children) first visited the dentist between the ages of 2 and 5.

Age at First Dentist Visit
(HARC, 2013)

	Weighted Percent	Population Estimates
0 to 1	18.0%	11,105
2 to 3	36.1%	22,180
4 to 5	32.9%	20,241
6 to 11	11.5%	7,090
12 to 17	1.5%	909
Total	**100.0%**	**61,524**

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

KEY FINDING: Frequency of Child Dental Visits	
89.0% of children who have been to the dentist have been there within the past year.	The majority of children who have been to a dentist (64.4%, or 41,918 children) have seen the dentist within the past 6 months. An additional 24.6%, or 16,041 children have been to the dentist within the past year. However, approximately 10.7% of children (6,947 children) have not seen a dentist in over a year. Reasons for not visiting the dentist within the past year included lack of insurance (29.0%, or 2,037 children) and inability to afford the visit (13.3%, or 938 children).

Reason Child has Not Visited the Dentist in the Past Year

(HARC, 2013)

	Weighted Percent	Population Estimates
No problems	39.1%	2,749
No insurance	29.0%	2,037
Can't afford it	13.3%	938
Other	18.6%	1,306
Total	**100.0%**	**7,030**

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

KEY FINDING: Child Dental Check-Ups

Over 80% of children's most recent dental visits were for a routine check-up.

Approximately 81.1% of recent dental visits (53,351) were for a routine check-up or regularly scheduled cleaning. This indicates that the majority of these visits are of a preventive nature and not to fix a dental problem such as a cavity.

Reason for Most Recent Dental Visit

(HARC, 2013)

	Weighted Percent	Population Estimates
Routine check-up or cleaning	81.1%	53,351
Dental problem	12.9%	8,463
Both routine and a problem	4.9%	3,258
Other	4.9%	3,231

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

KEY FINDING: Flossing

23.6% of children over the age of five floss 7 times a week.

Flossing is recommended for the prevention of cavities and gingivitis. Parents/guardians report that 23.6% or 11,659 children age 5 and over floss seven times a week, an average of once a day. However, 35.8% or 17,698 children age five and over do not floss every day.

Hearing Test

A full hearing test should be done as soon as possible for children who do not pass a hearing screening. Hearing screenings are easy and painless and take a very short time. Parents should notify their child's doctor if they suspect any type of hearing loss. According to the CDC, all children who are at risk for any type of hearing loss should have at least one hearing test before 2.5 years of age.[1]

KEY FINDING: Child Hearing Test	
24.5% of children age 5 and under have never had a hearing test.	Approximately 4,283 children age 5 and younger have never had their hearing tested by a healthcare provider.

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.

KEY FINDING: Child Vision Exam	
48.3% of children age 3 and older have not had a vision exam in the past year.	Approximately 48.3% of children age 3 or above (30,874 children) have not had a vision exam within the past year that was not administered at school. Younger children are significantly less likely to have had a vision exam within the past year. Specifically, 63.7% of children between the ages of 3 to 5 have not had a vision exam within the past year, compared to 41.4% of children between the ages of 12 and 17.

[1] Hearing Loss in Children: Screening and Diagnosis. (2012). Centers for Disease Control and Prevention. http://www.cdc.gov/NCBDDD/hearingloss/screening.html

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.[1]

KEY FINDING: Parent/Guardian Concern About Vaccinations

About half of parents/guardians (53.7%) are "not at all concerned" about potential risks associated with vaccinations.

Approximately 41,549 parents/guardians of children are "not at all concerned" about the potential risks associated with childhood vaccinations. However, approximately 13.1% (or 10,149 people) are "very concerned" about these potential risks, and possibly are avoiding vaccinating their children due to these concerns.

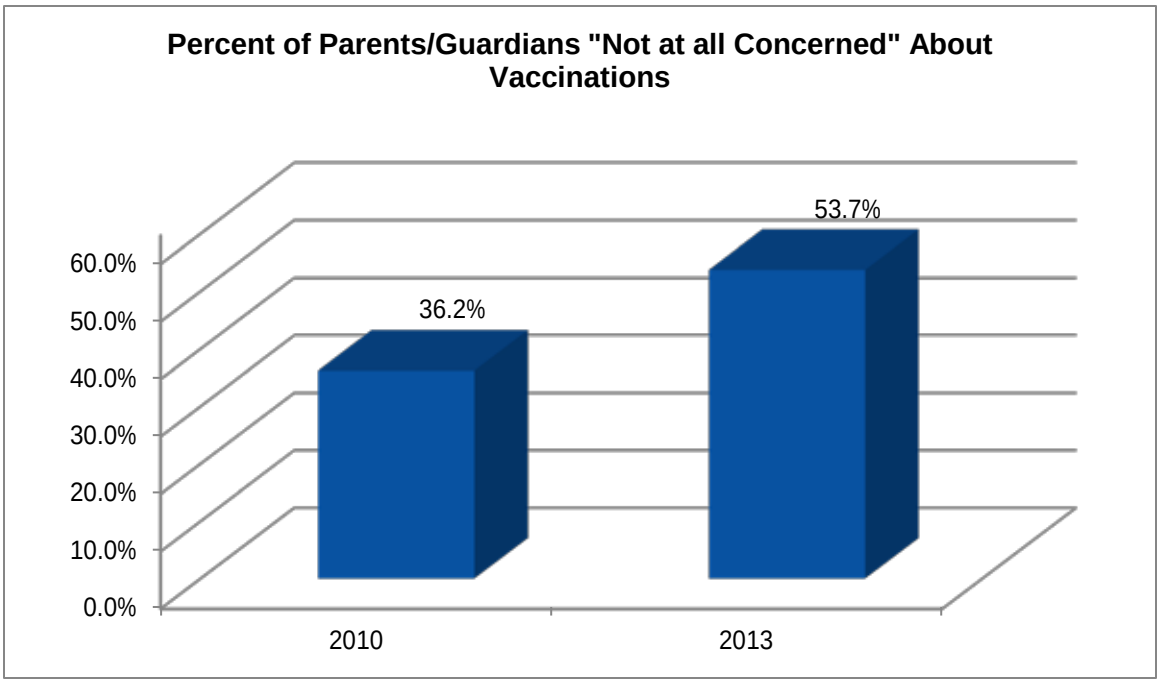
Level of Parent/Guardian Concern About Potential Risks Associated with Vaccinations
(HARC, 2013)

