



COACHELLA VALLEY HEALTH NEEDS ASSESSMENTS

A Summary of Coachella Valley Health Needs Assessments,
Community Focus Groups, and Service Provider Survey

2000-2006



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Coachella Valley Health Needs Assessments,
Community Focus Groups,
and Service Provider Survey

2000 - 2006

Prepared for the
Coachella Valley Health Collaborative (CVHC)

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***“Plan for the future because that is where you are going to spend
the rest of your life.”***
Mark Twain

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A Summary of Coachella Valley Needs Assessments, Community Focus Groups, and Service Provider Survey,

2000-2006

This Summary was the product of collaborative efforts between the Coachella Valley Health Collaborative (CVHC) Steering Committee Members and a wide variety of stakeholders in the Coachella Valley, including community and area leaders; human, health, and social service providers; and grassroots organizations. The sharing of their existing community needs assessment documents provided a foundation and historical perspective on the health-related needs of the various communities and constituents of the Coachella Valley. The sharing of their insights and point-of-views provided a rich perspective on the current needs and community strengths and resources of the Coachella Valley.

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This report was prepared by Joan Branin, Ph.D., and Rebecca Martinez, D.P.A., Grant Consultants, with previous experience in conducting needs assessments, facilitating focus groups, and consulting to community-based organizations and local communities.

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“A healthy attitude is contagious but don’t wait to catch it from others. Be a carrier.”

Anonymous

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I. EXECUTIVE SUMMARY

Overview: In the six years between 2000 and 2006, there have been many efforts in the Coachella Valley to assess the health and human services concerns of local residents. In 2006, the Coachella Valley Health Collaborative (CVHC), a newly formed collaborative whose individual partners have a long history of organizing and working together to create systems change within a variety of disciplines was awarded a grant from The California Endowment Foundation. The intent of the grant was to support infrastructure development of a regional health collaborative that would utilize a primary prevention approach to address the public health needs of the residents of the Coachella Valley.

Methodology: Supported by the grant, twenty-two (22) community health needs assessments were identified by the Coachella Valley Health Collaborative Steering Committee and reviewed by consultants, Joan Branin, Ph.D., and Rebecca Martinez, D.P.A. This report contains a summary of the key findings from the review of existing health needs assessment documents.

In additions, ten focus groups of 157 community leaders, service providers, grassroots organizations, and area leaders was conducted to assess the nature and extent of the public health needs and related issues in the Coachella Valley across three target populations—children, adults, and seniors. Lastly, a Service Provider Survey was distributed to 350 service providers to identify the major health needs of the residents and the strengths and resources of the Coachella Valley. The survey provides insight into community health needs from the perspective of the health and social service providers. These latter two needs assessments activities provide a broad and current view of the health-related needs of the Coachella Valley.

Throughout this report, "health" is defined broadly to include social, economic, and environmental factors that essentially create a healthy community.

This report is organized into the following sections:

1. The **Executive Summary** highlights selected notable findings that are described in greater detail in the body of the report.
2. The **Introduction** contains background information and describes the review methodology, data collection procedures, and the specific focus of this report.

3. The **Demographics** section describes the population, ethnicity, and age distribution and education attainment of the residents of the Coachella Valley.
4. The **Community Health Indicators** section compares the Coachella Valley to Riverside County, the State of California, and the Healthy People 2010 National Objectives on 11 indicators of community health. Included is a Summary Table of the 2004 Count of Deaths by Selected Causes and Zip Codes of Coachella Valley Residents.
5. The **Community Needs Assessment Fact Sheets** section presents a one-page fact sheet on the priority and emerging needs and the community strengths and weaknesses described within each document. Included is a Summary Table of a Comparative Analysis of the Priority and Emerging Health-related Needs Across All Community Needs Assessment Documents.
6. The **Community Needs Assessment Summaries** section contains a brief summary of each community health needs assessment document.
7. The **Focus Group and Participants** section discusses the results of 10 community needs assessment focus groups with service providers, community leaders, grassroots organizations, and area leaders conducted from August-September 2006. Included is a Summary Table of the Priority Health Needs by Target Populations for All Focus Groups.
8. The **Service Provider Survey** section summarizes the key findings from a survey of Coachella Valley service providers conducted in the fall, 2006. Included is a Summary Table of the Three Most Critical Health Needs of Adults, Children, and Seniors from the perspective of Service Providers.
9. The next section, **Recommendations**, draws conclusions from the data, identifies gaps in existing needs assessment data, and suggests recommendations for future directions.
10. The last section, **References**, lists the references and citations used in this report.

HIGHLIGHTS

The following are the highlights of the key findings in this report.

Community Health Indicators

- Heart disease, a major health concern, is ***the*** major cause of death in Desert Hot Springs, Palm Springs, and Palm Desert and the second major cause of death in Indio/ Coachella. Riverside County ranked 53 among the 56 California counties in deaths due to coronary heart disease. Cancer, stroke, and unintentional injury were among the other major causes of death in the Coachella Valley.
- Over 10% of Riverside County adults reported being diagnosed with asthma, almost 7% reported being diagnosed with heart disease, and 6% with diabetes. In the Coachella Valley, the largest rate of hospitalizations for asthma and diabetes were in Indio/ Coachella.
- The Eastern Region continues to have the highest rate of HIV/ AIDS in Riverside County.

Existing Community Needs Assessments

- Affordable and accessible recreation, adult education and childcare are needed child and family services. Uncoordinated service delivery and unreliable and costly transportation can be major barriers to accessing services.
- Poor nutrition and senior hunger are areas of concern and can negatively affect senior health and independence. The volume of home-delivered meals is decreasing as overall need increases and costs increase.
- The number of homeless continues to grow. Most of who are white males with only one third residing in an emergency shelter. Women and children comprise 46% of the homeless population. The homeless report persistent health care needs, symptoms of mental illness, and use of alcohol and/ or other drugs.
- Among agricultural workers, incidences of high cholesterol, obesity, hypertension, and iron deficiency anemia are higher than among all U.S. adults. Half of all males and two-fifths of females have never been to a dentist and more than two-thirds have never had an eye care visit.

- Obesity is a growing epidemic among children in the Coachella Valley. Students enrolled in 5th, 7th, and 9th grades in Coachella, Indio, and Palm Springs have a greater percentage of students who are overweight than in Riverside County and California.
- Diabetes, alcohol drugs, obesity, cancer, and teen pregnancy were the top five health concerns among Latinos. Language, cost of care/ lack of insurance, and physical access difficulties were the major barriers to accessing needed care.
- Diabetes, obesity, and nutrition were the major healthcare need identified across all community needs documents.
- The need for affordable care and health insurance, greater and easier access to care, and lack of transportation were consistent themes.
- Building capacity and enabling services, engaging community through health education, prevention and wellness initiatives, and informing community about available resources and opportunities are three strategic areas identified for community and social change.

Focus Groups

- Diabetes/ obesity/ nutrition was the priority health need for adults, children and seniors indicated by the 157 community leaders, service providers, grassroots organizations, and area leaders who participated in the 10 focus groups. The priority needs by target population (in rank order) are:
 - For **adults**, the priority health needs are diabetes/ obesity/ nutrition, access to health care, and mental health services
 - For **children**, the priority health needs are diabetes/ obesity/ nutrition, health education, and access to health care
 - For **seniors**, the priority health needs are diabetes/ obesity/ nutrition, affordable health care, and mental health services
- The major strengths and assets in the Coachella Valley in addressing health needs identified are
 - Three hospitals and lower cost public health clinics
 - Number of health, social service and faith-based organizations
 - Collaborative efforts of organizations
 - Work of promoters in the Latino community
 - Wealth and level of volunteerism in the communities
 - Existence of regional collaborative and organizational networks

- Weaknesses of the healthcare delivery system include
 - Lack of adequate mental health services
 - Lack of affordable care and health insurance
 - Insufficient number of specialists and geriatricians
 - Inadequate funding; and complexity of the system

- Barriers to accessing the healthcare system include
 - Language barriers, cultural insensitivity, and distrust of Anglo care
 - Distance to care and need for transportation
 - Lack of health information and knowledge and awareness of available services
 - Hours of operation and long waits
 - Lack of insurance

Service Provider Survey

- Although the health and social service providers rated their own health as "very good" and the quality of the health of the community as "good", they rated the healthcare in the community as only "fair."

- The major health needs and issues that need to be addressed in the next 3-5 years by the community to improve the overall health of the residents of the Coachella Valley are
 - Alcohol and drug abuse
 - Diabetes, nutrition and obesity
 - Mental health

- The most critical health needs of adults in the Coachella Valley are
 - Diabetes, obesity and nutrition
 - Drug and substance abuse
 - Mental health

- The most critical health needs of children in the Coachella Valley are
 - Diabetes, obesity and nutrition
 - Drug and substance abuse
 - Health education

- The most critical health needs of seniors in the Coachella Valley are
 - Diabetes, obesity and nutrition
 - Heart disease
 - Mental health

Diabetes, obesity, and nutrition were seen as a priority health need by all three target populations.

- The major behavioral and lifestyle factors in increasing the risk for disease and injury are
 - Lack of regular exercise
 - Poor nutrition
 - Drug use
- The major community strengths and resources in addressing the health needs are
 - The number and quality of medical facilities
 - The availability of community clinics

The commitment to improving health and good dissemination of information was also seen as important.

- Lack of affordable healthcare, lack of mental health services, and shortage of medical staff was seen as the major weaknesses of the healthcare system.

Gaps in Existing Needs Assessment Data

After reviewing the numerous needs assessment documents that were produced from 2000-2006, some gaps in existing needs assessment data were noted.

- Mental health needs, services and issues
- Disabled populations
- Needs/ issues related to multiculturalism
- Needs/issues of African American population
- Single parenthood
- Gay and lesbian populations
- "Snowbirds" and other part time residents
- Community strengths and assets

Recommendations to the Coachella Valley Health Collaborative

Based on the findings from the review of existing needs assessment documents, and the results from the recent needs assessment focus groups and service provider survey, the Consultants recommend the following:

1. Identify a **Single** Public Health Need

Identify a **single** public health need of residents living in the Coachella Valley area of Riverside County upon which community efforts and resources can be focused and directed. This need should be one that uses a primary prevention approach to address and improve the health status of the residents.

Based upon the document review, focus groups, and service provider surveys, the primary public health needs (in rank order) identified were

- Diabetes, obesity and nutrition
- Drug and substance abuse
- Mental health services
- Heart disease and cancer (as major causes of death)

2. Utilize the Existing Community Strengths and Infrastructure

Utilize the strong existing collaborative, the large number of health and human service organizations, the number and quality of the medical facilities and availability of community clinics, and the community commitment to change and improve the health of the Coachella Valley to develop and support the infrastructure of a regional health collaborative. Community groups and individuals indicated an interest in working together to address and solve common problems.

3. Tap the High Level of Volunteerism and Potential Donors

Tap the high level of volunteerism and potential donors--and the related commitment and caring--to provide needed funding, expertise, and human capital for community change.

4. Better "Collaboration, Coordination, and Communication" of Resources

Better use of current and future community resources through "collaboration, coordination, and communication". Some documents highlighted the richness of existing resources in some areas and the scarcity in other areas. In some cases, duplicity of resources existed and

service providers were not aware of the extent of each other programs, activities, and participants.

5. Establish a Series of Coordinated Community Outreach, Health Education Programs Across the Coachella Valley

Establish a series of coordinated community outreach, health education programs across the Coachella Valley. A preventive approach to addressing public health needs is based on sound health information and communication of this information. For example, to reduce the incidences of diabetes and obesity, better awareness and understanding of nutrition, exercise and diet are important. Service providers indicated that lack of regular exercise and poor nutrition were two of the major behavioral and lifestyle factors in increasing the risk of disease and injury.

6. Diversity in Dissemination of Health Information

Use of a variety of methods to disseminate health information to reflect the diversity of the Coachella Valley. Information should be in multiple languages (wherever possible) and presented in culturally sensitive manner. Other methods of dissemination include the Internet, Info Vans, health fairs, and self-care management classes.

7. Evaluate Transportation as a Barrier to Access of Care

Need for transportation was a frequently mentioned concern and barrier to accessing healthcare. A transportation needs assessment may be appropriate to determine the exact nature of the needs and acceptable options.

8. Enlist the School Districts in Developing School-based Health Awareness and Education Programs

Enlist the school districts in developing school-based health awareness and education programs in the elementary, middle and high school level. Successful existing programs may be modified and replicated across districts and grade levels.

9. Develop a Coachella Valley Resource Guide

Develop a Coachella Valley Resource Guide of health and human services designed for use by residents, service providers, community-based organizations, donors, funders, and governmental agencies. The Guide should be portable and centralized (print version and Web-based version) to maximize usage. The multiple documents consistently noted a lack of knowledge of available resources.

10. Need for Referral Services

A continuing need for referral services particularly among seniors, their caregivers, and those in need of mental health counseling and services exists. These groups seem to be experiencing the greatest frustrations in navigating the healthcare system according to focus group participants.

11. Initiate an Asset Mapping Project of the Coachella Valley

Consider initiating an Asset Mapping Project of the Coachella Valley. This is an extensive identification of the existing resources along the major health indicators, health and social service needs, and behavioral and lifestyle factors that will improve the health of the residents of the Coachella Valley.

12. Develop a Long-term Strategic Plan

Develop a long-term strategic plan of the community's future need for more medical facilities, community clinics, and healthcare professionals (including specialists). This is even more essential for the Coachella Valley because of several demographic trends.

- The Coachella Valley's population is expected to continue to grow at a faster rate than other parts of Riverside County.
- There are a greater proportion of older adults in the Coachella Valley and it will continue to grow as the general population ages.
- There is a projected shortage of healthcare personnel as the baby boomer retires.

These factors will create a greater demand for facilities and trained healthcare professionals and rationale for increased funding from grants, donors, and other funding sources.

13. Evaluate the Needs of the Uninsured, Underinsured and Those Who Seek Primary Care in Mexico

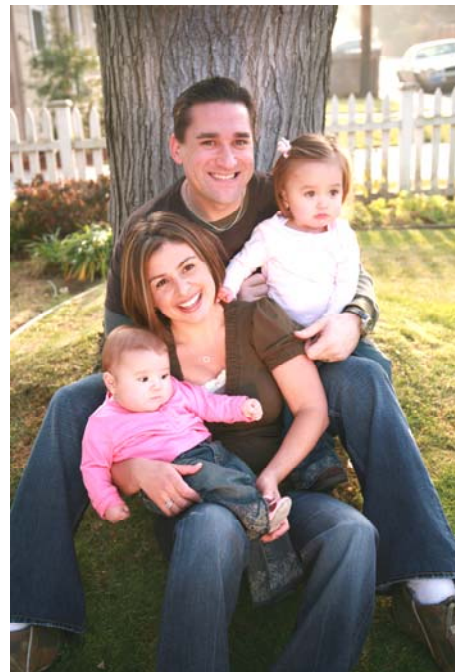
Evaluate the needs of the uninsured, underinsured, and those who seek primary care in Mexico. Those who are uninsured and underinsured may be utilizing border care for routine care but may need to use urgent and emergent services in the Coachella Valley for nonroutine care. The need for community clinics may be underestimated due to the use of border care in Mexico by some residents.

14. Mount an Image Building and Awareness Campaign

Address the negative perception of the quality of the current healthcare system in the Coachella Valley. These negative feelings may be due to inaccurate perceptions of the level and quality of care, unrealistic expectations of the type and quality of care needed, or some deficits in the system that can or cannot be easily remedied (e.g., hours of operation, need for bilingual staff, lack of equipment and technology). Also, many residents may not be applying for programs and services for which they are eligible but not aware of their existence and/or eligibility requirements.

15. Systematically Generate Health Status Information

Systematically generate information on the health status of the residents of the Coachella Valley. This information can be used to monitor changes in the health status of the community. The recent efforts of HARC (Health Assessment Resource Center) to provide an ongoing health assessment program of the Coachella Valley will be a step in that direction.



“A healthy family is sacred territory.”
Anonymous

II. INTRODUCTION

A. Background

The Coachella Valley Health Collaborative (CVHC) is a newly formed collaborative whose individual partners have a long history of organizing and working together to create systems change within a variety of disciplines, i.e., public health, education, and public safety. CVHC proposes to lay the foundation for an initial phase to develop a regional, strategic blueprint that addresses health-related issues in the Coachella Valley.

In 2006, the Coachella Valley Health Collaborative was awarded a grant from The California Endowment (TCE) to support infrastructure development of a regional health collaborative that will utilize a primary prevention approach to address the public health needs of residents living in the Coachella Valley area of Riverside County. The funding will be used to create a collaborative and allow partners to facilitate planning meetings inviting important stakeholders such as representatives of schools, hospitals, health care organizations, local government, elected officials, recreation services, the public health department, and other interested community individuals and organizations.

One of the major components of the grant was to perform a community strengths/needs assessment. This was accomplished by the following three major activities.

- (1) Review existing local needs assessment documents from 2000-2006 (including a review of existing TCE funded projects in the Coachella Valley)
- (2) Perform a community/ strengths assessment using focus groups
- (3) Distribute a written survey to service providers to assess the health-related needs of various target populations and community strengths and resources

B. Methodology

I. Review of Community Needs Assessment Documents

The first major section of this document consists of the review of existing local needs assessment conducted between 2000 and 2006. This report contains a review of 20 past needs assessments conducted by various community agencies. The data

included in these assessments range from original survey data to secondary and archival data gathered from local, state, and national sources.

The process for determining which documents would be included began with a compilation of known documents with a focus on health-related issues. These documents were identified by Coachella Valley Health Collaborative members, Regional Access Foundation staff, as well as Joan Branin, Ph.D., and Rebecca Martinez, D.P.A, consultants to the Coachella Valley Health Collaborative. The Consultants read and summarized these identified documents. (See Sections V and VI.)

II. Focus Groups

The second major section of this document consists of the findings from the focus groups. One of the activities under the grant was to conduct a needs assessment of the residents of the Coachella Valley using focus groups. The purpose of the focus groups was to assess the nature and extent of the public health needs and related issues in the Coachella Valley; to accurately define the needs of the target population to be served; and to ascertain the nature of the resources available and services needed. From August-September 2006, Joan Branin, Ph.D., and Rebecca Martinez, D.P.A., Consultants, conducted a series of ten needs assessment focus groups. These focus groups were comprised of 157 community members, service providers, grassroots organizations, and area leaders in the Coachella Valley. (See Section VII.)

III. Service Provider Survey

The third major section consists of the findings from the written survey distributed to service providers in the Coachella Valley. In August- September, 2006, a needs assessment survey was designed and distributed via mail, Internet, and in person to approximately 350 service providers in the Coachella Valley using the Regional Access Project mailing list, health care professionals and providers in the Coachella Valley, CVHC Steering Committee members, CVAG members, and other related individuals and organizations. A total of 222 surveys were returned and analyzed. (See Section VIII.)

C. Focus of the Community Needs Assessment Summary

The focus of this summary of existing community needs assessment documents was to gather information about the population health-related issues, concerns, and problems within the Coachella Valley. This overview of previous community needs assessments was historically and tended to be need-based. Thus, the findings in these existing community needs documents tend to be historical and needs-based rather than asset-based.

The inclusion of the results of the ten focus groups and the survey of service providers provides a more balanced assessment of both the needs and strengths and resources of the communities in the Coachella Valley. Additionally, both of the focus groups and survey of service providers divided the health-related needs into three target populations: children, adults, and older adults. Thus, the findings from the focus groups and service provider survey are current and both needs- and asset-based. Together, they reflect a broad assessment of the needs and strengths of the community from the perspective of community members, service providers, grassroots organizations, and area leaders as well as service providers.

This summary document is a first step in an ongoing process of community health needs assessment that will be continuing during 2007. The second step will focus on an assessment of the health-related needs using telephone interviews of community residents. With the completion of both steps, interested stakeholders will have an up-to-date, comprehensive community assessment of the health-related needs of the residents of the Coachella Valley.

This retrospective review of community needs assessments documents in the Coachella Valley combined with the recent assessment of community needs by service providers and the subsequent assessment by community residents will enable better identification of the community needs, assets, and resources of the communities in the Coachella Valley.



“If a free society cannot help the many who are poor, it cannot save the few who are rich.”

John F. Kennedy

II. DEMOGRAPHICS OF COACHELLA VALLEY

A. Population Distribution

Population of Riverside County

Riverside County is one of the fastest growing counties in the United States and the fourth largest county in the state, stretching nearly 200 miles across and comprising 7,310 square miles of fertile river valleys, low deserts, mountains, foothills and rolling plains. In 2005, the county's population was 1,877,000, a 21.5% change from 2000. Riverside County shares borders with densely populated Los Angeles, Orange, San Diego, and San Bernardino counties. Riverside County is composed of 23 incorporated cities and hosts the wealthiest community in California, Indian Wells, as well as areas of extreme poverty. New retirement communities are rapidly growing and large concentrations of older adults remain in metropolitan areas, such as Coachella Valley.

According to the 2000 U.S. Census, Riverside County's population reached an estimated 1,545,387, an increase of 32.0% from the 1990 Census. Riverside County consists of eight regions of which the area under study described as the Coachella Valley, includes Regions I and II and includes the cities listed below.

Region I: East Desert/ Coachella Valley – Indio, Mecca, Thermal Oasis, Coachella, Thousand Palms, Salton Sea

Region II: West Desert/ Coachella Valley – Palm Springs, Desert Hot Springs, Cathedral City, Rancho Mirage, Palo Desert, La Quinta, Indian Wells

Population of the Coachella Valley

According to the 2000 U. S. Census, the population of the Coachella Valley was 332,485 and has grown in 2005 to 410,974, an increase of 23.6%. The Coachella Valley is growing at a faster rate than Riverside County, California, and the United States. From 1990-2000, Coachella Valley grew more than twice as the rate in California. According to the California Department of Finance, the Coachella Valley's population grows by 53 people daily.

The fastest growing cities in the Coachella Valley are La Quinta (52.5%) and Coachella (35.4%). The largest incorporated cities are Indio (66,118) and Cathedral City (50,632). The Palm Springs Destination Marketing Analysis

(DMA) boasts a permanent population of over 410,000 with an estimated seasonal influx of roughly 100,000 people, and now ranks 159 out of 210 DMAs around the country reflecting the phenomenal growth of households within the market.

Between 2005 and 2020, some 212,000 permanent residents are projected to move to the Coachella Valley. This growth translates to 75,750 new households with 5,050 new homes needing to be built annually. California officials estimate the Coachella Valley's population will pass 500,000 in 2015, 600,000 by 2020, and 1.1 million by 2066.

Population of Coachella Valley Cities			
	2000	2005	% change
Cathedral City	42,647	50,632	18.70%
Coachella	22,724	30,764	35.40%
Desert Hot Springs	16,582	19,386	16.90%
Indian Wells	3,816	4,781	25.30%
Indio	49,116	66,118	34.60%
La Quinta	23,694	36,145	52.50%
Palm Desert	41,155	49,280	19.70%
Palm Springs	42,807	45,731	6.80%
Rancho Mirage	13,249	16,416	23.90%
Unincorporated	76,695	91,721	19.60%
Coachella Valley Total	332,485	410,974	23.60%
Riverside County	1,545,387	1,877,000	21.50%
Inland-Empire	3,255,526	3,823,202	17.40%
California	33,873,086	36,810,358	8.70%
United States	281,421,906	297,453,797	5.70%

Source: California Department of Finance, Riverside County Center for Demographic Research, 10/2005

B. Ethnic Distribution of the Coachella Valley

Although the Coachella Valley is ethnically diverse, Hispanics (49.9%) and Whites (44.7%) comprised the majority of the population. Like most of Southern California, the Coachella Valley has a well-established, yet growing, Hispanic population. Although only two percent of the population, the Asian/Pacific Islanders segment of the population was the fastest growing from 1990-2000. Over the same time period, the Hispanic segment of the population grew by 66.3%.

