2015 RIVERSIDE COUNTY COMMUNITY HEALTH ASSESSMENT

A snapshot of the health issues affecting Riverside County
<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Acknowledgements</td>
</tr>
<tr>
<td>4</td>
<td>Executive Summary</td>
</tr>
<tr>
<td>6</td>
<td>A Message From Public Health</td>
</tr>
<tr>
<td>7</td>
<td>Introduction</td>
</tr>
<tr>
<td>8</td>
<td>Assessment Overview</td>
</tr>
<tr>
<td>9</td>
<td>Local Public Health System Assessment</td>
</tr>
<tr>
<td>14</td>
<td>Community Themes and Strengths Assessment (SHAPE Survey)</td>
</tr>
<tr>
<td>16</td>
<td>Forces of Change Assessment (SHAPE Forums) Health Status</td>
</tr>
<tr>
<td>18</td>
<td>Health Status Assessment</td>
</tr>
<tr>
<td>18</td>
<td>County Health Rankings</td>
</tr>
<tr>
<td>19</td>
<td>Interactive Data</td>
</tr>
<tr>
<td>20</td>
<td>Demographics</td>
</tr>
<tr>
<td>26</td>
<td>Leading Causes of Death</td>
</tr>
<tr>
<td>27</td>
<td>Understanding the Data</td>
</tr>
<tr>
<td>28</td>
<td>Access to Health Services</td>
</tr>
<tr>
<td>34</td>
<td>Chronic Disease</td>
</tr>
<tr>
<td>51</td>
<td>Immunizations &amp; Infectious Diseases</td>
</tr>
<tr>
<td>54</td>
<td>Exercise, Nutrition &amp; Weight</td>
</tr>
<tr>
<td>60</td>
<td>Reproductive Health</td>
</tr>
<tr>
<td>65</td>
<td>Mental Health</td>
</tr>
<tr>
<td>67</td>
<td>Safety</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Page</th>
<th>Section</th>
</tr>
</thead>
<tbody>
<tr>
<td>70</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>73</td>
<td>Economy</td>
</tr>
<tr>
<td>79</td>
<td>Environment</td>
</tr>
<tr>
<td>83</td>
<td>Transportation</td>
</tr>
<tr>
<td>86</td>
<td>Next Steps</td>
</tr>
<tr>
<td>87</td>
<td>References</td>
</tr>
<tr>
<td>89</td>
<td>Appendix I</td>
</tr>
<tr>
<td>99</td>
<td>Appendix II</td>
</tr>
</tbody>
</table>
Thank you to all Riverside County residents, community partners and staff who provided valuable time and input in identifying our community’s health strengths and needs and for sharing experiences and recommendations with the Riverside County Community Health Assessment leadership team. The expertise and leadership of the following people and agencies made this Riverside County Community Health Assessment a collaborative, engaging and substantive plan that will further guide our community in developing a comprehensive Community Health Improvement Plan.

With Gratitude,

Riverside University Health System - Public Health

Public Health Staff Contributors:
Dr. Cameron Kaiser, Public Health Officer
Wendy Hetherington, Program Chief, Epidemiology and Program Evaluation
Erin Curlee, Research Analyst
Rick Lopez, Research Specialist

Questions or comments about the content of this report may be directed to:
Kevin Meconis, MPH, Epidemiologist, Accreditation Coordinator
Riverside University Health System - Public Health
4065 County Circle Dr., Riverside, CA
Phone: (951) 358-5561
e-mail: kmeconis@rivcocha.org

This report may be downloaded from www.shaperivco.org

ACKNOWLEDGEMENTS
In 2014, the Riverside County Department of Public Health convened a Community Health Steering Committee to strategically assess the health needs and priorities of Riverside County residents. The 18-month process was a collaborative, community-driven effort that engaged more than 4,000 residents, health professionals and community partners. Under a shared vision, the Community Health Steering Committee coordinated the formation of different teams to lead, oversee and advise the Community Health Assessment (CHA) process. The process relied on this team infrastructure to carry out the various components of research and information gathering.

Utilizing a model adapted from the Mobilizing through Planning and Partnership (MAPP) framework, four comprehensive assessments were conducted.

The four assessments included:

1. **Community Themes and Strengths Assessment (SHAPE Survey)**
   - **Highlights:** December 2014 — March 2015. 4,000 responses. Racial/Ethnic breakdown similar to county. Online and paper versions. Broad range of collection sites.

2. **Local Public Health System Assessment (LPHSA)**
   - **Highlights:** April 2014. East and West County locations. Participants from 38 agencies.

3. **Forces of Change Assessment (SHAPE Community Forums)**
   - **Highlights:** February — April 2015. 18 Locations across County. Hundreds of participants.

4. **Community Health Status Assessment**
   - **Highlights:** Multi-year process. Hundreds of indicators and data sources.

The assessment process was designed and conducted to meet the following objectives:

- Ensure racial and ethnic minority communities’ needs and input.
- Ensure broad partner participation representing residents of underserved populations.
- Include epidemiological subject matter experts in analysis, interpretation and prioritization of health data.

In March 2015, the Riverside County Board of Supervisors created the Riverside University Health System and brought together the Riverside County Regional Medical Center, Ambulatory Care Clinics, Department of Public Health and Department of Mental Health into the system. The Department of Public Health has adopted a new logo and name within the system and will be referred to as Riverside University Health System – Public Health or RUHS Public Health throughout this document.
Using the key findings identified above, the Riverside County Health Coalition developed a list of community health priorities in July 2015 to inform the development of a Community Health Improvement Plan (CHIP), soliciting input from the general public and key public health system partners throughout the process.
Our mission here at RUHS Public Health is to promote and protect the health and well-being of all of our residents and visitors through a variety of programs and services.

Beyond our community outreach/engagement, health education and certain clinical services initiatives, we strive to address the root causes of disease and illness. We do this by addressing essential health issues that affect the community, such as promoting vaccinations for illness, ensuring that children have access to physical activity and healthy foods in their schools and childcare centers and assisting city planning agencies as they consider the health impact of land development proposals.

These and many more factors can impact the health of a community. And while there is a range of programs to address these challenges, it is our responsibility to develop and implement ways to improve health now and into the future.

In a time of limited resources and funding, we are called upon to work more efficiently and effectively. RUHS Public Health is meeting this test through dynamic partnerships with local residents and community organizations as we all work together to make Riverside County a healthy place to work, play, live and learn.

With this Community Health Assessment, we have identified the most pressing needs of our community so that we are better equipped to make choices, set priorities and provide the building blocks to a broader community health improvement plan.

As we take the next steps toward action, we would like to thank all those involved for their thoughtful and meaningful contributions to this effort. Their work makes a difference.

Riverside University Health System — Public Health
INTRODUCTION

The Riverside University Health System - Public Health (RUHS Public Health) serves one of the largest local public health jurisdictions in the U.S., with more than 2.3 million residents\(^1\). Riverside County spans 7,200 square miles\(^2\) and is roughly the size of the state of New Jersey. Composed of a mix of urban, suburban and rural areas, Riverside County is a vast and fast-growing economic center and tourist destination.

In 2014, Riverside County brought together a team of partnering agencies to begin planning Riverside County’s first comprehensive Community Health Assessment (CHA). The purpose of a CHA is to determine public health needs and priorities. This joint effort aimed to produce a CHA aligned with community values that reflect the needs of Riverside County’s diverse population. The desire for a community-driven approach led RUHS Public Health to adopt various components of the Mobilizing through Planning and Partnerships (MAPP) framework\(^3\).

This 18-month process included the engagement of a wide variety of community members and partners within the public health system, leading to the Strategic Health Alliance Pursuing Equity (SHAPE). SHAPE coordinates the resources of public health system partners to improve health for all communities in Riverside County. This initiative is coordinated by the Riverside County Health Coalition and its leadership team. This report describes the processes used to complete Riverside County’s CHA and the results found.

The overarching goal of this collaborative effort was to foster successful partnerships among diverse segments of our community in order to improve the health of Riverside County residents. The foundational work that has been laid through extensive data collection and quantitative research has resulted in a comprehensive health assessment that reveals timely, critical health priorities of our community.

The community assessment incorporates the following principles:

**Purpose:** Learn about the health of the population, contributing factors to greater health risks or poorer health outcomes of identified populations and community resources available to improve the health status. The community health assessment is the basis for development of the community health improvement plan.

**Goal:** Describe the health of the population and identify areas for health improvement, contributing factors that impact health outcomes, community assets and resources that can be mobilized to improve population health.

**Principles:** Collaborative process of collecting and analyzing data and information for use in educating and mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies and planning actions to improve the population’s health.

**Process:** Systematic collection and analysis of data and information to provide a sound basis for decision-making and action conducted in partnership with other organizations and members of the community.

**Content:** Data on demographics; socioeconomic characteristics; quality of life; community resources; behavioral factors; the environment (including the built environment); morbidity and mortality; and other social determinants of health status.
The community health assessment process involved four different components, each with the purpose of gathering community input from different perspectives. Below is a summary of the methodology for each assessment:

**Local Public Health System Assessment (LPHSA)**

Local Public Health System Assessment (LPHSA) was designed to establish a baseline of how well the public health department and its partners are accomplishing The 3 Core Functions and 10 Essential Services of Public Health. Participants from across the Public Health System used a nationally recognized tool for assessing performance.

**Community Themes & Strengths Assessment**

The Community Themes & Strengths Assessment, also known as the SHAPE Community Health Survey, was distributed across Riverside County to partner agencies, clinic patients, County staff, health fair attendees and a broad cross-section of community groups. Respondents reported on the key issues affecting the health of their neighborhoods.

**Forces of Change Assessment**

The Forces of Change Assessment was conducted by holding community forums and focus groups across Riverside County that allowed participants to discuss the key health issues affecting their neighborhoods, identify and share local resources and propose strategies for improvement.

**Health Status Assessment**

The Health Status component of the Community Health Assessment was conducted by reviewing data from a broad range of sources and working with public health system partners to identify key issues affecting their clients and the community at large.
Improving the health of the community is inherently a team effort. Public health is a system of partners coordinating its efforts to ensure that residents and visitors of Riverside County have access to safe food and water, parks and health care. Until now we did not have a framework for evaluating how well the public health system is meeting the needs of all it serves.

In April 2014, stakeholders from across the network of public health partners met to do just that — to establish a baseline for how well the system is performing The 3 Core Functions and 10 Essential Services of Public Health using a nationally recognized tool. Perhaps even more important than the results was the tremendous amount of sharing that took place among a diverse group of attendees who had the opportunity to learn of the great work being done to support health in Riverside County.

The event was attended by 69 representatives from 38 different organizations (page 3). This document summarizes the data collection process and the findings from the event.

<table>
<thead>
<tr>
<th>Assessment</th>
<th>Policy Development</th>
<th>Assurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Monitor health status</td>
<td>3 Educate/Empower</td>
<td>6 Enforce laws</td>
</tr>
<tr>
<td>2 Diagnose/Investigate</td>
<td>4 Mobilize partnerships</td>
<td>7 Link to health services</td>
</tr>
<tr>
<td></td>
<td>5 Develop policies/plans</td>
<td>8 Assure workforce</td>
</tr>
<tr>
<td></td>
<td></td>
<td>9 Evaluate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10 Research/Innovations</td>
</tr>
</tbody>
</table>

The Local Public Health System Assessment is structured around The 3 Core Functions and 10 Essential Services (ES) of Public Health which each consist of several Model Standards.

On the event day, these services were broken up into four sessions: ES 1-2, 3-5, 6-8 and 9-10. Each session began with a speaker describing the Essential Services and how they influence the health of the community.

Rather than look at one specific organization, participants were encouraged to think about the entire public health system as a whole and assign a score to each measure that best represented their perception of the current level of activity within the system.

Facilitators at small tables led participants in a group discussion of each measure, while a trained recorder captured impressions and themes. In total, participants discussed and voted on more than 100 measures relating to the 30 model standards. In addition to voting on each measure, participants were encouraged to write down their agency’s contributions to each Essential Service as a whole and provide their perceptions of system strengths, weaknesses and challenges. This input is consolidated in the Essential Service Summary Sheets starting on page 10. A complete summary is located in Appendix I.
After each break out session was completed, all participants entered their scores for each measure using an electronic voting system which provided participants with instant live results of the aggregated scores. The assessment ended with a strengths and opportunities round table session.

Data were collected over the course of two days at events held in Moreno Valley and Palm Desert and was analyzed by region within the full report. Participants rated the system on what percent of activities under each service were currently being completed. The aggregated results below show that the system was performing best at diagnosing and investigating health concerns and enforcing laws meant to protect the public (ES 2 & 6).

Participants were asked to evaluate each Essential Service by scoring the Model Standards and their associated activities using the scale and point system displayed in the table below. The scale consisted of a “Don't know” option and five levels of activity from “no activity” to “optimal activity.” Participants were instructed to score each item by assessing the percent of each activity that was being completed by the public health system. The scores of each participant were then compiled and averaged for each question, then Standard, then Service to produce a final score. Final scores were calculated for East, West and Total to account for the diverse perspectives captured across the two day assessment. It should be noted that by averaging the scores across all participants there is little possibility that any measure will score 1 or 5 since either would require unanimous agreement.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimal Activity</td>
<td>Greater than 75% of the activity described within the question is met.</td>
<td>5</td>
</tr>
<tr>
<td>(76-100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant Activity</td>
<td>Greater than 50%, but no more than 75% of the activity described within the question is met.</td>
<td>4</td>
</tr>
<tr>
<td>(51-75%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate Activity</td>
<td>Greater than 25%, but no more than 50% of the activity described within the question is met.</td>
<td>3</td>
</tr>
<tr>
<td>(26-50%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimal Activity</td>
<td>Greater than zero, but no more than 25% of the activity described within the question is met.</td>
<td>2</td>
</tr>
<tr>
<td>(1-25%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Activity</td>
<td>0% or absolutely no activity.</td>
<td>1</td>
</tr>
<tr>
<td>(0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don't Know</td>
<td>Experience with essential service activity is too limited to evaluate system performance.</td>
<td>0</td>
</tr>
</tbody>
</table>
The results of the Local Public Health System Assessment (LPHSA) are summarized below for each Essential Service (ES). Performance scores were aggregated and then averaged based on the individual ratings of each LPHSA participant. Overall, the system is perceived to be performing at a moderate level with a score of 3.10. In other words, participants felt the system is accomplishing 25-50 percent of the benchmark activities.