	Weighted Percent	Population Estimates
Very concerned	13.1%	10,149
Concerned	11.3%	8,725
Somewhat concerned	21.9%	16,906
Not at all concerned	53.7%	41,549
Total	**100.0%**	**77,328**

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

[2] Immunization Schedules. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/vaccines/schedules/

Significantly more parents/guardians are "not at all concerned" about the potential risks associated with childhood vaccinations in 2013 than in 2010 (53.7% versus 36.2%, respectively).



HPV Vaccination

Genital human papillomavirus, more commonly known as HPV, can cause genital warts and several types of cancer. In June 2006 the Gardasil® vaccine was approved by the FDA as a vaccine against HPV. The vaccine is recommended for females and males between the ages of 9 and 26. For more information on the HPV vaccine, please see the "Prevention" section in the "Adults" portion of this report.

KEY FINDING: Child HPV Vaccination	
67.1% of children ages 9 and over have <u>not</u> had the HPV vaccination.	Approximately two-thirds of children age 9 and above (67.1%, 21,460 children) have not received the HPV vaccine. Of the 10,535 children who *have* received the HPV vaccine, approximately 45.3% (4,031 children) received all three shots.

Injury Prevention

Helmet Use

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.[1]

KEY FINDING: Child Helmet Use	
16.9% of children age 2 and over never wear a helmet.	Approximately 11,835 children age 2 and over never wear a helmet when riding a bicycle, scooter, skateboard, roller skates, or other wheeled equipment. In contrast, 29.8% of children age 2 and over (20,938 children) always wear a helmet when using wheeled equipment.

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

Helmet Use in Past Year
Ages 2 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Always	29.8%	20,938
Nearly always	8.0%	5,589
Sometimes	6.3%	4,408
Seldom	5.1%	3,575
Never	16.9%	11,835
Never rides a bicycle, scooter, skateboard, etc.	34.0%	23,858
Total	**100.0%**	**70,204**

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

Home Safety

Accidents can happen at home, but are often preventable. Some items that could pose a potential risk are stoves, electrical outlets, medication, and stairs. However, with proper home safety items, serious injuries can be avoided.

KEY FINDING: Home Safety Items for Children 0 to 5

12.7% of children 0 to 5 do not have any of the basic home safety items in their home.

Common home safety items for homes with children age 5 or younger include power outlet covers, latches on doors, and locks on toilets. The most commonly used home safety item in homes with young children is power outlet covers (74.4% of homes with children age 5 or younger have these installed). Latches on cabinets and door knob covers are also frequently installed. However, 12.7% of children age 5 and younger (3,578 young children) live in homes with none of these common safety items.

Home Safety Items Installed in Home
Ages 0 to 5
(HARC, 2013)

	Weighted Percent	Population Estimates
Power outlet covers	74.4%	20,915
Latches on cabinets	50.7%	14,241
Door knob covers	36.4%	10,239
High latches on outside doors	35.7%	10,031
Latches on oven doors	29.7%	8,337
Latches on refrigerator	23.5%	6,593
Gates to block stairways	22.3%	6,283
Toilet seat lock	21.6%	6,071
None of these home safety items	12.7%	3,578

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

CHILD MAJOR DISEASES

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 25 million individuals in the U.S. have asthma with an estimated 7 million being children.[1]

KEY FINDING: Asthma

10.7% of children have been diagnosed with asthma.

Approximately 10.7% of children, or 8,581 children, have been diagnosed with asthma. The majority of children with asthma (71.4%, or 5637 children) did not miss any days of school due to their asthma in the past year. However, approximately 10.6% of children with asthma (839 children) missed more than an entire week of school in the past year due to their asthma.