Coachella Valley Population by Ethnic Composition		
Race	Number	Percent
White	166,634	44.70%
Hispanic	186,222	49.90%
Black/ African American	6,536	1.80%
Asian/Pacific Islander	7,697	2.10%
American Indian and Eskimo	1,505	0.40%
Other	266	0.10%
Two or more races	4,240	1.10%

Source: Claritas 2004

Percent Change in Population by Race & Ethnicity 1990-2000					
	1990 Number	Percent of Population	2000 Number	Percent of Population	Percent Change
Total population	230,547	100.00%	318,125	100.00%	37.99%
White	129,469	56.16%	152,099	47.81%	17.48%
Hispanic	88,864	38.54%	147,750	46.44%	66.27%
Black/ African American	4643	2.01%	6244	1.96%	34.48%
Asian/Pacific Islander	3817	1.66%	6542	2.06%	71.39%
American Indian and Eskimo	1501	0.65%	1484	0.47%	-1.13%
Other	340	0.15%	281	0.09%	-17.35%
Two or more races	2306	1.00%	3725	1.17%	61.54%
Source: Claritas 2004					

C. Age Distribution of the Coachella Valley

The population in the Coachella Valley is older than in Riverside County and California. In 2004, the median age in the Coachella Valley is 36.1 years compared to 32.64 in Riverside County, and 33.64 in California. In 2004, thirty percent (30.2%) of the residents are aged 20 or younger and twenty-two (22.5%) are seniors and is projected to remain almost the same in 2009 (30.0% and 23.3% respectively).

Coachella Valley Population by Age			
	2000	2004	2009 (Projected)
All	318,125	373,100	440,629
Under 15	72,593	80,907	92,406
15-20	25,136	31,567	38,445
21-24	14,467	20,567	24,572
25-34	39,608	48,257	54,679
35-44	43,109	47,273	51,998
45-54	34,219	42,066	51,209
55-59	15,079	18,704	24,811
60-64	15,259	17,507	22,858
65-74	31,500	33,966	40,641
75-84	21,391	24,760	29,155
85 and Over	5,764	7,526	9,855
Median Age			
Palm Springs DMA	36.68	36.11	36.96
Riverside County	32.91	32.64	33.43
California	33.26	33.75	34.45
United States	35.31	35.95	36.72
Source: Claritas 2004			

D. Educational Attainment of Coachella Valley Residents

More than one quarter (25.2 %) of Coachella Valley residents have degrees ranging from associate to PhDs. The graduation rate in the Coachella Valley (89.2%), Desert Sands (86.4%), and Palm Springs Unified School Districts (90.2%) are higher than San Bernardino, Los Angeles, and San Diego Counties and the State of California. Both Coachella Valley and Palm Springs Unified are higher than Riverside County (88.5%).

Coachella Valley Educational Attainment 2004

Education Level	Percent of Total Number
Less than 9th grade	14.10%
Some High School, no diploma	14.01%
High School Graduate (or GED)	22.08%
Some College, no degree	24.59%
Associate Degree	5.49%
Bachelor's Degree	12.36%
Master's Degree	4.34%
Professional School Degree	2.37%
Doctorate Degree	0.65%
Total Population Age 25+	240,059

Source: Claritas 2004

Graduation Rate Comparisons (2003-2004)

Coachella Valley Unified	89.20%
Desert Sands Unified	86.40%
Palm Springs Unified	90.20%
Riverside County	88.50%
San Bernardino County	82.70%
Los Angeles County	79.30%
San Diego County	84.10%
State of California	85.30%

Source: California Department of Education

IV. COMMUNITY HEALTH INDICATORS

Alcohol and Drug Abuse

In California, alcohol use is highest in the 18-25 year age group. In 2004, 50% of those 12 years of age and older reported alcohol use in the past month, while 21% reported binge alcohol use in the past month. Binge alcohol use is defined as drinking five or more drinks on the same occasion. Forty-four percent reported a perception of great risk of drinking five or more drinks once or twice a week. Almost 8% of Californians were estimated as having alcohol dependence or abuse. The greatest dependence or abuse was in the 19-25 age group.

While 13 percent of people in the United States used illicit drugs in 1991, a Rand study estimated that 17% of Californians used illicit drugs that year. In California, illicit drug use in the past month was estimated at 8.92% in 2004 and illicit drug dependence or abuse was estimated at 3.14%. Almost 3% of the state population was estimated as needing but not receiving treatment for illicit drug use.

In California, the 2005 crude death rate from drug-induced deaths was 9.4 per 100,000 population compared to 9.4 per 100,000 population in the United States.

In Riverside County, the 2005 crude death rate per 100,000 population from drug-induced deaths was 9.5 above the Healthy People 2010 National Objective of 1.0 per 100,000 population. Riverside County ranked 24th among the 58 California counties.

Asthma

From 2001-03, 11.8% of California adults reported ever being diagnosed with asthma. Three out of ten of the over three million adults ever diagnosed with asthma were low income. Elderly adults age 65 or over accounted for only 13% of adults ever diagnosed with asthma. Among adults ever diagnosed with asthma in 2001-03, the racial/ ethnic distribution was 56.1% White, 21.9% Latino, 8.9% Asian, 1.3% American Indian/ Alaskan Native, and 3.5% other.

From 2001-03, 10.4% of Riverside County adults reported ever being diagnosed with asthma. Almost four out of ten adults ever diagnosed with asthma were low income. Elderly adults age 65 or over accounted for only 14% of adults ever diagnosed with asthma.

From 2001-03, the rate of asthma hospitalizations per 100,000 for all age groups was 13.9 in Indio/ Coachella, 10.1 in Desert Hot Springs, 8.6 in Palm Springs, and 6.4 in Cathedral City/ Palm Desert. The rate of asthma hospitalizations for all age groups in Riverside County was 11.4 per 100,000. The Healthy People 2010 target for asthma hospitalizations ages 5-64 is 7.7 per 10,000. Riverside County, Indio/ Coachella, Desert Hot Springs, and Palm Springs compare unfavorably to the Healthy People 2010 target.

From 1996-2003, the 8-year average number of hospital discharges due to asthma in Riverside County was 1,765. Of these, the 8-year average number of hospital discharges due to asthma was 150 in Indio/ Coachella, 88 in Cathedral City/ Palm Desert, 39 in Palm Springs, and 29 in Desert Hot Springs.

Cancer

In California, the 2005 crude death rate from all cancers was 169.6 per 100,000 population compared to 193.5 per 100,000 population in the United States.

In Riverside County, from 2001-03, the average number of deaths from all cancers was 2,905.3. In 2005, the crude death rate per 100,000 population in Riverside County was 172.7 above the Healthy People 2010 National Objective of 159.9 per 100,000 population. In Riverside County, the age-adjusted death rate was 174.7 per 100,000 population. Riverside County ranked 26th in the State.

The 2004 crude death rate per 100,000 from cancer was 319.7 in Palm Springs, 221.7 in Desert Hot Springs, 277.9 in Palm Desert, and 107.8 in Indio/ Coachella. The 2004 crude death rate per 100,000 from cancer was 210.9 per 100,000 in the Eastern Region and 171.9 per 100,000 in Riverside County.

In 2000, the death rate from cancer in the East Desert/ Coachella Valley was 178.1 per 100,000 population. The death rate from cancer in the West Desert/ Coachella Valley was 171.5 per 100,000 population. In 2000, the death rate from cancer in Riverside County was 183.9 per 100,000 population which compared unfavorably with the California death rate of 179.8 and to the National Objective of 159.9 per 100,000.

Diabetes

In 2003, more than 1.6 million California adults age 18 and over (6.6%) reported being diagnosed with diabetes. Almost half of the over 1.6 million California adults were low income (45.6%) and over one quarter of adults (26.6%) with diabetes had Medi-Cal. More than one in three adults with diabetes was over the age of 65. While the risk of diabetes increases with age, nearly two-thirds of adults with diabetes were under the age of 65. Among adults ever diagnosed with diabetes in 2001-03, the racial/ ethnic distribution was 42.8% - White, 34.2% - Latino, 9.4% -

African American, 10.5% - Asian, 1% - American Indian/ Alaskan Native, and 2.2% - other.

From 2001-03, 6.1% of Riverside County adults reported being diagnosed with diabetes. Almost four out of ten adults (41.7%) ever diagnosed with diabetes were low income. Elderly adults age 65 or over accounted for only 50.7% of adults diagnosed with diabetes.

In 2003, the number of diabetes hospitalizations in Riverside County was 2,497. Of these, the number of diabetes hospitalizations was 189 in Coachella Valley, was 162 in Cathedral City/ Palm Desert, was 62 for Palm Springs, and was 56 for Desert Hot Springs.

The 2004 crude death rate per 100,000 from diabetes was 13.0 in Palm Springs, 21.9 in Desert Hot Springs, 12.7 in Palm Desert, and 15.9 in Indio/ Coachella. The 2004 crude death rate per 100,000 population from diabetes was 17.4 in the Eastern Region of the Coachella Valley and 17.8 for Riverside County. The Healthy People 2010 target for death per 100,000 of people with diabetes is 7.9. Riverside County ranked 22nd among the 58 California counties in deaths from diabetes.

Heart Disease

In 2003, 6.9% or more than 1.7 million California adults age 18 and over reported being diagnosed with heart disease. Among all California adults with heart disease, over one third (37.3%) had low incomes and roughly one-fifth (22.0%) had Medi-Cal. Approximately half of the adults (52.0%) with heart disease in California were age 65 and over. Half of the California adults with heart disease were then under 65 and reliant primarily on health insurance other than Medicare if they were insured. Among California adults with heart disease, the racial/ ethnic distribution was 18.4% Latino, 1.1% American Indian/ Alaskan Native, 8.4% Asian, 6.7% African American, 63.2% White, and 2.3% other.

In 2003, 6.9% of Riverside County adults reported being diagnosed with heart disease. Over one-third (34.6%) ever diagnosed with heart disease were low income and 21.4% were on Medi-Cal. Elderly adults age 65 or over accounted for 63.4% of adults diagnosed with heart disease.

The 2004 crude death rate per 100,000 from heart disease was 403.9 in Palm Springs, 290.4 in Desert Hot Springs, 278.5 in Palm Desert, and 102.0 in Indio/ Coachella. The 2004 crude death rate per 100,000 population from heart disease was 222.9 in the Eastern Region of the Coachella Valley and 223.1 for Riverside County. The Healthy People 2010 National Objective for coronary heart disease is 166.0 per 100,000. Riverside County ranked 53rd among the 58 California counties in deaths due to coronary heart disease.

HIV/ AIDS

Since 1993, the AIDS rate in Riverside County has gradually declined although still remaining higher than California's rate and the Healthy People 2010 objective of 1 case per 100,000 population for persons aged 13 years and older.

In 2005, AIDS was the fifth most frequently reported communicable disease in Riverside County with 170 newly diagnosed cases reported. This was a 7.6% decline from the 184 cases during 2004. Of newly reported cases, 76% reported men having sex with men as a risk factor or an incidence rate of 36.6 cases per 100,000. In 2005, the cumulative prevalence rates for persons living with HIV and AIDS were 86.6 and 149.03 cases per 100,000 population, respectively.

For persons newly diagnosed with HIV/AIDS, the highest incidence rates were among adults 25-44 years of age. Males reported over ninety-two percent of the HIV/AIDS cases in Riverside County. Since the mid-1990s, AIDS rates have declined among all racial/ethnic groups. Whites continue to have the highest rates among all ethnic groups in Riverside County. Cumulative prevalence rates for HIV/AIDS are disproportionately high among African/Americans.

The Eastern Region continues to have the highest rate of HIV/AIDS in Riverside County. The number of reported cases of HIV in Riverside County from January to March 2006 was 96. Of this total, 72 or 74% of total cases reported were in the Eastern Region.

The number of reported cases of AIDS in Riverside County from January to March 2006 was 45. Of this total, 31 or 69% of total cases reported were in the Eastern Region. In 2005, the Eastern Region rate was 3.4 times greater than rates for Mid or Western Regions.

In 2000, the death rate per 100,000 population for AIDS in East Desert/ Coachella Valley was 10.0 per 100,000 and in the West Desert/ Coachella Valley were 19.8 deaths per 100,000 population. The Healthy People 2010 target is 0.7 deaths per 100,000 population.

Homicide and Suicide

In California, the 2005 crude death rate from homicide was 6.7 per 100,000 population compared to 6.1 per 100,000 population in the United States. In California, the 2005 crude death rate from suicide was 9.5 per 100,000 population compared to 10.9 per 100,000 population in the United States.

In Riverside County, from 2001-03, the average number of deaths from homicide was 110.3 and from suicide was 168.0. In 2005, the crude death rate per 100,000 population in Riverside County from homicide and suicide was 6.6 and

10.4, respectively. The Healthy People 2010 National Objective is 3.0 for homicide and 5.0 for suicide per 100,000 population. Riverside County ranks 46th in homicide and 21st in suicide death rates in the state.

The 2000 crude death rate per 100,000 from homicide was 13.5 per 100,000 and for suicide were 10.3 per 100,000 in the East Desert/ Coachella Valley. The 2000 crude death rate per 100,000 from homicide was 6.5 and for suicide were 9.5 per 100,000 population in the West Desert/ Coachella Valley. The crude death rate per 100,000 for homicide was 5.4 per 100,000 and 11.5 per 100,000 for suicide in Riverside County in 2000.

Liver Disease

In California, the 2000 crude death rate per 100,000 from liver disease was 13.7 per 100,000 in Riverside County and 3.6 per 100,000. The 2000 crude death rate per 100,000 from liver disease was 16.0 per 100,000 in both East Desert/ Coachella and the West Desert/ Coachella Valley.

The 2004 crude death rate per 100,000 from chronic liver disease and cirrhosis was 21.6 in Palm Springs, 3.1 in Desert Hot Springs, 17.8 in Palm Desert, and 9.4 in Indio/ Coachella. The crude death rate in Eastern Region was 13.2 per 100,000 and in Riverside County 11.7 per 100,000 per 100,000 population.

Lung Cancer/ Disease

In California, the 2005 crude death rate from lung cancer was 43.8 per 100,000 population compared to 54.9 per 100,000 population in the United States.

In Riverside County, from 2001-03, the average number of deaths from lung cancer was 790.7. In 2005, the crude death rate per 100,000 population in Riverside County was 47.2 above the Healthy People 2010 National Objective of 44.9 per 100,000 population. In Riverside County, the age-adjusted death rate was 47.2 and ranked the county 24th among the 58 California counties.

The 2004 crude death rate per 100,000 from lung disease was 103.7 in Palm Springs, 83.7 in Palm Desert, 65.6 in Desert Hot Springs, and 23.9 in Indio/ Coachella. In 2000, the death rate due to lung cancer in the West Desert/ Coachella Valley was 159 or 45.2 per 100,000 population. In 2000, the death rate due to lung cancer in the East Desert/ Coachella Valley was 51.1 per 100,000 population compared to the death rate due to lung cancer in the West Desert/ Coachella Valley was 45.2 per 100,000 population.

Vascular Disease/ Stroke

In California, the 2005 crude death rate from cerebrovascular disease was 55.6 per 100,000 population compared to 56.2 per 100,000 population in the U. S.

In Riverside County, from 2001-03, the average number of deaths from cerebrovascular disease was 979.3. In 2005, the crude death rate per 100,000 in Riverside County was 58.2 above the Healthy People 2010 National Objective of 48.0 per 100,000 population. Riverside County ranked 34th in the state with 979.3 average deaths from 2001-03 in deaths from cerebrovascular disease.

In 2004, the crude death rate per 100,000 from vascular disease/stroke was 131.8 in Palm Springs, 102.5 in Palm Desert, 62.5 in Desert Hot Springs, and 24.6 in Indio/ Coachella. In 2000, the death rate per 100,000 from stroke in the East Desert Coachella Valley was 60.7 per 100,000 population.

Unintentional Injury

Unintentional injuries are those without purposeful intent, including motor vehicle crashes affecting passengers or pedestrians, bicycle crashes, falls, fires, poisonings, drowning, choking, and occupational or recreational injuries. Unintentional injuries are the leading cause of death for people 1-44 years of age in the U. S. and results in more years of potential life lost than cancer.

In California, the 2000 crude death rate for all unintentional injury was 36.1 per 100,000 population compared to _____ in the U.S. In Riverside County, the 2000 crude death rate per 100,000 was 33.8 per 100,000 population above the Healthy People 2010 national objective is 17.5 deaths per 100,000 population.

The 2000 crude death rate per 100,000 from unintentional injuries was 36.1 per 100,000 in the East Desert/ Coachella and 47.8 per 100,000 in the West Desert/ Coachella Valley.

Major Causes of Deaths in the Coachella Valley

The top three causes of death in selected communities in the Coachella Valley are summarized in the next table.

Community	1 st	2 nd	3 rd
Desert Hot Springs	Heart Disease	All Cancers	Unintentional Injury
Palm Springs	Heart Disease	All Cancers	Stroke
Palm Desert	Heart Disease	All Cancers	Stroke
Indio/ Coachella	All Cancers	Heart Disease	Unintentional Injury

See the next page for the Summary Table of the 2004 Count of Deaths by Selected Causes and Zip Code of Residence for the Coachella Valley.

Riverside County
2004 Count of Deaths by Selected Causes and Zip Code of Residence

	Number of Deaths															
	Total Deaths	Heart Disease	Cancer			Stroke	CLRD	Unintentional Injury		Influenza/ Pneumonia	Diabetes	Alzheimer's	Chronic Liver Disease & Cirrhosis	Suicide	Homicide	All Other Causes
			Cancer All Causes	Female Breast Cancer	Lung Cancer			All Un-intentional Injury	Motor Vehicle							
Desert Hot Springs																
92240	233	64	55	4	17	11	15	19	11	6	4	7	0	8	5	39
92241	84	29	16	0	4	9	6	5	2	2	3	3	1	0	0	10
Total	317	93	71	4	21	20	21	24	13	8	7	10	1	8	5	49
Palm Springs																
92262	385	102	83	4	26	33	21	24	5	4	2	18	5	6	2	85
92264	265	80	61	1	21	27		11	5	8	3	9	5	3	0	58
92282	6	3	2	0	0	1	0	0	0	0	0	0	0	0	0	0
P.O. Box	6	2	2	0	1	0	1	0	0	0	1	0	0	0	0	0
Total	662	187	148	5	48	61	22	35	10	12	6	27	10	9	2	143
Palm Desert																
92210	58	11	19	2	5	9	3	3	0	2	1	1	0	0	0	9
92211	290	74	81	6	23	40	12	4	1	12	4	13	6	3	0	41
92234	380	103	81	5	28	23	31	18	8	7	4	11	9	7	3	83
92253	175	39	54	4	13	12	14	10	5	3	1	4	3	6	3	26
92260	447	131	117	8	45	47	33	16	6	8	6	9	8	8	0	64
92270	293	79	87	4	20	33	13	3	0	7	3	11	1	2	0	54
92276	77	22	19	1	4	5	4	6	3	2	2	1	2	1	0	13
P.O. Box	2	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Total	1,722	459	458	30	138	169	111	61	23	41	21	50	29	27	6	290

Riverside County 2004 Count of Deaths by Selected Causes and Zip Code of Residence

	Number of Deaths															
	Total Deaths	Heart Disease	Cancer			Stroke	CLRD	Unintentional Injury		Influenza/ Pneumonia	Diabetes	Alzheimer's	Chronic Liver Disease & Cirrhosis	Suicide	Homicide	All Other Causes
			Cancer All Causes	Female Breast Cancer	Lung Cancer			All Un-intentional Injury	Motor Vehicle							
Chella Area																
92201	367	94	96	12	20	24	18	21	6	8	17	7	6	5	2	69
92203	31	6	11	1	4	2	1	3	2	0	0	1	0	2	0	5
92236	97	22	19	1	2	3	5	8	5	2	4	0	5	2	5	22
92254	38	5	13	1	6	1	1	5	2	0	1	0	1	4	0	7
92274	61	13	10	1	1	4	2	14	11	2	0	1	1	1	1	12
P.O. Box	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	595	141	149	16	33	34	27	51	26	12	22	9	13	14	8	115
Region																
Total	3,436	911	862	57	256	287	192	179	74	74	71	96	54	58	22	630
County																
Total	13,338	3,976	3,063	230	869	945	896	639	295	335	317	449	208	173	85	2,252

County 2004 Crude Death Rates by Selected Causes and Zip Code of Residence. State of California, Department of Health Services, Birth Statistical Master File 2004 (Residence) 2004 Demographics by Zip Code in Riverside
 ss Enterprise, June 2004. Compiled by Riverside County Community Health Agency, Department of Public Health Epidemiology and Program Evaluation Branch.

***V. Community
Health Needs
Assessments
Fact Sheets
&
Summaries***



“He who is of a calm and happy nature will hardly feel the pressure of age, but to him who is of an opposite disposition; youth and age are equally a burden.”

Plato, 427-346 B.C.

V. Community Health Needs Assessments Fact Sheets & Summaries

The **Community Health Needs Assessments** Fact Sheets & Summaries sections (Section V and VI) consist of a

- Summary Table of the Comparative Analysis of the Priority and Emerging Health-Related Needs Across All Community Health Needs Assessment Documents
- One-page Fact Sheets on the priority and emerging health needs and the community strengths and weaknesses described within each document
- Summaries of each health needs assessment document

Procedure: After each community health needs assessment document was reviewed and summarized, a one-page fact sheet was developed listing the priority and emerging health needs, and the community strengths and weaknesses described within each document. These Fact Sheets provide an easy to read and easy to use means to identify the priority and/or emerging health needs and the community's strengths and weaknesses described in each document.

These Summaries and Fact Sheets were used to develop a Table of the Comparative Analysis of the Priority and Emerging Health-Related Needs Across All Community Needs Assessment Documents. In the far-left column of the Comparative Analysis Matrix are listed the names of each of the documents reviewed. Across the top of the Comparative Analysis Matrix are listed the names of 15 major community health indicators. The **X** within the matrix indicates that this major community health indicator was mentioned as a priority and/or emerging health need within that health needs assessment document. The totals at the bottom of the matrix indicate the number of times this major community health indicator was mentioned across ALL the community health needs assessment documents. The higher the total, the more frequently it was mentioned. Community health indicators with higher totals indicate that these indicators are higher priority and/or emerging health needs. Community health indicators with lower totals indicate that these indicators are a lower priority and/or emerging health need.