### Summary of Average ES Performance Score

<table>
<thead>
<tr>
<th>Activity Level</th>
<th>None</th>
<th>Minimal</th>
<th>Moderate</th>
<th>Significant</th>
<th>Optimal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Overall Score</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 1: Monitor Health Status</td>
<td>2.94</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 2: Diagnose and Investigate</td>
<td>3.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 3: Educate/Empower</td>
<td>3.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 4: Mobilize Partnerships</td>
<td>3.17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 5: Develop Policies/Plans</td>
<td>2.95</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 6: Enforce Laws</td>
<td>3.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 7: Link to Health Services</td>
<td>3.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 8: Assure Workforce</td>
<td>2.98</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 9: Evaluate Services</td>
<td>2.83</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ES 10: Research/Innovations</td>
<td>3.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
While nearly all Essential Services (ES) received scores in the 2-3 point range, there were a few services that ranked notably higher than others. The top three performance scores are identified in the table above and indicate that the following services were perceived by participants as outperforming the rest: 1) **Essential Service 2**: Diagnose and Investigate community health problems and health hazards; 2) **Essential Service 6**: Enforce Laws and regulations that protect health and ensure safety; and 3) **Essential Service 7**: Link to/Provide Care to people needing health services and assure safety net services. There were some differences in scores between eastern and western Riverside County where the eastern participants tended to view the system performance slightly more favorably overall. Meanwhile, the participants at the West location ranked **Essential Service 4**: Identifies local health system partners and stakeholders, more favorably than ES 7.

<table>
<thead>
<tr>
<th>Top 3 Performance Scores</th>
<th>East</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES 2</td>
<td>3.70</td>
<td>ES 2</td>
<td>3.36</td>
</tr>
<tr>
<td>ES 6</td>
<td>3.56</td>
<td>ES 6</td>
<td>3.34</td>
</tr>
<tr>
<td>ES 7</td>
<td>3.41</td>
<td>ES 4</td>
<td>3.15</td>
</tr>
</tbody>
</table>

The bottom three performance scores are identified in the table above and indicate that the following services were perceived by participants as underperforming the rest: 1) **Essential Service 9**: Evaluate effectiveness, accessibility and quality of personal and population-based health services; 2) **Essential Service 1**: Monitor Health status to identify community health problems; and 3) **Essential Service 5**: Develop Policies and plans that support individual and community health efforts.

Due to the variation in scoring from west to east, the following services also scored toward the bottom and may be considered priority items for targeted improvement activities: 1) **Essential Service 10**: Research new insights and innovative solutions; and 2) **Essential Service 8**: Assure a Competent Workforce in public and personal health care.

<table>
<thead>
<tr>
<th>Bottom 3 Performance Scores</th>
<th>East</th>
<th>West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>ES 5</td>
<td>2.89</td>
<td>ES 8</td>
<td>2.87</td>
</tr>
<tr>
<td>ES 1</td>
<td>3.05</td>
<td>ES 1</td>
<td>2.84</td>
</tr>
<tr>
<td>ES 10</td>
<td>3.08</td>
<td>ES 9</td>
<td>2.64</td>
</tr>
</tbody>
</table>
CONCLUSIONS

The results show that the system is performing best at diagnosing and investigating health concerns and enforcing laws meant to protect the public (ES 2 & 6). The system needs to improve the way health status is monitored and how it evaluates whether population-based health services are meeting the needs of the community (ES 1 & 9). For most of the 10 Essential Services measures, participants felt that less than half of the required activities were being completed to the optimal level, thus scoring all measures in the minimal to moderate category.

As important as the assessment tool was for producing scores and baseline metrics for evaluating future performance, the value of the dialogue, comments and written contributions from each participant cannot be overstated. These qualitative results are integral to understanding the contributions of system partners and for identifying assets that can be used to improve quantitative results (Appendix I). Overall, the results indicate that the public health system in Riverside County is achieving a moderate level of success in performing The 3 Core Functions and 10 Essential Services. There is room for improvement in nearly every area and a coordinated strategy is needed to increase awareness of the system, its goals and partner roles.
COMMUNITY THEMES AND STRENGTHS ASSESSMENT (SHAPE COMMUNITY HEALTH SURVEY)

Data related to community themes and strengths were collected through a community survey. The survey was a tool to gather data on how participants perceived health in Riverside County, what the critical issues were and how community members were accessing services. It was intended to provide a deep understanding of the issues that local residents and neighborhood groups in Riverside County felt were important to the health of their neighborhoods and communities.

The Community Themes and Strengths Assessment (SHAPE Survey) asked the following: What makes our neighborhood a great place to live? (Appendix II, Question 6) What would make our neighborhood a better place to live? (Appendix II, Question 8) What are the health problems in our neighborhood? (Appendix II, Question 9)

The community survey included a series of 28 questions that asked respondents to consider quality of life in Riverside County, which health issues they felt were most pressing for County residents, how healthy they believed their community to be and what ideas they had for fixing the health problems of their community along with a few basic demographic and geographic questions.

The survey was offered in both Spanish and English. The online survey was offered using the Survey Monkey online survey software. See Appendix II for the full text of the survey questions.

More than 5,000 surveys were distributed to 18 WIC Program (Women, Infants and Children) clinics, 10 Family Care Clinics, 18 community forums, six Municipal Advisory Council (MAC), 20 community health fairs and faith-based congregations combined and were emailed out to all 20,000 County employees through the Riverside County Public Health SHAPE website.

Survey Response
In all, 4,200 individuals completed surveys. Of these, 3,480 were Riverside County residents. Five-hundred completed the survey online, while 1,700 completed the survey in hard copy. Approximately, 15 percent completed the survey in Spanish; the remaining respondents completed the survey in English.

Overall Findings
Areas of top concern included: having good jobs and a strong economy; low crime/safe neighborhoods; homelessness, drug abuse (prescription/street drugs); air quality; good schools and obesity/overweight.

By including the Community Themes and Strengths Assessment in the MAPP process, community members' concerns are an integral part of the priority setting process. The issues identified here substantiate and support the information uncovered during the other assessments.

There were a number of limitations that should be kept in mind while interpreting and using the collected data. Efforts were made to reach a geographically and demographically diverse group of participants, but in some cases this resulted in oversampling. Because some participants completed this survey as part of using the WIC program or visiting a Family Care Clinic, there were some demographic clusters, Latinas in particular, who were overrepresented.
COMMUNITY THEMES AND STRENGTHS ASSESSMENT (SHAPE SURVEY)

TOP 3 ISSUES

Social Environment
- Safe Neighborhoods
- Strong Families

Economy
- Good Jobs
- Homelessness

Natural Environment
- Air Quality
- Pollution

MORE CONCERNS

Built Environment
- Walkable Streets
- Grocery Stores / Healthy Food

Chronic Diseases
- Diabetes
- Asthma

ABOUT THE SURVEY

69 Zip Codes
3,480 Riverside County Residents
15% Spanish
85% English
The Forces of Change Assessment is an environmental scan to determine the factors influencing the health and quality of life in the community and the local public health system. The forces identified through this process assist in identifying strategic issues of concern for the assessment.

From February -- April, 2015, a series of community meetings was held to initiate a dialogue with community members about core issues affecting their health and well-being.

**City Forum Locations**

**City of Perris**
- Cesar Chavez Library
**City of Riverside**
- Arlington Library
**City of Murrieta**
- Murrieta Public Library
**City of Jurupa Valley**
- Louis Rubidoux Library
**City of Palm Springs**
- Palm Springs Library
**City of Temecula**
- Temecula Library
**City of Blythe**
- Blythe Community Center

**City of Hemet**
- Hemet Library
**City of Desert Hot Springs**
- Desert Hot Springs Health and Wellness Center
**City of Lake Elsinore**
- Lake Elsinore Cultural Center
**City of Banning**
- Banning Senior Center
**City of Corona**
- Corona Civic Center
**City of Moreno Valley**
- Moreno Valley Conference Center

**Forum Locations for County Unincorporated Communities**

**Temescal Valley**
- Temescal Valley Elementary School
- Woodcrest
- Woodcrest Library
**Mead Valley**
- Mead Valley Community Center

**Mecca**
- Mecca Boys and Girls Club
**Idyllwild**
- Idyllwild Library
**Highgrove**
- Highgrove Community Center
In order to elicit input from community members about these conditions, cities and unincorporated communities were selected from each of the five supervisorial districts. Two series of focus groups were conducted within these communities. The first focus group consisted of members of racial and ethnic minority communities and the second consisted of additional populations that were either underserved or experienced greater health disparities.

SHAPE Community Forums

In addition to the survey, residents and visitors had an opportunity to participate in the community health assessment process through a series of community forums. Over 140 residents participated in 18 forums and six Municipal Advisory Council (MAC) meetings from January 2015 through April 2015.

Participants registered as they came in and were provided with material. The meeting began with a brief welcome and introduction where participants were given a background about why the meeting was taking place and what was hoped to be accomplished. A poster session took place where participants using sticky notes voted on their top issues of concern in their neighborhoods. Major topics included: education, economy, environment, safety, health services, mental health, eating and exercise. Once participants voted on their top concerns, a facilitator led a discussion on the main topics of concern. Residents discussed what concerns they had as well as the opportunities and strengths of their communities. All comments that were discussed in each forum were recorded.
The County Health Rankings draw upon the most reliable and valid measures available.

Counties in each of the 50 states are ranked according to a variety of health measures and relative to other counties in the same state.

Those of higher ranks are considered the “healthiest.”

Data collected from the Riverside Community Health Survey were grouped as depicted in the Riverside County Health Rankings to the left.
In October 2015, the interactive SHAPE Riverside County data portal was launched for public use. We encourage you to access the website to find local data and to participate in the community health improvement work taking place across the County. The portal will be updated with the latest data, plans and activities as soon as they become available.

The Health Status Assessment on the following pages has been organized and designed to closely mirror the data available on the SHAPE website.
Spanning 200 miles across and encompassing beautiful fertile river valleys, magnificent mountains, deserts, foothills and rolling plains, Riverside County is geographically the fourth largest county in California comprising over 7,200 square miles. The County covers the same land area as the state of New Jersey and shares borders with Imperial, Orange, San Diego and San Bernardino counties; as well as the state of Arizona.

POPULATION

Riverside County is now the 10th largest county in the nation in terms of population. In July 2015, Riverside County’s population was estimated at over two million (2,308,441). Only Los Angeles (10.1 million), San Diego (3.3 million) and Orange counties (3.1 million) have greater populations among California counties.

If current projections continue, the population of Riverside County will reach 2.9 million in 2020 and 4.7 million by 2050. Population growth between now and then is projected to continue at an average annual rate of 2.1 percent through 2020. This increase in population can be partly attributed to the thriving growth and expansion of the Coachella Valley. In 2014, the population of the Coachella Valley portion of Riverside County was estimated at 427,521 and is expected to increase by 21.5 percent by 2035, reaching an estimated 519,630.

PLACES

There are 28 incorporated cities in Riverside County, with the largest being the City of Riverside (317,307), which is also the 12th largest city in the state of California. Its major east-west highway corridor is Interstate 10. Recently, two additional cities have been incorporated. These include Eastvale, which was incorporated on October 1, 2010 and Jurupa Valley, which was incorporated on July 1, 2011.
GOVERNANCE

The Board of Supervisors is the governing body of the County, certain special districts and the Housing Authority. The Board enacts ordinances and resolutions, adopts the annual budget, approves contracts, appropriates funds, determines land use zoning for the unincorporated areas and appoints certain County officers and members of various boards and commissions. There are five supervisorial districts that cover the county’s expansive geography.

PEOPLE

AGE

The 2015 age distribution is shown at right and indicates that Riverside County has a high percentage of young children and middle-aged adults. These figures are important to consider when assessing the health of our residents as different issues may increase in priority depending on the relevance to specific age groups.
PEOPLE

RACE AND ETHNIC IDENTITY

On average, more than 32,000 babies are born and nearly 14,000 deaths occur each year in Riverside County\textsuperscript{11}. In addition to the 33 percent increase in population between 2005 and 2015, Riverside County has experienced changes in its racial and ethnic composition.

During the last decade (2004-2014), the proportion of those identifying as Hispanic increased from 39 to 44 percent. The proportion of whites decreased from 48 to 42 percent. For the other racial and ethnic groups within the County, there was little to no change in population proportions.

Based on current projections, the groups that will experience the greatest changes include those of Hispanic origin and whites. By 2020, Riverside County population will be primarily comprised of Hispanics and whites (46 and 40 percent, respectively)\textsuperscript{12}.
In 2014, 22 percent of the people living in Riverside County were foreign born. Forty percent (40 percent) of Riverside County residents over the age of five speak a language other than English at home. One of every three households speaks Spanish as the primary language. Ensuring that health information is shared in multiple languages is important to reducing health disparities and improving access to care.

In the Coachella Valley, 26 percent of residents are foreign born, 46 percent speak a language other than English at home. Among those speaking another language at home, 90 percent speak Spanish. Ensuring that health information is shared in multiple languages is important to reducing health disparities and improving access to care.
INCOME

Black and Hispanic households continue to earn less money than other groups, according to the latest data. Asian households currently have the highest income of all groups averaging over $75,000 per year. Household income is an important predictor of health outcomes as spending power can influence diet, exercise, stress and access to health care.
Higher education can open opportunities in a variety of fields and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers. Riverside County has a high proportion of residents who have completed less than 9th grade, but also a fairly high percentage of residents who have completed a bachelor’s degree or more. Within that 20 percent, there is a considerable variation across racial/ethnic groups with nearly 50 percent of Asians earning higher degrees while fewer than 10 percent of Latinos have earned a bachelor’s degree or higher\textsuperscript{17}. This disparity can result in missed opportunities for career advancement and higher incomes.
Heart disease remains the number one killer of Riverside County residents while Chronic Obstructive Pulmonary Disease (COPD), largely attributable to smoking, has climbed into the third leading cause of death. Accidents, which include poisonings, falls, drowning and motor vehicle crashes remain a consistent leading cause while diabetes deaths have risen. The biggest change has been the decrease in pneumonia deaths, which fell from seventh to ninth in the ranking. This may be attributable to increased uptake of the flu vaccine, which can prevent pneumonia among older adults. Overall, the age-adjusted death rate continues to fall, yet still remains higher than California’s rate.