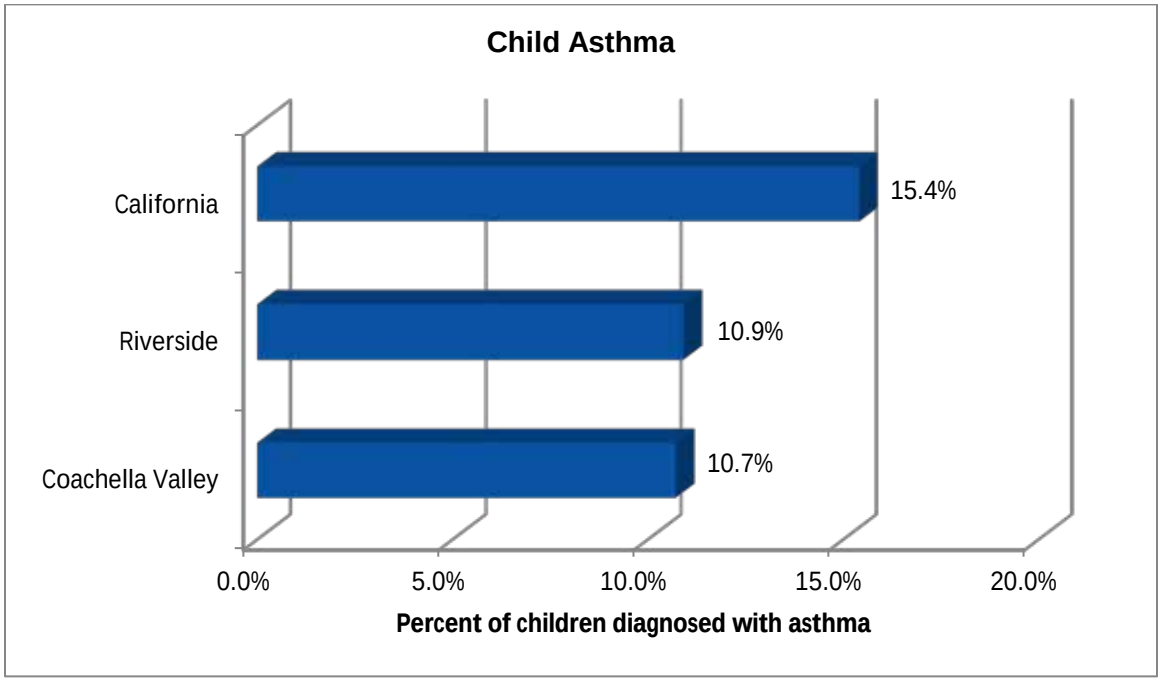
Days of School Missed Due to Asthma
(HARC, 2013)

	Weighted Percent	Population Estimates
None	71.4%	5,637
1 to 4	16.4%	1,294
5	1.6%	130
6 to 9	4.5%	356
10 or more	6.1%	483
Total	**100.0%**	**7,899**

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

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

The rate of asthma diagnoses in Coachella Valley is not statistically different from the rate of asthma in Riverside County. However, the rate of asthma diagnoses in Coachella Valley is significantly lower than the rate of asthma in the state of California as a whole, as per the data from CHIS 2011-2012.



Note: California and Riverside data represented in this graph is from CHIS 2011-2012

CHILD 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).

KEY FINDING: Child Mental Health Concerns

One-third of children age 3 and older (33.5%) have trouble with emotions, concentration, behavior, and getting along with others.

Approximately 18,702 children age 3 and older have difficulties with emotions, concentration, behavior, and/or getting along with other people.

The majority of these difficulties (85.0%, or 15,858 children) are minor, but 15.0% of them (2,799 children) are severe difficulties.

KEY FINDING: Child Mental Health Diagnoses

Over 7% of children age 3 and over have been diagnosed with ADD or ADHD.

Approximately 4,611 children between the ages of 3 and 17 have been diagnosed with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD). Developmental delay is the second-most common mental health diagnoses; 4.5% of children between the ages of 3 and 17 have been diagnosed.

Mental Health Diagnoses
Ages 3 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
ADD/ADHD	7.1%	4,611
Developmental delay	4.5%	2,898
Mood disorder	3.2%	2,054
Anxiety disorder	3.1%	2,027
Eating disorder	2.2%	1,448
Mental retardation	2.0%	1,327
Autism	1.5%	981
Suicidal thoughts	0.7%	427
Other mental health condition	2.6%	16,96