- See the next page for the Summary Table of the Comparative Analysis of the Priority and Emerging Health-Related Needs Across All Community Needs Assessment Documents

Comparative Analysis of Coachella Valley Needs Assessments Documents (2000-2006)

	Asthma Allergies	Alcohol & Drug Abuse	Cancer	Child-hood Diseases	Dental Care	Diabetes Nutrition Obesity	Domestic Violence Abuse	Family Planning	Heart Disease	HIV/AIDS Hepatitis C	Home-lessness	Lung Disease	Mental Health	Prenatal & Baby Care	Teen Pregnancy
Alzheimer's Assn. Latino Outreach		X	X		X	X							X		X
An Epidemic: Overweight Children															
Blue Ribbon Senior Nutrition						X									
Coachella Child and Family Assessment														X	
Coachella Valley Farm Worker Survey															
Coachella Valley Hunger Report						X									
Community Profile 2002 Riverside Cty		X			X	X	X	X		X			X	X	X
County Health Status Profiles 2002		X	X						X			X			
County of Riverside 2006 Coachella Valley Farm Worker Survey															
County of Riverside Homeless Assessment		X				X	X				X		X		
Desert Hot Springs Health Plan		X		X									X	X	
Diabetes in Two Cahuilla Communities						X									

Comparative Analysis of Coachella Valley Needs Assessments Documents (2000-2006)

	Asthma Allergies	Alcohol & Drug Abuse	Cancer	Child-hood Diseases	Dental Care	Diabetes Nutrition Obesity	Domestic Violence/ Abuse	Family Planning	Heart Disease	HIV/ AIDS & Hepatitis C	Home- lessness	Lung Disease	Mental Health	Prenatal & Baby Care	Teen Pregnancy
Eastern Riverside Cty Needs Assessment	X	X	X		X	X	X		X	X			X	X	X
Eastern Riverside Cty Health Needs	X					X	X			X					X
Evaluation Agric Worker Health	X		X											X	
Growing Epidemic: Child Overweight						X									
In Their Own Words: Farmworker Access			X	X	X			X	X				X		
Pathways to Farmworker Health													X	X	
Preparing for Boom Demographics						X									
Providing Assistance to Older Adults															
Suffering in Silence: Agric Workers					X	X							X		
Summary Discussion of Mental Illness															
Total	3	6	5	2	5	11	4	2	3	3	1	1	8	6	4

Fact Sheet

1. Alzheimer's Association/Latino Outreach Network, 2006 Latino Health Needs Assessment

Priority Health-Related Needs

- Diabetes, alcohol, drugs, obesity, cancer, and teen pregnancy were the top five health concerns.
- Alcohol/ drug addiction, diabetes, cancer, teen pregnancy, and depression were the top five health issues.

Emerging Needs

- Information about diabetes, depression, cancer, alcohol abuse and dental health.
- Health education and resource information

Community Strengths

- Conventional health care providers—doctors, clinics, and hospital emergency rooms

Weaknesses

- Language, cost of care/lack of insurance, and physical access difficulties due to distance, transportation, and schedules.
- Lack of health education and resource information

Fact Sheet

2. An Epidemic: Overweight and Unfit Children in California Districts (2002)

Priority Health-Related Needs

- Reduce high rate of overweight and unfit children in the 5th, 7th and 9th grades in 64th and 80th Assembly Districts.
- Reduce high rates of overweight and unfit children among certain ethnic groups and gender differences in overweight and unfit children in the 5th, 7th and 9th grades in 64th and 80th Assembly Districts.

Emerging Needs

- Declare a summit of government, health, education, business and nonprofit leaders to identify immediate strategies to address this emergency by the Governor
- Convene District forums of community leaders to identify immediate strategies to address the emergency locally.
- Implement the Physical Education Framework for California Public Schools K-12 in every school district and State law outlining elementary school nutrition standards (SB 19, 2001).

Community Strengths

- Administration of the *FITNESSGRAM* test annually and reporting of findings to the Governor and the Legislature.
- Formalize process to aggregate data by Assembly and Senate Districts

Weaknesses

- Need greater promotion of healthful nutrition and physical activity as top priorities by local health departments.
- Need to develop a “physical activity impact statement” as a method of determining the impact of community development on the ability of children and their families to be physically active by state and local agencies.

Fact Sheet

3. Blue Ribbon Committee on Future Challenges and Opportunities in Senior Nutrition

Priority Health-Related Needs

- Better nutrition to promote independent living and reduce healthcare costs
- More home-delivered meals
- Need for volunteers to prepare and deliver meals

Emerging Needs

- Increase food choices for diverse population
- Need for transportation to congregate sites
- Need to develop new donation and funding strategies

Community Strengths

- Cost-effective Riverside County Office on Aging nutrition program of providing 570,000 meals annually
- Older Americans Act Senior Nutrition Program's coordination with other meal programs in the County.

Weaknesses

- Length of current waiting list
- Lack of transportation to congregate sites
- Lack of funding to offset rising inflation
- Need a county-wide campaign to address senior hunger issues and secure additional resources

Fact Sheet

4. Coachella Valley Child and Family Services Coalition Community Assessment, November 2002

Priority Health-Related Needs

- Affordable and accessible recreation, adult education and childcare
- Resource guide, referral agency with toll-free number and website, and centralized information clearinghouse to existing services.
- Direct and affordable transportation especially in times of emergency
- Low income housing
- Medical care for undocumented families

Emerging Needs

- One-stop family resource centers
- More health services at more affordable prices and longer hours
- Better infrastructure in Eastern Coachella Valley to host medical clinics

Community Strengths: *None listed*

Weaknesses

- Categorical funding sources
- Lack of time and competition for resources
- Uncoordinated service delivery and unreliable and costly transportation
- Lack of attention and trust

Fact Sheet

6. Coachella Valley Hunger Report

Priority Health-Related Needs

- Reduce hunger and food dependency especially among low-income, the elderly and children
- Better utilization of food stamp and other food programs

Emerging Needs

- Create a consortium to address hunger needs
- Convene a donor symposium
- Construct a state-of-the art food bank facility

Community Strengths

- Second Harvest and The Emergency Food Assistance programs
- Sixty (60) pantries, soup kitchens, senior meal programs, youth organizations and others providing food in the Coachella Valley
- School Breakfast Program (SBP)

Weaknesses

- Inadequate data about food recipients and hunger in Coachella Valley.
- Lack of communication and service coordination among food pantries and soup kitchens.
- Lack of transportation to food sites
- Lack of directory of available services
- Quality and selection of the food available in the system.

- Unincorporated area of Mecca has the largest area of stick-built houses
- Transportation from parks to populated area is nonexistent
- Farmworker housing electrical system lacks capacity for appliances
- Farm workers are exposed to numerous toxic chemicals
- Language barriers and culturally insensitivity
- Overcrowded local ECV clinics

Fact Sheet

7. Community Profile 2002 Health and Human Service Needs in Riverside County

Priority Health-Related Needs

- Drug abuse
- Alcohol abuse
- HIV/ AIDS
- Family planning
- Well child care
- Affordable healthcare and health insurance
- Domestic violence
- Transportation
- Mental health services
- Affordable dental care
- Affordable quality childcare
- Teen pregnancy

Emerging Needs

- Prenatal care
- Child abuse
- Chronic illnesses
- Nutrition
- Urgent care facilities
- Shortage of senior housing
- Rehabilitation services

Community Strengths

- Number of hospitals in Region
- County public health clinic
- Mental health
- Mobile health van
- Number of services for seniors
- Collaboration and communication

- Diocese of San Bernardino has brought people together

Weaknesses

- Lack of communication/ collaboration
- Territory issues
- Complexity of process/ bureaucracy
- Funding processes
- Lack of trust
- Distance to specialty hospitals and care
- Long waits for care
- Transportation
- Lack of bilingual information about current services available
- Lack of awareness of current services
- Rise in service industry causing pockets of lower socioeconomic groups

Fact Sheet

8. County Health Status Profiles (2005)

Priority Health-Related Needs

- Reduce death rates due to all cancers, lung cancer, female breast cancer, coronary heart disease, cerebrovascular disease, and drug-induced deaths. (*Riverside County was higher than the death rates for the State of California and the Healthy People 2010*).
- Reduce deaths due to motor vehicle crashes, intentional injuries, and fireman injuries. (*Riverside County was higher than the death rates for California and the Healthy People 2010*).
- Reduce the death rate for all causes. (*Riverside County was higher than the death rates for the State of California death rate per 100,000 population*).
- Reduce morbidity rates per 100,000 population for tuberculosis and syphilis. (*Riverside County was higher than the morbidity rates for the State of California and Healthy People 2010*).
- Reduce the number of persons under 18 living below the poverty level. (*Riverside County was higher than in the State of California*).

Community Strengths

- Lower death rate due to diabetes and homicide than California rate.
- Lower death rate due to homicide than California rate
- Lower morbidity rates for Hepatitis C than rates for California and Healthy People 2010.
- Lower morbidity rates for AIDS, chlamydia, and measles than rate for California.
- Lower Black infant mortality (2000-2002) than the rates for California and Healthy People 2010.
- Lower number of low birth weight infants (2001-2003) than rate for California.
- Lower rate on adequacy of prenatal care and breastfeeding initiation than rates for California and Healthy People 2010.

Weaknesses: *None listed*

Fact Sheet

9. The County of Riverside 2006 Coachella Valley Farm Worker Survey: Final Report

Priority Health Related Needs

- Need for more medical services
- Lack of private medical/health insurance
- Lack of access to adequate transportation

Emerging Needs

- Improved medical and social services
- Lack of sick pay when workers are ill
- Inability to communicate in English

Community Strengths

- Approximately one quarter of year-round farm workers work 12 months out of the year doing farm labor
- Almost half work six days per week in the Coachella Valley
- 88% of year-round farm workers live in conventional housing

Weaknesses

- 44% of year-round farm workers are women
- 80% of seasonal farm workers cannot communicate in English
- 30% of seasonal farm workers live in substandard conditions
- 97% of seasonal farm workers household income is less than \$15,000
- 90% of farm workers do not have health care
- 33% of seasonal farm workers do not have an oven/stove
- 26% of seasonal farm workers do not have access to shower facilities

Fact Sheet

10. County of Riverside 2004/2005 Homeless Assessment

Priority Health-Related Needs: 2005 Homeless Survey

- Reduce the number of homeless people on any given day in the County of Riverside (currently estimated at 4,785)
- Provide emergency shelter or other temporary housing facilities for homeless
- Address the needs of children under the age of 18 who are homeless (25% of the homeless population).

Emerging Needs: *None listed*

Community Strengths: *None listed*

Weaknesses: *None listed*

Priority Health-Related Needs: 2004 Homeless Survey

- Reduce number of homeless women who have experienced domestic violence in their lives (67.1% of homeless population)
- Treat those with symptoms of mental illness (61.9% of the homeless population) especially those with mood disorder / depressive symptoms (42.1% of homeless population)
- Treat the "persistent" health care needs (40.7% of homeless population)
- Provide services for those currently using alcohol and / or other drugs (52.4% of the homeless population)

Emerging Needs: *None listed*

Community Strengths: *None listed*

Weaknesses: *None listed*

Fact Sheet

11. Desert Hot Springs Community Health Plan

Priority Health-Related Needs

- Build healthcare capacity and enabling services
- Health education, prevention and wellness initiatives
- Information about available resources and opportunities
- Prenatal care for healthy babies
- Immunizations and preventive primary care
- Transportation to care

Emerging Needs

- Cost of healthcare services
- Demographics and needs of surrounding unincorporated areas
- Mental health and substance abuse services

Community Strengths

- Medical and local community willingness to participate in community health plan
- Willingness to use a collaborative approach

Weaknesses

- Need for basic healthcare and urgent care services
- Need for transportation services
- High number of uninsured and uncompensated hospital care
- Reliance on emergency room services
- Lack bilingual health education and outreach activities

Fact Sheet

12. Diabetes in Two Cahuilla Indian Communities: A Case Study of the Riverside-San Bernardino Indian Health Diabetes Program and Two of the Communities It Serves

Priority Health-Related Needs

- Diabetes education
- Nutrition education
- Exercise education

Emerging Needs

- Disease prevention programs
- Disease diagnosis
- Diabetes treatment and management

Community Strengths

- The Diabetes Program at the Riverside-San Bernardino Indian Health Program
- Mobile diabetes clinic
- Indian Health Services
- Diabetes Education Program

Weaknesses

- High incidence of diabetes
- Avoidance of medical care
- Non-Indian medical care system unable to identify Indians correctly

Fact Sheet

13. Eastern Coachella Valley Social Change Collaborative Needs Assessment, 2004

Priority Health-Related Needs

- Alcohol and drug abuse
- Diabetes
- Immigration
- Jobs
- Cancer
- Teen pregnancy
- Housing
- Youth violence
- Transportation
- Safe working conditions

Emerging Needs

- Parenting classes, glaucoma, food drives, more police involvement, water, safety in apartment complexes, and HIV education
- Needs of youth

Community Strengths

- Emerging community health movement

Weaknesses

- Need for research funding
- Need to raise awareness about health issues
- Need to organize event and community action
- Need to link with the nearby school district

Fact Sheet

14. Eastern Riverside County Health Needs Assessment August 2000

Priority Health-Related Needs

- Access to care in Eastern Riverside County and Eastern Coachella Valley
- Increase access to mental health counseling services
- Increase primary care providers who monitor and screen for alcohol and drug abuse
- Investigate motor vehicle crash mortality and prevention efforts
- Reduce the number of HIV/AIDS cases
- Access to early prenatal care and infant health
- Investigate health status and causes of poor health outcomes in Blythe

Emerging Needs

- Youth and family violence
- Teen pregnancy
- Health education
- Environmental health and exposure to agricultural chemical
- Diabetes
- Educate parents to identify and address mental health needs
- Campaign to enroll eligible families in health coverage programs
- Address cultural barriers to accessing care

Community Strengths

- Collaboration of agencies with common objective
- Desert Healthcare District distributed \$3 million in grants in the last two years
- Regional Access Foundation Project (RAP) has an annual grant budget of approximately \$750,000

Weaknesses

- Ranks 10th in the U.S. for Cirrhosis
- Homicide ranks in the top 10 for Eastern Riverside County
- Overuse of emergency room for routine care
- Inconvenient location of services
- Lack of culturally sensitive and linguistically appropriate services
- Significantly higher risk of HIV/AIDS due to the large gay population
- Significantly higher rates of chronic diseases in Blythe

Fact Sheet

15. Evaluation of the Agricultural Worker Health and Housing Problem Volume II Project Reports

Priority Health-Related Needs

- Access to healthcare
- Affordable health insurance
- High rates of birth defects
- High rates of asthma and allergies
- Substandard housing and unsafe electrical hook-ups
- Clean, drinking water

Emerging Needs

- Engage workers in partnerships to improve housing and health services
- Substandard quality of agricultural workers' housing

Community Strengths

- The Coachella Valley Building Project for developing information on housing programs and health resources within the agricultural worker community
- The Coachella Valley Campesinas Project for healthy living environment for agricultural worker community involving community outreach delivered by trained agricultural workers on health and safety topics.

Weaknesses

- Limited number of local clinics
- Distance and lack of transportation to clinics
- Reoccurring of infectious diseases
- Crowding and substandard housing
- High use of emergency facilities

Fact Sheet

16. Growing Epidemic: Child Overweight Rates in Coachella Valley Cities & Communities (2004)

Priority Health-Related Needs

- Reduce the number of overweight children (the percentage of overweight children by Assembly and Senate District increased in all districts from 2001 to 2004 except the 40th Senate District)
- Reduce the number of overweight children among certain ethnic groups. The largest percentage overweight by ethnicity was
 - 64th Assembly District - Pacific Islander (43.4%), Latino (33.2%), American Indian/ Alaskan Native (30.5%)
 - 80th Assembly District - American Indian/ Alaskan Native (47.7%), Latino (35.6%), Others (31.0%)
 - 37th Senate District - Pacific Islander (40.8%), American Indian/ Alaskan Native (36.9%), Latino (33.1%)
 - 40th Senate District - American Indian/ Alaskan Native (43.5%), Pacific Islander (40.1%), Latino (35.2%)

Emerging Needs

- Greater risk of future health problems by overweight children and increased likely to be obese as adults
- Increase costs for medical care, worker's compensation, and lost productivity

Community Strengths

- Existing school recreation facilities in the community

Weaknesses

- Lack of healthy food and beverages in places where children spend time
- Eliminate advertising of unhealthy foods and beverages to children
- Unable to require health insurance to cover nutrition counseling and physical activity
- Ensure school recreation facilities available for after-hours use

Fact Sheet

17. In Their Own Words: Farmworker Access to Health Care In Four California Regions

Priority Health-Related Needs

- Reduce chronic conditions associated with relatively high levels of blood pressure, cholesterol, and obesity.
- Better health education to include diabetes, nutrition, heart disease, dental care, immunizations, HIV and breast feeding
- Safer working conditions and safety education
- Improve sanitation conditions

Emerging Needs

- Promote and implement one-stop centers for health education and care
- Improve housing conditions and information
- Expand use of Promotoras

Community Strengths

- Use of promotoras as intermediaries for health education and navigation through care systems.
- Collaboratives to promote farm workers health
- Mobile health units
- Community colleges and agricultural Industry
- Mexican Consulate can influence policy

Weaknesses

- Low farm worker income of about \$7,500 per year
- Migration of Mexican farm workers who speak indigenous languages and have poor Spanish skills
- Scarcity of affordable health services

Fact Sheet

18. Pathways to Farmworker Health Care Case Study No.1: The East Coachella Valley A Baseline 'Report Of "The Agricultural Worker Health Initiative, September 2002

Priority Health-Related Needs

- Safer water sources and reduced exposure to carcinogens and other pollutants
- Care for widespread chronic conditions
- Increase healthcare education
- Mental health services

Emerging Needs

- Increase awareness of available health services
- Transportation to health care sites
- Need for continuous and preventative services
- Mobile mental health services

Community Strengths

- DACE Empowerment Zone and Riverside County sponsorship of a community-based interventions center near Mecca
- Farm workers housing and living conditions are being upgraded by expanding county loan programs
- Mexicali's one-stop health services

Weaknesses

- Unincorporated area of Mecca has the largest area of stick-built houses
- Transportation from parks to populated area is nonexistent
- Farmworker housing electrical system lacks capacity for appliances
- Farm workers are exposed to numerous toxic chemicals
- Language barriers and culturally insensitivity
- Overcrowded local ECV clinics

Fact Sheet

19. Preparing for the Boom: Demographic and Data, 2000

Priority Health Related Needs

- Availability of health care; in home care; nutrition; information, assistance, and outreach; and housing are priority concerns about service delivery.
- Women rated information, assistance and outreach; retraining for employment; transportation; multilingual education; and in home care as a higher priority than men.
- In Blythe, the major concerns are: In home supportive services; centralized information; employment for persons 60+; community adult day care; and assisted devices
- In Palm Spring, the major concerns are: In home supportive services health education information; nutrition; community-based medical assisting; legal services; and miscellaneous needs (death with dignity advocacy, financial counseling, greater socialization opportunities, more educational events, and volunteer pool).

Emerging Needs

- The major concerns with providing care were declining health of caregiver, diminishing financial resources, having dementia /Alzheimer's disease, providing additional care, having no one else to assist caregiver, and keeping person alive.

Community Strengths *None listed*

Weaknesses

- Lack of coordination between services, complex funding streams, limited financial resources, lack of focus on customer, and antiquated customer processing / tracking system were the five primary barriers to service delivery.

Fact Sheet

20. Providing Assistance to Older Adults and Grandchildren: Caregiver Needs Assessment of Riverside County Employees

Priority Health-Related Needs

- Work-based caregiver respite care
- Care management support
- Information and assistance on health issues and community services
- Legal assistance/ counseling

Emerging Needs

- Ongoing assessment of caregiver needs
- Low morale, lack of work focus and productivity decline
- Caregiving-related problems such as fatigue, physical strain, and depression

Community Strengths

- Riverside County Department of Human Resources and the Riverside Office on Aging support of working caregiver
- EAP program available to Riverside County employees

Weaknesses

- Employees experience absenteeism and declining productivity at work
- Employees are providing caregiving services rather than government or healthcare system

Fact Sheet

21. Suffering In Silence: A Report on the Health of California's Agricultural Workers

Priority Health-Related Needs

- High incidence of risk factors for chronic disease: high blood pressure, cholesterol, and obesity.
- More likely to suffer from iron deficiency anemia
- Dental health services

Emerging Needs

- Affordable health insurance and/ or health care
- Nutrition education
- Dental education

Community Strengths

- Farm workers work is often very strenuous and qualifies as regular exercise
- Farm workers as a labor force
- Farmworker labor force provides food to California

Weaknesses

- Lack of pesticide safety training
- Lack of workers compensation insurance
- Lack of education for chronic diseases
- Lack of employer provided toilets, wash water, and clean drinking water

Fact Sheet

22. Summary Discussion of the Impact of Mental Illness in East Riverside County and the Need/Opportunity for a Related, Community-Sponsored Psychosocial Rehabilitation Program

Priority Health-Related Needs

- Better condition assessment and diagnosis of mental illnesses
- Improve medication management
- Crisis management (hospitalization/incarceration)

Emerging Needs

- Need for psychosocial rehabilitation (PSR)
- Develop clubhouse programs
- Develop more employment programs
- Provide living skills

Community Strengths

- Goal to develop a community-based PSR program
- Community willingness to developing an employment program
- Community support to develop grant programs

Weaknesses

- Those that are seriously mentally ill (3%) get most of the care
- Cost of \$15,000 per person for the seriously mentally ill
- Lack of programs for the mentally ill
- Shortage of housing (board and care homes/ independent living/ locked and monitored facilities)
- Failure of the judicial system to order the care needed for treatment resistant patients.

***VI. Community
Health Needs
Assessment Document
Summaries***



“For a community to be whole and healthy, it must be based on people’s love and concern for each other”

Millard Fuller

1. ALZHEIMER'S ASSOCIATION/LATINO OUTREACH NETWORK, 2006 LATINO HEALTH NEEDS ASSESSMENT

Method: Working through the Alzheimer's Association, the Latino Outreach Network (LON), a group of service and care agencies, conducted a needs assessment using a self-designed Health Needs Survey (available in English and Spanish) in 2006. The surveys were administered in person at senior centers, local fairs, churches, neighborhood networks through community health educators, soccer games, supermarkets, and private homes using local volunteers and associates. A total of 975 Health Needs Surveys were completed. Funding was provided by the Desert Healthcare District and The California Wellness Foundation.

Principal Findings from the Health Needs Survey:

Regarding health concerns:

- The top five health concerns for Latino in the community were diabetes, alcohol, drugs, obesity, cancer, and teen pregnancy.
- The top five health issues were alcohol/drug addiction, diabetes, cancer, teen pregnancy and depression.
- Respondents indicated they would be interested in learning more about diabetes, depression, cancer, alcohol abuse and dental health.

Regarding health care and access to care:

- The majority use conventional health care providers—doctors, clinics, and hospital emergency rooms when ill.
- Seventy-one percent of the respondents had diabetes and 48% had hypertension/high blood pressure.
- Lack of affordable insurance, cost of care/low income, language barriers, documentation, lack of information, transportation, and distance to available clinics were identified as the primary barriers to receiving service
- Despite barriers, over 60% of the responders reported having some type of medical exam within the past two years.
- Health education and resource information, lower healthcare costs, and affordable insurance were identified as the three primary means to help the Latino community improve access to health services.