### Number of Deaths per year by Leading Cause, Riverside County, 2004-2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>4,064</td>
<td>3,960</td>
<td>4,092</td>
<td>3,924</td>
<td>3,884</td>
<td>3,725</td>
<td>3,754</td>
<td>3,974</td>
<td>3,934</td>
<td>3,973</td>
</tr>
<tr>
<td>Cancer</td>
<td>3,100</td>
<td>3,114</td>
<td>3,091</td>
<td>3,091</td>
<td>3,337</td>
<td>3,293</td>
<td>3,332</td>
<td>3,341</td>
<td>3,481</td>
<td>3,373</td>
</tr>
<tr>
<td>Stroke</td>
<td>970</td>
<td>938</td>
<td>887</td>
<td>962</td>
<td>958</td>
<td>879</td>
<td>918</td>
<td>1,026</td>
<td>985</td>
<td>1,023</td>
</tr>
<tr>
<td>COPD</td>
<td>924</td>
<td>909</td>
<td>827</td>
<td>818</td>
<td>788</td>
<td>809</td>
<td>802</td>
<td>797</td>
<td>770</td>
<td>745</td>
</tr>
<tr>
<td>Accidents</td>
<td>671</td>
<td>680</td>
<td>711</td>
<td>733</td>
<td>674</td>
<td>656</td>
<td>651</td>
<td>697</td>
<td>704</td>
<td>711</td>
</tr>
<tr>
<td>Alzheimers</td>
<td>461</td>
<td>557</td>
<td>544</td>
<td>540</td>
<td>600</td>
<td>559</td>
<td>611</td>
<td>667</td>
<td>650</td>
<td>677</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>342</td>
<td>396</td>
<td>378</td>
<td>426</td>
<td>379</td>
<td>425</td>
<td>380</td>
<td>424</td>
<td>430</td>
<td>434</td>
</tr>
<tr>
<td>Diabetes</td>
<td>319</td>
<td>306</td>
<td>307</td>
<td>267</td>
<td>257</td>
<td>256</td>
<td>231</td>
<td>290</td>
<td>265</td>
<td>302</td>
</tr>
<tr>
<td>Cirrhosis</td>
<td>212</td>
<td>242</td>
<td>204</td>
<td>209</td>
<td>199</td>
<td>235</td>
<td>221</td>
<td>271</td>
<td>264</td>
<td>299</td>
</tr>
<tr>
<td>Suicide</td>
<td>180</td>
<td>178</td>
<td>202</td>
<td>196</td>
<td>188</td>
<td>219</td>
<td>193</td>
<td>222</td>
<td>243</td>
<td>238</td>
</tr>
<tr>
<td>Homicide</td>
<td>90</td>
<td>120</td>
<td>114</td>
<td>112</td>
<td>109</td>
<td>95</td>
<td>85</td>
<td>93</td>
<td>99</td>
<td>105</td>
</tr>
</tbody>
</table>

### Age-Adjusted Deaths, Riverside County and California, 1996-2013

![Age-Adjusted Deaths Chart](chart.png)
The following pages show a snapshot of Riverside County’s health. Data are taken from the SHAPE Riverside County (Strategic Health Alliance Pursuing Equity) website: www.shaperivco.org.

Each indicator is represented with a color-coded gauge that lets you visualize how your community stacks up to California and the rest of the nation.

The colored gauge gives a visual representation of how your community is doing in comparison to other communities. The three-colored dial represents the distribution of values from the reporting regions (e.g., counties in the state) ordered from those doing the best to those doing the worst (sometimes lower values are better and in other cases higher values are better). From that distribution, the green represents the top 50th percentile, the yellow represents the 25th to 50th percentile and the red represents the “worst” quartile. The blue and white gauge is used when being higher (or lower) is not necessarily good or bad.

The arrow gauge shows whether Riverside County is increasing or decreasing over time. A green arrow (whether up or down) means the value is improving.

The bar gauge shows whether or not Riverside County meets the Healthy People 2020 specific target. Riverside County values are represented by the left bar and the Healthy People 2020 target value by the right bar.

The red and green lights indicate if the target has met the Healthy People 2020 goal.

The bullseye shows that Riverside County has met the Healthy People 2020 goal.
## ACCESS TO HEALTH SERVICES

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>Adults with Health Insurance</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Children with Health Insurance</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Delayed or Had Difficulty Obtaining Care</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Usual Source of Health Care</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Primary Care Provider Rate</td>
<td></td>
</tr>
</tbody>
</table>
**ADULTS WITH HEALTH INSURANCE**

**Measure:** This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage.

**Where are we now?**
Data from 2011-12 show that Riverside County ranks poorly for health insurance, with 77 percent of adults having coverage.

**What does this show?**
The latest Small Area Health Insurance Estimate (SAHIE) data indicates a slight increase in health insurance coverage according to the 2011-12 data points shown above and at left. SAHIE estimates that 78 percent of County adults had health insurance in 2013, compared to 80 percent of California adults. While the health insurance landscape is changing due to the gradual implementation of the Affordable Care Act, it remains to be seen if health insurance coverage will remain uneven across racial/ethnic divisions.

**Why is this important?**
People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they will not seek treatment until the condition is more advanced and therefore more difficult and costly to treat. Many small businesses are unable to offer health insurance to employees due to rising health insurance premiums.

**What is the goal?**
The Healthy People 2020 national health target is to increase the proportion of people with health insurance to 100 percent.
**Children with Health Insurance**

**Measure:** This indicator shows the percentage of children ages 0-17 that have any type of health insurance coverage.

**Where are we now?**
Data from 2013 shows that Riverside County ranks poorly for health insurance, with 10 percent of children needing coverage.

Children with Health Insurance\(^2\), 2010-13

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>88.4</td>
</tr>
<tr>
<td>2011</td>
<td>89.2</td>
</tr>
<tr>
<td>2012</td>
<td>89.9</td>
</tr>
<tr>
<td>2013</td>
<td>89.4</td>
</tr>
</tbody>
</table>

**What does this show?**
Health insurance coverage for children has been relatively constant for the past several years with roughly one of 10 children needing insurance. Rates among Latinos and American Indian/Alaska Natives are especially low.

Children with Health Insurance by Race/Ethnicity\(^2\), 2011-12

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>78.3</td>
</tr>
<tr>
<td>Asian</td>
<td>90.5</td>
</tr>
<tr>
<td>Black or African American</td>
<td>90.2</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>87.6</td>
</tr>
<tr>
<td>Other</td>
<td>85.2</td>
</tr>
<tr>
<td>Two or more races</td>
<td>91.2</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>93.3</td>
</tr>
<tr>
<td>Overall</td>
<td>89.4</td>
</tr>
</tbody>
</table>

**Why is this important?**
Children with health insurance are more likely to have better health throughout their childhood and adolescence. They are more likely to receive required immunizations, fall ill less frequently, obtain necessary treatment when they do get sick and perform better at school. Having health insurance lowers barriers to accessing care, which is likely to prevent the development of more serious illnesses.

**What is the goal?**
The Healthy People 2020 national health target is to increase the proportion of children with health insurance to 100 percent\(^1\).
**Delayed or Had Difficulty Obtaining Care**

**Measure:** This indicator shows the percentage of people who report having delayed or not received other medical care they felt they needed.

**Where Are We Now?**
Roughly 14 percent of County residents reported they are not getting health care services they need when they need them.

**What Does This Show?**
While the percentage of people delaying needed care or having difficulty getting care when they need it has remained fairly constant in recent years, the real differences are magnified when looking at this issue by age group. As may be expected, getting care becomes more difficult with age but changes dramatically at the age of 65. This suggests that Medicare coverage removes significant barriers to getting needed health care services for adults.

**Why Is This Important?**
Utilizing appropriate clinical and preventative services in a timely fashion can have important implications on the progression and treatment of many diseases. Individuals who receive services in a timely manner have greater opportunity to prevent disease or detect disease during earlier, treatable stages. A delay of necessary care can lead to an increased risk of complications.

**What Is the Goal?**
The Healthy People 2020 national health target is to reduce the percent of people delaying medical care to 4.2 percent.

---

SHAPE Riverside County  Community Health Assessment  September 2015  31
**USUAL SOURCE OF CARE**

**MEASURE:** This indicator shows the percentage of people that report having a usual place to go when sick or when health advice is needed.

**WHERE ARE WE NOW?**
As of 2011-12, nearly 15 percent of Riverside County residents still need a usual place of care, or medical home\(^\text{17}\).

**WHAT DOES THIS SHOW?**
The Medicare-aged population is the only age group to meet the Healthy People 2020 target for having a usual source of care. It is anticipated that the Affordable Care Act (ACA) will have a significant impact on this measure as more people are able to obtain health care coverage and choose a medical provider to regularly manage their care. Health officials must address the 18-24 age group who typically avoid medical care or miss opportunities to prevent future adverse health events.

**WHY IS THIS IMPORTANT?**
People with a usual source of care are more likely to go in for routine checkups and screenings and know where to go for treatment in acute situations. Not having a usual source of care or a usual place to go to when sick or in need of health advice can cause a delay of necessary care, leading to increased risk of complications.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is to increase the proportion of people with a specific source of ongoing care to 95 percent\(^\text{19}\).
**Primary Care Provider Rate**

**Measure:** The primary care provider rate per 100,000 population includes practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics.

**Where Are We Now?**
As of 2012, the County ranks among the poorest performing counties in the U.S. on this measure\(^1\).

**What Does This Show?**
Riverside County needs to attract, train and retain more primary care providers to serve the needs of the population. The majority of Southern California counties are performing better on this measure. The rate has remained consistently low for several years, yet there is reason to believe that the new Medical School at UC Riverside will increase the number of providers who view the region as an attractive place to practice medicine.

**Why Is This Important?**
Access to primary care providers increases the likelihood that community members will have routine checkups and screenings. Moreover, those with access to primary care are more likely to know where to go for treatment in acute situations. Communities that lack a sufficient number of primary care providers typically have members who delay necessary care when sick and conditions can become more severe and complicated.

**What Is The Goal?**
In order to be among the best performing counties, Riverside County needs to add nine providers per 100,000 people.
## CHRONIC DISEASE: CANCER

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>35</td>
<td>Breast Cancer Death Rate</td>
<td></td>
</tr>
<tr>
<td>36</td>
<td>Colorectal Cancer Death Rate</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td>Colorectal Cancer Incidence Rate</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td>Lung Cancer Death Rate</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Prostate Cancer Death Rate</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Cervical Cancer Incidence Rate</td>
<td></td>
</tr>
</tbody>
</table>
**Breast Cancer Death Rate**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

**Where are we now?**
For every 100,000 women in Riverside County, there are 21 deaths due to breast cancer, which is more than many California counties.

**What does this show?**
The death rate from breast cancer has fallen over the past several years despite a slight increase in the most recent measurement period. While the death rate in Riverside County is not the worst in Southern California, there is room for improvement to match the rate in Orange County to the west and also reach the Healthy People 2020 target.

**Why is this important?**
Breast cancer is a leading cause of cancer death among women in the United States. According to the American Cancer Society, about 1 in 8 women will develop breast cancer and about 1 in 36 women will die from breast cancer. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

**What is the goal?**
The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.7 deaths per 100,000 females.

---

**Breast Cancer Age-Adjusted Death Rate**, 2007-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Deaths/100,000 females</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007-2009</td>
<td>25.6</td>
</tr>
<tr>
<td>2008-2010</td>
<td>23.7</td>
</tr>
<tr>
<td>2009-2011</td>
<td>22.1</td>
</tr>
<tr>
<td>2010-2012</td>
<td>20.8</td>
</tr>
<tr>
<td>2011-2013</td>
<td>21.3</td>
</tr>
</tbody>
</table>

**Breast Cancer Age-Adjusted Death Rate**, 2011-13

[Map showing breast cancer death rates by county in California]
Colorectal Cancer Death Rate

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to colorectal cancer.

**Where Are We Now?**
For every 100,000 individuals in Riverside County, there are nearly 15 deaths due to colorectal cancer, which is more than many California counties.

**What Does This Show?**
The death rate from colorectal cancer has fallen over the past several years. While the death rate in Riverside County is not the highest in Southern California, there is room for improvement to reach the Healthy People 2020 target of 14.5 deaths per 100,000. If the current trend continues, this goal will be met by the next measurement period and will likely be attributable to better detection and treatment of the disease after it has developed. Prevention efforts must continue in order to eliminate new cases.

**Why Is This Important?**
Colorectal cancer is a leading cause of cancer-related deaths in the United States. The Centers for Disease Control and Prevention estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60 percent of the deaths could be prevented. While 90 percent of cases occur in adults aged 50 or older, it is essential for individuals with risk factors (family history, inflammatory bowel disease, or heavy alcohol use) to seek regular screening earlier.

**What Is the Goal?**
The Healthy People 2020 target is to reduce the colorectal cancer death rate to 14.5 deaths per 100,000 population.
Colorectal Cancer Incidence Rate

Measure: This indicator shows the age-adjusted incidence rate for colorectal cancer in cases per 100,000 population.

Where are we now? In the most recent measurement period there were roughly 40 new cases of colorectal cancer identified for every 100,000 people.

What does this show? There are more cases of colorectal cancer identified among men than women. National data suggests that risk of colorectal cancer is equal across gender so this result is surprising for Riverside County. Further analysis of this issue is needed. Colorectal cancer rates are extremely high among blacks, approaching double the rate of new cases among other ethnic groups.

Why is this important? Colorectal cancer—cancer of the colon or rectum—is a leading cause of cancer-related deaths in the United States. The Centers for Disease Control and Prevention estimates that if all adults aged 50 or older had regular screening tests for colon cancer, as many as 60 percent of the deaths could be prevented. While 90 percent of cases occur in adults aged 50 or older, it is essential for individuals with risk factors (family history, inflammatory bowel disease, or heavy alcohol use) to seek regular screening earlier.

What is the goal? The Healthy People 2020 target is to reduce the colorectal cancer incidence rate to 38.6 cases per 100,000 population.
**Lung Cancer Death Rate**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to lung cancer.

**Where are we now?**
For every 100,000 people in Riverside County, there are nearly 36 deaths due to lung cancer, which is more than many California counties.

**Why is this important?**
According to the American Lung Association, more people die from lung cancer annually than any other type of cancer, exceeding the total deaths caused by breast cancer, colorectal cancer and prostate cancer combined. The greatest risk factor for lung cancer is duration and quantity of smoking. While the mortality rate due to lung cancer among men has reached a plateau, the mortality rate due to lung cancer among women continues to increase. Blacks have the highest risk of developing lung cancer.

**What does this show?**
The death rate from lung cancer has fallen over the past several years and is now currently below the Healthy People 2020 target by nearly 10 deaths per 100,000. However, as every life is valuable and lung cancer is nearly 100 percent preventable, there is still much room for improvement. Prevention efforts aimed at tobacco avoidance and cessation must continue in order to eliminate new cases. When the rate falls below 35.6, Riverside County will join the rest of the best performing counties on this measure.

**What is the goal?**
The Healthy People 2020 national health target is to reduce the lung cancer death rate to 45.5 deaths per 100,000 population.
**Prostate Cancer Death Rate**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to prostate cancer.