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

KEY FINDING: Child Mental Health and Healthcare Providers

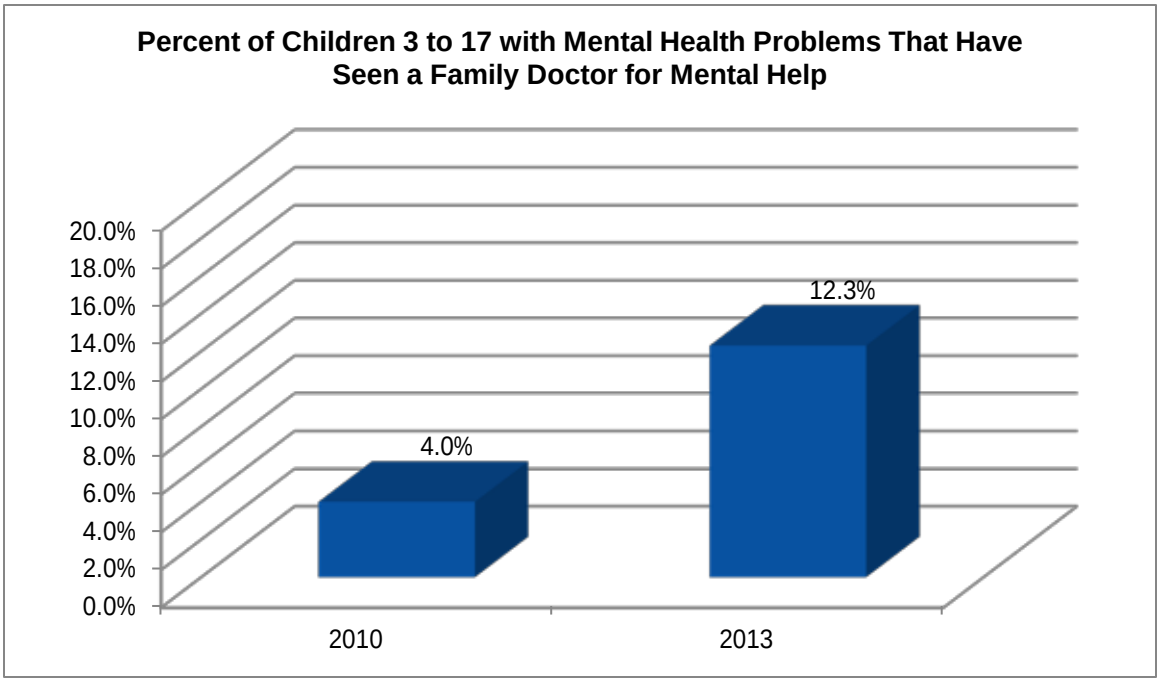
79.0% of children 3 to 17 with mental health problems have not seen a mental health professional for treatment in the past year.

Approximately 21.0% of children 3 to 17 with mental health problems (including both those who have had a mental health diagnosis and those who experience trouble with emotions, concentration, behavior, and/or getting along with others), or 4,383 children, have visited a mental health professional for treatment in the past year.

Conversely, 79.0% of children 3 to 17 with mental health problems (16,470 children) have not visited a mental health professional for treatment of the mental health condition or problem in the past year.

Treatment from a primary family doctor or pediatrician may also help children with mental health problems. Approximately 12.3% of children 3 to 17 with mental health problems (2,558 children) visited a pediatrician or other family doctor for their mental health condition within the past year.

The proportion of children with mental health problems who have seen a family doctor or pediatrician for treatment significantly increased from 4.0% in 2010 to 12.3% in 2013.



KEY FINDING: Child Mental Health Treatment

6.4% of children 3 to 17 with mental health problems have taken medication for the issue within the past year.

15.2% of children 3 to 17 with mental health problems have received psychological counseling for the issue within the past year.

Approximately 6.4% of children 3 to 17 with mental health problems (1,343 children) have taken medication to treat their mental health problem or condition within the past year. The other 93.6% of children 3 to 17 with mental health problems (19,510 children) have not taken any medication to address their issues within the past year.

Approximately 15.2% of children 3 to 17 with mental health problems (3179 children) have received psychological counseling for their mental health problems in the past year. The other 84.8% of children 3 to 17 with mental health problems (17,674 children) did not receive psychological counseling for their issues within the past year.

CHILD 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).[1] 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.[2] 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.[3]

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. 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.[4]

KEY FINDING: Child BMI

39.8% of children 2 to 17 have a BMI percentile that places them in the "overweight" or "obese" category.

Approximately half of Coachella Valley children between the ages of 2 and 17 (49.7%, or 19,839 children) have a BMI percentile that places them in the "healthy" range. 10.5% of children have a BMI percentile that places them in the "underweight" category, and 39.8% are classified as either "overweight" or "obese".

Child BMI Categories
Ages 2 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Underweight (at or below 5th percentile)	10.5%	4,182
Healthy weight (5th to 84th percentile)	49.7%	19,839
Overweight (85th to 94th percentile)	12.7%	5,061
Obese (at or above 95th percentile)	27.1%	10,807
Total	**100.0%**	**39,889**

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

[1] Adolescent and School Health: Childhood Obesity. (2013). Centers for Disease Control and Prevention. http://www.cdc.gov/healthyyouth/obesity/facts.htm
[2] Ibid.
[3] Ibid.
[4] About BMI for Children and Teens: Centers for Disease Control and Prevention. http://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

KEY FINDING: Child BMI Disparities

Hispanic/Latino children are more likely to be obese than White children.

Low-income children are more likely to be obese than high-income children.

Hispanic/Latino children are significantly more likely than White children to be in the "obese" category (34.1% of Hispanics vs. 16.1% of Whites).