The majority of the respondents were female from Coachella, Indio, Thermal, and Cathedral City and between the ages of 30-49.

2. AN EPIDEMIC: OVERWEIGHT AND UNFIT CHILDREN IN CALIFORNIA ASSEMBLY DISTRICTS (2002)

Method/Data Source. The data was from the California Department of Education's 2001 *FITNESSGRAM* assessment. Two measures of the 2001 assessment, body composition and aerobic capacity, was analyzed by state Assembly District for all students stratified by grade, gender, and ethnicity. The body composition measure was used as the indicator of weight and the aerobic capacity measures as the indicator for fitness. Children were classified as "overweight" if their body composition measurement was above the Healthy Fitness Zone and as "unfit" if their aerobic capacity score was below the Healthy Fitness Zone. Support was provided by a grant from The Robert Wood Johnson Foundation.

Principal Findings:

There was a high rate of overweight and unfit children in all 80 Assembly Districts in California.

- In 45 of the 80 Assembly Districts (56%), at least one child out of four is overweight.
- In 45 of the 80 Assembly Districts (97.5%), at least one child out of four is unfit.
- The percentage of overweight children in the 64 and 80th Assembly Districts by gender and grade in 2001 is listed in the table below.
- Both girls and boys in 5th, 7th, and 9th grades in the 80th Assembly District exceeded the percentage of overweight children in all districts, while students in the 64th Assembly District did not exceed the percentage of overweight children across all districts by gender and grade. In both districts, the percentage of overweight boys is greater than overweight girls. In both districts, there is a higher percentage of overweight 5th graders than 9th graders. These trends are similar to the State trends.

District	All Students	Boys	Girls	5 th Graders	7 th Graders	9 th Graders
64	25.4	30.6	19.8	26.0	26.4	23.3
80	31.1	36.1	26.0	30.6	34.0	28.6
All Districts	26.5	31.8	21.0	28.2	27.0	23.6

- The percentage of unfit children by gender and grade in the 64th and 80th Assembly Districts in 2001 are listed in the table below.
- Both girls and boys in 5th, 7th, and 9th grades in the 80th Assembly District exceeded the percentage of unfit children in all districts, while students in the 64th Assembly District did not exceed the percentage of unfit children across all districts by gender and grade. In both districts, the percentage of unfit girls is greater than unfit boys. In both districts, there is a higher percentage of unfit 9th graders than 5th graders. These trends are similar to the State trends.

District	All Students	Boys	Girls	5 th Graders	7 th Graders	9 th Graders
64	35.7	34.5	37.0	35.1	34.0	38.7
80	44.5	43.4	45.6	44.7	39.5	50.0
All Districts	39.6	38.2	41.1	38.9	36.7	44.1

- The percentage of overweight children by ethnicity in the 64th and 80th Assembly Districts is listed in the table below.
- In the 80th Assembly District, American Indian/Alaska Native, Asian, Filipino, Hispanic/Latino, Non-Hispanic White, and Others exceeded the percentage of overweight children across all districts. In the 64th Assembly District, American Indian/Alaska Native, Asian, Pacific Islander, and Non-Hispanic White exceeded the percentage of overweight children across all districts.

District	All	African-American	Am. Indian/Alaska Native	Asian	Filipino	Hisp./Latino	Pacific Islander	Non-Hisp. White	Other
64	25.4	27.4	30.2	20.3	19.5	30.7	35.2	20.5	18.7
80	31.1	25.1	31.0	19.6	30.7	34.4	20.7	21.8	26.2
All Districts	26.5	28.6	25.1	17.5	24.1	33.7	31.1	20.2	22.3

- The percentage of unfit children by ethnicity in the 64th and 80th Assembly Districts is listed in the table below.
- In the 80th Assembly District, African-American, American Indian/Alaska Native, Filipino, Hispanic/Latino, Non-Hispanic White, and Others exceeded the percentage of unfit children across all districts. In the 64th Assembly District, American Indian/Alaska Native, Pacific Islander, and Other exceeded the percentage of unfit children across all districts.

District	All	African-American	Am. Indian/Alaska Native	Asian	Filipino	Hisp/Latino	Pacific Islander	Non-Hisp White	Other
64	35.7	38.2	43.0	31.9	30.2	39.0	45.7	31.7	40.4
80	44.5	47.4	61.4	32.6	59.8	45.2	38.8	43.7	49.3
All Districts	39.6	46.0	38.9	35.7	39.4	44.5	44.0	33.5	36.6

- There are higher rates of overweight and unfit children among certain ethnic groups.
- In the 64th Assembly District:
 - African-American: 27.4% are overweight and 38.2% are unfit
 - American Indian/Alaska Native: 30.2% are overweight and 43.0% are unfit
 - Asian: 20.3% are overweight and 31.9% are unfit
 - Filipino: 19.5% are overweight and 30.2% are unfit
 - Hispanic/Latino: 30.7% are overweight and 39.0% are unfit
 - Pacific Islander: 35.2% are overweight and 45.7% are unfit
 - Non-Hispanic White: 20.5% are overweight and 31.7% are unfit
- In the 80th Assembly District:
 - African-American: 25.1% are overweight and 47.4% are unfit
 - American Indian/Alaska Native: 31.0% are overweight and 61.4% are unfit
 - Asian: 19.6% are overweight and 32.6% are unfit
 - Filipino: 30.7% are overweight and 59.8% are unfit
 - Hispanic/ Latino: 34.4% are overweight and 45.2% are unfit
 - Pacific Islander: 20.7% are overweight and 38.8% are unfit
 - Non-Hispanic White: 21.8% are overweight and 43.7% are unfit

3. BLUE RIBBON COMMITTEE ON FUTURE CHALLENGES AND OPPORTUNITIES IN SENIOR NUTRITION (August 2004)

Method. In September 2003, the Riverside County Advisory Council on Aging and the Riverside County Office on Aging convened a special Blue Ribbon Committee on Opportunities and Challenges in Senior Nutrition. The Committee heard testimony from national, state, and local experts and providers on public policy trends, changing market demand, program innovations, program cost and quality, fund development strategies, waiting lists, and volunteer initiatives and support. This final report will be used to guide future program direction, context and priorities for competitive bid process for nutritional services for 2005-2009.

Findings Related to Health Status: The Overall Health of Seniors is Greatly Affected by Their Nutrition

- Some seniors choose poor nutrition and overcompensate in risky ways such as inappropriate use of herbs and supplements, and medications and alcohol abuse and misuse.
- Good nutrition supports good health, independent living, and can prevent costly repeat hospitalizations and unnecessary institutional placement.
- Research confirms that
 - For every \$1.00 invested in nutrition programs, \$3.25 is saved in health care costs;
 - Older persons at nutritional risk have 2-20 times more complications, longer hospital stays, and higher health care costs than well-nourished hospital patients.
 - The cost of a one-year supply of home-delivered meals equals approximately the cost of a one-day stay in a hospital;
 - The average cost of treating malnourished hospital patients is four times greater than the average cost of treating a well-nourished patient.
- Senior meal programs provide 40% to 50% of a senior's daily nutrient intake.

Findings Related to Need and Demand: Meal Service Volume is Decreasing as Overall Need Increases

- The number of meals being served has been decreasing because of rising costs and a shift in resources from congregate to home-delivered meals, which are more costly to provide.
- The population of seniors in Riverside County continues to grow. The 250,000 individuals aged 60+ in Riverside County represent the fourth largest senior population in the State of California and are projected to grow at a rate of 41% in the next decade.
- Thousands of seniors are at high nutritional risk due to poverty and advancing age. The number will increase substantially in the next decade.
- The demand for home-delivered meals continues to rise in part because a majority of seniors prefer to remain in their own homes rather than move.

Findings Related to Nutrition Programs Costs: Meal Volume is Decreasing Due to Multiple Increasing Costs

- The total number of meals being served is decreasing due to several uncontrollable cost factors that include the lack of funding to offset the rising cost-of-living, increases in county indirect costs charged to the program and the cost of expanded reporting requirements
- Donations from participants in the program are decreasing.
- Program mandates are complex and costly.
- Dietary requirements are costly. The dramatic rise in Type II diabetes among seniors has increased costs due to needed specialized diets.

Findings Related to Service Delivery: Multiple External Factors Influence the Program and Require Innovative Management and Program Responses

- The program depends on volunteer time. In Riverside County, volunteers provide an estimated 20-35% of total program functions.
- Transportation to congregate sites remains a concern for many participants.

- The senior population in Riverside County is becoming more diverse. This is resulting in a demand for higher program quality and increased choice.
- The Riverside County Office on Aging nutrition program is cost-effective and is achieving good results with the resources available. The Office on Aging provides approximately 570,000 meals annually.
- Innovative and effective cost-saving strategies implemented to date include the closure of inefficient sites and consolidation of other sites, introduction of improved food packaging and distribution techniques, increased contractor training and technical assistance on cost-saving delivery strategies, and the applications of consistent program standards across providers.

Recommendations:

- The Riverside County Advisory Council on Aging in partnership with the Board of Supervisors, the Riverside County Office on Aging, concerned community leaders, and private and public funders should provide leadership for an organized county-wide campaign to address senior hunger issues and secure additional resources.
- The Riverside County Office on Aging should work with partners and contract agencies to develop new donation strategies.
- The Council should advise the Board of Supervisors of the amount of public funding support needed to reduce the current waiting list and to stabilize short-term emergency meal programs.
- The Riverside County Office on Aging should develop incentives and programs to recruit, train, and retain volunteers and explore the feasibility of an employer "Adopt-a-Route" program in the County.
- Develop a campaign to raise public awareness of senior hunger issues.
- Explore feasibility of implementing a computer data collection system to track nutrition clients
- Explore creative opportunities to transport participating seniors to congregate sites.
- Conduct an analysis of the pros and cons of the frozen meal option.

4. COACHELLA VALLEY CHILD AND FAMILY SERVICES COALITION COMMUNITY ASSESSMENT NOVEMBER 2002

Method: This report is based on available demographic data on children and families in the Coachella Valley with specific interview and group research findings. A team of Coalition members and Current Change Consulting research staff gathered information from five community discussion groups that included both service providers and service recipients. Interview questions were designed to access human service needs, what works well in service delivery, barriers to access and recommendations for improvements in the service delivery system. Demographic and health statistics on children and families were gathered from HUD, the U.S. Census Bureau, the Major Risk Medical Insurance Program and the Community Profile 2002 on Riverside County released by the United Way of the Inland Valleys.

Selected Findings

- Service providers and recipients need access to information about existing resource guides, referral services and services that would provide access to this information
- Resource centers and one-stop service provision locations could result in effective service delivery. Barriers to such coordination include categorical funding sources, lack of time and competition for resources. In the event of emergencies, uncoordinated service delivery makes it difficult for the system to respond effectively to families' needs
- Unreliable and costly transportation is a barrier to accessing human service
- Coachella Valley residents would like affordable and accessible recreation, adult education and childcare
- When accessing services, community members encounter lack of attention and quality care, feelings of personal discomfort (lack of trust) and agency staff who do not work with them to help them achieve eligibility
- Undocumented families cannot access human services because of legal status, exploitation, isolation and fear. Agency staff who can work within their guidelines and still provide services

- Increased numbers at more affordable prices are needed throughout the Coachella Valley
- Low income housing is also needed in the Coachella Valley

Program Recommendations for Integrated or New Program

- Create a resource guide to existing services
- Establish a referral agency with a toll-free number and website
- Establish an office that is a centralized clearinghouse
- Educate agency staff and community members about existing services
- Create more one-stop family resource centers
- Establish a means to provide families with cash assistance in times of emergencies.
- Increase the frequency and accessibility of bus service and other forms of transportation in the Coachella Valley.
- Improve the condition of roads and highways in the Coachella Valley.
- Provide transportation to carry people to services in times of emergency.
- Provide free adult education, establish youth recreation programs, and provide more affordable childcare in more accessible community locations.
- Find a way to provide services without checking for legal documents.
- Increase funding for medical services
- Increase the number of medical services available
- Establish longer hours for Urgent Care
- Establish better infrastructure in the eastern Coachella Valley to host medical clinics
- Renovate abandoned low-income housing

5. COACHELLA VALLEY HUNGER REPORT

Method: In December 2004, an assessment was implemented to evaluate the food delivery system in the Coachella Valley. The assessment gathered information on hunger issues, specifically these three questions:

- Does the current food acquisition and distribution system work?
- What is the capacity of lead organizations to expand their service?
- What are the needs and capacity of smaller organizations?

Selected Findings

- There is much “food insecurity” in the Coachella Valley
- Many are being served to varying degrees
- No real system exists
- There are 60 pantries soup kitchens, senior meal centers, and youth organizations in the Coachella Valley. Most do not coordinate services nor compare recipients.
- Data is not maintained adequately
- Most do not have a good sense of the nature of the problem

Access Issue

- Lack of transportation plays a significant role in access to hungry individuals and families

Pantry Issue

- Primary concern of the pantries is whether usable product will be delivered when needed

Drawbacks to the voucher include

- Homebound individuals are unable to travel to the pantry
- Lack of money management skills
- Unfamiliarity of shopping for sale items
- Communication among the pantries
- Many pantries provide similar services
- Most organizations knew of the Coachella Valley Emergency Shelter, FIND, Hidden Harvest and Martha’s Kitchen

Food Programs include

- Commodity Supplemental Food program (CSFP)
- Food Stamps (FSP)
- School Breakfast Program (SBP)
- School Lunch
- Summer Food Service Program (SFSP)

6. COMMUNITY PROFILE 2002 HEALTH AND HUMAN SERVICE NEEDS IN RIVERSIDE COUNTY

Method. . Facilitated by the United Way of the Inland Valleys, information was gathered using key informant interviews, community asset surveys, and community forums to develop a profile of community needs and problem areas; to assess the capacity and utilization of existing service delivery systems; and to utilize the information to establish program priorities for funding programs and services. Each forum was asked to address the following questions about their area:

- What do you believe are its major healthcare system strengths?
- What do you believe are the major healthcare system issues in your area?
- What do you believe are the major social service strengths in your area?
- What do you believe are the major social service issues in your area?

Key Findings

Riverside County Priority Needs

- Transportation
- Access to Healthcare
- Low Cost Dental Services
- Mental Health Services
- Affordable/ Available Childcare
- Affordable Substance Abuse Treatment Centers
- Poverty
- Lack of knowledge as to what services exist/ Lack of Outreach

Region I: East Desert / Coachella Valley

Interview Results

- Major healthcare system strengths
 - Number of hospitals
 - County public health clinic
 - Mental health
 - Mobile health van
- Major healthcare issues
 - Transportation

- Need additional free clinics
- Lack of health insurance
- Lack of mental health services
- Lack of bi-lingual staff
- Cost of health insurance
- Distance to RCRMC
- Need for low-cost dental clinics
- Adolescent mental health services
- Major social service strengths
 - Collaboration and communication
- Major social service issues
 - Lack of affordable / available childcare
 - Transportation
 - Lack of domestic violence services and shelters
 - Lack of affordable housing
 - Lack of services for the homeless
 - Lack of outreach
- Populations that have especially serious issues
 - Eastern Coachella Valley
 - Migrant farm workers
 - Undocumented workers
 - Homeless population
- System issues or policies that limit the effectiveness of certain resources
 - Lack of communication / collaboration
 - Funding processes
 - Lack of trust
- Strengths and weaknesses of the resource system as a whole
 - Transportation

Community Asset Survey Results

Major issues (designated by at least 50% of respondents)

- Healthcare Issues
 - Drug abuse
 - Alcohol abuse
 - HIV/AIDS
- Healthcare Access
 - Affordable healthcare
 - Affordable health insurance
 - Affordable substance abuse programs
 - Mental healthcare
 - Culturally sensitive healthcare

- Social Issues
 - Affordable quality childcare
 - After school care
 - Crisis support services
 - Affordable legal assistance
 - Food bank programs
- Economic Issues
 - Poverty
 - Unemployment / underemployment
- Housing Issues
 - Overcrowded housing
 - Substandard housing
- Housing Access
 - Shortage of affordable housing
 - Shortage of family housing
 - Shortage of available housing
 - Special needs housing
- Quality of Life Issues
 - Gangs
 - Crime
 - Youth violence
 - Adequate recreational activities
 - Neighborhood deterioration
 - Adequate law enforcement
- Transportation
 - Public transportation
 - Poor road conditions

Emerging issues

- Chronic illness not due to environment
- Dental
- Family planning
- Mental health
- Nutrition
- Urgent care facilities
- Personal debt
- Absentee landlords
- Shortage of senior housing

Priority Community Needs

- Affordable healthcare
- Affordable health insurance
- Drug abuse

- Domestic violence
- Transportation
- Mental health services
- Affordable dental services
- Affordable quality childcare

Community Forum Results

Healthcare System Issues

- Families or children who cannot access healthcare due to social security status (i.e., illegal status)
- Emergency rooms tell people to come back in 3 or 4 hours
- IEHP assigns doctors, patients have no flexibility in decisions
- Distance to specialty hospitals, physicians and services
- No Spanish speaking staff at doctors' offices, no translation available
- Low quality medicine
- Not treated with respect at local hospital
- Lack of dentist who will work with low-income families
- Long wait at doctors' offices
- Transportation

Social Services Issues

- Lack of free immigration services in area
- Lack of funding for a bus, van for transportation of parents
- Food banks criteria needs to be more flexible
- Need additional services for the entire family for substance abuse issues
- Lack of services, food and clothing
- Transportation

Region II: West Desert / Coachella Valley

Interview Results

- Major healthcare system strengths
 - Number of hospitals
 - Number of services for seniors
- Major healthcare issues
 - Lack of mental health services
 - Transportation
 - Need for low-cost dental clinics
 - Language barriers
 - Cultural barriers
 - Cost of healthcare

- Major social service strengths
 - Adequate services
- Major social service issues
 - Lack of affordable / available childcare
 - Lack of services
 - Lack of affordable housing
 - Lack of case managers
 - Transportation
- Populations that have especially serious issues
 - Hispanic population
 - Lower socio-economic groups
 - Eastern Coachella Valley
- System issues or policies that limit the effectiveness of certain resources
 - Lack of communication / collaboration
 - Territory issues
 - Complexity of process / bureaucracy
 - Funding processes
- Strengths and weaknesses of the resource system as a whole
 - Working poor who fall through the eligibility guidelines
 - Lack of education on how to access systems
 - Illegal dumping

Community Asset Survey Results

Major issues

- Healthcare Issues
 - Drug abuse
 - HIV / AIDS
 - Family planning
 - Alcohol abuse
 - Well child care
- Healthcare Access
 - Affordable health insurance
 - Affordable healthcare
 - Culturally sensitive healthcare
- Social Issues
 - Teen pregnancy
 - Homelessness
 - Aging population
 - Domestic violence
 - Hunger
 - Grandparents raising grandchildren

- Race relations
- Foster care
- Social Service Access
 - After school care
 - Affordable quality childcare
- Housing Issues
 - Absentee landlords
 - Overcrowded housing
- Housing Access
 - Shortage of affordable housing
- Economic Issues
 - Poverty
 - Lack of vocation / technical jobs
 - Personal debt
 - Unemployment / underemployment
- Quality of Life Issues
 - Neighborhood deterioration
 - Adequate recreational facilities
 - Adequate code enforcement
- Transportation
 - Public transportation
 - Special needs transportation

Emerging issues

- Prenatal care
- Child abuse
- Quality education
- Traffic congestion

Priority Community Issues (listed in priority order)

- Lack of mental health services
- Transportation
- Affordable / Available childcare
- Lack of low-cost dental clinics
- Family planning
- Teen pregnancy
- Affordable health insurance

Region VIII - Palo Verde Valley

Interview Results

- Major healthcare system strengths
 - Hospital in area

- Specialist come to area
- 24 hr. Emergency Room
- Dialysis Center
- Major healthcare issues
 - Lack of doctors, dentists, and mental health professionals
 - Geographic isolation
 - Lack of specialists in area
 - Lack of home healthcare
 - Lack of hospice services
 - Transportation
- Major social service strengths
 - Volunteers
 - Faith-based organizations that provide clothes, food and shelter
 - Collaboration and communication
 - Harmony Kitchen
 - County services
- Major social service issues
 - Transportation
 - Lack of funding for services
 - Lack of services
 - Lack of communication / collaboration between county agencies
 - Lack of knowledge as to what services exist
 - Lack of homeless shelters
 - Lack of local domestic violence shelters
 - Lack of affordable, available local substance abuse treatment centers
- Populations that have especially serious issues
 - Seniors
 - Migrant farm workers, exposed to environmental issues associated with agriculture
 - Lower socio-economic groups
 - Pregnant minors
- System issues or policies that limit the effectiveness of certain resources
 - Lack of communication / collaboration
 - Territory issues
 - Long waits for appointments at healthcare facilities
 - System is fragmented
- Issues in education, environment, arts, and culture
 - Lack of funding for arts and culture
 - More cultural events
 - Lack of performing art center

- Awareness of cultures
- Lack of sex education in schools
- Strengths and weaknesses of the resource system as a whole
 - Lack of outreach
 - Lack of communication / collaboration
 - Lack of services for the homeless
 - Transportation
 - Lack of home healthcare
 - Lack of planning

Community Asset Survey Results

Major issues (designated by at least 50% of respondents)

- Lack of urgent care facilities
- Drug abuse
- Alcohol abuse
- Lack of specialists
- Transportation
- Lack of homeless services
- Lack of domestic violence services
- Lack of information/ referral services
- Lack of employer-supported benefits
- Ability to read and write
- Language barriers
- Substandard housing
- Overcrowded housing
- Shortage of available housing
- Neighborhood deterioration

Emerging issues

- Urgent care facilities
- Aging population
- Child abuse
- Domestic violence
- Hunger
- Race relations
- Affordable quality childcare
- Crisis support services
- Lack of vocational / technical jobs
- Ability to read and write
- Available money for higher education
- Language barriers
- Parent / community involvement
- School safety

- Technical / vocational schools
- Occupational exposure to toxins
- Substandard housing
- Adequate law enforcement
- Gangs
- Crime
- Youth violence

Priority Community Needs (listed in priority order)

- Lack of urgent care facilities
- Drug abuse
- Alcohol abuse
- Lack of specialists
- Transportation
- Lack of homeless services
- Lack of domestic violence services
- Lack of information / referral services
- Lack of employer supported benefits
- Ability to read and write
- Language barriers
- Substandard housing
- Overcrowded housing
- Shortage of available housing
- Neighborhood deterioration

Community Forum Results

Healthcare System Issues (listed in order of priority)

- No urgent care
- No 24-hr. pharmacy
- Specialty doctors are difficult to recruit and maintain, especially Ear, Nose and Throat MDs, Cardiologists and Pain Specialists
- Nutrition
- Transportation
- Better water
- Lack of pediatric dentist
- Need a female gynecologist
- Neo-natal equipment is needed at hospital

Social Services Issues (listed in order of priority)

- Cost and availability of childcare
- Lack of crisis housing assistance
- Lack of domestic violence shelters

- Working poor who fall through the guideline cracks
- Grocery stores
- Pre-K for all students
- Foster care is at a minimum

7. COUNTY HEALTH STATUS PROFILES (2005)

Method: This report presents vital statistics and morbidity tables that show population, number of events, percentages, crude rates, and age-adjusted death rates by county. For purposes of comparison, each county table includes county and statewide data, Riverside County ranking among the 58 California counties, and the Healthy People 2010 National Objective if one exists.