**Where are we now?**
For every 100,000 people in Riverside County, there are 21 deaths due to prostate cancer, which is more than many California counties.

**Why is this important?**
Prostate cancer is a leading cause of cancer death among men in the United States. According to the American Cancer Society, about 1 in 7 men will be diagnosed with prostate cancer. And about 1 in 38 will die from prostate cancer. The two greatest risk factors for prostate cancer are age and race, with men over the age of 65 and black men possessing the highest incidence rates of prostate cancer in the U.S.

**What does this show?**
The death rate from prostate cancer has fallen over the past several years and is now currently below the Healthy People 2020 target as of the most recent measurement period. However, as every life is valuable and prostate cancer can be detected early and treated, there is still much room for improvement. Despite meeting the HP 2020 target, Riverside County is not yet one of the best performing counties on this measure and must reduce the rate below 20.4 cases per 100,000 to do so.

**What is the goal?**
The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.8 deaths per 100,000.
**CERVICAL CANCER INCIDENCE RATE**

**MEASURE:** This indicator shows the age-adjusted incidence rate for cervical cancer in cases per 100,000 females.

**WHERE ARE WE NOW?**
In the most recent measurement period there were roughly eight new cases of cervical cancer identified for every 100,000 females.

**WHAT DOES THIS SHOW?**
Over the past five measurement periods, the rate of cervical cancer has remained at about eight cases per 100,000 women. However, the most recent measurement period shows that there is considerable variability in the rate of cervical cancer across race/ethnic groups with Hispanic women having the highest incidence and black women having the lowest. Additional efforts to increase HPV vaccination among young Latinas could be beneficial in reducing the number of new cases.

**WHY IS THIS IMPORTANT?**
According to American Cancer Society, 1 out of 147 women in the United States will be diagnosed with cervical cancer in her lifetime. Early cervical cancer can be cured by removing or destroying the pre-cancerous or cancerous tissue. Cervical cancer is almost always caused by the human papillomavirus (HPV), which is transmitted through sexual contact. The FDA has approved vaccines against HPV, which prevent infection by HPV and thus prevent cervical cancer. Routine Pap tests are still necessary.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is to reduce the uterine cervical cancer incidence rate to 7.1 cases per 100,000 population.
## CHRONIC DISEASE: HEART DISEASE

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>42</td>
<td>Cerebrovascular Disease (Stroke) Death Rate</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Coronary Heart Disease Death Rate</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>High Blood Pressure Prevalence</td>
<td></td>
</tr>
</tbody>
</table>
**Cerebrovascular Disease (Stroke) Death Rate**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease (CVD) and stroke.

**Where are we now?**
For every 100,000 people in Riverside County, there are 35 deaths due to stroke, which is less than many California counties²².

**Why is this important?**
Cerebrovascular disease is a leading cause of death in the United States. Although cerebrovascular disease is more common in older adults, it can occur at any age. The most important modifiable risk factor for stroke and cerebrovascular disease is high blood pressure. Other risk factors include high cholesterol, heart disease, diabetes mellitus, physical inactivity, obesity, excessive alcohol use and tobacco use.

**What does this show?**
The death rate from stroke has fallen over the past several years. While the death rate in Riverside County is lower than many counties in California, there is room for improvement to reach the Healthy People 2020 target of 34.8 deaths per 100,000¹⁹. If the current trend continues, this goal will be met by the next measurement period. New treatment methods are improving survival rates after stroke and education campaigns, which can lead to better early recognition of the signs and symptoms of a stroke.

**What is the goal?**
The Healthy People 2020 national health target is to reduce the stroke death rate to 34.8 deaths per 100,000 population¹⁹.

---

SHAPE Riverside County
Community Health Assessment
September 2015
42
**CORONARY HEART DISEASE DEATH RATE**

**MEASURE:** This indicator shows the age-adjusted death rate per 100,000 population due to coronary heart disease.

**WHERE ARE WE NOW?**
For every 100,000 people in Riverside County, there are nearly 123 deaths due to heart disease, which is more than many California counties.

**WHAT DOES THIS SHOW?**
The death rate from heart disease has fallen in Riverside County over the past several years; however, Riverside County is higher than many other counties in California and there is much room for improvement to reach the Healthy People 2020 target of 103 deaths per 100,000. While there has been success in reducing the number of deaths from heart disease due to medical advances, public health interventions aimed at reducing heart disease risk factors must achieve greater success at reducing the upstream causes.

**WHY IS THIS IMPORTANT?**
According to the Centers for Disease Control and Prevention, coronary heart disease is the most common type of heart disease, causing nearly 400,000 deaths per year and costing over $100 billion overall in health services, medication and lost productivity.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is to reduce the coronary heart disease death rate to 103.4 deaths per 100,000.
**HIGH BLOOD PRESSURE PREVALENCE**

**MEASURE:** This indicator shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).

**WHERE ARE WE NOW?**
In the most recent measurement period, nearly one of three adults had been told they had high blood pressure.\(^{17}\)

**WHAT DOES THIS SHOW?**
Blood pressure prevalence varies widely across age groups and racial ethnic groups, though some estimates marked with a star in the chart at left are considered unstable. Nearly two of three adults over the age of 65 have been told they have high blood pressure. This is more than double the Healthy People 2020 goal. Blacks have the highest prevalence among those groups with reliable data. Riverside County needs to reduce high blood pressure by four percentage points in order to rank among the best in the nation.

**WHY IS THIS IMPORTANT?**
High blood pressure increases the risk of heart attack, heart failure, stroke and kidney disease. In the United States, one in three adults has high blood pressure and nearly one-third of these people are not aware that they have it. It is particularly prevalent in blacks, older adults, obese people, heavy drinkers and women taking birth control pills.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is to reduce the proportion of adults aged 18 years and older with high blood pressure to 26.9 percent.\(^{19}\)
## CHRONIC DISEASE: DIABETES

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>46</td>
<td>Adults with Diabetes</td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Diabetes Death Rate</td>
<td></td>
</tr>
</tbody>
</table>
**ADULTS WITH DIABETES**

**Measure:** This indicator shows the percentage of adults who have ever been diagnosed with diabetes, but excludes women diagnosed during pregnancy.

**Where are we now?**
In the most recent measurement period, nearly one of 10 adults had been told they had diabetes.

**What does this show?**
Diabetes prevalence varies widely across age and racial/ethnic groups, though some estimates marked with a star in the chart at left are considered unstable. Nearly two of 10 adults over the age of 65 have been told they have diabetes. Latinos have the highest prevalence among those groups with reliable data. Riverside County’s prevalence is close to ranking among the best in California, but this does not mean diabetes is not a major issue. There is no Healthy People 2020 goal for diabetes prevalence.

**Why is this important?**
Diabetes is a leading cause of death in the United States. It is a frequent cause of end-stage renal disease, lower-extremity amputation and blindness. Diabetes increases the risk for ischemic heart disease, neuropathy and stroke. According to the CDC, the direct medical expenditures attributable to diabetes are over $116 billion. Diabetes disproportionately affects minority populations and the elderly.

**What is the goal?**
Reduce diabetes among the elderly and among racial/ethnic minorities by one-third.
**MEASURE:** This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.

**WHERE ARE WE NOW?**
For every 100,000 people in Riverside County, there are nearly 20 deaths due to diabetes, which is more than many California counties.

**WHAT DOES THIS SHOW?**
Over the past five measurement periods the diabetes death rate has remained roughly the same at around 20 cases per 100,000 people. A further examination of the death rates among different risk groups needs to be conducted. Reducing the death rate requires that those with diabetes visit the doctor regularly and make healthy lifestyle changes. Currently, Riverside County needs to reduce the death rate by two percentage points in order to be ranked among the best performing counties in California on this measure.

**WHY IS THIS IMPORTANT?**
Diabetes is a leading cause of death in the United States. It is a frequent cause of end-stage renal disease, lower-extremity amputation and blindness. Diabetes increases the risk for ischemic heart disease, neuropathy and stroke. According to the CDC, the direct medical expenditures attributable to diabetes are over $116 billion. Diabetes disproportionately affects minority populations and the elderly.

**WHAT IS THE GOAL?**
Reduce diabetes deaths to less than 17.8 deaths / 100,000 population.
## CHRONIC DISEASE: ASTHMA

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>49</td>
<td>Adults with Asthma</td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Children and Teens with Asthma</td>
<td></td>
</tr>
</tbody>
</table>
**Adults with Asthma**

**Measure:** This indicator shows the percentage of adults who have ever been told by a healthcare provider that they have asthma.

**Where are we now?**
In the most recent measurement period, more than one in 10 adults had been told they had asthma.

**What does this show?**
Except for 2009, which may be due to a survey error, the prevalence of adults who say they have been diagnosed with asthma has remained over 10 percent. The highest rates of asthma are seen among younger adults aged 18-24. These rates are nearly double the rates seen among middle-aged adults and seniors. There is currently no Healthy People 2020 goal for asthma among adults.

**Why is this important?**
Asthma is a condition wherein a person's air passages become inflamed and the narrowing of the respiratory passages makes it difficult to breathe. Symptoms can include tightness in the chest, coughing and wheezing. These symptoms are often brought on by exposure to inhaled allergens (like dust, pollen, cigarette smoke, pollution and animal dander) or by exertion and stress.

**What is the goal?**
Reduce asthma rates among adults by three percentage points.

10%
**CHILDREN AND TEENS WITH ASTHMA**

**MEASURE:** This indicator shows the percentage of children aged 1-17 who have ever been diagnosed with asthma.

**WHERE ARE WE NOW?**
In 2011-2012, 10.9 percent of children and teens report being diagnosed with asthma. This is below the California value of 15.4 percent\(^1\).

**WHAT DOES THIS SHOW?**
The percentage of children and teens who have been diagnosed with asthma has remained over 10 percent for the past four measurement periods. While the values for the most recent measurement period are considered unstable for gender, it remains noteworthy that asthma rates are substantially higher among males. There is currently no Healthy People 2020 goal for asthma among children and teens.

**WHY IS THIS IMPORTANT?**
Asthma is the most common chronic childhood illness and it can significantly impact quality of life. In the United States alone, over 6.8 million children under the age of 18 have been diagnosed with asthma and the number continues to rise\(^2\). Asthma has been linked to childhood obesity and depressive symptoms.

**WHAT IS THE GOAL?**
Reduce asthma rates among young people by three percentage points.

8%
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>Tuberculosis Incidence Rate</td>
<td></td>
</tr>
<tr>
<td>53</td>
<td>HIV Prevalence Rate</td>
<td></td>
</tr>
</tbody>
</table>
Tuberculosis (TB) is a bacterial disease that usually affects the lungs, although other parts of the body can also be affected. The TB bacteria are spread through the air when a person with untreated pulmonary TB coughs or sneezes. Prolonged exposure to a person with untreated TB is usually necessary for infection to occur. In nine out of 10 exposed people, the immune system halts the spread of the infection and the infected person does not become sick or spread disease to others.

Why is this important?
Tuberculosis control efforts continue to identify new cases as early as possible so that contacts can be screened and treated to prevent spread of the disease.

What do we know?
In 2013, there were less than three new cases of tuberculosis identified for every 100,000 people.

What is the goal?
The Healthy People 2020 target is to reduce the tuberculosis incidence rate to 1.0 case per 100,000 population.
**HIV Prevalence Rate**

**Measure:** This indicator shows the number of people living with HIV in cases per 100,000 population.

**Where are we now?**
In 2013, roughly 80 of every 100,000 people in Riverside County were living with an HIV diagnosis.

**What does this show?**
The total number of people living with HIV in the U.S. is increasing because fewer people die of complications from HIV each year. Improvements in treatment and improved access to treatment allow people with HIV to live longer and healthier lives. The annual number of new HIV infections has remained relatively stable in the U.S. in recent years. Though blacks do not account for a high number of cases in Riverside County, they do have a higher rate of HIV than whites who are the second most affected group.

**Why is this important?**
The Centers for Disease Control and Prevention estimates that approximately one million Americans were living with HIV as of 2006 and estimates that one in five people infected with HIV do not know they are infected. Men who have sex with men of all races, blacks and Hispanics/Latinos are disproportionately affected by HIV. More HIV infections occur among young people under age 30 than any other age group.

**What is the goal?**
Reduce the HIV prevalence rate by 20 percent.
## EXERCISE, NUTRITION & WEIGHT

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>5th Grade Students at Healthy Weight</td>
<td></td>
</tr>
<tr>
<td>56</td>
<td>7th Grade Students Who Are Physically Fit</td>
<td></td>
</tr>
<tr>
<td>57</td>
<td>Adult Fast Food Consumption</td>
<td></td>
</tr>
<tr>
<td>58</td>
<td>Adults Who Are Obese</td>
<td></td>
</tr>
<tr>
<td>59</td>
<td>Child Fruit and Vegetable Consumption</td>
<td></td>
</tr>
</tbody>
</table>
Obese and overweight children and adolescents are at risk for multiple health problems during their youth and as adults. In a recent study, it was found that nearly 70 percent of children who were overweight as teenagers became obese adults. Obese and overweight youth are more likely to have risk factors associated with cardiovascular diseases, such as high blood pressure, high cholesterol and Type 2 diabetes.

In the most recent measurement period, there was a substantial increase in the percentage of 5th graders who met the criteria for healthy weight. It will be important to monitor the data to determine whether this trend will continue. There are great differences among racial/ethnic groups with nearly 50 percent of American Indian, Native Hawaiian and Latino students being overweight. Even the best performing group, Asian students, needs to be improved with nearly 30 percent of 5th graders needing to lose weight.

Increase the percent of 5th graders who are a healthy weight by five percentage points.
**7th Grade Students who are Physically Fit**

**Measure:** Percentage of 7th grade students that achieve the Healthy Fitness Zone for the aerobic capacity on the California Physical Fitness test.

**Where are we now?**
Only about six in 10 students in 7th grade are currently meeting the criteria for being considered physically fit.

**What Does This Show?**
Fitness levels of 7th graders have remained relatively unimproved over the past four years. Nearly 40 percent of students are not considered physically fit. There are also great differences among racial/ethnic groups with nearly 50 percent of American Indian, Native Hawaiian and Latino students not meeting the criteria for physical fitness. Even the best performing group, Asian students, needs to be improved with nearly 30 percent of 7th graders needing to improve their physical fitness levels.

**Why Is This Important?**
Aerobic capacity is perhaps the most important indicator of physical fitness and assesses the capacity of the cardiorespiratory system by measuring endurance. Students who are more physically fit are less likely to suffer from stress, anxiety and depression. In addition, physical fitness helps to develop lifelong habits that can reduce the likelihood of chronic diseases such as diabetes, high blood pressure and heart failure.

