



2015

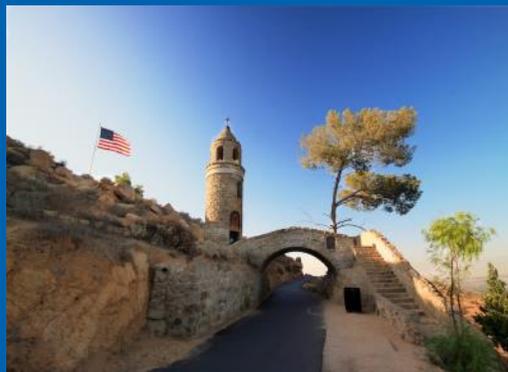
RIVERSIDE COUNTY

COMMUNITY

HEALTH

ASSESSMENT

A snapshot of the health issues affecting Riverside County



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- Riverside County Medical Association
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- Riverside County Office of Education
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- Riverside-San Bernardino County Indian Health, Inc.
- University of California Riverside—Center for Sustainable Suburban Development
- Western Riverside Council of Governments

With Gratitude,

Riverside University Health System - Public Health

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EXECUTIVE SUMMARY

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.

EXECUTIVE SUMMARY

Key Findings

Community Themes and Strengths Assessment (SHAPE Survey)	Local Public Health System Assessment (LPHSA)	Forces of Change Assessment (SHAPE Community Forums)	Community Health Status Assessment
<p><u>Priority Issues:</u></p> <ul style="list-style-type: none"> • Asthma • Pollution • Diabetes • Air Quality • Good Jobs • Homelessness • Strong Families • Walkable Streets • Safe Neighborhoods • Grocery Stores & Healthy Food 	<p><u>Priorities for Improvement:</u></p> <ul style="list-style-type: none"> • Evaluate the quality of personal and population health services • Monitor health status to identify community health problems • Develop policies and plans that support individual and community health efforts • The system is performing at a moderate level 	<p><u>Priority Issues:</u></p> <ul style="list-style-type: none"> • Better coordination of services • Lack of awareness of community resources • More public transportation options that serve vulnerable groups • Improving air quality and environmental safety • More education, training and community activities 	<p><u>Priority Issues:</u></p> <ul style="list-style-type: none"> • Reduce smoking • Reduce obesity • Increase physical activity • Reduce impaired driving • Reduce teen births • Increase clinical providers • Increase health screenings • Improve air quality • Reduce commute times • Increase use of public transportation • Address disparities in health issues for vulnerable populations and high risk groups

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.

A MESSAGE FROM PUBLIC HEALTH

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

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 residents¹. Riverside County spans 7,200 square miles² 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) framework³.

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.

ASSESSMENT OVERVIEW

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 methodology³ for each assessment:



Local Public Health System

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 Health Survey

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.



Community Forums

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.



Community Health Status

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.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

METHODS

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 tool⁴. 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.

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

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.

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

METHODS

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).