Key Findings

Table 1: Mortality Indicators Per 100,000 Population (age-adjusted death rate)

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Deaths Due to All Causes	None established	729.0 per 100,000)	784.5	31
Deaths due to Motor Vehicle Crashes	9.2	12.0	16.5	25
Deaths Due to Intentional Injuries	17.5	28.6	33.8	25
Deaths Due to Firearm Injuries	4.1	9.6	10.2	30
Deaths Due to Homicide	3.0	6.7	6.6 better CA	46
Deaths Due to Suicide	5.0	9.5	10.4	21
Deaths Due to All Cancers	159.9	169.6	174.7	26
Deaths due to Lung Cancer	44.9	43.9	47.2	24
Deaths Due to Female Breast Cancer	22.3	23.4	25.3	43
Deaths Due to Coronary Heart Disease	166.0	175.9	214.6	53
Deaths Due to Cerebrovascular Disease	48.0	55.6	58.8	34
Drug-Induced Deaths	1.0	9.4	9.5	24
Deaths Due to Diabetes	Not available	21.3	16.8 better than CA	22

Table 2: Morbidity Indicators Per 100,000 Population

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Incidence of Hepatitis C	1.00 Crude case rate	.19	0.0 better than CA and HP 2010	1
Incidence of AIDS Among Population Ages 13 and over	1.00	14.73	14.51 better than CA	52
Incidence of Tuberculosis	1.00	9.18	4.14	31
Incidence of Chlamydia	Not available	310.28	225.01 better than CA	35
Reported Incidence of Syphilis, 2001-2003	.20	2.72	2.93	56
Reported Incidences of Measles, 2001-2003	0.00	.05	.02 better than CA	48

Table 3: Birth Cohort Infant Mortality Under One Year of Age Per 1,000 Live Births

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Infant Mortality, All Races / Ethnic Groups, 2000-2002	4.5	5.5	6.1	39
Asian / Pacific Islander Mortality, 2000-2002	4.5	4.4	8.0	47
Black Infant Mortality, 2000-2002	4.5	11.6	9.8 better than CA	35
Hispanic Infant Mortality, 2000-2002	4.5	5.2	5.6	36
White Infant Mortality, 2000-2002	4.5	4.8	5.8	39

Table 4: Natality Indicators Per 100,000 Live Births or 1,000 Population

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Low Birth weight Infants, 2001-2003	5.0	6.4	6.0 better than CA	29
Births to Adolescent Mothers, 15 to 19 Years Old, 2001-2003	Not available	41.1	47.1	44
Prenatal Care Not Begun the First Trimester of Pregnancy, 2001-2003	10.0	13.6	16.6	25
Adequate / Adequate Plus Prenatal Care, 2001-2003	90.0	77.7	74.6 better than CA and HP 2010	27

Table 5: Breastfeeding Initiation Rates Per 100 Live Births

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Breastfeeding Initiation During Early Postpartum	75.0	83.3	78.4 better than CA and HP 2010	55

Table 6: Persons Under 18 Below Poverty

Health Indicator	Healthy People 2010 National Objective	State of California	Riverside County	Rank among 58 California Counties
Persons Under 18 Below Poverty, 2002	None established	19.0	18.2 better than CA	31

9. THE COUNTY OF RIVERSIDE 2006 COACHELLA VALLEY FARM WORKER SURVEY: FINAL REPORT

Method: The primary purpose of the County of Riverside 2006 Coachella Valley Farm Worker Survey Project was to provide the people of the Coachella Valley and its wide variety of community stakeholders with a unique opportunity to understand the living conditions and services needs of its farm worker population and their families, including year-round and seasonal workers. The primary methodology employed was to implement a street-based and service-based one-on-one interview process designed to identify specific demographic information and assess the housing, employment and health conditions as well as the service needs of the farm labor population throughout the region. The Survey was conducted over a 12-week period from May through July of 2006 which is the height of the harvesting season. During this period, 525 one-on-one survey interviews were conducted with farm workers and their spouses representing a sampling of over 5% of the annual average farm labor work force in the region. Over 25 public and private community organizations based in the Coachella Valley participated.

Selected Findings:

Farm Workers Who Live in the Coachella Valley Year-Round

- Seventy-two percent (72%) of survey respondents stated that they lived in the valley year-round, whereas 28% lived in the Coachella Valley seasonally.

Social Services

- Farm workers identified medical services as the first service that would be most helpful for them and their families. Eighty-seven percent (87%) do not have private medical/health insurance. Nearly half (44%) stated that they “never received health care services during a typical year” or only receive health care services “for emergencies.”

Transportation

- Farm workers identified transportation as the second service that would be most helpful for them and their families, particularly the need for access to transportation to work. Almost half (42%) slated

that they “miss work due to lack of transportation to other locations and places” due to lack of transportation.

Education

- Seventy-one percent (71%) stated that they could not communicate in English and nearly two-thirds (65%) of them were interested in learning English.

Housing

- Eighty-eight percent (88%) of farm workers who live year-round in the Coachella Valley live in conventional housing situations including apartments, houses and mobile homes.

Employment

- Twenty-four percent (24%) of farm workers reported that they worked 12 months out of the year doing farm labor in the Coachella Valley. Over two-thirds (71.5%) worked less than 12 months out of the year doing farm labor.
- Over one-third (37%) of those working as farm laborers indicated that their spouse or partner was also a farm worker.
- More than one-five (22%) identified that they had adult family members living with them, other than their spouse, who work and contribute to the household income; almost half (47%) of these family members work as farm labors.

Income

- A large majority (78%) of farm workers had an annual household income of less than \$15,000. Fifty eight percent earn between \$6.75 and \$7.00 per hour. Ninety percent (90%) do not get paid if they miss a day due to illness; 50% stated that they do not get paid an overtime rate if they work more than 8 hours in a day or 40 hours in a week.

Farm Workers Who Live In the Coachella Valley Seasonally

- Notable differences between farm workers who live in the Coachella Valley year-round than those who lived in the valley seasonally.
- Seventy-six percent (76%) of seasonal farm workers were men and 24% were women, whereas 56% of year-round farm workers were men and 44% were women.
- Forty-nine percent (49%) of seasonal farm workers were 40 years of age or older, whereas one-third (33%) of year-round farm workers were 40 years of age or older.
- Fifty-nine percent (59%) of seasonal farm workers stated that they have been able to obtain health care services for their children,

whereas 82% of year-round farm workers were able to obtain health care services for their children.

Social Services

- Seasonal farm workers identified medical services as the first service that would be most helpful for them and their families. Ninety-two (92%) do not have private medical/health insurance; while 52% had never received health care services during a typical year or only receive health care services for emergencies.

Transportation

- Seasonal farm workers identified transportation as the second service that would be most helpful for them and their families, particularly the need for access to transportation to work. Almost half (48%) stated that they missed work due to lack of transportation. In addition, 42% noted that they have trouble getting to other locations and places due to lack of transportation.

Education

- Eighty percent (80%) of the seasonal farm workers stated that they could not communicate in English and nearly two-thirds (63%) of them were interested in learning English.

Housing

- Thirty percent (30%) of the seasonal farm workers live in situations not meant for human habitation such as outdoors or other locations not meant for sleeping, cars/truck/vans/trailers on streets or in parking lots, trailers or RVs on private residential property or in converted garages.
- More than half of the seasonal farm workers did not have a telephone (55%) or an oven/stove (33%). More than one out of four (27%) did not have access to a refrigerator or shower facilities (26%).

Employment

- Forty-five percent (45%) of the seasonal farm workers reported that they work six (6) days a week doing farm labor in the Coachella Valley; 45% stated that they work five (5) days a week.

Income

- Ninety-seven percent (97%) of the seasonal farm workers stated that their annual household income was less than \$15,000. Sixty-one percent (61% of farm labor earned between \$6.75 and \$7.00 per hour. Ninety percent (90%) stated that they do not get paid an overtime rate if they work more than 8 hours in a day or 40 hours in a week; 62% do not get paid an overtime rate if they work more than 8 hours in a day or 40 hours in a week.

Conclusion

This study helped gain insight into the living and working conditions and the daily needs of year-round and seasonal farm workers living in eastern Coachella Valley. As a result, it is apparent that there are issues concerning health care, housing, education, employment, income, and transportation.

Obstacles or Barriers to Ameliorate these Issues

- Limited understanding of health problems and risks
- Lack of access to adequate transportation
- Lack of compensation for working more than eight (8) hours in a day
- Lack of “sick pay” when farm workers miss work due to illness

Improving the living and working conditions of farm workers will enhance their ability to continue to be a productive work force and help keep the agricultural industry thriving.

10. COUNTY OF RIVERSIDE 2004/2005 HOMELESS ASSESSMENT

Method. The document is based on two projects: The County of Riverside 2005 Homeless Census conducted in January of 2005 to answer the primary question "How Many People Are Homeless in the County of Riverside on a Given Day?" and the County of Riverside 2004 Homeless Survey conducted over an eight week period from February through April of 2004 to answer the primary question "Who Are the Homeless in Riverside County?"

The County of Riverside 2005 Homeless Census

The 2005 Homeless Census used street-based enumeration, counting homeless individuals encountered on the streets, and a service-based enumeration, counting homeless individuals staying in emergency shelters and other limited stay housing facilities as well as those utilizing programs providing emergency assistance services.

Selected Findings:

- There are 4,785 people who are homeless on any given day in the County of Riverside.
- The majority (70%) of the homeless adults is men. More than half (51.9%) are white and more than one in four (27.3%) are Latino. Almost three out of five (57.7%) homeless men are from the "baby-boomer" generation.
- Almost one-third (30%) of the homeless adults are females. More than half (50.8%) are white and 34.2% are African American. More than three out of five (60.2%) of homeless women are between the ages of 30 and 50 years old. More than one-third (36.5%) identified that they had children under the age of 18 years of age living with them. Almost three-fourths (72.3%) of these women identified their marital status as single.
- More than one out of five (23%) homeless people in Riverside County are children under the age of 18. Women and children together make up almost half (46%) of the homeless population

- Only one-third (33.9%) of the homeless population in Riverside County can be found residing in an emergency shelter or other temporary housing facilities.
- Almost half (2,110 or 44%) of the homeless population can be found in the Western / Metropolitan region of the County.

The County of Riverside 2004 Homeless Survey

The County of Riverside 2004 Homeless Survey was administered to 1,091 homeless adults who were either living on the streets or in homeless facilities representing one-third (29.2%) of the homeless men and women in Riverside County. The one-on-one interview was designed to collect a battery of demographic and service-need information to identify and analyze the causes and consequences of the homeless experience.

Selected Findings:

- Nearly half (46.9%) reported that they had been chronically homeless for one (1) year or more
- Almost two-thirds (67.1%) of the homeless women have experienced domestic violence in their lives; the majority (88.5%) had experienced abuse from a spouse or intimate partner.
- More than one in ten (11.2%) have been in the foster care system with 33% becoming homeless while in foster care
- Nearly half (49.3%) had no monthly income. Over 90% had a monthly income that equaled no more than \$12,000 a year.
- More than three out of five (61.9%) reported symptoms of mental illness. More than two out of five (42.1%) identified that they have mood disorder / depressive symptoms.
- More than two out of five (40.7%) reported having "persistent" health care needs.
- More than half (52.4%) stated that they were currently using alcohol and / or other drugs. Over eighty (86.2%) stated that they were currently or had used alcohol and / or drugs in the past.
- Nearly one out of four males (23.2%) were veterans. More than two-thirds of all homeless veterans were living on the streets

11. **DESERT HOT SPRINGS COMMUNITY HEALTH PLAN MARCH 2005**

Method: Data was collected over a six month period culminating in March 2005 by Community Initiatives, LLC. for the Desert Healthcare District through a community dialogue and planning process. The process included 30 interviews with community residents and stakeholder groups, three public community gatherings, and four workgroups. Outreach methods included media releases in both Spanish and English, a household mailing, notices in the local newspaper. Participants included local area physicians, business owners, social service providers, civic leaders, church members, staff of the Boys and Girls Club, representatives from an independent Federally Qualified Health Center, Latino community health outreach workers (promotoras), elected officials and others.

Selected Findings

Three broad strategic areas were identified and developed:

- Strategy 1: Build healthcare capacity and enabling services.

This strategy starts with a short-term plan to create a 1-2 provider community clinic to serve 3,000-6,000 patients representing Desert Hot Springs (DHS) demographics. This clinic would offer primary care, prenatal and urgent care, diagnostic lab and x-ray services, and case management for chronic conditions. This clinic would ultimately be incorporated into a community health campus.

- Strategy 2: Engage community through health education, prevention and wellness initiatives

This area targets the development of bilingual health education and outreach activities such as disease screenings, and support for a range of healthy behaviors.

- Strategy 3: Inform community about available resources and opportunities

This area addresses the shared perception that there are many existing resources that are not recognized by either patients or other service providers. A well-developed, easy-to-use and up-to-date resource directory and a centralized source and processes for sharing information about existing resources would be the next steps.

Community Concerns

- Desert Hot Springs needs more basic healthcare and urgent care services in the immediate area, along with enabling services such as transportation assistance.

Specific Population Concerns

- Prenatal care for healthy babies
- Immunization and preventative primary care
- Seniors need transportation

Other Concerns

- Mental health and substance abuse services,
- Lack of health insurance,
- Language barriers and cultural bias
- Better prevention
- Health education and wellness initiatives
- Information about program eligibility requirements
- Cost of services
- Demographics of surrounding unincorporated areas
- Current Payer mix
- Private Insurance
- Medicare is disproportionately a large segment
- Uninsured and Underinsured

Future Action

A steering committee comprised of community leaders has agreed to shape these strategic areas and to help secure resources and support implementers. This committee is dedicated to a collaborative approach.

12. DIABETES IN TWO CAHUILLA INDIAN COMMUNITIES: A CASE STUDY OF THE RIVERSIDE-SAN BERNARDINO INDIAN HEALTH DIABETES PROGRAM AND TWO OF THE COMMUNITIES IT SERVES

Method: In May of 2003 field work began with extended interviews over the course of five days. The purpose of this study was to identify the incidence of Diabetes in Two Cahuilla Indian Communities. Participants included three members of the Diabetes Program staff (the manager, exercise specialist, and psychologist) interviews lasted from one to four hours. Also, included in the interview process were a nutritionist, a physician and a nurse practitioner, a podiatrist and several members of the nursing and support staffs at the Morongo and Torres-Martinez clinics. The local communities were observed and mapped on driving tours of nearly every street, brief surveys conducted at a pharmacy, grocery stores and restaurants. Groceries, pharmacies and restaurants were observed for 30 to 60 minutes each. Nearly all tribally-owned businesses were visited and observed, even those belonging to tribes who were not the focus of the study.

Selected Findings: Morongo

There are three basic dietary programs that are common among the local Indian population. The first is the Fast Food Diet. Second is the Beans and Tortillas Diet, popular with the non-casino tribes. Finally, third is the Steak and Eggs Diet, probably the most common eating pattern across Indian County today.

Diabetes Education Program participants' levels of knowledge about their diagnosis were relatively high. They could name a few of the early warning signs of diabetes, and remembered when they had first noticed these symptoms in themselves. They seem painfully aware of the serious medical problems that they would face if they failed to manage their condition. All reported that they had already altered their diets from Steak and Eggs to relatively healthy plan, as recommended by their physicians. Most reported that in the several years since their diagnosis, they had lost an average of 30 to 40 pounds. They were making efforts to walk, family members were supportive, but they had not switched to a diabetes-prevention life style.

Selected Findings: Banning

A small survey of local (non-Indian) residents was conducted to determine the level of information about diabetes generally existing in the community. Almost all informants reported that they knew what diabetes is, and 74 percent had a close

family member or other individual in their care with the condition. Only 60 percent could name at least one of the primary early symptoms of diabetes, and only 32 percent could correctly name more than one.

Factors That Impact Diabetes Rates

Factor/Impact	Torres-Martinez	Morongo	All Area Indians	All Area Residents	CA Indians	All CA Residents
Information about Diabetes	Easy Access	Easy Access	Easy Access	Available, low level	Varies	Varies
Healthy Food Availability	More Difficult	Relatively Easy	Varies	Relatively easy in urban area	Varies	Relatively easy in urban area
Dietary Choices	High Carbohydrates	Steak and Fast Food	Varies	Varies by income, ethnicity	Varies by region, income	Varies
Exercise Options	Available, some transportation problems	Available	Available	Easily Available	varies	Varies
Exercise Choices	Little exercise	Little exercise	Little exercise	Little exercise	Varies	Varies
Culturally Appropriate Services	Fair Access	Easy Access	Fair to Easy Access	Varies	Varies	Varies
Stress Factors	High	Moderate	High	Varies	Varies	Varies
Cost of Diabetes Supplies	Zero	Zero	Zero	Varies	Varies	Varies
Age	Young	Young	Young	Young	Young	Typical
Related Groups	Pima	Pima	Pima	Varies	Varies	Typical
Medical Care Access	Limited primary care nearby	Good nearby care nearby	Limited primary care nearby	Varies	Mostly Low	Varies
Poverty	Very poor	Well-off	Very Poor	Varies	Varies by tribe, region	Varies
Education	Low levels	Low but rising	Low levels	Varies	Mostly low to middle	Varies
BMI	Varies	Varies	Varies	Varies	Varies	Varies
Historical Trauma	High	High	High	High	High	Varies
Indian Health Service	Yes	Yes	Yes	Yes	Yes	No
Medical Privacy	Strong Need	Moderate Need	Strong Need	Middle to strong need	Middle to strong need	Varies
Incidence, Source	55% provider interviews	15% provider interviews	55% provider interviews	20% IHS	20% IHS	6.9% CDC

13. THE EASTERN COACHELLA VALLEY SOCIAL CHANGE COLLABORATIVE

Method: In exploring the health and human service needs and concerns of Eastern Coachella Valley residents, this study used a three-prong approach. 1. A literature review of The United Way Community Profile Report: Health and Human-Service Needs in Riverside County (2002) and the California Institute for Rural Studies “In Their Own Words: Farm Worker Access to Health Care in Four California Regions” (2003) to identify key needs and concerns in the Eastern Coachella Valley. 2. Mapping of primary concerns and priorities by organizations involved in the collaborative. 3. An open-ended question survey conducted in both English and Spanish. Targeted geographic areas included Coachella, Mecca, Thermal, 100 Palms, and Oasis. The study took approximately three months, from October-December 2004. Six hundred and sixty-three surveys were completed.

Selected Findings:

- The ten most urgent needs/ concerns are in rank order:
 - Alcohol and drug abuse
 - Diabetes
 - Immigration
 - Jobs
 - Cancer
 - Teen pregnancy
 - Housing
 - Youth violence
 - Transportation
 - Safe working conditions
- By gender, men identified drug and alcohol abuse, jobs, immigration, and diabetes as the top four major concerns. Females identified diabetes, drug and alcohol, cancer, and immigration as the top four major concerns.
- Priority needs and concerns were also analyzed by zip codes.
- Males and females in the 15-25 age group stated that drug and alcohol abuse, immigration, and teen pregnancy prevention/ diabetes were their top three urgent concerns.
- Males and females in the 26-35 age group stated that jobs, immigration, and alcohol and drug abuse were their top three urgent concerns.

- Males and females in the 36-45 and 46-55 age groups stated that diabetes, alcohol and drug abuse, and jobs were their top three urgent concerns.

Mapping Primary Concerns and Priorities:

- Diabetes - most urgent concern
- Transportation - second most urgent concern
- Teen Pregnancy, Parent Community involvement, Immigration, and Poverty - all ranked third most urgent concern

Next Steps:

- Embrace and strengthen the emerging community health movement
- Research funding opportunities and state policy and legislation.
- Organize event and community action as a collaborative to raise awareness about health issues and health care concerns of eastern Coachella Valley residents.
- Consider the needs of youth in the advocacy work of Eastern Coachella Valley Social Change Collaborative.
- Link the efforts of the Collaborative to the nearby school district, in particular the CVUSD and the Health Academy of Coachella Valley High School.
- Consider the strong response concerning immigration issues. Both immigration and worker immigration impact the health of individuals, families, and our communities.

14. EASTERN RIVERSIDE COUNTY HEALTH NEEDS ASSESSMENT AUGUST 2000

Method: The scope of the needs assessment a broader view of health than just the physical health and well being of community members. 1. Primary and secondary information was used. 2. A review and evaluation of past assessments. 3. Determine health status indicators. 4. Collect and analyze primary data. 5. Collect and review secondary data, including local, state and national comparisons. 6. Analyze data by health issue, region, age, and race/ethnicity, to identify outstanding health concerns. 7. Involve the community in setting priorities among competing health concerns. The Eastern Riverside County Health Needs Assessment was commissioned by a collaboration of agencies with a common objective to measure the health status of community residents. The primary partners were the Desert Healthcare District, the Regional Access Project Foundation, and the Desert Communities Empowerment Zone.

Selected Findings:

Top six causes of death for the Eastern Riverside County (ERC) are:

- Heart disease
- Cancer
- Stroke
- Chronic obstructive pulmonary disease
- Unintentional injuries
- Pneumonia/influenza

Other top causes of deaths in Eastern Riverside County and nationally are:

- Cirrhosis ranked in the top 10 for Eastern Riverside County and ranked tenth in the nation.
- Nephritis/kidney disease ranked in the top 10 for the nation, but did not rank in the top 10 for Eastern Riverside County.
- Homicide is ranked in the top 10 for the Eastern Riverside County, but did not rank in the top 10 for the nation.

Forum:

A forum was held with a focus on understanding health issues. Ten groups of approximately 8-10 participants through a facilitated discussion to answer the following question: "What health issues should be addressed by our community?" The group was asked to identify the issue, age or ethnic group, and region most affected by the problem.

Top ranked health concerns from priority setting meeting:

- Access to care in Eastern Riverside County
- Access to care in Eastern Coachella Valley
- Mental health in Eastern Riverside County
- Substance abuse in Eastern Riverside County

Summary of Health Issues:

- CANCER: In 1997 the cancer death rate in ERC was 101.9.
- ERC has a significantly lower cancer death rate than California.
- ERC met Healthy People 2000 and 2010 goals.
- Cardiovascular Disease was the leading cause of death.
- Heart disease mortality is significantly lower in ERC than in Riverside County and the U.S.
- Diabetes in 1997 Mortality Rate 8.9.
- ERC diabetes death rate increased between 1994 and 1997.
- ERC diabetes death rate is significantly lower than the U.S. rate.
- Communicable Disease: Influenza/Pneumonia Mortality rate of 9.4
- TB incidence
- HIV/AIDS, 1997 Mortality Rate, 6.1 decreased from 48.8 in 1993,
- Infant Health: infant mortality rate was 5.5 in 1997.
- Psychoses is the second leading cause of hospital discharges

Regional Demographics and Disparities in Health Status:

- This region is more heavily populated with Whites than other regions (62%) and has a higher percentage of individuals 65 years and older than the region as a whole.