**What Is the Trend?**
Increase the percent of 7th graders who are physically fit by five percentage points.
**Adult Fast Food Consumption**

**Measure:** Percentage of adults who consumed fast food at least one time in the last week.

**Where Are We Now?**
Nearly seven in every 10 adults in Riverside County have eaten fast food in the past week\(^{17}\).

**What Does This Show?**
Fast food consumption among adults has remained consistently high for the past few years and remains above most other California counties. Consumption varies by age with young adults consuming the most and seniors reporting the least frequent consumption. While there is currently no Healthy People 2020 goal for this measure, efforts are being made to reduce our community’s reliance on fast food at least to levels seen in other California counties.

**Why Is This Important?**
Dietary intake of fatty foods and/or decreased consumption of fruits and vegetables have been identified to increase the risk of overweight/obesity.

Being overweight or obese affects quality of life and puts individuals at risk for developing many diseases, especially heart disease, stroke, diabetes and cancer.

**What Is the Goal?**
Decrease the number of adults who eat fast food once a week by five percentage points.
**Adults Who Are Obese**

**Measure:** This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI).

**Where Are We Now?**
Nearly one of every four adults in Riverside County is considered obese as of the most recent measurement in 2011-12.

**What Does This Show?**
The obesity rate in Riverside County has remained steady at 25 percent since 2005, despite a brief dip in 2009 that could be due to a possible survey error. The highest levels of obesity in Riverside County are found in the 24-44 year age group, suggesting that significant weight gain occurs during middle age, but then tapers off towards retirement years. Riverside County fares much better than many California counties and the Healthy People 2020 national goal for an obesity rate of 30.5 percent.

**Why Is This Important?**
The percentage of obese adults is an indicator of the overall health and lifestyle of a community. Obesity increases the risk of many diseases and health conditions including heart disease, Type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis.

**What Is the Goal?**
The Healthy People 2020 target is to reduce the proportion of adults aged 20 and older who are obese to 30.5 percent.

---

**Adults Who Are Obese**, 2005-2012

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>25.6</td>
</tr>
<tr>
<td>2007</td>
<td>24.8</td>
</tr>
<tr>
<td>2009</td>
<td>21.6</td>
</tr>
<tr>
<td>2011-2012</td>
<td>25.9</td>
</tr>
</tbody>
</table>

**Adults Who Are Obese by Age**, 2011-12

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24</td>
<td>12.5</td>
</tr>
<tr>
<td>25-44</td>
<td>31.1</td>
</tr>
<tr>
<td>45-64</td>
<td>26.8</td>
</tr>
<tr>
<td>85+</td>
<td>21.8</td>
</tr>
<tr>
<td>Overall</td>
<td>25.9</td>
</tr>
</tbody>
</table>

---

SHAPE Riverside County

Community Health Assessment

September 2015 58
**Child Fruit and Vegetable Consumption**

**Measure:** This indicator shows the percentage of children aged 2-11 who eat at least five servings of fruits and vegetables per day.

**Where are we now?**
As of 2011-12, less than half of Riverside County children are eating enough fruits and vegetables.¹⁷

**What is this important?**
Children need good nutrition to foster healthy growth and development. Numerous studies have shown a clear link between the amount and variety of fruits and vegetables consumed and rates of chronic diseases, especially cancer. According to the World Cancer Research Fund International, about 35 percent of all cancers can be prevented through increased fruit and vegetable consumption.

**What are we now?**
As of 2011-12, less than half of Riverside County children are eating enough fruits and vegetables.¹⁷

**What is the goal?**
Increase the percentage of children who eat five servings of fruit/vegetables daily by eight percentage points.

---

Children in Riverside County are not eating enough fruits and vegetables and the data indicates that the level has remained constant. In 2011-12, the most recent measurement period available, there is a large difference in fruit and vegetable consumption between boys and girls, with girls being much more likely to eat the recommended number of servings. While there is no Healthy People 2020 benchmark for this measure, Riverside County must increase its level by about eight percentage points in order to be among the best performing counties.
## REPRODUCTIVE HEALTH

<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>61</td>
<td>Babies with Low Birth Weight</td>
<td></td>
</tr>
<tr>
<td>62</td>
<td>Infant Mortality Rate</td>
<td></td>
</tr>
<tr>
<td>63</td>
<td>Mothers who Received Early Prenatal Care</td>
<td></td>
</tr>
<tr>
<td>64</td>
<td>Preterm Births</td>
<td></td>
</tr>
</tbody>
</table>
Babies with Low Birth Weight

**MEASURE:** This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

**WHERE ARE WE NOW?** As of 2013, nearly seven in every 100 babies born in Riverside County are considered underweight.

**WHAT DOES THIS SHOW?**

While the overall percentage of low birth weight babies is better than most counties in California and better than the Healthy People 2020 national goal, there is great variability when looking at mother’s age and race. Older mothers are more likely to give birth to underweight babies with the proportion reaching its peak for mothers over the age of 45. Infants born to blacks and Pacific Islanders are also at an increased risk of being born underweight.

**WHY IS THIS IMPORTANT?**

Babies born with low birth weight are more likely than babies of normal weight to have health problems and require specialized medical care in the neonatal intensive care unit. Low birth weight is typically caused by premature birth and fetal growth restriction, both of which are influenced by a mother’s health and genetics.

**WHAT IS THE GOAL?**

Riverside County ranks better than the Healthy People 2020 target.
**INFANT MORTALITY RATE**

**MEASURE:** This indicator shows the mortality rate in deaths per 1,000 live births for infants within their first year of life.

**WHERE ARE WE NOW?**
Nearly five in every 1,000 babies born in Riverside County will die before their first birthday.  

**WHAT DOES THIS SHOW?**
The number of babies dying before their first birthday has remained relatively unchanged in the past four years. This is better than many counties in California and also better than the Healthy People 2020 national target for this measure. Although the overall infant mortality rate is lower than the HP 2020 goal, a closer look by race/ethnicity reveals a significant disparity among the black population. A deeper analysis into the contributing factors of infant death is needed to decrease the rate further.

**WHY IS THIS IMPORTANT?**
Infant mortality rate continues to be one of the most widely used indicators of the overall health status of a community. The leading causes of death among infants are birth defects, pre-term delivery, low birth weight, Sudden Infant Death Syndrome (SIDS) and maternal complications during pregnancy.

**WHAT IS THE GOAL?**
The Healthy People 2020 national target is to reduce the infant mortality rate to six deaths per 1,000 live births.
MOTHERS WHO RECEIVED EARLY PRENATAL CARE

MEASURE: This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.

WHERE ARE WE NOW?
As of 2013, more than eight out of 10 mothers are receiving the recommended prenatal care they need.\(^{34}\)

![Graph showing early prenatal care by age and race/ethnicity for 2013.]

WHAT DOES THIS SHOW?
While the overall percent of mothers receiving early prenatal care is better than most counties in California and better than the Healthy People 2020 national goal, there is great variability when looking at mother's age and race. Teen mothers are much less likely to get the proper care and fall well below the national target. Pacific Islanders and American Indians are also at risk of not getting the appropriate medical attention while pregnant.

WHY IS THIS IMPORTANT?
Early prenatal care (first trimester of a pregnancy) can help identify and, when possible, treat or correct health problems and health-compromising behaviors that can be particularly damaging during the initial stages of fetal development. Increasing the number of women who receive prenatal care can improve birth outcomes and lower health care costs by reducing the likelihood of complications during pregnancy and childbirth.

WHAT IS THE GOAL?
The Healthy People 2020 target is to increase the proportion of pregnant women who receive prenatal care in the first trimester to 77.9 percent.\(^{19}\)
**Preterm Births**

**Measure:** This indicator shows the percentage of births with less than 37 weeks of completed gestation.

**Where are we now?**
Nearly one of 10 babies born in Riverside County are premature.

**Preterm Births**, 2009-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>10.7</td>
</tr>
<tr>
<td>2010</td>
<td>10.4</td>
</tr>
<tr>
<td>2011</td>
<td>10.3</td>
</tr>
<tr>
<td>2012</td>
<td>9.9</td>
</tr>
<tr>
<td>2013</td>
<td>8.8</td>
</tr>
</tbody>
</table>

**What does this show?**
The number of babies born too early has been decreasing steadily in recent years. The current level is better than the Healthy People 2020 national goal, yet Riverside County is not among the best performing counties in California on this measure. If the current trend continues the local rate will be among the best in the State.

**Preterm Births by Region**, 2013

**Why is this important?**
Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. Expectant mothers can help prevent prematurity and low birth weight by taking prenatal vitamins, avoiding tobacco, alcohol and drugs and getting early prenatal care.

**What is the goal?**
The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4 percent.

---

SHAPE Riverside County  
Community Health Assessment  
September 2015  
64
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>66</td>
<td>Suicide Death Rate</td>
<td></td>
</tr>
</tbody>
</table>
Suicide Death Rate

Measure: This indicator shows the age-adjusted death rate per 100,000 population due to suicide.

Where are we now? In 2013, there were nearly 11 suicides for every 100,000 people in Riverside County.

What does this show? The suicide death rate has remained near 10 deaths per 100,000 people for the past five measurement periods, decreasing slightly then rising again to its highest level in 2013 at close to 11 deaths per 100,000. This most recent measurement is above the Healthy People 2020 national target rate, but is below the level seen in many California counties. A more in-depth analysis of the contributing factors is needed to address this issue on a local level.

What is the goal? The Healthy People 2020 national health target is to decrease suicide death rates to 10.2 percent.

Why is this important? Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. More than 33,000 people kill themselves each year according to the Centers for Disease Control and Prevention, but suicide deaths only account for part of the problem. An estimated 25 attempted suicides occur per every suicide death. Those who survive suicide may have serious injuries, in addition to having depression and other mental health problems.
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>68</td>
<td>Unintentional Injury Death Rate</td>
<td></td>
</tr>
<tr>
<td>69</td>
<td>Motor Vehicle Collision Death Rate</td>
<td></td>
</tr>
</tbody>
</table>
**UNINTENTIONAL INJURY DEATH RATE**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.

**Where are we now?**
In 2013, there were more than 30 accidental deaths for every 100,000 people in Riverside County.

**Why is this important?**
Unintentional injuries are a leading cause of death for Americans of all ages, regardless of gender, race or economic status. Major categories of unintentional injuries include motor vehicle collisions, poisonings and falls. According to the Centers for Disease Control and Prevention, approximately 40 deaths per 100,000 population occur each year due to unintentional injuries.

**What is the goal?**
Riverside County is below the Healthy People 2020 national health target of 36.4 deaths per 100,000 population.

**What does this show?**
The death rate from unintentional injuries has fallen slightly since 2009, but has remained relatively stable for the past several measurement periods. Riverside County has fewer accidental deaths than many other California counties and has a much better rate than the Healthy People 2020 national target. Preventing additional deaths due to unintentional injuries remains a public health priority as every unintentional injury death is considered preventable.
**MOTOR VEHICLE COLLISION DEATH RATE**

**MEASURE:** This indicator shows the age-adjusted death rate per 100,000 population due to motor vehicle traffic collisions.

**WHERE ARE WE NOW?**
In 2013, there were nearly 10 deaths from car crashes for every 100,000 people in Riverside County.²²

**WHAT DOES THIS SHOW?**
The death rate from motor vehicle collisions has fallen substantially since 2009, but has remained relatively stable for the past several measurement periods. Riverside County has fewer deaths due to motor vehicle collisions than many other California counties and has a much better rate than the Healthy People 2020 national target. Preventing additional deaths due to motor vehicle collisions is a public health priority as every injury motor vehicle collision death is considered preventable.

**WHY IS THIS IMPORTANT?**
Motor vehicle-related injuries kill more children and young adults than any other single cause in the United States.³⁵ More than 41,000 people in the United States die in motor vehicle traffic collisions each year and collision injuries result in about 500,000 hospitalizations and four million emergency department visits annually.³⁷

**WHAT IS THE GOAL?**
Riverside County is below the Healthy People 2020 national health target of 12.4 deaths per 100,000 population.¹⁹
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>71</td>
<td>Adults Who Smoke</td>
<td></td>
</tr>
<tr>
<td>72</td>
<td>Drug Use Death Rate</td>
<td></td>
</tr>
</tbody>
</table>
**ADULTS WHO SMOKE**

**MEASURE:** This indicator shows the percentage of adults who currently smoke cigarettes.

**WHERE ARE WE NOW?**
In 2011-2012, nearly 15 percent of Riverside County adults smoked cigarettes regularly.\(^{17}\)

**WHAT DOES THIS SHOW?**
The percentage of adults who smoke cigarettes has fluctuated over the past several measurement periods, reaching a high in 2009 of 17 percent. As of 2011-12, the highest smoking rates in Riverside County are among adults aged 25-44 years. Their smoking rate is more than double that of seniors who maintain the lowest smoking rates. Riverside County has not yet reached the Healthy People 2020 goal, though the current rate is better than many counties in California.

**WHY IS THIS IMPORTANT?**
Tobacco is the agent most responsible for avoidable illness and death in America today. Tobacco use brings premature death to almost half a million Americans each year. Approximately one-third of all tobacco users in this country will die prematurely because of their dependence on tobacco. Secondhand smoke can cause or exacerbate cancer, respiratory infections and asthma in adults and children who don’t smoke.

**WHAT IS THE GOAL?**
The Healthy People 2020 national health target is to reduce adult smoking to 12 percent.\(^{19}\)
**Drug Use Death Rate**

**Measure:** This indicator shows the age-adjusted death rate per 100,000 population due to drug use.

**Where are we now?**
In 2013, there were roughly 13 deaths from drug overdoses for every 100,000 people in Riverside County.

**What does this show?**
Keeping with a growing national trend, drug overdoses continue to rise in Riverside County. The pace of this increase has accelerated over the past several measurement periods and the rate is now higher than the Healthy People 2020 national goal. Although Riverside County ranks among the better performing counties in California on this measure, the rising number of deaths is cause for concern and warrants a concerted approach aimed at prevention.

**Why is this important?**
Drug abuse and its related problems are among society's most pervasive health and social concerns. Causes of drug-induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and also poisoning from medically prescribed drugs. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug use can lead to unintentional overdose and death.