Low-income children are significantly more likely to be obese than high-income children. Specifically, between 29.2% and 41.6% of children living in households with income levels below $50,000 are obese. In contrast, between 13.4% and 14.2% of children living in households with income levels at or above $50,000 are obese.

KEY FINDING: Parent/Guardian Perception of Obesity

The majority of parents/guardians of children 2 to 17 (78.7%) believe the child is "about the right weight".

Approximately 78.7% of parents/guardians for children 2 to 17 (55,524 children) believe that the child in question is "about the right weight". It's clear from the BMI analysis that this perception is mistaken for many parents/guardians. Only 15.0% of parents/guardians believe the child to be overweight (when approximately 40.6% truly are), and only 6.4% of parents/guardians believe the child to be underweight (when approximately 10.5% truly are underweight).

Parent/Guardian Perception of Child Obesity
Ages 2 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Underweight	6.4%	4,491
About the right weight	78.7%	55,524
Overweight	15.0%	10,576
Total	**100.0%**	**70,591**

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

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.[1]

KEY FINDING: Child Physical Activity

35.2% of children age 6 and older obtain the recommended amount of physical activity each week.

Excluding school physical activity (PE), about 35.2% of children between the ages of 6 and 17 (16,920 children) exercised the recommended amount (60 minutes or more every day of the week). At the other end of the spectrum, 12.7% of children between the ages of 6 and 17 (6,131 children) were not active for 60 minutes on any day during the past week.

Days Active Outside of School for at least 60 Minutes
Ages 6 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
None	12.7%	6,131
1	7.0%	3,345
2	13.3%	6,403
3	13.4%	6,448
4	7.3%	3,510
5	6.9%	3,316
6	4.2%	2,020
7	35.2%	16,920
Total	**100.0%**	**48,092**

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

KEY FINDING: Child Primary Activities

Half of children age 6 and over engage in primarily sedentary activities outside of school.

Half of children age 6 and up (50.2%, or 21,614 children) had a primarily sedentary main activity (such as watching TV or talking on the phone) rather than an active activity (such as playing sports).

[1] *How Much Physical Activity Do Children Need?* (2011). Centers for Disease Control and Prevention. 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).[1] While essential, American children tend to consume too much sodium. The CDC recommends sodium intake should be reduced to 1,500mg per day for most children if intake is too high.[2]

KEY FINDING: Child Milk Consumption

Half of children age 1 and over drink 2 to 3 glasses of milk per day.

About half of children age 1 and over (51.8%, or 36,252 children) consumed 2 to 3 glasses or small cartons of milk the day prior to the survey (including chocolate, goat, and/or lactose-free milks). This excludes vegetable milks such as soy, rice, or almond milk.

Milk Consumption on Previous Day
Ages 1 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
0 to 1 glasses	37.5%	26,192
2 to 3 glasses	51.8%	36,252
4 or more glasses	10.2%	7,123
Still drinking breast milk and/or formula	0.5%	365
Total	**100.0%**	**69,931**

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

KEY FINDING: Child Fruit and Vegetable Consumption

26.3% of children age 2 and older eat five servings of fruits and/or vegetables each day.

Approximately 18,036 children between the ages of 2 and 17 eat 5 servings of fruits and/or vegetables each day. The primary reason why children do not eat 5 servings of fruits and/or vegetables each day is because the parent/guardian believes the child eats enough fruits and vegetables already (41.0%, or 28,147 children).

[1] *Dietary Guidelines for Americans, 2010.* (2010). U.S. Department of Agriculture and U.S. Department of Health and Human Services. http://health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf
[2] Ibid.

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. [1]

KEY FINDING: Child Fast Food Consumption

26.2% of children age 2 and older did not eat any fast food in the past week.

The majority of children age 2 and older (58.9%, or 41,022 children) have consumed fast food 1 or 2 times in the past week. An additional 26.2% of children age 2 and older (18,245 children) did not consume any fast food at all in the past week. However, over 1,000 children ate fast food an average of 1 or more times per day in the past week, a rate that is very risky.

Times Child Ate Fast Food in the Past Week
Ages 2 to 17
(HARC 2013)

	Weighted Percent	Population Estimates
None	26.2%	18,245
1	40.5%	28,223
2	18.4%	12,799
3	5.9%	4,111
4	0.9%	633
5	5.2%	3,588
6	0.4%	259
7	0.9%	630
8 to 15	1.7%	1,172
Total	**100.0%**	**69,659**

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

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

Family Meal Time

Young children who eat dinner at home with family are known to have a lower likelihood of being overweight or obese.[1]

KEY FINDING: Eating Dinner Together

69.3% of children age 2 and older eat dinner with their families every day.