Significantly better than Eastern Riverside County (ERC) as a whole:

- Hospital discharges for 0-14 year olds for pneumonia and pleurisy: bronchitis/asthma and full term neonate with problems
- Hospital discharges for 15-24 year olds for complications with pregnancy

Significantly Worse than ERC as a whole:

- Reported AIDS cases
- Hospital discharges for all ages for psychoses heart failure

Significant Health Findings by Age Children under Age 12:

- Almost one in five Eastern Riverside County parents surveyed (19%) said their children did not have health coverage.
- White children were more likely than Hispanic children to have some type of health coverage (92% vs. 73%).

Adolescents and Young Adults (Ages 15-25)

- Rate of births to teens 15-17 is significantly higher in ECV

Adults Ages 26-64

- Cancer and heart disease are by far the leading causes of death for adults.
- Motor vehicle accidents also contribute significantly to adult mortality.
- Western Coachella Valley had significantly more discharges related to mental health and substance abuse than ERC.

Seniors (Age 65 and over)

- The leading cause of death is heart disease and cancer, followed by cerebrovascular disease, COPD, pneumonia/influenza, diabetes, and unintentional injuries.
- ERC had significantly fewer hospital discharges.
- Exercise habits among seniors in ERC are fairly good.

Hispanics

- There are over 135,000 Hispanics in Eastern Riverside County.
- Hypertension, cholesterol, smoking, and cancer had a significantly lower death rate from these diseases than Whites.

Negative Health Status Indicators:

- Maternal and Infant Health discharge data points to serious problems among prenatal
- Teenage pregnancy
- Low birth weights
- Pre-term
- Asthma and pneumonia among children access to care,
- Hispanics experience more significant barriers to health care access
- Fewer Hispanics reported excellent or very good health
- Poor housing conditions, poverty, occupational hazards

15. EVALUATION OF THE AGRICULTURAL WORKER HEALTH AND HOUSING PROGRAM: VOLUME II PROJECT REPORTS

Method: This volume contains models of agricultural health and housing programs funded by The California Endowment which are classified as Intensive Projects, Secondary Projects or Tertiary Projects.

Model: The ICUC Coachella Valley Capacity Building Project

The ICUC Coachella Valley Capacity Building Project is an intensive project involving the development of information within agricultural worker community on housing programs and health resources.

Background: In July 2000, the Rural Community Assistance Corporation (RCAC) awarded Inland Congregations United for Change (ICUC) a \$40,000 grant to provide organizing staff and leadership development training for agricultural workers in the Eastern Coachella Valley. The long-term goal was to engage workers in partnerships to improve housing and health services. Mobile homes provide a large proportion of the housing for farm workers and their families in the Coachella Valley. Access to healthcare was a major problem, with families lacking health insurance, unsafe electrical hook ups, contaminated well water, and inadequate septic systems. High rates of birth defects, asthma, and allergies population were reported. The recognition of the deleterious health impacts of the substandard trailer parks lead to a need for broad-based input solutions, and community monitoring of the process by which the solutions would be implemented. The objectives and accomplishments of the projects were:

Objective 1: Identify 40 local grassroots leaders to participate in housing partnerships. An organizing committee of 50 leaders who were agricultural workers, tenants, and property owners was formed to research and evaluate existing housing programs in the Coachella Valley and the resources available for affordable housing. A series of 12 open meetings with community members and partners was held. Several of these members attended Riverside County's Review Committee to monitor the county's efforts to deal with the human impact of actions against unpermitted parks.

Objective 2: Expand work with existing housing partnership. ICUC continued to work with a group of organizations interested in addressing the housing needs of agricultural workers living in unpermitted trailer parts. Collaborating partners were

primarily: Coachella Valley Housing Coalition (CVHC), Catholic Charities, and California Rural Legal Assistance (CRLA).

Objective 3: Identify the health care needs of the agricultural workers and their communities. ICUC's organizing committee conducted over 200 surveys and one-to-one visits to individuals in the agricultural community to assess local health care needs. They found that 70% of the families surveyed were uninsured and had little or no access to adequate healthcare because of the limited number of local clinics, distance from and lack of transportation to those clinics, and affordability issues. Families experienced reoccurrence of infectious diseases because of crowding and substandard housing and an inability to afford health care through private physicians. Many of the families go to emergency facilities when needed.

Objective 4: Develop a local partnership on health access issues. ICUC worked with Inland Empire Health Plan to create and print a bilingual information brochure on how to apply for state-funded health plans such as Medi-Cal and Healthy Families, and other healthcare resources.

ICUC received a \$1.8 million state and federal grant to work with Cathedral City and the housing needs for the Dream Home community.

Model: The Coachella Valley Campesinas Project for a Healthy Living Environment

The Coachella Valley Campesinas Project for a Healthy Living Environment is a secondary study site project involving community outreach delivered by trained agricultural workers on health and safety topics.

Background: In October 2001, the Rural Community Assistance Corporation (RCAC)'s Worker Health and Housing Program (AWHHP) awarded Organizacion en California de Lideres Campesinas, Inc. and the primary collaborator, the Riverside County Economic Development Agency (EDA), a \$200,000 grant to improve the health and housing conditions in the Coachella Valley mobile home park community. The main tasks of the grant were (1) to recruit and train female agricultural workers to become outreach educators in their community, and (2) building community partnerships with local agencies.

The three steps were: (1) recruitment of 25 farm worker women and girls and providing training about Lideres Campesinas' work and the outreach services that would be provided in the Coachella Valley Project; (2) leadership training to become community educators; and (3) dissemination of information by these women and girls on topics of leadership, health and housing to mobile park owners and renters through the distribution of fire extinguishers and smoke detectors. The first trainings addressed housing issues such as tenants' as well as landlords' rights and responsibilities at mobile trailer parks. Other trainings addressed fire

safety, first aid, and the use of fire extinguishers; asthma and lead poisonings; domestic violence; pesticides; and workplace sexual harassment.

The major grant outcome was to increase participating farm worker women and girls' knowledge and awareness of their rights and their leadership skills. This was accomplished through empowering farm worker women and girls to have control over themselves and their community; classes in cultural sensitivity and differences in the miembras' training; and strengthening community partnerships. One of the biggest challenges is bringing migrant farm workers into the program. Since migrant workers need to move, it was difficult to retain the same originally recruited participants. Lack of transportation and understanding of the farm workers' culture and community were other challenges.

16. GROWING EPIDEMIC: CHILD OVERWEIGHT RATES IN COACHELLA VALLEY CITIES & COMMUNITIES (2004)

Method/Data Source: The data was from the California Center for Public Health Advocacy (CCPHA), a nonpartisan nonprofit organization established by the Northern and Southern California Public Health Associations, analyses of the 2001 and 2004 California Physical Fitness Test for 5th, 7th, and 9th graders. Support was provided by a grant from The California Vitamin Cases Consumer Settlement Fund.

Selected Findings:

- Of the 1,376,214 children in California enrolled in grades 5, 7, and 9, 28.1 % are overweight. Of the 97,113 children enrolled in grades 5, 7 and 9 in Riverside County, 28% are overweight.
- The total enrollment for grades 5, 7 and 9 and the percentage overweight in the Coachella Valley and communities in 2004 are:

Jurisdiction	Total Enrollment for Grades 5, 7, and 9	Overweight %
Coachella	1,038	37.8
Indio	3,664	32.9
Palm Springs	1,545	31.1
Cathedral City	2,541	28.0
La Quinta	1,691	25.3
Desert Hot Springs	1,480	24.4
Palm Desert	802	24.1
California		28.1

- Coachella, Indio, and Palm Springs have a greater percentage of students enrolled in 5, 7 and 9 grades that are overweight than in California and Riverside County.
- All Districts exceeded the California percentage of 28.1% (2004).
- The percentage of overweight children by Assembly and Senate District increased in all districts from 2001 to 2004 except the 40th Senate District:
 - 64th Assembly District 25.4% (2001), 26.6% (2004)

- 80th Assembly District 31.1% (2001), 33.2% (2004)
- 37th Senate District 26.7% (2001), 28.3% (2004)
- 40th Senate District 35.0% (2001), 32.7% (2004)

- In all Districts, boys were more likely to be overweight than girls and the 9th graders were the least likely to be overweight.

- In all Districts, 7th graders were the most likely to be overweight, except in the 40th Senate District where the 5th graders were more likely to be overweight.

- The largest percentage overweight by ethnicity was
 - 64th Assembly District - Pacific Islander (43.4%), Latino (33.2%), American Indian/ Alaskan Native (30.5%)
 - 80th Assembly District - American Indian/ Alaskan Native (47.7%), Latino (35.6%), Others (31.0%)
 - 37th Senate District - Pacific Islander (40.8%), American Indian/ Alaskan Native (36.9%), Latino (33.1%)
 - 40th Senate District - American Indian/ Alaskan Native (43.5%), Pacific Islander (40.1%), Latino (35.2%)

- Overweight children face a greater risk of developing many health problems during childhood, are more likely to be obese as adults, and, along with physical inactivity, cost California \$28 billion during 2005 for medical care, worker's compensation, and lost productivity.

Recommendations:

To address the epidemic of overweight children, the California Center for Public Health Advocacy recommends:

- Institute healthy food and beverage standards in places where children spend time
- Ensure quality physical education for all children
- Eliminate advertising of unhealthy foods and beverages to children
- Require health insurance to cover nutrition counseling and physical activity
- Make school recreation facilities available for after-hours use
- Provide financial incentives that bring grocery stores and recreation facilities to low-income communities

17. IN THEIR OWN WORDS: FARMWORKER ACCESS TO HEALTH CARE IN FOUR CALIFORNIA REGIONS

Method: Initiated in September of 2001, the research approach included collection of details with open-ended questions on the problems and issues important to the farm workers. First, a telephone survey of the provider and service community took place. Next, the research team conducted 100 interviews which were either recorded or written. Field notes were then developed in a qualitative text analysis and input into a software package (Atlas.ti).

Selected Findings:

Farm workers Face Unique Health Risks

- Working and living conditions expose farm workers disproportionately to respiratory, musculoskeletal, pesticide-related, and infectious ailments
- Many suffer from inadequate nutrition and aerobic exercise
- Lack of health education, resulting in increased dental and mental health problems

Farmworker Health Status

- Occupational, demographic, and other factors that influencing farm worker health status include
- Some farm workers do not have a permanent place to live
- Dermatitis and respiratory problems caused by fungi, water, dust, noxious plants, and pesticides.
- Exposure to numerous toxic chemicals
- Lack of safe drinking water
- Absence of proper sanitation and toilet facilities
- Undiagnosed conditions
- Incidence of hypertension

Crop Types and Associated Risks

Crop Types	Associated Risks
Orchards, vineyards	Falls, bruises, sprains, back sprains Cuts, eye and skin irritation
Row crops	Back pain, cuts, eye and skin irritation
Horticultural nursery products	Respiratory problems, eye and skin irritations, eye strain, impaired vision,

Barriers:

- 30 percent of active farm workers have no health insurance beyond Worker's Compensation
- Not aware of services available to them
- Providers not aware of services
- Language and cultural barriers are enormous
- Lack of adequate personal transportation presents a huge obstacle
- Inadequate and unsafe housing
- Fears related to deportation and possible "public charge"

Other Findings:

- Health care attitudes based on experiences in Mexico hinder interactions with U.S. institutions.
- Immigration experiences impact farm workers health and access to care.
- There are numerous challenges of treating chronic diseases
- Points of entry to the health care landscape are mixed across areas.
- Barriers have critical negative impacts on farm workers health.
- Certain facilitators help farm workers gain access.

Recommendations:

Community-based analyses lead to six recommendations

- Promote and implement one-stop centers that offer resources for health information and, where necessary, deliver actual health services
- Enhance provider and community collaboratives
- Improve housing conditions
- Recruit and retain culturally competent health care workers
- Develop effective outreach to indigenous language populations.
- Facilitate greater freedom of movement for health care and recreation through Immigration and Naturalization Service "off limits" policies

18. PATHWAYS TO FARMWORKER HEALTH CARE CASE STUDY NO. 1: THE EAST COACHELLA VALLEY A BASELINE REPORT OF THE AGRICULTURAL WORKER HEALTH INITIATIVE, SEPTEMBER 2002

Method: This study was the first in a series of Agricultural Worker Health Studies (AWHS) sponsored by The California Endowment. This case study focused on the East Coachella Valley. The purpose of the study was to provide a subregional baseline of farm worker health and healthcare. The study relied on qualitative techniques of documentary review, participatory observation, and telephone and in-person interviews with representatives of service providers, politicians, housing specialists, hunger workers, and, most importantly, the farm workers themselves from September 2000 to February 2001.

Selected Findings:

Living and Housing Conditions

- Farm worker living conditions in some areas are unhealthful due to contaminated water and exposure to carcinogens and other pollutants.
- Most existing farm worker housing is located in remote areas and is widely dispersed.
- The unincorporated area of Mecca has the largest area of stick-built houses.
- Mobile home parks are small in size (less than 12 per park).
- Transportation from parks to populated area is nonexistent.

Working Conditions

- Chronic health conditions suffered by farm workers are a result of substandard labor law enforcement.
- Farm workers are exposed to numerous toxic chemicals and suffer from chronic blistering rashes blamed on pesticides.

Treatment of Medical Conditions

- Numerous respondents reported experiencing depression, sadness, or abuse
- Despite numerous chronic health conditions, including diabetes, asthma, hypertension, and cancer, the East Coachella Valley farm worker population does not receive continuous care, resulting in many crisis interventions.
- The farm workers suffer from chronic back pain and other musculoskeletal pain.

Health Care Delivery System

- Practitioners do not speak Spanish resulting in barriers that create obstacles and inefficiencies in patient treatment.
- Farm workers lack basic knowledge of formal health care institutions and ways to utilize services.
- Most East Coachella Valley farm workers reported having no health insurance

Preparing for the Boom

20. PROVIDING ASSISTANCE TO OLDER ADULTS AND GRANDCHILDREN: CAREGIVER NEEDS ASSESSMENT OF RIVERSIDE COUNTY EMPLOYEES

Method: In 2003, Riverside County Department of Human Resources and the Riverside County Office on Aging conducted a caregiver needs assessment to study the issues and needs of working caregivers. Data was gathered from a survey distributed to Riverside County employees by email and mail and focus groups and key informant one-on-one telephone interviews of representatives of businesses throughout Riverside County.

Focus Groups Findings:

- Fifty percent of the focus group participants had experience as a caregiver in the workplace; 32% currently were serving as caregivers for older adults.
- Employees were providing some caregiver services such as shopping for groceries, transporting family members to doctor's appointments, assistance researching health services.
- Major effects on working caregivers included increased absenteeism, decreased productivity, and increased personal stress
- Participants suggested resources needed such as: developing Support and providing access to the services of a discharge planner.

Key Informant Telephone Interviews Findings:

- Thirty percent of employers are performing caregiver services for older adults.
- Representatives of Riverside County businesses reported a high level of absenteeism, low morale, lack of work focus, and productivity declines among employee caregivers in the workplace.

Survey Findings:

- Over 50% of Riverside County employees reported that they were working caregivers.

- Seventy-seven percent reported that they currently were providing care or assistance to at least one older adult and 10% were providing care for at least one child under 18 that was not their own.
- Caregiving-related problems of fatigue, physical strain, interference with work and social activities, and feeling emotionally upset were reported.
- The most useful resources or information needed were work-based child day care, legal assistance and consultation, health issues, and flexible work scheduling. Working caregivers preferred to receive information from a website or the Internet and written information through the mail.

Recommendations:

- Conduct a comparative assessment of surrounding counties
- Assess private businesses within Riverside County
- Conduct working caregiver focus groups
- Develop an educational awareness campaign with linkages to EAP and Human Resources
- Expand ongoing employee wellness program
- Develop bilingual community services and resources targeted working caregivers
- Investigate models and funding for work-based adult and child day care

21. *SUFFERING IN SILENCE: A REPORT ON THE HEALTH OF CALIFORNIA'S AGRICULTURAL WORKERS*

Method: This report summarizes the initial findings of a large-scale statewide population-based survey of the health status of California's agricultural workers carried out in 1999. The survey was conducted by the California Institute for Rural Studies (CIRS). The California Agricultural Worker Health Survey (CAWHS) is the first statewide health survey among agricultural workers that includes a comprehensive physical examination, a one and one-half interview at their residence and a private interview at the clinic that inquired about risk behaviors. This is the first time ever for baseline health status data for this labor force.

Main Findings from the Physical Examination and Blood Chemistry:

- Nearly one in five male subjects (18%) had at least two or three risk factors for chronic disease; high serum cholesterol, high blood pressure or obesity.
- For all three age cohorts (20-34, 35-44, and 45-54), a significantly larger fraction of male subjects had high serum cholesterol as compared with the U.S. adult population.
- Both male and female subjects showed substantially greater incidence of high blood pressure as compared with the incidence of hypertension among all U.S. adults.
- Eighty-one percent of male subjects and 76% of female subjects had unhealthy weight, as measured by the Body Mass Index (BMI). Overall, 28% of men and 37% of women were obese. In both aspects, the sample compared unfavorably with all U.S. adults and with findings from the Hispanic Health and Nutrition Examination Survey.
- For both males and females, a significantly number suffered from iron deficiency anemia than is the case for U.S. adults.
- More than one-third of the males had at least one decayed tooth and nearly four out of ten of female subjects had at least one broken or missing tooth.

Main Findings about Utilization of and Access to Health Care Services:

- Nearly 70% of all persons lacked any form of health insurance, and only 7% were covered by any governmental-funded programs intended to serve low-income persons.
- Just 16.5% said their employer offered health insurance, however one-third of these same workers did not participate because they could not afford either the cost of premiums or co-payments for treatment.
- The plurality of male subjects had never been to a doctor or clinic in their lives. But a plurality of women had a medical visit within the previous five months.
- Half of all males and two-fifths of females had never been to a dentist and more than two-thirds reported never having an eye care visit.
- Some 18.5% reported having a workplace injury at some point in their farm work career that was compensated by a payment to them under the California Workers Compensation Insurance System.
- Only 57% had received pesticide safety training, but more than 82% reported that their employer provided toilets, wash water, and clean drinking water.

Conclusions:

The report concluded that the risks for chronic disease, such as heart disease, stroke, gall bladder disease and diabetes, are startlingly high for a group that is mostly composed of young men who would normally be in the peak of physical condition.

Unhealthy diet is likely to be a major contributor to the conditions noted. It is a tragedy, and more than a little ironic, that the labor force that is responsible for producing such a great abundance of healthy food in California should themselves be suffering from the effects of poor nutrition.

22. SUMMARY DISCUSSION OF THE IMPACT OF MENTAL ILLNESS IN EAST RIVERSIDE COUNTY AND THE NEED/OPPORTUNITY FOR A RELATED, COMMUNITY-SPONSORED PSYCHOSOCIAL REHABILITATION PROGRAM

Method: A community discussion was held to determine the impact of mental illness in Eastern Riverside County. Document sources included the Mental Health: A Report of the Surgeon General (1999); Eastern Riverside County Health Needs Assessment (2000); and various Internal Reports from Riverside County Department of Mental Health.

Selected Findings:

- Mental illness is the second major illness in Eastern Riverside County with psychosis the leading cause of hospitalization.
- A total of 50,000 suffer from mental illness in a year; 7,500 of which are seriously mentally ill and need intensive treatment.
- Three percent of the seriously mentally ill receive most of the care.
- Approximately \$15,000 per person is spent on treating the seriously mentally ill.
- Approximately 3,400 adults are treated by Desert Region of the Riverside County Department of Mental Health at an average cost of \$5,000 per person.
- Four out of five main components of care use the budget in Eastern Riverside County. These are (1) condition assessment and diagnosis, (2) medication management, (3) crisis management (hospitalization/incarceration) and (4) housing sourcing (board and care homes/independent living/locked and monitored facilities).
- Psychosocial Rehabilitation (PSR), the fifth component of care, has been almost totally ignored in Eastern Riverside County. In 1995, the vocational rehabilitation in Riverside County did not service the desert area. Results indicated that almost \$1 million was spent in other areas in the county to place 23 people in jobs costing \$40,000 each.
- One model of psychosocial rehabilitation is Clubhouse Programs that consist of membership and clubhouse space for individuals and programs that focus on strengths, talents and abilities. Also, they offer employment that enables members to return to paid work that pays a prevailing wage.

***VII. Community
Health Needs
Focus Groups
and
Participants***



***“There is no finer investment for any community
than putting milk into babies.”
Sir Winston Churchill***

VI. COMMUNITY HEALTH NEEDS FOCUS GROUPS AND PARTICIPANTS

Overview

These focus groups were conducted as part of a grant from The California Endowment to the Coachella Valley Health Collaborative (CHVC). The grant was awarded to support infrastructure development of a regional health collaborative that will utilize a primary prevention approach to address the public health needs of residents living in the Coachella Valley.

Purpose of the Focus Groups

The purpose of the focus groups was to assess the nature and extent of the public health needs and related issues in the Coachella Valley; to accurately define the needs of the target population to be served; and to ascertain the nature of the resources available and services needed. From August-September 2006, Joan Branin, Ph.D. and Rebecca Martinez, DPA, Grant Consultants, conducted ten (10) community needs assessment focus groups.

Members of the focus groups were community members, service providers, grassroots organizations, and area leaders in the Coachella Valley. Participants were thanked for their participation and assistance and offered a \$20.00 gift certificate card from either Wal-Mart or Starbucks or received a door prize as part of a raffle.

Focus Group Questions

1. What are the major health needs of adults that should be addressed by the community to improve the overall health of the adults residing in the Coachella Valley?
2. What are the major health needs of children that should be addressed by the community to improve the overall health of children residing in the Coachella Valley?
3. What are the major health needs of seniors that should be addressed by the community to improve the overall health of the seniors residing in the Coachella Valley?
4. From this list, what are the three most critical health needs of adults residing in the Coachella Valley? Please list on the form provided.

5. What are the three most critical health needs of children in the Coachella Valley? Please list.
6. What are the three most critical health needs of older adults in the Coachella Valley? Please list.
7. Please rank the health care needs in priority order by putting a circle around the 1st priority, a triangle around the 2nd priority and a box around the 3rd priority.
8. What do you believe are the strengths and resources of the Coachella Valley in addressing these health needs?
9. What do you see as the major weaknesses of the healthcare system?
10. What are the major barriers to accessing the healthcare system?

Focus Group Participation

A total of 157 community members, service providers, grassroots organizations, and area leaders representing the different geographic areas and populations and community organizations in the Coachella Valley participated in 10 focus groups conducted between August and September, 2006. Lists of the names of the focus groups and the participants of each focus group are included within this report.

Focus Groups & Participants

Organization of the Focus Group Findings

This **Focus Groups** section consists of the

- Summary Table of the Priority Health Needs by Target Populations for All Focus Groups
- Summaries of the ten (10) Needs Assessment Focus Groups
- List of the ten (10) Needs Assessment Focus Group Participants

Procedure: The priority health needs by target population (adults, children, and seniors) for each of the ten focus groups are summarized in the following tables. Also, summarized are the participants' identification of the major community strengths and resources, weaknesses of the healthcare delivery system, and the barriers that exist in accessing the healthcare system. In a few instances, time constraints limited the discussion.