**What is the goal?**
The Healthy People 2020 national health target is to decrease drug deaths to 11.3 per 100,000 population.
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>74</td>
<td>Unemployed Workers</td>
<td></td>
</tr>
<tr>
<td>75</td>
<td>Household Income Spent on Rent</td>
<td></td>
</tr>
<tr>
<td>76</td>
<td>Severe Housing Problems</td>
<td></td>
</tr>
<tr>
<td>77</td>
<td>Median Household Income</td>
<td></td>
</tr>
<tr>
<td>78</td>
<td>Children Living Below Poverty</td>
<td></td>
</tr>
</tbody>
</table>
UNEMPLOYED WORKERS

MEASURE: This indicator describes civilians 16 years of age and over who are unemployed as a percentage of the U.S. civilian labor force.

WHERE ARE WE NOW?
As of May 2015, the unemployment rate in Riverside County was just above six percent.

WHAT DOES THIS SHOW?
The unemployment rate has steadily fallen over the past several years after reaching a peak of nearly 15 percent in 2010. This rate is still higher than many counties across the U.S. and California. There is no Healthy People 2020 goal for this measure, yet the commonly accepted target is five percent.

WHY IS THIS IMPORTANT?
The unemployment rate is a key indicator of the local economy. A high rate of unemployment has personal and societal effects by increasing stress and straining social relationships. It can also reduce health care access and healthy behaviors.

WHAT IS THE GOAL?
Reduce the unemployment rate by 1.4 percentage points to five percent of the labor force.

Unemployed Workers, 2015

Unemployed Workers by Region, 2015
**HOUSEHOLD INCOME SPENT ON RENT**

**Measure:** This indicator shows the percentage of renters who are spending 30 percent or more of their household income on rent.

**Where are we now?**
Roughly six of every 10 households in Riverside County spends at least 30 percent of their income on rent.

---

**Renters Spending 30 percent+ of Household Income on Rent**, 2006-13

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2010</td>
<td>59.8</td>
</tr>
<tr>
<td>2007-2011</td>
<td>60.2</td>
</tr>
<tr>
<td>2008-2012</td>
<td>61.0</td>
</tr>
<tr>
<td>2009-2013</td>
<td>61.0</td>
</tr>
</tbody>
</table>

**Renters Spending 30 percent+ of Household Income on Rent by Age**, 2009-13

<table>
<thead>
<tr>
<th>Age</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-24</td>
<td>72.7</td>
</tr>
<tr>
<td>25-34</td>
<td>69.5</td>
</tr>
<tr>
<td>35-64</td>
<td>57.7</td>
</tr>
<tr>
<td>65+</td>
<td>70.8</td>
</tr>
<tr>
<td>Overall</td>
<td>61.0</td>
</tr>
</tbody>
</table>

**What does this show?**
The percentage of households spending too much of their income on rent has risen slightly over the past several measurement periods. Younger renters and older renters are most likely to spend a high portion of income on rent as compared to middle-aged renters. Riverside County renters pay higher compared to other U.S. counties which is reflective of California’s higher cost of living.

---

**Why is this important?**
Spending a high percentage of household income on rent can create financial hardship, especially for lower-income renters. With a limited income, paying a high rent may not leave enough money for other expenses, such as food, transportation and medical. Moreover, high rent reduces the proportion of income a household can allocate to savings each month.

**What is the goal?**
Reduce the percentage of renters spending too much of their income on rent by 11 percentage points.

50%
SEVERE HOUSING PROBLEMS

MEASURE: The percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities.

WHERE ARE WE NOW?
Nearly one of every three households in Riverside County experiences a severe problem related to housing.

WHAT DOES THIS SHOW?
As of the most recent measurement period, 2007-2011, Riverside County had one of the highest percentage of households having one or more major problems related to their living condition. California has historically been a difficult environment to find safe and affordable housing which has a large impact on this measure. Efforts to provide more affordable housing in the region will improve this measure as more people find suitable housing and move out from overcrowded conditions.

WHY IS THIS IMPORTANT?
Safe and affordable housing is an essential component of healthy communities. Residents need a home kitchen to avoid unhealthy convenience foods and plumbing facilities to reduce risk of infectious disease. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation and lead or other environmental hazards.

WHAT IS THE GOAL?
Reduce the percentage of residents living in unsafe/unaffordable conditions by 12.4 percentage points.

16%
**MEDIAN HOUSEHOLD INCOME**

**MEASURE:** Median household income is defined as the sum of money received over a calendar year by all household members 15 years and older.

**WHERE ARE WE NOW?**
As of the most recent measurement, 2009-13, the average household income was nearly $60,000 per year.

**WHAT DOES THIS SHOW?**
The household income in Riverside County is higher than most counties in the U.S., but this does not take into account the high cost of living in most areas of California. Household income has also remained flat over the past four measurement periods. Asians have the highest income in the County as compared to whites, blacks, Latinos and Native Hawaiians/Pacific Islanders having the lowest household incomes.

**WHY IS THIS IMPORTANT?**
Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to health care and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

**WHAT IS THE GOAL?**
Increase median household income among racial/ethnic groups earning less than the current county average.

---

**Median Household Income**

**Median Household Income by Race/Ethnicity**

**Why is this important?**
Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to health care and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income.

**What does this show?**
The household income in Riverside County is higher than most counties in the U.S., but this does not take into account the high cost of living in most areas of California. Household income has also remained flat over the past four measurement periods. Asians have the highest income in the County as compared to whites, blacks, Latinos and Native Hawaiians/Pacific Islanders having the lowest household incomes.

**What is the goal?**
Increase median household income among racial/ethnic groups earning less than the current county average.
**Children Living Below Poverty**

**Measure:** This indicator shows the percentage of people under the age of 18 who are living below the federal poverty level.

**Where are we now?**
This indicator shows that more than two of every 10 Riverside County children are living below the poverty level.

**What does this show?**
The percentage of children living below the poverty level has risen steadily over the past four measurement periods. Since 2010 the rate has risen by more than five percentage points. Poverty rates for children vary dramatically across racial/ethnic groups with more than half of Hawaiian/Pacific Islander children living in poverty. Nearly 30 percent of American Indians, blacks and Latino children live in poverty compared to 10 percent of white and Asian children.

**Why is this important?**
Family income has been shown to affect a child's well-being in numerous studies. Compared to their peers, children in poverty are more likely to have physical health problems like low birth weight or lead poisoning and are also more likely to have behavioral and emotional problems. Children in poverty also tend to exhibit cognitive difficulties, reflected in achievement test scores and are less likely to complete basic education.

**What is the goal?**
Reduce the percentage of children living in poverty by 7.5 percentage points.

---

**Children Living Below Poverty, 2006-13**

<table>
<thead>
<tr>
<th>Year</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-2010</td>
<td>18.3</td>
</tr>
<tr>
<td>2007-2011</td>
<td>19.7</td>
</tr>
<tr>
<td>2008-2012</td>
<td>21.7</td>
</tr>
<tr>
<td>2009-2013</td>
<td>22.5</td>
</tr>
</tbody>
</table>

**Children Living Below Poverty by Race/Ethnicity, 2006-13**

- American Indian or Alaska Native: 27.5%
- Asian: 10.4%
- Black or African American: 25.4%
- Hispanic or Latino: 26.2%
- Native Hawaiian or Other Pacific Islander: 52.1%
- Other: 31.9%
- Two or more races: 15.0%
- White, non-Hispanic: 10.4%
- Overall: 22.5%

---

[SHAPE Riverside County Community Health Assessment September 2015]
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>80</td>
<td>Annual Ozone Air Quality</td>
<td></td>
</tr>
<tr>
<td>81</td>
<td>High School Graduation</td>
<td></td>
</tr>
<tr>
<td>82</td>
<td>Child Abuse Rate</td>
<td></td>
</tr>
</tbody>
</table>
ANNUAL OZONE AIR QUALITY

MEASURE: The American Lung Association gives a grade to each county in the U.S. based on the annual number of high ozone days.

WHERE ARE WE NOW? Riverside County currently has the worst score possible for this measure at a 5 out of 5.

WHAT DOES THIS SHOW?
For the past four measurement periods, Riverside County has received the worst score possible for number of days with high ozone levels. Southern California air quality has improved in recent years, but still remains among the worst in the country due to a mix of geographic, climactic, industrial and population factors. A broad range of efforts must combine to make improvements to the region's air quality.

WHY IS THIS IMPORTANT?
Ozone is an extremely reactive gas composed of three oxygen atoms. It is the primary ingredient of smog air pollution and very harmful to breathe. Ozone essentially attacks lung tissue. It also damages crops, trees and other structures -- even breaking down rubber compounds.

WHAT IS THE GOAL?
Improve the County ozone score by two points from a five to a three.

ALA Score 3
**High School Graduation**

**Measure:** This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

**Where are we now?**
Roughly 15 percent of high school students do not finish high school on time.

**What does this show?**
The percent of high school students finishing on time has increased over the past four measurement periods, rising five percentage points since 2010. American Indians and Latinos are most at risk of not completing high school on time while Asian students are approaching nearly 100 percent on-time completion. Riverside County has exceeded the national target, but there is still more work to be done to ensure that all students finish high school on time.

**Why is this important?**
Individuals who do not finish high school are more likely than high school graduates to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime.

**What is the goal?**
The Healthy People 2020 target is to have at least 82.4 percent of students complete high school in four years.
**Child Abuse Rate**

**Measure:** This indicator shows the number of children under 17 years of age that experienced abuse or neglect in cases per 1,000 children.

**Where Are We Now?**
As of 2014, there were 11.1 cases of abuse per 1,000 children in Riverside County.

**Child Abuse Rate Over Time**, 2010-2014

**Child Abuse by Race/Ethnicity**, 2014

**What Does This Show?**
The child abuse rate has fluctuated over the past five years reaching a high of 12 percent in 2010. In 2011 through 2012 the rate fell but has been climbing again since that time. It currently sits markedly above the Healthy People 2020 target of 8.5 cases per 1,000 children. Riverside County ranks poorly on this measure as compared to other counties across California. Blacks and Native American children are more than twice as likely to be victims of child abuse than white, Latino or Asian children.

**Why Is This Important?**
There are several types of child abuse, including physical, sexual and emotional abuse. Child abuse and neglect can have enduring physical, intellectual and psychological repercussions into adolescence and adulthood. All types of child abuse and neglect have long-lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships and ability to function at home, at work and at school.

**What Is the Goal?**
The Healthy People 2020 national health target is to decrease the number of maltreatment victims to 8.5 cases per 1,000 children.
<table>
<thead>
<tr>
<th>Page</th>
<th>Indicator</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>84</td>
<td>Workers Commuting by Public Transportation</td>
<td></td>
</tr>
<tr>
<td>85</td>
<td>Workers Who Walk to Work</td>
<td></td>
</tr>
</tbody>
</table>
**Workers Commuting by Public Transportation**

**Measure:** This indicator shows the percentage of workers aged 16 years and over who get to work by public transportation.

**Where are we now?**
Only about one out of every 100 workers in Riverside County uses public transportation to get to work.

**What does this show?**
Riverside County residents in the youngest age groups are most likely to use public transportation to get to work. Blacks are more than three times as likely to use public transportation as white workers. All racial/ethnic groups are far from meeting the Healthy People 2020 goal of 5.5 percent. While Riverside ranks better than most counties across the U.S. on this measure, there is more work to be done to encourage and facilitate the use of public transportation to meet the national target for this measure.

**Why is this important?**
Walking to work is a great way to incorporate exercise into a daily routine. In addition to the health benefits, walking helps people get in touch with their communities, reduces commute costs and helps protect the environment by reducing air pollution from car trips. Furthermore, studies have shown that walking to work improves employees’ overall attitude and morale and reduces stress in the workplace.

**What is the goal?**
The Healthy People 2020 national health target is to increase the proportion of workers who take public transportation to work to 5.5 percent.
**Workers who Walk to Work**

**Measure:** This indicator shows the percentage of workers aged 16 years and over who get to work by walking.

**Where are we now?**
Less than two percent of Riverside County residents currently walk to work\(^44\).

**What does this show?**
Not surprisingly, the age group with the highest percentage of workers who walk to their jobs is under 20 years of age. The percentage then rises again for seniors, which may be somewhat unexpected. Native Americans are most likely to walk to work while whites are least likely. This may reflect household income disparities, but also may be related to proximity of employment to housing. A more detailed analysis of contributing factors is needed\(^44\).

**Why is this important?**
Walking to work is a great way to incorporate exercise into a daily routine. In addition to the health benefits, walking helps people get in touch with their communities, reduces commute costs and helps protect the environment by reducing air pollution from car trips. Furthermore, studies have shown that walking to work improves employees overall attitude and morale and reduces stress in the workplace.

**What is the goal?**
The Healthy People 2020 national health target is to increase the proportion of workers who walk to work to 3.1 percent\(^19\).
The development of this Community Health Assessment has led to greater cohesion among the many organizations that comprise the public health system in Riverside County. The process has helped partners identify common priorities and has already led to changes that address gaps in public health system performance, such as those related to data sharing.

One of the current priorities is to mobilize the community around a new data portal being developed by the Riverside University Health System — Public Health in collaboration with numerous local partners. This site will promote a common set of indicators that will be used to monitor and evaluate progress on reaching goals that address local health priorities. The Riverside County Community Health Improvement Plan will continue to advance this work and unify regional planning efforts around health.