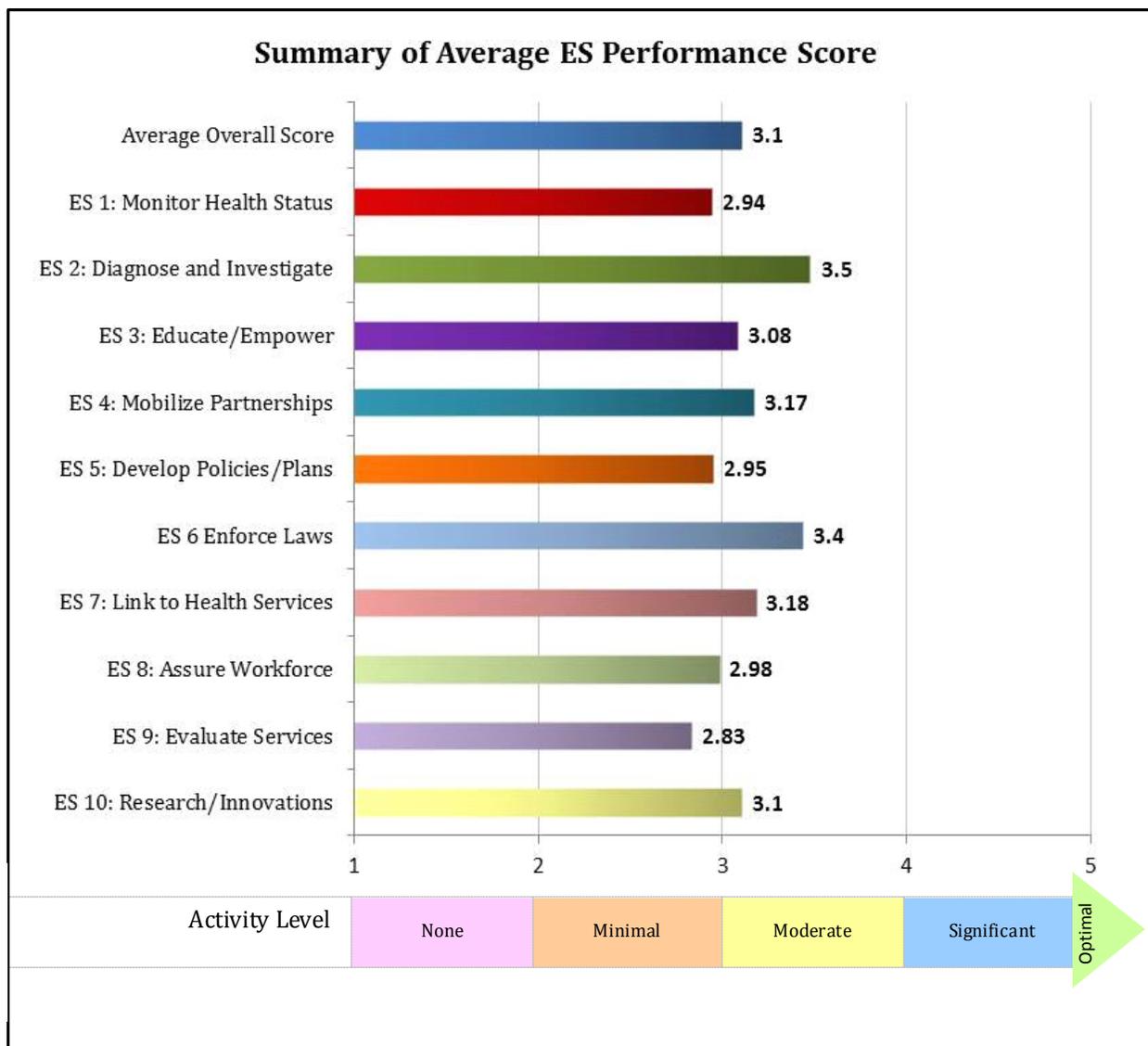
Participants were asked to evaluate each Essential Service by scoring the Model Standards and their associated activities using the scale and point system displayed in the table below. The scale consisted of a “Don’t know” option and five levels of activity from “no activity” to “optimal activity.” Participants 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.

Category	Description	Score
Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.	5
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.	4
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.	3
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.	2
No Activity (0%)	0% or absolutely no activity.	1
Don't Know	Experience with essential service activity is too limited to evaluate system performance.	0

LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

RESULTS

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.



LOCAL PUBLIC HEALTH SYSTEM ASSESSMENT

RESULTS

Top 3 Performance Scores					
East		West		Total	
ES 2	3.70	ES 2	3.36	ES 2	3.47
ES 6	3.56	ES 6	3.34	ES 6	3.43
ES 7	3.41	ES 4	3.15	ES 7	3.18

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.

Bottom 3 Performance Scores					
East		West		Total	
ES 5	2.89	ES 8	2.87	ES 9	2.83
ES 1	3.05	ES 1	2.84	ES 1	2.94
ES 10	3.08	ES 9	2.64	ES 5	2.95

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.