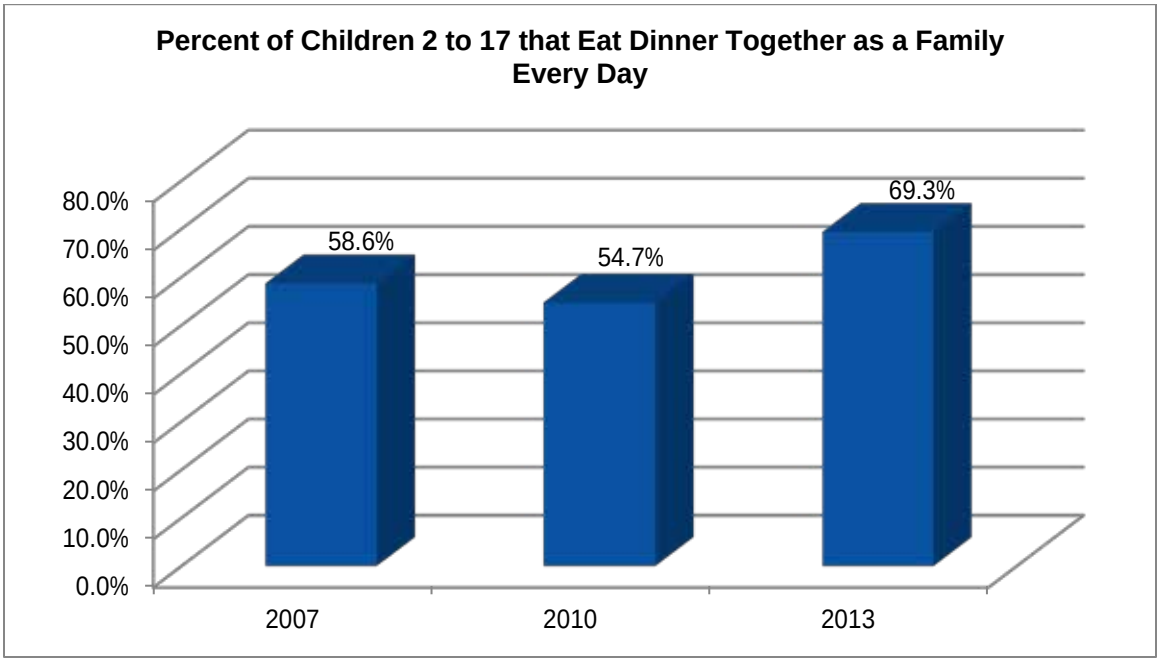
Approximately 48,254 children age 2 and older eat dinner together with their family every day of the week. However, 7.1% of children age 2 and older (4,914 children) eat over half of their dinners away from their family.

Frequency of Family Eating Dinner Together
Ages 2 to 17
(HARC 2013)

	Weighted Percent	Population Estimates
None	2.2%	1,508
1 to 2 times a week	4.9%	3,406
3 to 4 times a week	10.6%	7,415
5 to 6 times a week	13.0%	9,052
Every day	69.3%	48,254
Total	**100.0%**	**69,636**

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

Significantly more children age 2 and older ate dinner together as a family every day in 2013 than in 2010 (69.3% versus 54.7%, respectively). The 2013 rate is statistically similar to the rate from 2007 (58.6%).



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

KEY FINDING: Eating Breakfast

96.0% of children age 2 and over eat breakfast at home or at school.

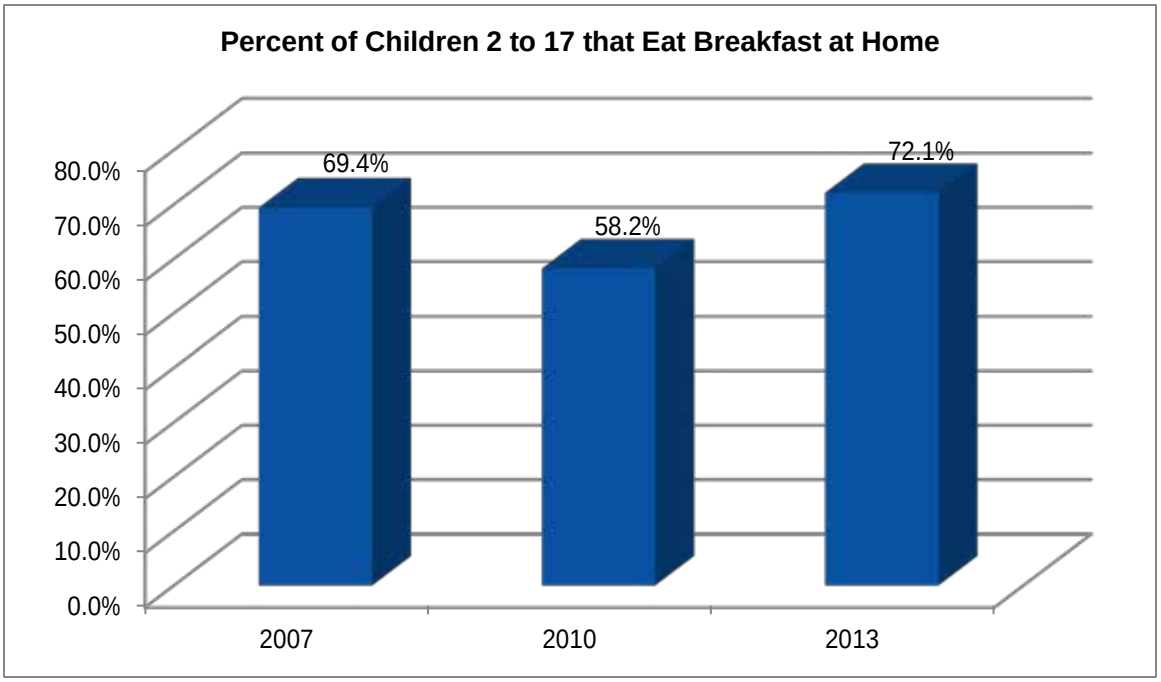
The majority of children age 2 and over (72.1%, or 50,264 children) eat breakfast at home. Another 23.9% of children age 2 and over (16,693 children) eat breakfast at school. However, 2.4% of children age 2 and over (1,685 children) do not eat breakfast at all.