The Summaries of the ten (10) Needs Assessment Focus Groups were compiled to develop the Summary Table of the Priority Health Needs for All Focus Groups on the next page. Across the top of the Summary Table are listed the three target population: adults, children, and seniors. Along the side are the priority ranks: first, second and third. Each column indicates the top three priority health need by rank for that target population. Each row indicates the priority health need by rank across all target populations. Almost all focus groups participated in the listing and prioritizing of the health needs for the three target groups and in listing the major community strengths and resources, the weaknesses of the healthcare system, and the barriers to accessing the healthcare system. Due to time constraints, a few focus groups were only able to list and prioritize the health needs for the three target groups

- See the next page for the Summary Table of the Priority Health Needs for All Focus Groups

SUMMARY TABLE

**THE PRIORITY HEALTH NEEDS OF
THE RESIDENTS OF THE COACHELLA VALLEY**

**Priority Health Needs by Target Population for
ALL Focus Groups**
(n = 10)

Priority Rank	Adults	Children	Seniors
1	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition
2	Access to Health Care	Health Education	Affordable Health Care
3	Mental Health	Access to Health Care	Mental Health

A summary of the priority health needs across all of the ten focus groups (in rank order) reveals the following results.

For adults, the priority health needs are (1) diabetes/obesity/nutrition, (2) access to health care, and (3) mental health.

For children, the priority health needs are (1) diabetes/obesity/nutrition, (2) health education, and (3) access to health care,

For seniors, the priority health needs are (1) diabetes/obesity/nutrition, (2) affordable health care, and (3) mental health.

Several of the target populations have common health needs. For example, diabetes, obesity, and nutrition is a priority health need of all three-target populations; while mental health and access to health care is a priority health need for two target populations.

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **LATINO OUTREACH NETWORK**

Date: August 10, 2006

Number of Participants: 16

Category: Latino Network

Table 1: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition	Access to Health Care
2	Drug/ Substance Abuse	Teen Pregnancy	Mental Health
3	Affordable Insurance	Foster Care AND Mental Health	Adult Day Care

What are the Major Community Strengths and Resources Available to Address These Needs?

- Number of health and social service organizations
- Community leadership/activists
- Information dissemination
- Collaborative efforts
- Dual language availability
- Number of health fairs
- Volunteerism
- Contributions/donors

What are the Major Weaknesses in the Healthcare Delivery System?

- Lack of equipment/technology
- Lack of trust in Angelo care
- Costs of needs
- Lack of transportation
- Underserved in number of medical facilities
- Shortages of staff (Death Valley)
- Number of specialist
- Number of geriatricians
- Lack of mental health professional facilities
- Number inpatient mental health facilities – Loma Linda
- Distance to access of care
- Language
- Lack of urgent care/clinics
- Crowded emergency care
- Red tape-rules
- Dual languages

What are the Major Barriers to Assessing the Healthcare System?

- Separate civic entities-CVAG helps
- Transportation-ALL
- Language
- Lack of education
- Lack of awareness of existing resources
- Money of individuals and agencies to expand/provide services
- Red tape
- Lack of trust (culture)
- Power and influence of insurance on care (e.g., reimbursement)

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **DESERT HIGHLAND COMMUNITY ACTION ASSOCIATION**

Date: September 11, 2006

Number of Participants: 15

Category: African American Community Leaders

Table 2: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Affordable Health Care/ Insurance	Dental Care AND Diabetes/ Obesity/Nutrition	Diabetes/ Obesity/ Nutrition
2	Cancer	Asthma / Allergies	Heart Disease
3	Drug/ Substance Abuse	Teen Pregnancy	Cancer

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **RAP FOCUS GROUP #1 - COMMUNITY LEADERS**

Date: September 14, 2006

Number of Participants: 15

Category: Community Leaders

Table 3: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition	Access to Health Care
2	Mental Health	Mental Health	Mental Health
3	Access to Health Care	Drug/ Substance Abuse	Diabetes/ Obesity/ Nutrition

What are the Major Community Strengths and Resources Available to Address these Needs?

- Community (free) information meetings
- Eisenhower Hospital
- Office on Aging-referral sources
- Desert AIDS Project
- Access to fresh products
- Public health (nurses) services
- Alzheimer's Association
- RAP

Wellness JFK clinic
Nonprofit organizations (number and collaboration)
Latino Health Network
Eastern Coachella Valley
Donor base
Desert Healthcare District
System of senior centers
CVAG
Hospitals
Affordable housing

What are the Major Weaknesses in the Healthcare Delivery System?

Cost of services
Lack of inadequate insurance
Gap – 35 - 60 years
Health Insurance – 19 – 21 years
Transportation (lack)
Lack of awareness
Lack of information
Language barrier
Bilingual staff
Complexity of system
Insufficient number of specialists
Insufficient number of mental health services
Increase in the population
Year round
Distribution of services (Eastern Coachella Valley)

What are the Major Barriers to Assessing the Healthcare System?

Transportation
Bilingual
Money – medication/Dr. visits
Complexity of Process
Fragmented system
Self advocacy
Knowledge of access
Hours of operation
Hospital use for care
Lack of primary physicians
Trust care
Waits
Specialty clinics
Distance and Time
Locations of clinics

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **DESERT SANDS AND PALM SPRINGS UNIFIED SCHOOL DISTRICTS**

Date: September 14, 2006

Number of Participants: 13

Category: School Districts

Table 4: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition	In Home Care
2	Access to Health Care	Developmental Delays/ Early Identification	Mental Health
3	Mental Health	Child Abuse AND Lack of Insurance	Grandparenting AND Lack of Insurance/ RX Plans

What are the Major Community Strengths and Resources Available to Address These Needs?

- Free clinics
- Community growth as a contributor
- Public transportation
- PERC
- 3 hospitals

Small town community connectedness
Social Services
Nonprofit organizations
3 school district collaboration

What are the Major Weaknesses in the Healthcare Delivery System?

Affordable housing
Transportation-waits/routes/hours
Coachella Valley left out of Riverside City
Distances for care
No emergency mental health care
Local hospital not accompanying
Only 2 hospitals deliver babies (Eisenhower does not)
Not enough providers especially pediatricians
Not enough providers for specialty care
Lack of insurance and cost
Homeless population needs and protect community
No child psychologists
No substance abuse treatment for adolescents

What are the Major Barriers to Assessing the Healthcare System?

Transportation
Language
Trust
Accurate and thorough information
Finance
Cost of insurance
Delays for appointments – waits/time
Hours of operation
Friendly services (social)
Complexity of process

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **NATIONAL ALLIANCE FOR THE MENTALLY ILL**

Date: September 18, 2006

Number of Participants: 19

Category: Mental Health

Table 5: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Hospital with Inpatient Psychiatric Unit	Family Mental Health Education	Board & Care/ Housing
2	Outpatient Psychiatric Services	Proper Diagnosis/ Assessments	Transportation
3	Board & Care/ Housing	Child Abuse/ Neglect	Elder Abuse

What are the Major Community Strengths and Resources Available to Address These Needs?

National Alliance for the Mentally Ill
 Eisenhower Alzheimer's Day Care
 American Cancer Society – transportation
 Eisenhower Hospital Education Department

Multiple Sclerosis Association
Desert Healthcare District
Country Mental Health Program
Cardiac/Cancer
WICK program
Stroke Activity Center
Hospice programs
AIDS programs
Senior Centers

What are the Major Weaknesses in the Healthcare Delivery System?

Department of Mental Health
Untrained police
Psychiatric Department nonexistent in hospital
No therapists
Overloaded Emergency Rooms
Nurse shortage
Medical Doctors
Lack of public awareness of mental illness
Lack of understanding of mental illness

What are the Major Barriers to Assessing the Healthcare System?

Money
Transportation
Legalities/complexity
Patient rights/HIPAA
Family Decision making
Lack of crisis treatment
Law enforcement-lack of
Social awareness
Ignorance
Terminology-confusion
Lack of knowledge of mental health in schools
Social services lack mental health services

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **RAP FOCUS GROUP #2 - COMMUNITY LEADERS**

Date: September 19, 2006

Number of Participants: 15

Category: Community Leaders

Table 6: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Affordable Health Care	Diabetes/ Obesity/ Nutrition	Affordable Health Care AND Mental Health
2	Drug/ Substance Abuse	Health Education	Comprehensive Geriatric Assessment Center
3	Diabetes/ Obesity/ Nutrition	Drug/ Substance Abuse	Transportation

What are the Major Community Strengths and Resources Available to Address These Needs?

- Collaborations – multidiscipline
- Public health clinics – low cost
- Public health nurses/investigators
- Some free transportation
- Centers-stroke
- Nonprofit organizations

Three hospitals
Trauma Center
School Programs-screening
Business partnerships
Business/school/ University
RAP/Desert Healthcare
Philanthropic
Needs Assessments
Community-based organizations
Faith based organizations (services)
Indian Casinos (dollars into the CV)
Service clubs
Desert AIDS
Volunteerism

What are the Major Weaknesses in the Healthcare Delivery System?

Communication
Competition for funding
Lack of health literacy
Lack of specialty care
Lack of training opportunity for professionals (nurses/residency)
Growth-keep up with infrastructure
Programs-eligibility
Funding sustainability
Gaps-don't qualify
Indigent/undocumented
Need MDs
Transportation
Emergency preparedness
Impact of transients (snowbirds)
Discrimination

What are the Major Barriers to Assessing the Healthcare System?

Language and Discrimination
Lack of transportation and services
Lack of insurance (affordable)
Apathy-not taking care of self
Unable to leave work without loss of pay
Culturally and socially sensitivity/ trust
Lack of money
Hours of operation
Duplication of services
Lack of MDs
Boutique medicine
Reimbursement
Fear

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **Eastern Coachella Valley Social Change Collaborative**

Date: September 20, 2006

Number of Participants: 6

Category: Members of the Eastern Coachella Valley Social Change Collaborative

Table 7: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Organized Healthcare District/ System	Diabetes/ Obesity/ Nutrition	Organized Healthcare District/ System
2	Diabetes/ Obesity/ Nutrition	Organized Healthcare District/ System	Affordable Health Care
3	Access to Health Care	Mental Health AND Respiratory Problems	Diabetes/ Obesity/ Nutrition

What are the Major Community Strengths and Resources Available to Address These Needs?

- Schools
- Community health clinics
- Climate
- Cultural
- Community-based organizations
- Promotoras

Collaborative/task forces/community leaders
Faith-based organizations
Family resources (informal)
Models to apply
Empowerment zone
Wealth of other communities
Growth-residential/business
Educational institutions (higher education)
Agricultural base
Youth returning to community

What are the Major Weaknesses in the Healthcare Delivery System?

Transportation
Lack of funding
Cultural barriers
Language
Lack of political will
Egoism/ territorialism
Entrenched status quo
Environmental issues-air and agricultural
Cultural fear
Lack of communication
Complexity
Immigration
Rural isolation/lack of infrastructure
Gang's network
Adequate law enforcement
Peak seasons-no services

What are the Major Barriers to Assessing the Healthcare System?

Entrenched political leaders
Lack of political will/not popular
Lack of funding
Status quo
How to fund needed services
Others have to pay for services
Lack of trust
Cultural difference
Language
Immigration
Class differences
Poverty
Lack of education/illiteracy
Fighting myths/misinformation
Transportation

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **LIGHTHOUSE OF THE VALLEY (LOV) PASTORS**

Date: September 19, 2006

Number of Participants: 15

Category: Religious Leaders

Table 8: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Drug/ Substance Abuse	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition
2	Diabetes/ Obesity/ Nutrition	Immunizations	Mental Health AND Cancer AND Affordable Health Care
3	Cancer	Dental Care	Arthritis

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **DESERT HOT SPRINGS BLUE RIBBON HEALTH COMMITTEE**

Date: September 20, 2006

Number of Participants: 5

Category: Health Care

Table 9: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Access to Health Care	Diabetes/ Obesity/ Nutrition AND Immunizations	Access to Health Care
2	Mental Health	Drug/ Substance Abuse	Drug/ Substance Abuse
3	Diabetes/ Obesity/ Nutrition	Teen Pregnancy	Senior Activities

What are the Major Community Strengths and Resources Available to Address These Needs?

- Volunteerism
- Clean air
- Best tasting water
- Therapeutic waters
- Wealth
- Small town feel

Transportation across Coachella Valley
Good media market – informs
Visitor oriented
Hospitals-Eastern, Western
Scenery
Winter activities/golf
RAP/Community Foundation
Desert Healthcare District
Broad base of charitable organization
Food Bank
Good AIDS Program
Close to Mexico for Rx

What are the Major Weaknesses in the Healthcare Delivery System?

Funding base for RAP
Low income/large families
Need one more hospital
Training facilities for the professional
Lack or limited healthcare facilities
Retired/seniors
Cultural barriers/language
Cultural sensitivity care
Lack of Mental care programs
Lack of affordable substance abuse programs
No inpatient adolescent mental health
Transportation to care
Wellness/fitness programs
Nursing homes/number and quality LTC

What are the Major Barriers to Assessing the Healthcare System

Transportation
Availability of Medical Doctors
Lack of health education
Cultural barriers/language
Lack of training of healthcare professionals (miss diagnosis)
Low income
Distance to care
Weather interference (wind, floods, and earthquakes)
Boutique care
Complexity of the system
Need advocate
Waits
Hours of operation
Lack of emergency or urgent care
Lack of confidence/trust

NEEDS ASSESSMENT FOCUS GROUP SUMMARIES

Focus Group: **ACT 1**

Date: September 21, 2006

Number of Participants: 41

Category: Seniors

Table 10: Priority Health Needs by Population

Priority Rank	Adults	Children	Seniors
1	Mental Health	Diabetes/ Obesity/ Nutrition	Mental Health
2	Diabetes/ Obesity/ Nutrition	Access to Health Care	Access to Health Care
3	Access to Health Care	Teen Pregnancy	Diabetes/ Obesity/ Nutrition

**COACHELLA VALLEY HEALTH COLLABORATIVE (CHVC)
FOCUS GROUP PARTICIPANTS**

**Latino Outreach Network
Focus Group**

**August 10, 2006
Participant List**

Contact Person: Carlos Garbutt, Alzheimer's Association - 760-328-6767

Last	First	Organization
Beck	Debra	Representative for Assemblyman John J. Benoit Palm Desert, CA 92260
Boyd	Lisa	Manpower, Inc Palm Desert, CA 90060
Carrel	Wendy Jane	Community Ambassador Palm Springs, CA 92263-1922
Delgado	Guillermo	Riverside Co Office on Aging (Info Van) Palm Desert, CA 92261
Delgado	Juan	Visiting Nurse Association Inland Counties (VNAIC) Home Health Palm Desert, CA 92211
Fajardo	Angélica	Alzheimer's Association Rancho Mirage, CA 92270
Flores	Dr. Chris	Flores Family Practice Rancho Mirage, CA 92270
Gabbay	Pamela	Mourning Star Center of Visiting Nurse Association Inland Counties Palm Desert, CA 92211
Garbutt	Carlos	Alzheimer's Association Rancho Mirage, CA 92270
Geist	Stephen	Alzheimer's Association Rancho Mirage, CA 92270
Kennedy	Paula	Gilda's Club Cathedral City, CA 92234
Lawrence	Bill	Riverside County. Department of Public Health Riverside, CA 92503
Lindsay	Martha	Cathedral City Senior Center Cathedral City, CA 92234

Matlock	Nora	Regional Access Project Foundation Palm Desert, CA 92211
Morales	Rudy	Morales & Galindo Marketing Associates Palm Springs, CA 92263
Rodríguez	Lupe	Desert Samaritans for the Elderly Palm Desert, CA 92255
Rodríguez	Sarah	Coachella Valley Sexual Assault Services Palm Desert, CA 92260
Rodríguez	Verónica	Coachella Valley Sexual Assault Services Palm Desert, CA 92260
Tapia	Gloria	Riverside County Office on Aging Riverside, CA 92507

**Desert Highland Gateway Estates
Community Action Association
Focus Group**

**September 12, 2006
Participant List**

Contact Person: Jarvis Crawford, Desert Highland Gateway Estates Community Action Group, 760-325-6087

Last	First	Organization
Booth	John	Lieutenant Palm Springs Police Department Palm Springs, CA 92263
Bowens	Dorothy	Desert Highland Gateway Estates Community Action Association - Board of Directors Member - Hate Crime Task Force & Human Rights Commission Palm Springs, CA 92264
Black	Evernell	Desert Highland Gateway Estates Community Action Association Board of Directors Palm Springs, CA 92264
Boyd	Lisa	Manpower Inc. Desert Hot Springs, CA 92240
Castillo	David	Police Officer Palm Springs Police Department Palm Springs, CA 92263
Crawford	Cora	Desert Highland Gateway Estates Community Action Association Board of Directors Member Palm Springs, CA 92262
Crawford	Jarvis	Desert Highland Gateway Estates Community Action Association City of Palm Springs Palm Springs, CA 92262
Deaztlan	Amelia	Representative for U.S. Candidate David Roth, 45 th District, Bermuda Dunes, CA 92203
Grant	Joe Lewis	Desert Highland Gateway Estates Community Action Association Palm Springs, CA 92262
Metcalf, Sr.	Charles	Desert Highland Gateway Estates Community Action Association Palm Springs, CA 92262

Metcalfe	Jean	Desert Highland Gateway Estates Community Action Association Palm Springs, CA 92262
Mofoi	Seima	Desert Highland Gateway Estates Community Action Association Palm Springs, Ca 92262

**Regional Access Project (RAP) Foundation
Focus Group #1**

**September 14, 2006
Participant List**

**Contact Person: Judith Cox, Regional Access Project Foundation,
760-674-9992**

Last	First	Organization
Barnard	Michael	Desert Samaritans for the Elderly Palm Desert, CA 92255
Cook	Jim	Eisenhower Hospital Rancho Mirage, CA 92254
Gauley	Marie	DPSS Children's Services Cathedral City, CA 92234
Evosevich	Jim	Regional Access Project Foundation Palm Desert, CA 92211
Porter	Christy	Hidden Harvest Coachella, CA 92236
Price	Ivan	5 of Them Cathedral City, CA 92234
Morales	Rudy	Morales & Galindo Marketing Palm Springs, CA 92263
Morin	Doug	Visiting Nurse Association Inland Counties Palm Desert, CA 92260
Romero	Jose	Community Clinics of the Valley Thermal, CA 92274
Scully	Pat	City of Palm Desert Palm Desert, CA 92260
Wetmore	Greg	Gay Associated Youth Rancho Mirage, CA 92210

**Desert Sands/ Palm Springs Unified School Districts
Focus Group**

**September 14, 2006
Participant List**

Contact Person: Debra Loukatos, Desert Sands U.S.D. - 760-771-8639

Last	First	Organization
Carranza	Lourdes	Desert Sands Unified School District. Care Point Program La Quinta, CA 92253
De Silazar	Mary	Desert Sands Unified School District. School Pre-School Program La Quinta, CA 92253
Gonzalez	Blanca	Desert Sands Unified School District. Head Start Program Indio, CA 92201
Jimenez	Maria	Desert Sands Unified School District. Health Services La Quinta, CA 92253
Loukatos	Debra	Desert Sands Unified School District. Early Childhood Education La Quinta, CA 92253
Mills	Jane	Palm Springs Unified School District. Palm Springs, CA 92262
Osuna	Rosario	Desert Sands Unified School District. Personnel Education Resource Center Indio, CA 92201
Rojo	Norma	Desert Sands Unified School District Personnel Education Resource Center Indio, CA 92201
Sanchez	Berta	Desert Sands Unified School District Elementary Programs La Quinta, CA 92253
Tijerina	Diane	Desert Sands Unified School District Personnel Education Resource Center Indio, CA 92201
Villa	Abraham	Desert Sands Unified School District Head Start La Quinta, CA 92253
Zendejas	Alma	Desert Sands Unified School District Head Start La Quinta, CA 92253

**National Alliance for the Mentally III
Focus Group**

**September 18, 2006
Participant List**

Contact Person: Eleanor Rommerium, Community Resident - 760-340-2055

Last	First	Organization
Bennett	Elaine	National Alliance for Mentally III Address not provided
Bennett	Tom	National Alliance for Mentally III Address not provided
Berlo	Betty	National Alliance for Mentally III Address not provided
Childress	Katherine	National Alliance for Mentally III Address not provided
Clarke	Julie Ann	National Alliance for Mentally III Address not provided
Danacore	Marilyn	National Alliance for Mentally III Rancho Mirage, CA 92270
Jenkins	Lea	National Alliance for Mentally III Address not provided
Longo	Lynne	National Alliance for Mentally III Palm Desert, CA 92260
Manning	Carol	National Alliance for Mentally III Indian Wells, CA 92210
Murphy	Linda	National Alliance for Mentally III Palm Desert, CA 92211
Palmisano	Richard	National Alliance for Mentally III Address not provided
Richert	JoAnn	National Alliance for Mentally III Address not provided
Rommerium	Eleanor	National Alliance for Mentally III Palm Desert CA 92260
Roseman	Natalie	National Alliance for Mentally III Address not provided
Rutlid	Jim	National Alliance for Mentally III Address not provided
Tellez	Lucrecia	National Alliance for Mentally III Cathedral City, CA 92235
Tortorelli	Nancy	National Alliance for Mentally III Palm Desert, CA 92260
Van der Boom	Gordon	National Alliance for Mentally III Address not provided

**Regional Access Project (RAP) Foundation
Focus Group #2**

**September 19, 2006
Participant List**

**Contact Person: Judith Cox, Regional Access Project Foundation,
760-674-9992**

Last	First	Organization
Baxter	Martin	County of Riverside Department of Public Health Palm Springs, CA 92262
Bates	Dena	Desert Samaritans for the Elderly Palm Springs, CA 92262
Clark	Anne Marie	Visiting Nurses Association of Inland Counties Director of Hospice Palm Desert, CA 92258
Coleman	Anne	JFK Memorial Foundation Healthy Family Foundation Palm Desert, CA 92260
Freet	Bary	Institute of Critical Care Medicine Rancho Mirage, CA 92270
Haddock	Michele	Riverside County Office on Aging Riverside, CA 92507
Lundquist	David	Riverside County Mental Health Indio, CA 92260
Merritt	Karen	Safe House of the Desert Palm Desert, CA 92260
Riddle	Frankie	City of Palm Desert Director of Special Programs Palm Desert, CA 92266
Smith	Lisa	Braille Institute Rancho Mirage Rancho Mirage, CA 92270
Walsh	Ed	Riverside County Office on Aging Palm Desert Office Riverside, CA 92507
Wholihan	Elisabeth	Eisenhower Medical Center Rancho Mirage, CA 92270

**Eastern Coachella Valley Social Change Collaborative
Focus Group**

**September 20, 2006
Participant List**

Contact Person: Victor Perez, East Coachella Valley Collaborative for Social Change - 760-578-2976

Last	First	Organization
Greene	Jim	Coachella Valley Unified School District Thermal, CA 92201
Perez	Jesus	Migrant Education Program Indio, CA 92201
Perez	Victor Manuel	East Coachella Valley Collaborative for Social Change Coachella, CA 92236
Pinon	Rodolfo	Desert Alliance for Community Empowerment Zone Community Services Coordinator Coachella, CA 92236
Suess	Debbie	Riverside County Department of Public Health - Nutrition Services Branch Supervising Nutritionist Indio, CA 92201
Rosenfeld	Mike	Coachella Valley Teachers Association Coachella, CA 92236
Vargas	Anna	Poder Popular Programs, Manager Coachella, CA 92236