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 process³, 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)

SHAPE SURVEY 2015

Strategic Health Alliance Pursuing Equity

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

FORCES OF CHANGE ASSESSMENT (SHAPE COMMUNITY FORUMS)

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

FORCES OF CHANGE ASSESSMENT (SHAPE COMMUNITY FORUMS)

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.

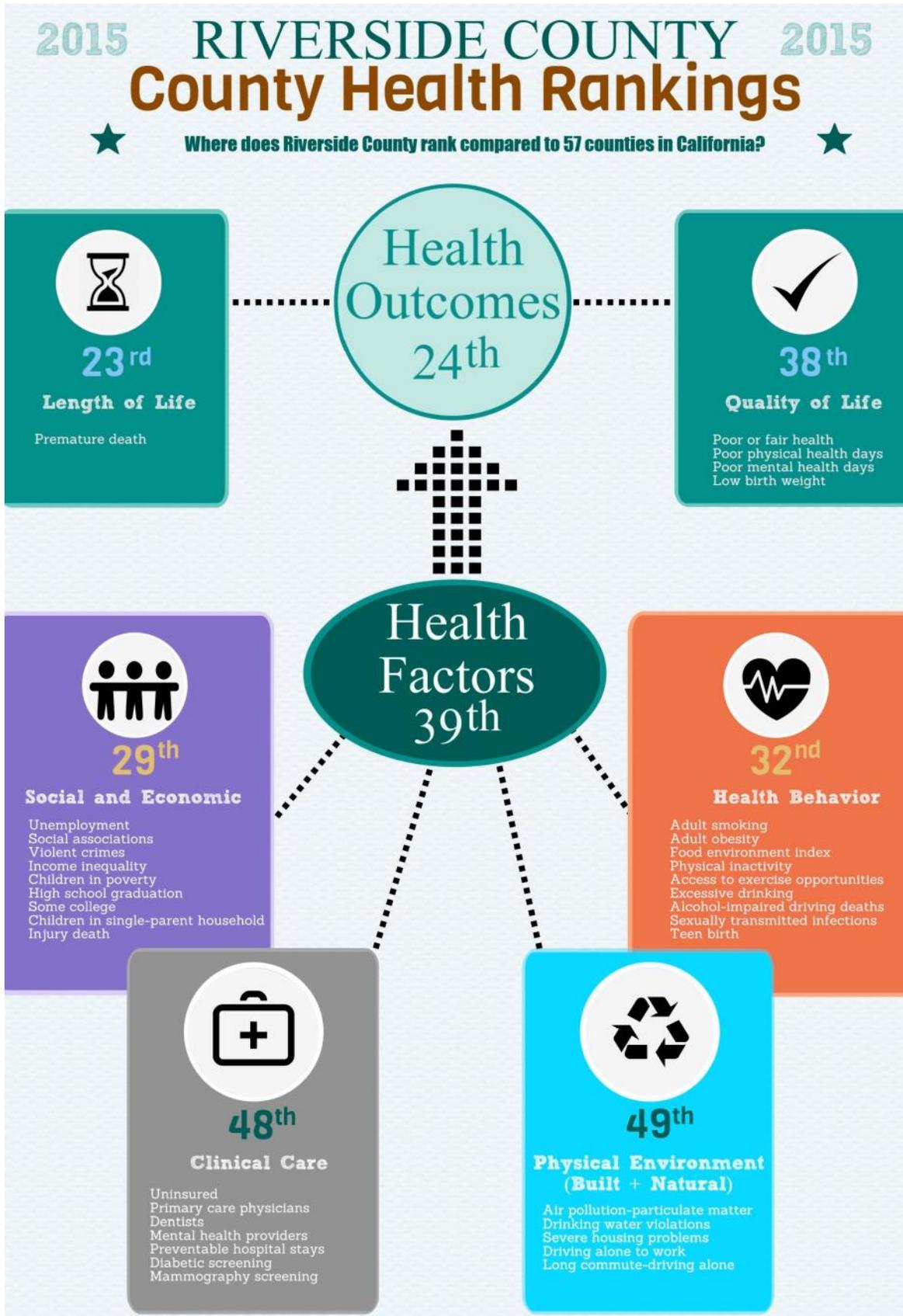
Participants registered as they came in and were provided with material. The meeting began with a brief welcome and introduction where participants were given a background about why the meeting was taking place and what was hoped to be

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.