Location of Breakfast Consumption
Ages 2 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Eats breakfast at home	72.1%	50,264
Eats breakfast at school	23.9%	16,693
Eats breakfast at a daycare provider or neighbor's	1.6%	1,081
Does not eat breakfast	2.4%	1,685
Total	**100.0%**	**69,722**

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

Significantly more children eat breakfast at home in 2013 than they did in 2010 (72.1% versus 58.2% in 2010). However, this rate is statistically similar to the rate in 2007 (69.4%).



Breastfeeding

WHO recommends colostrum, breast milk, as the perfect food for newborns and states that breastfeeding should be done up to at least 6 months of age.[1] Continued breastfeeding after 6 months must be accompanied by complementary foods. People who were breastfed as babies often have lower blood pressure and lower cholesterol, as well as lower rates of overweight, obesity and type-2 diabetes.[2]

KEY FINDING: Breastfeeding

81.7% of children age 5 or younger were breastfed.

Approximately 81.7% of children age 5 or below (22,253 young children) were breastfed. The other 18.3% (4,996 young children) were never fed breast milk.

Of the 22,253 children who were breastfed, the majority (71.2%) stopped breastfeeding at or before the child reached 12 months.

Age at Which Child Completely Stopped Breastfeeding
Ages 0 to 5
(HARC, 2013)

	Weighted Percent	Population Estimates
Less than 1 month	3.6%	764
1 to 3 months	13.7%	2,928
4 to 6 months	16.2%	3,461
7 to 12 months	37.7%	8,059
13 or more months	17.3%	3,704
Still breastfeeding	11.5%	2,446
Total	**100.0%**	**21,361**

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

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.[3] 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.[4]

KEY FINDING: Child Food Insecurity

7.6% of children had to cut the size of meals or skip meals.

0.9% of children went for an entire day without eating.

In the past year, approximately 6,073 children had to cut the size of meals or skip meals because there wasn't enough money for food in the household. For 21.8% of these children (1,323 children), this occurred almost every month. In contrast, for 42.5% of these children (2,581 children) it occurred some months, but not every month, and for 35.7% of these children (2,169 children) it occurred only once or twice in the past year.

In the past year, approximately 701 children went for a whole day without eating because there was not enough money for food.

[1] Health Topics: Breastfeeding. (2013). World Health Organization. http://www.who.int/topics/breastfeeding/en/
[2] 10 Facts on Breastfeeding. (2013). World Health Organization. http://www.who.int/features/factfiles/breastfeeding/en/
[3] Impact of Hunger. (2013). Feeding America. http://feedingamerica.org/hunger-in-america/impact-of-hunger.aspx
[4] Ibid.

CHILD 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.

KEY FINDING: Academic Achievement

61.1% of children 6 to 17 are performing "excellent" or "very good" in their academic classes at school.

Approximately 28,367 children between the ages of 6 and 17 are performing "excellent" or "very good" in their academic classes at school. However, 2.7% of children between the ages of 6 and 17 (1,238 children) are performing poorly in school.

Child's Academic Performance
Ages 6 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Excellent	33.7%	15,642
Very good	27.4%	12,725
Good	18.6%	8,620
Average	16.0%	7,414
Poor	2.7%	1,238
Child is not enrolled in school	1.7%	800
Total	**100.0%**	**46,439**

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

KEY FINDING: Academic Disciplinary Action

16.2% of children 6 to 17 have been disciplined by a school official within the past year.

Within the past 12 months, approximately 7,864 children between the ages of 6 and 17 have been disciplined by a school official. The other 83.8% of children have not been disciplined within the past year.

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.

KEY FINDING: Child Absenteeism

One-third of students (31.1%) have not missed any days of school in the past year.

Approximately 14,745 children between the ages of 6 and 17 have not missed any days of school in the past year. About half of students (51.2%, or 24,223 children) missed between one day and one week of school. However, 2.9% of children 6 to 17 missed 16 or more days, meaning that these 1,369 children were out of school for at least 3 weeks during the past year.

Most of the 32,616 students age 6 to 17 that missed one or more days of school in the past year (83.7%, or 27,301) were absent due to illness.