We encourage all readers to engage with local partners on specific issues identified in this report and seek further information by visiting the SHAPE Riverside County portal at [www.shaperivco.org](http://www.shaperivco.org).
Community Health Assessment

5. California Department of Finance, Table E-1
6. U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates (combined Census County Divisions of: Coachella Valley, CCD; Palm Springs, CCD; Cathedral City-Palm Desert; CCD and Desert Hot Springs, CCD)
7. State of California, Department of Finance, 2050 Projections
9. Riverside County Information Technology, GIS-Demographics, Riverside County Projections, 2010
11. Riverside County Department of Public Health Vital Records
12. California Department of Finance, Riverside Population Estimates from 2000-2050 By Race, Age and Sex
13. U.S. Census Bureau, 2014 American Community Survey 1-Year Estimates, Native and Foreign-Born Populations
15. U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates, Language Spoken At Home
16. U.S. Census Bureau, 2009-2013 American Community Survey 5-Year Estimates, Sex by Educational attainment for the Population 25 Years and Over
17. California Health Interview Survey. www.chis.ucla.edu
Community Health Assessment

26. State Cancer Profiles, Incident Rate Report for California by County, 2008-2012
29. Epidemiology of HIV/AIDS in Riverside County, 2014
30. California Department of Public Health, Office on AIDS 2013 Statistics
34. California Department of Public Health, Center for Health Statistics, Birth Statistical Master Files, 2015
40. U.S. Census Bureau, American Community Survey 5-Year Estimates, Median Income in the Past 12 Months
41. U.S. Census Bureau, American Community Survey 5-Year Estimates, Poverty Status
44. U.S. Census Bureau, American Community Survey 5-Year Estimates, Means of Transportation to Work By Selected Characteristics
### Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

#### Essential Service 1: Monitor Health Status to Identify Community Health Problems

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Shares information with public Health and Mental Health to better service the community</td>
<td>o Access to organization, universities and government data</td>
<td>o Size of the county. Differences of areas in the county disconnect with other agencies</td>
</tr>
<tr>
<td>o Collects data and reports annually on preterm birth rates at State and County level</td>
<td>o Collaboration and hospitals Public Health Emergency Preparedness and Response to improve communication systems</td>
<td>o Political considerations that don't help the system to do its best</td>
</tr>
<tr>
<td>o Screens for diabetes in 50+ population of Jurupa Valley</td>
<td>o Technology improvement</td>
<td>o Hard to access communities</td>
</tr>
<tr>
<td>o Simplifies data and reports to make information more accessible to populations with limited literacy</td>
<td>o Increased communication across the system</td>
<td>o Data timeliness</td>
</tr>
<tr>
<td>o Accessed data continuously and shares data and findings in our reports, presentations and research articles</td>
<td>o Sharing of existing data</td>
<td>o Lack of funding for state-of-the-art technology for data collection, analysis and reporting</td>
</tr>
<tr>
<td>o Supports Health Needs Assessment for Coachella Valley in 2007, 2010, 2013</td>
<td>o Great access to general data from an academic standpoint</td>
<td>o Distribution of information</td>
</tr>
<tr>
<td>o Conducts needs assessment through LGBT, health care workforce, childhood obesity</td>
<td>o Community partners willing to share and collaborate</td>
<td>o Use of technology for ease of access to information</td>
</tr>
<tr>
<td>o Develops a health portal for Coachella Valley</td>
<td>o Methodologies and evidence-based practice</td>
<td>o Need for greater transparency</td>
</tr>
<tr>
<td>o Developed a survey to assess the health status of the unincorporated Eastern Coachella Valley</td>
<td>o Organizations involved in the community</td>
<td>o Data not widely promoted; could be more visible on website</td>
</tr>
<tr>
<td></td>
<td>o Collaborations with other agencies working and sharing info among agencies</td>
<td>o Easier navigation on data sites</td>
</tr>
<tr>
<td></td>
<td>o Excellent Epidemiologists and Research Analysts</td>
<td>o Lack of comprehensive knowledge of communities</td>
</tr>
<tr>
<td></td>
<td>o GIS mapping available</td>
<td>o Lack of knowledge of all possible community agencies and partners that can provide resources</td>
</tr>
<tr>
<td></td>
<td>o Data availability</td>
<td>o Need for training/workshops on healthy eating and health problems such as diabetes, high blood pressure and heart disease</td>
</tr>
<tr>
<td></td>
<td>o Using technology</td>
<td>o Accurate cancer screening rates</td>
</tr>
<tr>
<td></td>
<td>o Systems in place or in progress</td>
<td></td>
</tr>
</tbody>
</table>
Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

**Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards**

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Trains staff in emergency response</td>
<td>o Good communication between agencies</td>
<td>o Communication with community health leaders in Coachella Valley needs improvement</td>
</tr>
<tr>
<td>o Mobilizes and identifies needs</td>
<td>o Rapid response and collaboration among hospitals, ambulance, transport, fires, law and other county agencies</td>
<td>o Lack of network to communicate urgent information to reach community members</td>
</tr>
<tr>
<td>o Development of education pieces for pregnant women on disaster preparedness</td>
<td>o Very strong disaster planning</td>
<td>o Communication to public regarding all work and resources</td>
</tr>
<tr>
<td>o Takes part in preparedness activities and trains staff on existing protocols</td>
<td>o Communication</td>
<td>o External stakeholders may not have detailed knowledge regarding admin and management needs</td>
</tr>
<tr>
<td>o Works closely with the department of health in preventing diseases</td>
<td>o Professionalism</td>
<td>o Gathering help from the Local Public Health System</td>
</tr>
<tr>
<td>o Promotes emergency preparedness and information dissemination</td>
<td>o Lab operates at optimal levels</td>
<td>o Initial assessment only focuses on some disease and risk factors</td>
</tr>
<tr>
<td>o Diagnoses community health problems based on information provided by community members through events and outreach programs</td>
<td>o Robust Emergency Response System</td>
<td>o Need to improve information about communities to continue assessment of the community health issues and what partners and agencies can help</td>
</tr>
<tr>
<td>o Forms community and population assessment teams to assess prevalence of several chronic diseases and associated risk factors</td>
<td>o Strong focus on known infectious and especially chronic diseases which significantly impact morbidity and mortality in communities</td>
<td>o Need to provide more info on disease hazards that may be a problem or are on the increase in Riverside County</td>
</tr>
<tr>
<td>o System keeps on top of all info as they develop</td>
<td>o Many systems are in place</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

#### Essential Service 3: Inform, Educate and Empower People about Health Issues

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| - Works with disadvantaged and vulnerable populations in Eastern Coachella | - Knowledgeable workforce  
- Sharing of information  
- Collaboration through building healthy communities  
- Ongoing education to small sectors of the community  
- Health promotion and policy development  
- System is open to input  
- Support from agencies and partners to distribute information  
- Many passionate community members and health organizations willing to work together | - Engaging and communicating with residents  
- Not being included with County decisions  
- Programs have limited reach and capacity  
- Reaching the rural communities and be culturally sensitive  
- Inconsistencies with some websites and web resources  
- Use of media lacking  
- Limited staff and resources for implementation of communication  
- Collaboration  
- There is a need to provide prevention training for community problems, e.g., parenting, abuse, drugs | - Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers |
| - Organizes communities to inform policy advocacy; engage/inform community residents as well as teach community capacity building  
- Provides community, public and stakeholders with updates on health status of the population  
- Focuses on healthy living, health promotion and services that promote positive health outcomes  
- Helps with community outreach and engagement  
- Convenes large multi-sectorial groups, facilitation for collective impact  
- Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers | - Ongoing education to small sectors of the community  
- Health promotion and policy development  
- System is open to input  
- Support from agencies and partners to distribute information  
- Many passionate community members and health organizations willing to work together  
- Agencies work well to educate the community  
- Team decision-making involve clients, children, community and other agencies  
- Resources create impactful messaging  
- Emergency operation plan complete  
- Cultural competency, peer information, media websites | - Knowledgeable workforce  
- Sharing of information  
- Collaboration through building healthy communities  
- Ongoing education to small sectors of the community  
- Health promotion and policy development  
- System is open to input  
- Support from agencies and partners to distribute information  
- Many passionate community members and health organizations willing to work together  
- Agencies work well to educate the community  
- Team decision-making involve clients, children, community and other agencies  
- Resources create impactful messaging  
- Emergency operation plan complete  
- Cultural competency, peer information, media websites | - Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers |
| - Provides community, public and stakeholders with updates on health status of the population  
- Focuses on healthy living, health promotion and services that promote positive health outcomes  
- Helps with community outreach and engagement  
- Convenes large multi-sectorial groups, facilitation for collective impact  
- Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers | - Ongoing education to small sectors of the community  
- Health promotion and policy development  
- System is open to input  
- Support from agencies and partners to distribute information  
- Many passionate community members and health organizations willing to work together  
- Agencies work well to educate the community  
- Team decision-making involve clients, children, community and other agencies  
- Resources create impactful messaging  
- Emergency operation plan complete  
- Cultural competency, peer information, media websites | - Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers | - Knowledgeable workforce  
- Sharing of information  
- Collaboration through building healthy communities  
- Ongoing education to small sectors of the community  
- Health promotion and policy development  
- System is open to input  
- Support from agencies and partners to distribute information  
- Many passionate community members and health organizations willing to work together  
- Agencies work well to educate the community  
- Team decision-making involve clients, children, community and other agencies  
- Resources create impactful messaging  
- Emergency operation plan complete  
- Cultural competency, peer information, media websites | - Leadership in Kaiser Permanente’s Healthy Eating Active Living Zone  
- Participation in the Riverside County Health Coalition  
- Coordinates public awareness campaigns  
- Provides education to health providers |
Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

Essential Service 4: Mobilize Community Partnerships to Identify and Solve Health Problems

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Monitors solutions to environmental health concerns</td>
<td>o Collaborations encouraged</td>
<td>o Limited resources to meet community demands</td>
</tr>
<tr>
<td>o Convenes various agencies around specific themes, topics, challenges for solutions and long term input</td>
<td>o Broad stakeholder participation: hospitals, emergency personnel</td>
<td>o Expansive territory- unable to capture all the work</td>
</tr>
<tr>
<td>o Works closely with community providers</td>
<td>o In the Coachella Valley strong partnerships exist</td>
<td>o Lack of staff to implement all collaborations possible</td>
</tr>
<tr>
<td>o Participates in forums and community action groups supporting health initiatives</td>
<td>o 211 resources</td>
<td>o Multiple silos</td>
</tr>
<tr>
<td>o Frames vital health conversations for our various constituencies</td>
<td>o Good assessment techniques</td>
<td>o Not enough assessment of impact</td>
</tr>
<tr>
<td>o Collaborates and assesses programs and services offered with local partners</td>
<td>o Good collaboration of stakeholders</td>
<td>o Data collection and program implementation has been difficult</td>
</tr>
<tr>
<td>o Opens HEAL Zone Program meeting to residents of Eastside Riverside</td>
<td>o Provide community forums for conversation on identifying problems, issues and looking for solutions</td>
<td>o Lack of outreach to more stakeholders on coalition</td>
</tr>
<tr>
<td>o Collaborates with other organizations to engage public information around health related issues</td>
<td>o Assists and identifies ways agencies can partner collaboratively</td>
<td>o Identifying all community and local providers</td>
</tr>
<tr>
<td>o Establishes new partnerships and bring out resources to establish community partnerships to increase knowledge of the health of the community</td>
<td>o Maintain current info on non-profit organizations in Eastern Riverside County and services provided</td>
<td>o Not aware of a community directory and its accuracy</td>
</tr>
<tr>
<td></td>
<td>o &quot;Get Tested&quot;- Coachella Valley</td>
<td>o Many people are unaware of the 211 resource</td>
</tr>
<tr>
<td></td>
<td>o Works in collaborative ways with CBO's and advocacy organizations</td>
<td>o Time and resources to implement initiatives that result from collaborative efforts</td>
</tr>
<tr>
<td></td>
<td>o Access to expertise</td>
<td>o Coordination of group outputs and scaling of individual group strategies to the County level</td>
</tr>
<tr>
<td></td>
<td>o Works with County clinics to improve cancer screening rates</td>
<td>o Measuring coalition impact</td>
</tr>
<tr>
<td></td>
<td>o Coordination and facilitation skills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Good synergy around collaboration and support of initiatives</td>
<td></td>
</tr>
</tbody>
</table>
### Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

#### Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Continuously monitors local policies and statewide legislation to inform and improve health outcomes</td>
<td>o Good interaction in other crisis response teams like law enforcement</td>
<td>o Centralized communication</td>
</tr>
<tr>
<td>o Responses to fires/ash fall last summer</td>
<td>o More acceptances of health outcomes in distinct levels of policy</td>
<td>o Internal policies</td>
</tr>
<tr>
<td>o Works with both government and NGO presently in the community to determine what policies and plans would be more effective at promoting health</td>
<td>o EMS policy manual communication system</td>
<td>o Major gap in community education disaster plan lack cultural and linguistically appropriate standards, education and responses</td>
</tr>
<tr>
<td>o Participates in County’s Goal 3 (Healthy Communities) Committee</td>
<td>o Provides Emergency Preparedness Training</td>
<td>o Public may not be aware of emergency procedures for each department. Limited resources</td>
</tr>
<tr>
<td>o Plans in health accreditation</td>
<td>o Engagement of all sectors</td>
<td>o Beginning CHP process, silo approach</td>
</tr>
<tr>
<td>o Provides funding resources for providing essential services</td>
<td>o Engages with community and sharing resources</td>
<td>o Lack of evidence-based plans specific for the communities</td>
</tr>
<tr>
<td>o Embraces thriving Schools Campaign</td>
<td>o Access to many government leaders and organizations. High degree of interest in policy</td>
<td>o Lack of funding for plan and policy implementation</td>
</tr>
<tr>
<td>o Participates in developing County’s emergency plan and implementation</td>
<td>o Recognition and action taken to develop a Community Health Assessment and Community Health Improvement Plan</td>
<td>o Health policy development is often top down and does not always include community input education or mobilization to insure that efforts are embedded and sustainable</td>
</tr>
<tr>
<td>o Involved in Health Coalition</td>
<td>o DOPH has programs that focus on emergencies</td>
<td>o More needs to be done to decrease tobacco consumption</td>
</tr>
<tr>
<td>o Policy development, implementation and positive advocacy while working with Public Health Dept.</td>
<td>o Local efforts</td>
<td></td>
</tr>
</tbody>
</table>
## Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

### Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o California Baptist University teaches and researches on the areas of health policy and law</td>
<td>o Attorneys &amp; policy advocates working with the community to improve and change the law</td>
<td>o Many laws have no “teeth” and are hard to enforce</td>
</tr>
<tr>
<td>o Requires that agencies &amp; organizations are in compliance with rules and regulations</td>
<td>o Advocacy and attention to public health issues and legislation</td>
<td>o Limited awareness among the community on who to contact to report issues and concerns</td>
</tr>
<tr>
<td>o Participates in policy development and enforcement</td>
<td>o Collaboration</td>
<td>o Coordination and distribution of information</td>
</tr>
<tr>
<td>o Provides written materials in multi-languages</td>
<td>o Community involvement</td>
<td>o Educate community on the laws</td>
</tr>
<tr>
<td>o Follows and implements bulletins, policy notices, etc.</td>
<td>o Direct connection to the public</td>
<td>o Educate community on what the gaps are</td>
</tr>
<tr>
<td>o Enforcement of environmental laws, regulations, and ordinances</td>
<td>o Ability to fulfill role in protecting public health and ensure safety</td>
<td>o More community involvement and input</td>
</tr>
<tr>
<td>o Supports Law enforcement</td>
<td>o Legislative agendas</td>
<td>o Community input in policy development</td>
</tr>
<tr>
<td>o Partners with public health, mental health and other agencies</td>
<td>o Support of the Board of Supervisors</td>
<td>o Evaluation</td>
</tr>
<tr>
<td></td>
<td>o Agencies that are well versed on policy and ordinance development and implementation</td>
<td>o Educating the public about public health laws and ordinances</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Uncertain if tobacco free policies are well enforced</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o More communication to cities on issues such as tobacco enforcement and on what activities are being carried out</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Staying ahead of policy/law development (rather than changing and adapting in a reactive mode)</td>
</tr>
</tbody>
</table>
## Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

### Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care When Otherwise Unavailable

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
</table>
| - Educates and informs the population of the available services and programs | - Appropriate partnerships  
- Technical expertise in transportation funding and are able to identify pots of money | - Available resources for consumers  
- Public Transportation is very poor  
- Reaching all communities |
| - Encourages collaboration | - Newer efforts to increase access to services | - Targeted outreach is needed to link needs to resources |
| - Conducts research to identify unmet needs among farmworkers and immigrants | - Hold meetings and convene various agencies around particular issues  
- Identification of health needs  
- Linking people to organizations and services who can help them  
- Collaborative partners  
- Increase availability of health care benefits  
- Many willing community partners  
- The County offers many vital services  
- Lots of services available  
- Local organizations are familiar with services available  
- Engagement activities  
- Signing up consumers for benefits | - Lack of awareness of “Public Charge” for immigrants  
- Transportation is a major barrier to accessing services  
- Transportation and access is focused on density and rural communities are left out |
| - Works with the community to identify why people cannot access basic needs | - Focused efforts and resources on areas of most need in the state | - Transportation issues; lack of coordination  
- Not enough money to fund; need more collaboration with other funders |
| - Facilitates communication between transit and transportation to the community | - Funds services and promote access via funded programs | - Integration and coordination |
| - Works on the development of a network of services model that, when built out will be replicated to all the family resource centers in the County | - Focuses efforts and resources on areas of most need in the state | - Limited number of community centers where links might be provided |
| - Connects people to health services and other enabling services | | - Linking clients to ongoing sources of care and payment for care with low income people |
## Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

### Essential Service 8: Assure a Competent Public and Personal Health care Workforce

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Develops leadership activities</td>
<td>o Hold meetings and convenes various agencies around particular issues</td>
<td>o Limited capacity</td>
</tr>
<tr>
<td>o Funds nursing programs and leadership certificate programs</td>
<td>o Work with public servants and educates them about our work with the community</td>
<td>o Public Health does not provide leadership training</td>
</tr>
<tr>
<td>o Ensures that future public health workers have met competencies and are properly trained</td>
<td>o Employees have appropriate credentials</td>
<td>o Sharing expertise across agencies/programs</td>
</tr>
<tr>
<td>o Completes workforce assessment for Coachella Valley</td>
<td>o Many active and engaged potential partners</td>
<td>o More funding is needed to support training and ongoing education</td>
</tr>
<tr>
<td>o Launches California State University San Marcos certificate on cultural and linguistically appropriate services and competencies for healthcare practitioners</td>
<td>o The Inland Coalition</td>
<td>o More training on cultural and linguistic standards</td>
</tr>
<tr>
<td>o Funds organizations that are all about servicing people identified as a population that were in “gap” or “unmet needs.”</td>
<td>o Department of Public Health has a well prepared workforce</td>
<td>o More awareness needed on new Office of Minority Health and Culturally Linguistically Appropriate Standards (CLAS)</td>
</tr>
<tr>
<td>o Contributes to physicians education through scholarships</td>
<td>o County leadership programs</td>
<td>o Resources</td>
</tr>
<tr>
<td>o Funds (grants) for health care pipeline program</td>
<td>o County discounted MPA programs</td>
<td>o Low educational attainment at all levels</td>
</tr>
<tr>
<td>o Allows opportunity for CGU programs to be part of County's tuition reimbursement programs</td>
<td>o Resources</td>
<td>o Moving from an informal to formal approach to strategies</td>
</tr>
<tr>
<td>o Provides continuing education for health professionals</td>
<td>o 20/20 Program</td>
<td>o Coordination of partners fostered by increased communications</td>
</tr>
<tr>
<td></td>
<td>o Training provided</td>
<td>o Workforce assessment and development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Limited ability to support growth</td>
</tr>
</tbody>
</table>
Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

Essential Service 9: Evaluate Effectiveness, Accessibility and Quality of Personal and Population-Based Health Services

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Identifies Desert Health Care District gaps in relations to the strategic plan &amp; has a grant program</td>
<td>o Coachella Valley organizations</td>
<td>o Evaluation results need to be used more systematically</td>
</tr>
<tr>
<td>o Identifies Health Assessment Resource Center gaps</td>
<td>o Programs are evaluated; some due to requirements</td>
<td>o Need more population-based data</td>
</tr>
<tr>
<td>o Completes Satisfaction surveys</td>
<td>o Access to residents</td>
<td>o Lack of accurate data</td>
</tr>
<tr>
<td>o Evaluates access to services by surveying community residents</td>
<td>o Availability of good information, CBO’s willing to share</td>
<td>o Geographical area too large</td>
</tr>
<tr>
<td>o Evaluates programs and interventions with community based organizations</td>
<td>o Numerous data sources for county, state and national level</td>
<td>o Vast services area hard to evaluate everything</td>
</tr>
<tr>
<td>o Supports that County Mental Health as a research department</td>
<td></td>
<td>o System established to identify issues the community has with Department of Public Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Coordination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o County clinics don’t have e-records; hard to pull data</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Diffuse system; hard to evaluate specific programs effectiveness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Network is not as well connected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o Local public health system not highly connected</td>
</tr>
<tr>
<td></td>
<td></td>
<td>o No assessment to evaluate</td>
</tr>
</tbody>
</table>
## Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

<table>
<thead>
<tr>
<th>Agency Contributions</th>
<th>Strengths</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Conducts intervention evaluation and research related to health disparities</td>
<td>o Examines access to care</td>
<td>o Funding</td>
</tr>
<tr>
<td>o Funds evaluation at the higher education level to inform future strategic direction</td>
<td>o More partnerships expanding networks</td>
<td>o Resources</td>
</tr>
<tr>
<td>o Publicly disseminates learning from Kaiser's research department</td>
<td>o Easy to partner with universities they tend to push the bar and question the status quo</td>
<td>o Public health and university partnerships need to be stronger</td>
</tr>
<tr>
<td>o Provides funding and grant opportunities</td>
<td>o Availability of institutions of higher learning and community partners</td>
<td>o Communicating with partners</td>
</tr>
<tr>
<td>o Provides amendments to current legislation based on research</td>
<td>o University system- already have strong relationships</td>
<td>o Establishing relationships</td>
</tr>
<tr>
<td>o Provides environmental health training in emergency response and community based readiness</td>
<td>o There are many great university public health partnerships, internships and research projects</td>
<td>o Difficult to expand projects in county clinics</td>
</tr>
<tr>
<td>o Develops research partnerships</td>
<td>o Sharing findings with collaborating agencies through consensus forums</td>
<td>o More Community-based participatory research would be wonderful</td>
</tr>
<tr>
<td></td>
<td>o Implements pilot projects with county clinics to improve cancer screening rates</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o Collaborates with UC Riverside</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o County relationships with higher education</td>
<td></td>
</tr>
</tbody>
</table>
Community Health Survey

Background

Please take a few moments to help shape the future of Riverside County by making it a healthier place to live. Your ideas are part of a Countywide movement to create a broad, strategic Community Health Improvement Plan. This will be a blueprint to help guide the work of organizations working to improve the health and well-being of Riverside County residents and visitors. Help us focus on the issues that are most important to you and your family. This should take less than 10 minutes. Thank you!

1. What is your relationship with Riverside County?
   - I live here
   - I work here
   - I live and work here
   - Just visiting
   - None of the above, but I'm interested in helping make it healthier
   - Other (please specify) ______________________________

2. How long have you lived in Riverside County?
   - I don't live in Riverside County
   - Less than 1 year
   - 1 to 5 years
   - 6 to 10 years
   - 11 to 25 years
   - More than 25 years
   - Not sure
   - Other (please specify) ______________________________

3. What is your home zip code? ____________________________

4. I think Riverside County is a _______ place to grow up or raise children.
   - Very Safe
   - Safe
   - Somewhat Safe
   - Neither Safe nor Unsafe
   - Somewhat Unsafe
   - Unsafe
   - Very Unsafe

5. I think Riverside County is a _______ place to live.
   - Very Healthy
   - Healthy
   - Somewhat Healthy
   - Neither Healthy nor Unhealthy
   - Somewhat Unhealthy
   - Unhealthy
   - Very Unhealthy

What do you like about where you live?

* 6. Please check the 3 most important things that make your neighborhood a great place to live...

- Good place to raise children / strong families
- Parks and recreation
- Low crime / safe neighborhoods
- Excellent race relations / acceptance of diversity
- People are involved in their community (volunteer / help each other)
- Good jobs and strong economy
- Good schools
- Healthy behaviors and lifestyles
- Access to health care (doctors, clinics, etc.)
- Low death and disease rates
- Clean environment
- Other (please specify) ______________________________

SHAPE Riverside County
Community Health Assessment
September 2015
7. How happy are you with the quality of your neighborhood?
- Very Happy
- Happy
- Somewhat Happy
- Neither Happy nor Unhappy
- Somewhat Unhappy
- Unhappy
- Very Unhappy

What do you wish your community had?

* 8. Please check the 3 most important things that would make your neighborhood a better place to live...

- Good place to raise children / strong families
- Low crime / safe neighborhoods
- People are involved in their community (volunteer / help each other)
- Good schools
- Access to health care (doctors, clinics, etc.)
- Clean environment
- Parks and recreation
- Affordable housing
- Excellent race relations / acceptance of diversity
- Other (please specify) ________________________________

What's hurting your community?

* 9. Please check the 3 most important health problems that need to be fixed in your neighborhood...

- Asthma
- Agricultural pesticides
- Air quality
- Cancer
- Child abuse
- Dental problems
- Diabetes
- Disabilities (hearing loss, blindness, etc.)
- Domestic violence
- Drug abuse (prescription / street drugs)
- Firearm-related Injuries / deaths
- Hard to access to health care
- Other (please specify) ________________________________
10. How would you rate the health of your neighborhood?

- Very Healthy
- Healthy
- Somewhat Healthy
- Neither Healthy nor Unhealthy
- Somewhat Unhealthy
- Unhealthy
- Very Unhealthy

11. What ideas do you have for fixing the health problems in your community?

Community Health Survey

About You...

12. Are you currently employed / working?

- Not employed / working
- Seeking employment
- Self-employed
- Employed full-time
- Employed part-time
- Other (please specify) ______________________

13. If you are not working, what is the main reason?

- Medically ill or disabled
- Can’t find work
- Retired
- Taking care of sick or aging family
- Stay-at-home parent
- Choose not to work
- Student
- Need more training
- Other (please specify) ______________________

14. If you are working, what is your work zip code?

____________________

15. Would you say that in general your health is...?

- Excellent
- Very Good
- Good
- Fair
- Poor

16. What is one thing you would like to change about your own health?

____________________
17. How hard is it for you to get health care when you need it?
- Very Hard
- Hard
- Somewhat Hard
- Neither Hard nor Easy
- Somewhat Easy
- Easy
- Very Easy

18. Where do you usually go when you need health care?
- Hospital
- Clinic / Health Center
- Urgent Care
- Emergency Department
- Pharmacy or Retail Store (Walgreens / Walmart)
- Community based organization
- Other (please specify) _____________________________

19. How do you pay for your health care? (check all that apply)
- No insurance (pay cash)
- Private Health Insurance
- Public Health Insurance (Medi-Cal, Medicare, Healthy Families, Veterans, etc.)
- Indian Health Service
- I don’t get health care
- Other (please specify) _____________________________

20. How often do you have trouble paying for things you need like food, clothing, housing, and medicine?
- Very Often
- Sometimes
- Hardly Ever
- Never

21. Within the past year, what types of assistance did you or your family receive? (Check all that apply)
- None
- Food stamps (SNAP)
- Cash Aid (TANF)
- Housing Assistance
- Hospice
- Help paying for child care
- Child welfare services
- Other (please specify) _____________________________
- Unemployment services
- Help paying utilities (electric, gas, etc.)
- Legal aid
- Social Security
- Supplemental Security Income (SSI)
- Worker’s Compensation
- Disability Insurance
22. What is your age?
- Less than 15
- 15 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85+

23. Gender
- Male
- Female
- Other (please specify) _______________________

24. Race / Ethnicity (Check all that apply)
- African American / Black
- Asian
- American Indian
- Hispanic
- Pacific Islander
- White / Caucasian
- Other (please specify) _______________________

25. Your highest educational level:
- Did not finish High School
- GED
- High School Graduate
- Some College
- College Degree
- Graduate / Professional Degree etc.
- Other (please specify) _______________________

26. Your Annual Household Income:
- Less than $10,000
- $10,000 to $19,999
- $20,000 to $34,999
- $35,000 to $49,999
- $50,000 to $64,999
- $65,000 to $79,999
- $80,000 to $100,000
- Over $100,000

27. How interested are you in making your community a healthier place to live?
- Very interested
- Interested
- Somewhat Interested
- Neither Interested nor Uninterested
- Somewhat Uninterested
- Uninterested
- Very Uninterested

28. For more information on how you can help SHAPE the health of Riverside County, please provide your name and email (or phone). This is OPTIONAL.

Name ___________________________ Email ___________________________________________ Phone ___________________________

Please contact Kevin Meonis with any questions or to return completed surveys:
Phone: 951-358-5561 Fax: 951-358-5348
kmeonis@ncocha.org
Riverside County Department of Public Health
4065 County Circle Dr, Riverside, 92503

THANK YOU

On behalf of all SHAPE Riverside County partners, we thank you for sharing your thoughts!

211 Community Connect
Bermog Community Health Foundation
California Baptist University
Claremont Graduate University
Coaches Valley Association of Governments
Coalition for Quality Affordable Health Care
Community Action Partnership
Desert Health Care District
Desert Healthcare District
First 5 Riverside
Hospital Association of Southern California
Independent Living Partnership
Inland Empire Health Plan
Kaiser Permanent
Loma Linda University School of Public Health
Molina Healthcare
Palm Springs Unified School District
Randall Lewis Health Policy Fellowship
Riverside Community Health Foundation
Riverside County Department of Mental Health
Riverside County Department of Public Health
Riverside County Department of Public Social Services
Riverside County Economic Development Agency
Riverside County Executive Office
Riverside County Medical Association
Riverside County Office of Aging
Riverside County Office of Education
Riverside County Probation Department
Riverside County Regional Medical Center
Riverside County Sheriff’s Department
Riverside San Bernardino County Indian Health Inc
The California Endowment
The Community Foundation
UCR - Center for Sustainable Suburban Developments
Western Riverside Council of Governments

SHAPE Riverside County
January 2015