HEALTH STATUS ASSESSMENT

COUNTY HEALTH RANKINGS



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.

HEALTH STATUS ASSESSMENT

INTERACTIVE DATA

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.



Welcome to Shape Riverside County



FIND HEALTH DATA
View more than 100 economic, social, and health indicators for County



FIND DEMOGRAPHIC DATA
View demographic data on race, gender, ethnicity by zip code



HEALTHY PEOPLE 2020 TRACKER
Compare county and local indicators to Healthy People 2020 Targets



SOCIONEEDS INDEX
Identify zip codes that have the highest level of socioeconomic need compared to our county and the US.



COMPARE INDICATORS
Compare select indicators at the city/place, zip code, and census tract level



LOCATE REPORTS
See all reports on a variety of different topics



FIND PROMISING PRACTICES
View promising practices highlighting efforts around the country addressing similar community health challenges



NEEDS ASSESSMENT GUIDE
Use this guide to support your community health improvement efforts

HEALTH STATUS ASSESSMENT

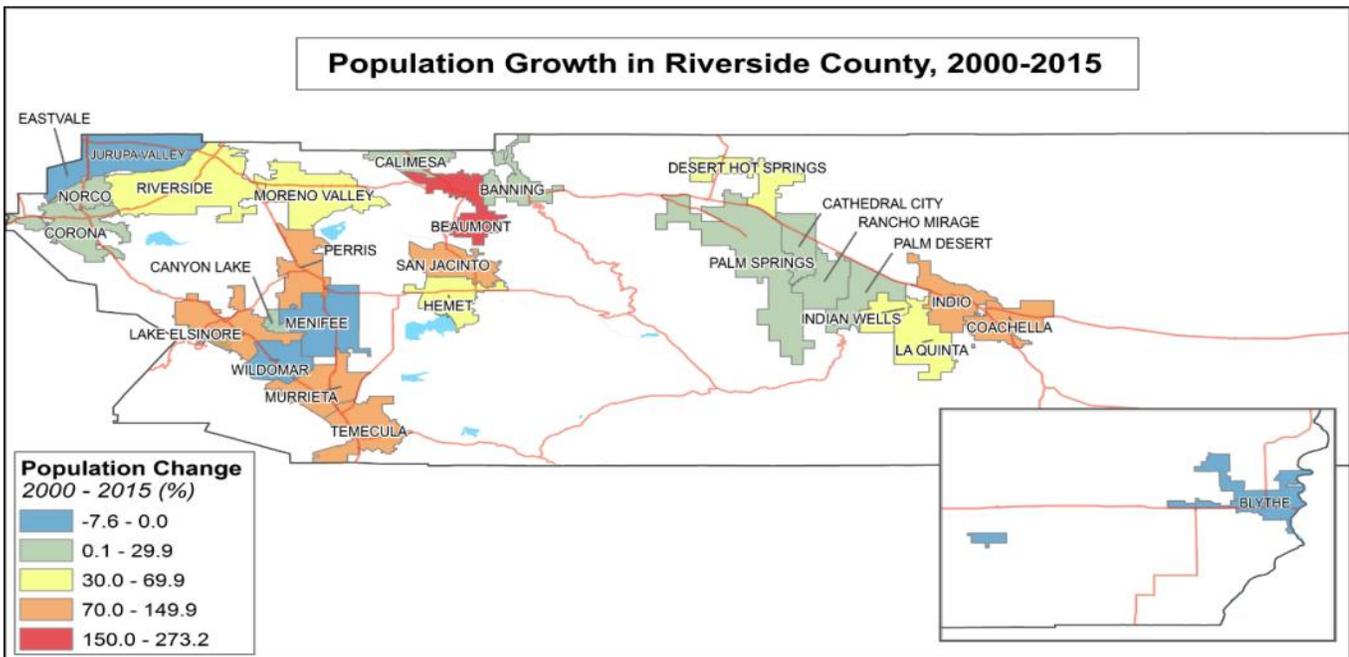
DEMOGRAPHICS

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 miles². 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 million¹ (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 counties⁵.