**Desert Hot Springs Blue Ribbon Health Care Committee
Focus Group**

**September 20, 2006
Participant List**

**Contact Person: Richard Cromwell, III, Desert Hot Springs Committee on
Healthcare Community Advisor - 760-329-6462**

Last	First	Organization
Andrews	Mariah	Desert Local News Desert Hot Springs, CA 92240
Cromwell, III	Richard	Desert Hot Springs Committee on Healthcare Community Advisor Desert Hot Springs, CA 92240
Lawrence, Ph.D.	Lisa	Health Education Associates Desert Hot Springs, CA 92240
Pieper	Will	Desert Hot Springs Committee on Healthcare Desert Hot Springs, CA 92240
Shea	Judy	Desert Hot Springs Committee on Healthcare Desert Hot Springs, CA 92240

**Lighthouse of the Valley (LOV) Pastors
Focus Group**

**September 20
Participant List**

Contact Person: Carol Thom, Water of Life Chapel - 760-329-0691

Last	First	Organization
Blue	Steve	Palm Desert Oasis Seventh-Day Adventist Church Pastor Palm Desert, CA 92260
Cedar	Mark	Desert Springs Church Pastor Palm Desert, CA 92260
Cedar	Paul	Mission America Coalition Pastor Palm Desert, CA 92255
Christianson	Peter	Mission America Pastor La Quinta, CA 92253
Godwin	Bill	University Baptist Church Pastor Palm Desert, CA 92261
Gordon	James	Garden Fellowship Pastor Bermuda Dunes, CA 92203
Pearson	Albie	Desert Christian Church Pastor Thousand Palms, CA 92234
Hoover	Zach	Inland Congregations United for Change Pastor Coachella, CA 92236
Morris	Tom	Youth for Christ Pastor Palm Desert, CA 92211
Ramirez	Sue	Southwest Community Church Pastor Bermuda Dunes, CA 92201
Roberts	Paul	Desert Christian Church Pastor Thousand Palms, CA 92297

Sanger	Andrea	Our Saviors Christian Church Pastor Palm Springs, CA 92264
Thom	Carol	Water of Life Chapel Pastor Desert Hot Springs, CA 92240
Sloat	Stephen	Coachella Valley Christian Church Pastor Indio, CA 92202

**ACT 1
Focus Group**

**September 21, 2006
Participant List**

Contact Person: Janet Underwood, S.H.A.R.E. - 760-773-9525

Last	First	Organization
Alcorn	Francine	Palm Springs Health Care & Rehabilitation Director of Admissions Palm Springs, CA 92262
Azbill	Patricia	California Nursing and Rehabilitation Director of Community Relations Palm Springs, CA 92262
Becker	Gladys	Jewish Family Service of the Desert Director of Clinical Services Palm Springs, CA 92262
Caldwell	Gretchen	Vista Cove At Rancho Mirage Director of Community Relations Rancho Mirage, CA 92270
Church	Keith	Wiefel's & Sons Funeral Directors Palm Springs, CA 92264
DeYoung	Fran	Senior Move Specialist Operations Director Cathedral City, CA 92234
Dominquez	Rebecca	Wellington Place of Rancho Mirage Director of Community Relations Rancho Mirage, CA 92270
Eilmann	Greg	Right at Home Owner Palm Springs, CA 92262
Ferrier	Cassie	Atria Senior Living Community Sales Director Palm Desert, CA 92260
Frederick	Richard	Wiefel's & Son Funeral Directors Palm Springs, CA 92264
Gelhaus	Willie	The Hallmark At Palm Springs Executive Director Palm Springs, CA 92262

Griffin	Ross	The Nu Vation Company Real Estate Agent No address provided
Ibba	Cindy	Wellington Place of Rancho Mirage Marketing Director Rancho Mirage, CA 92270
Jenkins	Brenda	Vista Cove At Rancho Mirage Activities Director Rancho Mirage, CA 92270
Kaye-Cressman	Judy	Accent Care Community Relations Representative Palm Springs, CA 92262
Lara-Toney	Debby	Visiting Nurses Association of Inland Counties Patient Care Advocate Palm Desert, CA 92211
Lazare	Bobbi	Home Instead Senior Care Executive Assistant Cathedral City, CA 92234
Maderick	Susan	Atria Senior Living Group Engage Life Director Palm Desert, CA 92260
Minton	Brenda	Right at Home Service Coordinator Palm Springs, CA 92262
Nelson	Janette	Complete Care Physical Therapy Director of Rehabilitation Palm Springs, CA 92264
Nelson	Lawrence	My Father's Home Administrator Cathedral City, CA 92234
Nelson	Lorie	MetLife Financial Services Financial Planner Financial Services Executive San Bernardino, CA 92408
Nilson	Wyona	Home Instead Senior Care Marketing Representative Cathedral City, CA 92234
Nelson	Janette	Complete Care Physical Therapy Director of Rehabilitation
Parker	Eileen	Desert Healthcare Foundation Project Coordinator Palm Springs, CA 92262
Peterson	Susan	Senior Living Options of the Desert Inc. Rancho Mirage, CA 92270
Pollock	Judy	Yes I Can La Quinta, CA 92253

Reistad	Berit	Vitas Innovative Hospice Care Vitas Representative Cathedral City, CA 92234
Rittenhouse	Peter	Joslyn Senior Center of the Cove Communities Executive Director Palm Desert, CA 92260
Rouley	Margaret	Atria Senior Living Group Community Sales Director Palm Desert, CA 92260
Savina	Maria	Touch Point Home Care Network Palm Desert, CA 92260
Simkin	Judi	Senior Move Specialists Executive Director Cathedral City, CA 92234
Schmid	Lisa	Jewish Family Services of the Desert Geriatric Case Manager Palm Springs, CA 9262
Underwood	Janet	S.H.A.R.E. Senior Housing of America Referral Service Indian Wells, CA 92210
Valkiri	Not provided	Home Instead Senior Care Community Service Representative Cathedral City, CA 92234
Widmark	Teresa	Palm Springs Health Care & Rehabilitation Social Worker Palm Springs, CA 92262
Winter	Marla	Vitas Innovative Hospice Care Hospital Liaison Cathedral City, CA 92234
Wisor	John	Cathedral City Senior Center Executive Director Cathedral City, CA 92234
Zumwalt	Robin	ManorCare Admissions Director Palm Desert, CA 92260

***VIII. Service
Provider
Survey Findings***



“Without a sense of caring, there can be no sense of community.”
Anthony J. D’Angelo

VIII. COACHELLA VALLEY NEEDS ASSESSMENT SERVICE PROVIDER SURVEY FINDINGS

Overview

Improving the physical and mental health of the residents of Coachella Valley is one of our goals. Developing a collaborative approach to address this goal is especially challenging with the diverse needs and limited resources of our community.

The Coachella Valley Health Collaborative (CVHC) recently was awarded a grant from The California Endowment Foundation to support infrastructure development of a regional collaborative that will use a primary prevention approach to address the public health needs of the residents living in the Coachella Valley. One critical component of this grant was to conduct a needs and strengths assessment of the residents and communities of the Coachella Valley.

Purpose of the Survey

The purpose of this needs assessment survey of service providers was to assess the needs and strengths and existing resources of the Coachella Valley from the perspective of the service providers. This assessment will be used to assist the regional health collaborative in developing a preventative approach to improving the physical and mental health of our community.

Method

In the fall 2006, an anonymous needs assessment survey was distributed via mail, Internet and in person to health and social service providers in the Coachella Valley. These providers included organizations and individuals from the Regional Access Project Foundation (RAP) mailing list; health care professionals and other service and social service providers in the Coachella Valley, CVHC Steering Committee Members, CVAG Members, and other related individuals and organizations. Each participant was told that the survey results would be anonymous and confidential. A total of 222 completed surveys were returned to the RAP Office and analyzed by the consultants, Joan Branin, Ph.D., and Rebecca Martinez, D.P.A., using SPSS.

Service Provider Survey

Organization of the Service Provider Survey Findings

This **Service Provider Survey** section consists of the

- Table of the Characteristics of the Service Providers
- Summary Table of the Three Most Critical Health Needs of Adults, Children, and Seniors as seen by Service Providers
- Key Findings from the Service Provider Survey

Procedure: The major characteristics of the service providers are summarized in the first table. The second table, The Summary Table of the Three Most Critical Health Needs of Adults, Children, and Seniors as seen by Service Providers, represents the responses to a series of three questions which asks the service providers rank the top three critical health needs of adults, the top three critical health needs of children, and the top three health needs of seniors. The remainder of this section summarizes the responses of the Service Providers in several areas:

- (1) Their assessment of the overall quality of health of the community, the quality of the healthcare in the community, and the quality of their own health;
- (2) The major health needs/ issues of the Coachella Valley in the next 3-5 years;
- (3) Those behavioral and lifestyle factors that increase the risk of disease or injury;
- (4) The community's major strengths and resources; and
- (5) The weaknesses in the healthcare system.

- See the next page for the Characteristics of the Service Providers Table and the Summary Table of the Three Most Critical Health Needs of Adults, Children, and Seniors as seen by Service Providers

SERVICE PROVIDER SURVEY FINDINGS

KEY FINDINGS

Characteristics of the Service Providers

The majority of the service providers were Caucasian, women between 35-55 years of age and who have been in the Coachella Valley for over 15 years. Seventy-eight percent of the respondents had been in the Coachella Valley for five or more years.

Characteristics	Number	Percent
Gender (n=219)		
Female	133	61%
Male	83	38%
Age (n=215)		
Under 35 years of age	22	10%
35-55 years of age	112	52%
Over 55 years of age	81	38%
Ethnicity (n=215)		
Caucasian/ White	143	67%
African American / Black	31	14%
Hispanic	34	16%
Asian / Pacific Islander	4	2%
Native American	2	1%
Time in Coachella Valley (n=214)		
Under 5 years	45	22%
5-15 years	63	29%
Over 15 years	103	48%

SUMMARY TABLE
**THREE MOST CRITICAL HEALTH NEEDS OF ADULTS,
CHILDREN, AND SENIORS**

Most Critical Health Needs by Target Population
(n = 222)

Priority Rank	Adults	Children	Seniors
1	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition	Diabetes/ Obesity/ Nutrition
2	Drug/ Substance Abuse	Drug/ Substance Abuse	Heart Disease
3	Mental Health	Health Education	Mental Health

Comments:

The three most critical health needs of adults in the Coachella Valley (in rank order) are:

1. Diabetes/ Obesity and Nutrition
2. Drug/ Substance Abuse
3. Mental Health

The three most critical health needs of children in the Coachella Valley (in rank order) are:

1. Diabetes/ Obesity and Nutrition
2. Drug/ Substance Abuse
3. Health Education

The three most critical health needs of seniors in the Coachella Valley (in rank order) are:

1. Diabetes/ Obesity/ Nutrition
2. Heart Disease
3. Mental Health

Diabetes, obesity and nutrition were seen as a critical need of all three target populations.

Overall Quality of Health

Overall, how would you rate the quality of the health of the community (Coachella Valley), the quality of the healthcare in the community, and your own health?

	Poor	Fair	Good	Very Good	Excellent
Quality of the Health of the Community	8%	34%	48%	7%	2%
Quality of the Healthcare in the Community	11%	37%	35%	15%	2%
Self-Rated Health	2%	7%	36%	42%	2%

Comments:

Although the service providers rated their health as "very good" and the quality of the health of the community as "good", they rated the healthcare in the community only "fair." Almost half of the respondents rated the quality of the healthcare in the community as either fair or poor.

Major Health Needs/ Issues

Please rate the importance of these factors as major health needs / issues that should be addressed in the next 3-5 years by the community to improve the overall health of the residents of the Coachella Valley.

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
Asthma & Allergies	2%	7%	39%	51%
Alcohol & Drug Abuse	1%	4%	19%	75% *
Arthritis	1%	12%	46%	41%
Cancer	1%	7%	25%	67%
Childhood Diseases	2%	12%	35%	51%
Dental Care	2%	8%	41%	40%
Diabetes, Nutrition, Obesity	2%	3%	20%	74% *
Domestic Violence/ Abuse	1%	6%	36%	58%
Family Planning	1%	16%	34%	46%
Heart Disease	1%	5%	32%	63%
HIV/AIDS & Hepatitis C	2%	6%	29%	64%
Homelessness	1%	10%	33%	56%
Liver Disease	2%	18%	50%	30%
Lung Disease	2%	14%	47%	37%
Mental Health	2%	7%	22%	70% *
Prenatal & Baby Care	2%	7%	32%	59%
Suicide & Homicide	3%	17%	37%	43%
Teen Pregnancy	3%	9%	35%	53%
Vascular Disease	1%	14%	46%	39%

Among the major health needs and issues that need to be addressed in the next 3-5 years by the community to improve the overall health of the residents of the Coachella Valley, alcohol and drug abuse; diabetes, nutrition and obesity, and mental health were seen as "very Important". Suicide and homicide, domestic violence/ abuse, and liver disease were more likely to be seen as "very unimportant" and/or "somewhat important." (See asterisks above).

Behavioral and Lifestyle Factors

Please rate the importance of these major behavioral and lifestyle factors in increasing the risk for disease or injury.

	Very Unimportant	Somewhat Unimportant	Somewhat Important	Very Important
Lack of regular exercise	2%	3%	15%	80% *
Poor nutrition	2%	1%	17%	80% *
Poor weight management	2%	3%	20%	75%
Excessive drinking	2%	5%	25%	68%
Smoking and tobacco use	2%	5%	19%	74%
Drug use	2%	4%	15%	79% *
Lack of routine checkups	1%	11%	46%	42%
Lack of pap smears and mammograms	2%	8%	44%	47%
Lack of prostate exams	1%	11%	44%	44%
Poor dental hygiene	2%	8%	44%	46%
Poor vision care	1%	12%	48%	39%
Poor prenatal care	2%	6%	29%	63%
Lack of immunizations	3%	11%	34%	52%
Medication nonadherence	2%	15%	34%	48%
Lack of mental health counseling	2%	11%	32%	55%
Nonuse of bike helmets	4%	30%	37%	30%
Nonuse of seat belts	3%	22%	34%	41%
Nonuse of pool safety locks	6%	23%	33%	38%

Comments

Lack of regular exercise, poor nutrition, and drug use were rated as top three "very important" major behavioral and lifestyle factors in increasing the risk of disease or injury. Nonuse of bike helmets, seat belts, and pool safety locks were seen as "very unimportant" or "somewhat unimportant" in increasing the risk of disease or injury. (See asterisks above).

Community Strengths and Resources

Please rate the importance of these factors as major healthcare strengths and resources of the Coachella Valley in addressing its health needs.

	<u>Very Unimportant</u>	<u>Somewhat Unimportant</u>	<u>Somewhat Important</u>	<u>Very Important</u>
Number and quality of medical facilities	3%	2%	23%	72% *
Availability of community clinics	2%	5%	23%	70% *
Availability of bilingual services	3%	13%	34%	51%
Active health and social service organizations	2%	7%	35%	56%
Strong collaboratives	4%	8%	31%	56%
Support of community (volunteerism / donors)	2%	7%	37%	54%
Political support	6%	14%	28%	52%
Good dissemination of information	3%	8%	29%	60% *
Availability of health fairs	7%	18%	48%	28%
Commitment to improving health	3%	6%	28%	63% *
Well-known specialty care	3%	12%	36%	48%

Comments:

The number and quality of medical facilities and the availability of community clinics were seen as major healthcare community strengths and "very important" factors in addressing community health needs. A commitment to improving health and good dissemination of information were also seen as "very important" strengths and resources in the community. (See asterisks above).

Weaknesses in the Healthcare System

Please rate the importance of these factors as weaknesses in the healthcare system.

	<u>Very Unimportant</u>	<u>Somewhat Unimportant</u>	<u>Somewhat Important</u>	<u>Very Important</u>
Lack of affordable healthcare	2%	3%	11%	85% *
Lack of mental health services	1%	5%	20%	74% *
Need for low-cost dental care	1%	7%	35%	57%
Need more urgent care and community clinics	1%	10%	33%	57%
Lack of equipment and technology	3%	13%	41%	43%
Shortage of medical staff	1%	5%	29%	65% *
Waits for medical appointments	2%	8%	31%	59%
Limited specialty care	1%	11%	38%	50%

Comments:

Lack of affordable healthcare, lack of mental health services, and shortage of medical staff were seen as the major weaknesses in the healthcare system. (See asterisks above).

Barriers to Healthcare Access

Please rate the importance of these issues as major barriers to accessing the healthcare system.

	<u>Very Unimportant</u>	<u>Somewhat Unimportant</u>	<u>Somewhat Important</u>	<u>Very Important</u>
Transportation	2%	8%	25%	65%
Cost of health insurance	2%	1%	11%	87% *
Lack of health insurance	1%	2%	15%	82% *
Hours of operation	4%	13%	48%	35%
Complexity of process	2%	14%	42%	42%
Lack of bilingual staff	4%	19%	45%	31%
Cultural barriers	3%	20%	42%	35%
Distrust of medical system	5%	18%	42%	35%
Lack of mobile services	3%	18%	33%	46%
Lack knowledge of services	5%	11%	37%	58%

Comments:

The major barriers to accessing the health care system are the cost of health insurance and lack of health insurance. Other major barriers include: lack of transportation, lack of knowledge of services, lack of mobile services, complexity of the process, cultural barriers, distrust of the medical system, hours of operation, and lack of bilingual staff. (See asterisks above).

IX. RECOMMENDATIONS TO CVHC AND GAPS IN EXISTING DATA

After reviewing the numerous community needs assessment documents produced from 2000-2006, these gaps in the existing needs assessment data were noted.

- Mental health needs, services and issues
- Disabled populations
- Needs/ issues related to multiculturalism
- Needs/issues of African American population
- Single parenthood
- Gay and lesbian populations
- "Snowbirds" and other part time residents
- Community strengths and assets

RECOMMENDATIONS TO THE COACHELLA VALLEY HEALTH COLLABORATIVE

Based on the findings from the review of existing needs assessment documents, and the results from the recent needs assessment focus groups and the service provider survey, the Consultants recommend the following:

1. Identify a **Single** Public Health Need

Identify a **single** public health need of the residents of the Coachella Valley upon which community efforts and resources can be focused and directed. This need should be one that uses a primary prevention approach to address and improve the health status of the residents.

Based upon the document review, focus groups, and service provider surveys, the primary public health needs (in rank order) identified were

- Diabetes, obesity and nutrition
- Drug and substance abuse
- Mental health services
- Heart disease and cancer (as major causes of death)

2. Utilize the Existing Community Strengths and Infrastructure

Utilize the strong existing collaboratives, the large number of health and human service organizations, the number and quality of the medical facilities and availability of community clinics, and the community commitment to change and improve the health of the Coachella Valley to develop and support the infrastructure of a regional health collaborative. Community groups and individuals indicated an interest in working together to address and solve common problems.

3. Tap the High Level of Volunteerism and Potential Donors

Tap the high level of volunteerism and potential donors--and the related commitment and caring--to provide needed funding, expertise, and human capital for community change.

4. Better "Collaboration, Coordination, and Communication" of Resources

Better use of current and future community resources through "collaboration, coordination, and communication". Some sources highlighted the richness of existing resources in some areas and the scarcity in other areas. In some cases, duplicity of resources existed and providers were not aware of the extent of each other programs, activities, and participants.

5. Establish a Series of Coordinated Community Outreach, Health Education Programs Across the Coachella Valley

Establish a series of coordinated community outreach, health education programs across the Coachella Valley. A preventive approach to addressing public health needs is based on sound health information and communication of this information. For example, to reduce the incidences of diabetes and obesity, better awareness and understanding of nutrition, exercise and diet are important. Service providers indicated that lack of regular exercise and poor nutrition were two of the major behavioral and lifestyle factors in increasing the risk of disease and injury.

6. Diversity in Dissemination of Health Information

Use of a variety of methods to disseminate health information to reflect the diversity of the Coachella Valley. Information should be in multiple languages (wherever possible) and presented in culturally sensitive manner. Other methods of dissemination include the Internet, Info Vans, health fairs, and self-care management classes.

7. Evaluate Transportation as a Barrier to Access of Care

Need for transportation was a frequently mentioned concern and barrier to accessing healthcare. A transportation needs assessment may be appropriate to determine the exact nature of the needs and acceptable options.

8. Enlist the School Districts in Developing School-based Health Awareness and Education Programs

Enlist the school districts in developing school-based health awareness and education programs on the elementary, middle and high school level. Successful existing programs may be modified and replicated across districts and grade levels.

9. Develop a Coachella Valley Resource Guide

Develop a Coachella Valley Resource Guide of health and human services designed for use by residents, service providers, community-based organizations, donors, funders, and governmental agencies. The Guide should be portable and centralized (print version and Web-based version) to maximize usage. The multiple documents consistently noted a lack of knowledge of available resources.

10. Need for Referral Services

A continuing need for referral services, particularly among seniors and those in need of mental health counseling and services exists. These groups seem to be experiencing the greatest frustrations in navigating the healthcare system according to focus group participants.

11. Initiate an Asset Mapping Project of the Coachella Valley

Consider initiating an Asset Mapping Project of the Coachella Valley. This is an extensive identification of the existing resources along the major health indicators, health and social service needs, and behavioral and lifestyle factors that will improve the health of the residents of the Coachella Valley.

12. Develop a Long-term Strategic Plan

Develop a long-term strategic plan of the community's future need for more medical facilities, community clinics, and healthcare professionals (including specialists). This is even more essential for the Coachella Valley because of several demographic trends:

- The Coachella Valley's population continues to grow at a faster rate than other parts of Riverside County.
- There is a greater proportion of older adults in the Coachella Valley and the number of older adults will continue to grow as the general population ages
- There is a projected shortage of healthcare personnel as the baby boomer retire

These factors will create a greater demand for facilities and trained healthcare professionals and rationale for increased funding from grants, donors, and other funding sources.

13. Evaluate the Needs of the Uninsured, Underinsured and Those Who Seek Primary Care in Mexico

Evaluate the needs of the uninsured, underinsured and those who seek primary care in Mexico. Those who are uninsured and underinsured may be utilizing border care for routine care but may need to use urgent and emergent services in the Coachella Valley for nonroutine care. The need for community clinics may be underestimated due to the use of border care in Mexico by some residents.

14. Mount an Image Building and Awareness Campaign

Address the negative perception of the quality of the current healthcare system in the Coachella Valley. These negative feelings may be due to inaccurate perceptions of the level and quality of care, unrealistic expectations of the type and quality of care needed, or some deficits in the system that can or cannot be easily remedied (e.g., hours of operation, need for bilingual staff, lack of equipment and technology). Also, many residents may not be applying for programs and services for which they are eligible but not aware of their existence and/or eligibility requirements.

15. Generate Systematic Health Status Information

Systematically generate information on the health status of the residents of the Coachella Valley. This information can be used to monitor changes in the health status of the community. The recent efforts of HARC (Health Assessment Resource Center) to provide an ongoing health assessment program of the Coachella Valley will be a step in that direction

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“The question is not whether we can afford to invest in every child, it is whether we can afford not to.”
Marian Wright Edelman



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