Days Absent from School in Past Year
Ages 6 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
None	31.1%	14,745
1	10.3%	4,881
2	15.4%	7,289
3	12.9%	6,112
4	6.9%	3,245
5	5.7%	2,696
6 to 10	9.7%	4,616
11 to 15	5.1%	2,407
16 or more days	2.9%	1,369
Total	**100.0%**	**47,361**

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

Reasons for Absence from School
Ages 6 to 17
(HARC, 2013)

	Weighted Percent	Population Estimates
Illness	83.7%	27,301
Doctor appointment	12.7%	4,141
Vacation	6.9%	2,242
Death	3.4%	1,093
Other	9.9%	3,223

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

Child Care

Child care is defined as the supervision and care for young children, including daycare, babysitting, and preschool. Child care can occur in the home, in the parent's/guardian's home, or in a child care center.

KEY FINDING: Child Care

Half of children age 12 and under are <u>not</u> cared for by anyone but their parents/ guardians.

Approximately 24,072 children age 12 or younger do not receive child care from anyone other than their parents and/or guardians. For children 12 and younger that do received child care from others, the primary source is from a grandparent or other family member (16,395 children).

Within the past year, 10.6% of parents/guardians of children age 12 and younger (4,120) were unable to find child care for the child for a week or more. The primary reason for this was the inability to afford it (47.3%, or 1,950).

Primary Caregiver for Child (Other than Parents/Guardians)
Ages 0 to 12
(HARC, 2013)

	Weighted Percent	Population Estimates
Do not use childcare for child (other than parents)	50.0%	24,072
A grandparent or other family member	34.1%	16,395
Other preschool or nursery school	1.6%	748
Non-family member who cares for child in his/her home	1.5%	2,001
After school care	1.3%	646
Head Start or state preschool program	0.3%	146
Licensed childcare provider	0.3%	155
Other	6.7%	3,235
Total	**100.0%**	**48,105**

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

Greatest Concern for Child

As children grow and develop, they explore and discover new things and gain new skills that may make them feel increasingly independent. This is completely normal but can also understandably cause parents to have certain concerns regarding their child's health and safety. Children still need parental guidance, and a parent can choose to teach their child basic safety precautions, set up limits, and practice healthy habits.

KEY FINDING: Greatest Concern for Child

Concerns for children include quality of education, emotional well-being, and physical fitness.

27.5% of parents/guardians had no greatest concern for the child. Of those parents/guardians who did have a "greatest concern" for the child, common concerns included the quality of the child's education, the child's emotional well-being, and the child's weight and/or physical fitness levels.

Greatest Concern for Child
(HARC, 2013)

	Weighted Percent	Population Estimates
No concerns	27.5%	20,014
Quality of education	12.3%	8,916
Emotional well-being	7.4%	5,367
Child's weight or physical fitness	7.1%	5,157
Physical safety	5.3%	3,852
Poor nutrition	4.7%	3,408
Child development (physical or mental)	4.6%	3,319
Gang involvement	3.6%	2,599
Alcohol and drug use	2.7%	1,983
Lack of healthcare	2.0%	1,469
Quality of housing	0.8%	612
Availability of child care	0.4%	287
Access to specialty care	0.4%	303
Lack of supervision	0.3%	232
Lack of food	0.1%	96
Other	20.7%	15,048
Total	**100.0%**	**72,661**

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

Reading to Child

Reading to a child during their early years helps promote language acquisition, literacy development and, later on, greater achievement in reading comprehension and overall success in school.[1]

KEY FINDING: Reading to Child

6.3% of children age 5 and under have not been read to in the home in the past 3 months.

About half of children age 5 and under (47.8%, or 8,292 young children) have had an adult read to them in the home 5 or more times each week during the past 3 months. In contrast, 6.3% of children age 5 and under (1,092 young children) have not been read to in the home during the past 3 months at all.

Reading to Child in the Home in Past 3 Months
Ages 0 to 5
(HARC, 2013)

	Weighted Percent	Population Estimates
5 or more times each week	47.8%	8,292
2 to 4 times a week	27.3%	4,731
Once a week	9.2%	1,602
Less than once a week	9.5%	1,644
Never	6.3%	1,092
Total	**100.0%**	**17,362**

[1] Tips for Practicing Reading at Home to Increase Reading Fluency. (2006). The Help Group. http://www.thehelpgroup.org/pdf/guide/Levin_article.pdf

CONCLUSION

Conclusion

HARC's Community Health Monitor (2013) survey has produced a significant amount of noteworthy information. This Executive Report covers many of the important highlights and key findings. Additional in-depth information will subsequently be available online via HARC's online database, HARCSearch. HARC will also release additional reports on topics of special interest progressively throughout the year; for a schedule of the data releases, please visit www.harcdata.org.

HARC enthusiastically supports the responsible use of statistics. If you have any questions on how to interpret this data, or how to cite the data accurately, please don't hesitate to contact us at 760-404-1945, or via email at staff@harcdata.org.

"I often say that when you can measure what you are speaking about, and express it in numbers, you know something about it; but when you cannot measure it, when you cannot express it in numbers, your knowledge is of a meager and unsatisfactory kind."

— Lord Kelvin