If current projections continue, the population of Riverside County will reach 2.9 million in 2020 and 4.7 million by 2050⁷. Population growth between now and then is projected to continue at an average annual rate of 2.1 percent through 2020⁸. 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 427,521⁶ and is expected to increase by 21.5 percent by 2035, reaching an estimated 519,630⁹.



PLACES

There are 28 incorporated cities in Riverside County, with the largest being the City of Riverside (317,307)⁵, 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

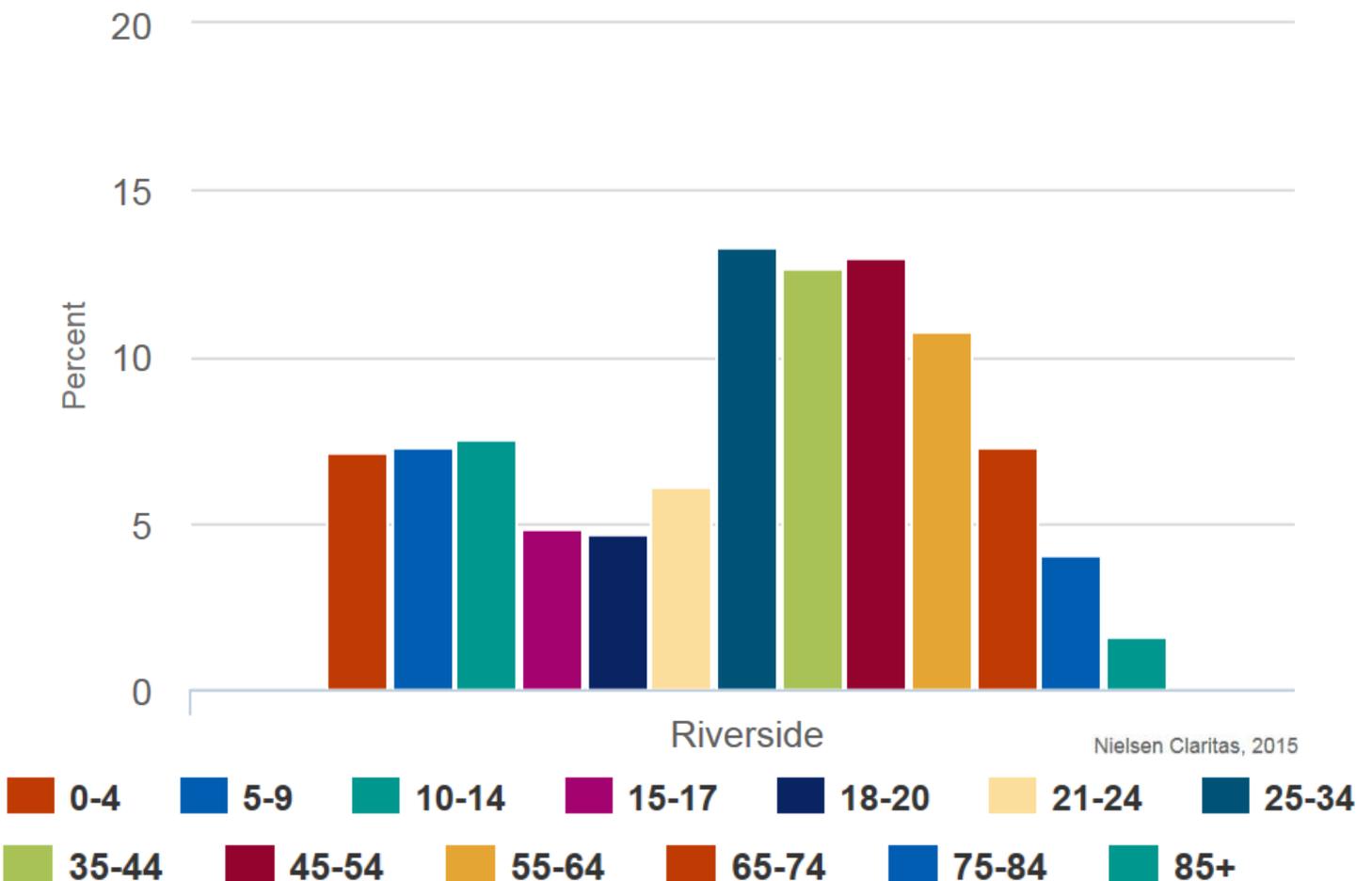
The Board of Supervisors is the governing body of the County, certain special districts and the Housing Authority. The Board enacts ordinances and resolutions, adopts the annual budget, approves contracts, appropriates funds, determines land use zoning for the unincorporated areas and appoints certain 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 adults¹⁰. 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.

2015 Population, By Age



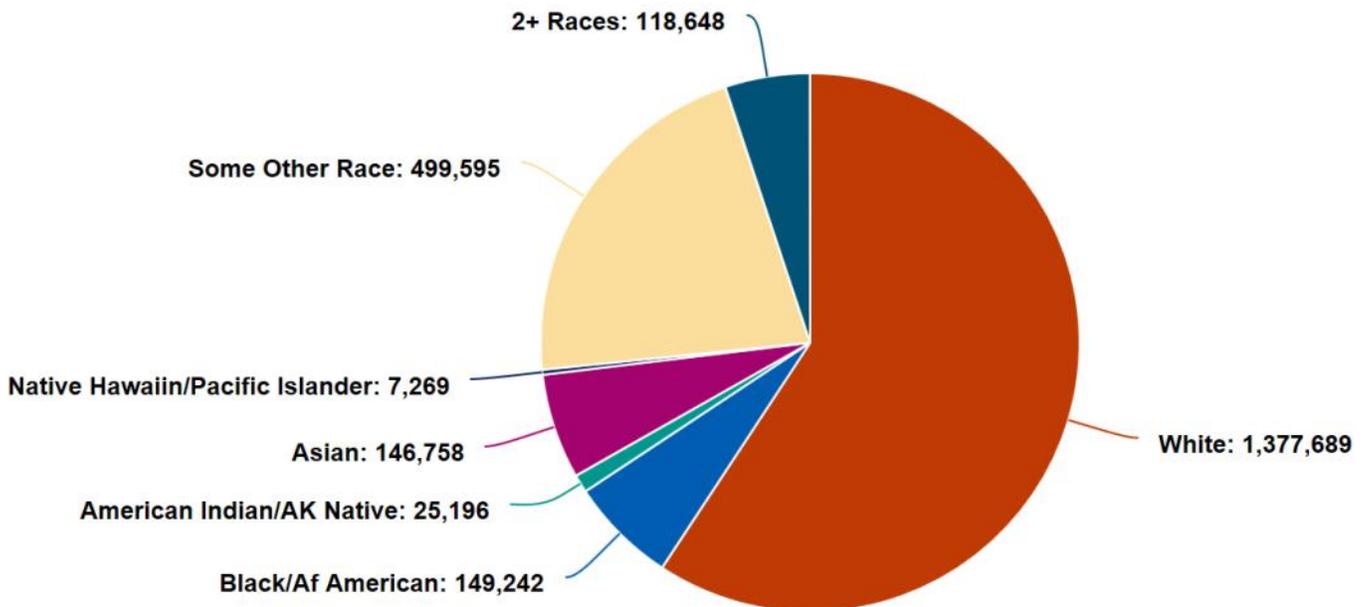
PEOPLE

RACE AND ETHNIC IDENTITY

On average, more than 32,000 babies are born and nearly 14,000 deaths occur each year in Riverside County¹¹. 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.

2015 Population, By Race/Ethnicity County: Riverside



Nielsen Claritas, 2015

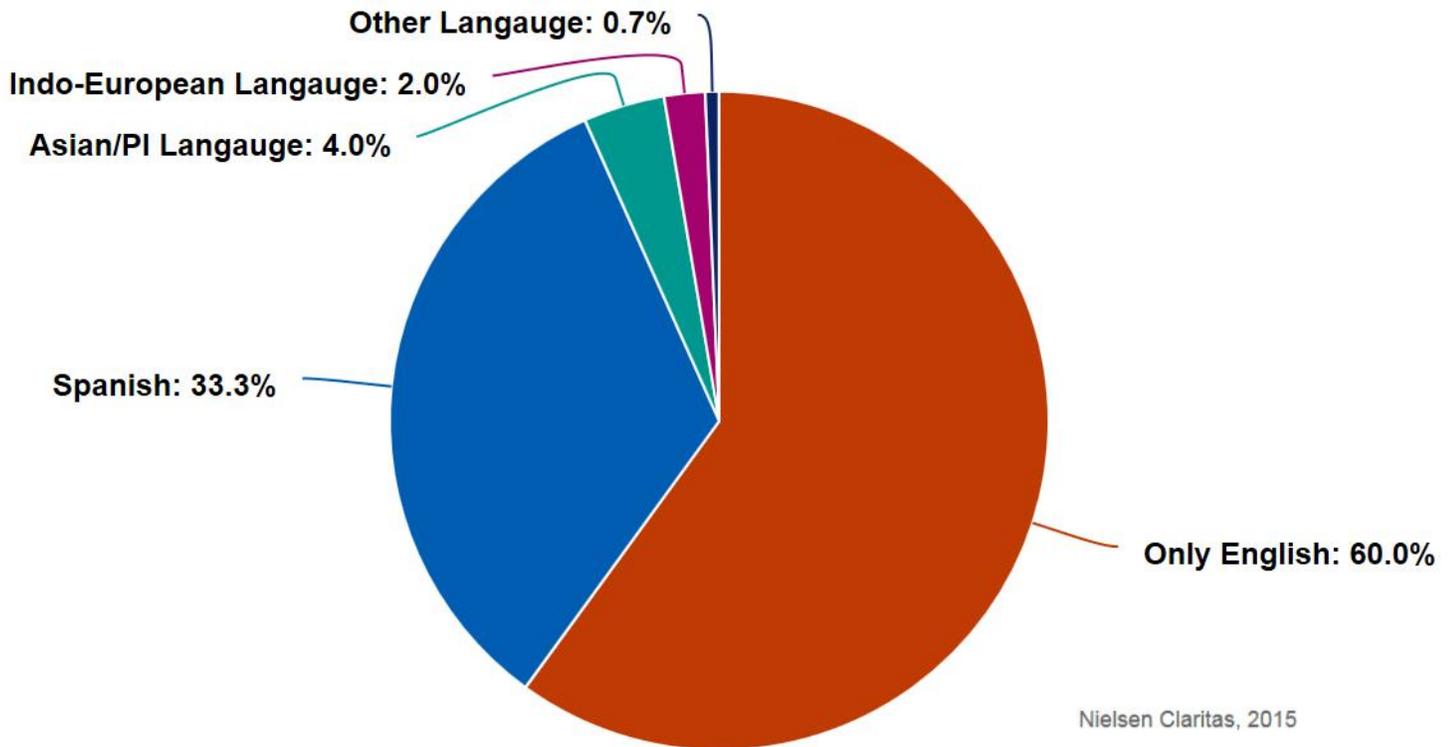
Based on current projections, the groups that will experience the greatest changes include those of Hispanic origin and whites. By 2020, Riverside County population will be primarily comprised of Hispanics and whites (46 and 40 percent, respectively)¹².

LANGUAGE

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^{13,14}.

2015, % of Population, By Language Spoken at Home

County: Riverside



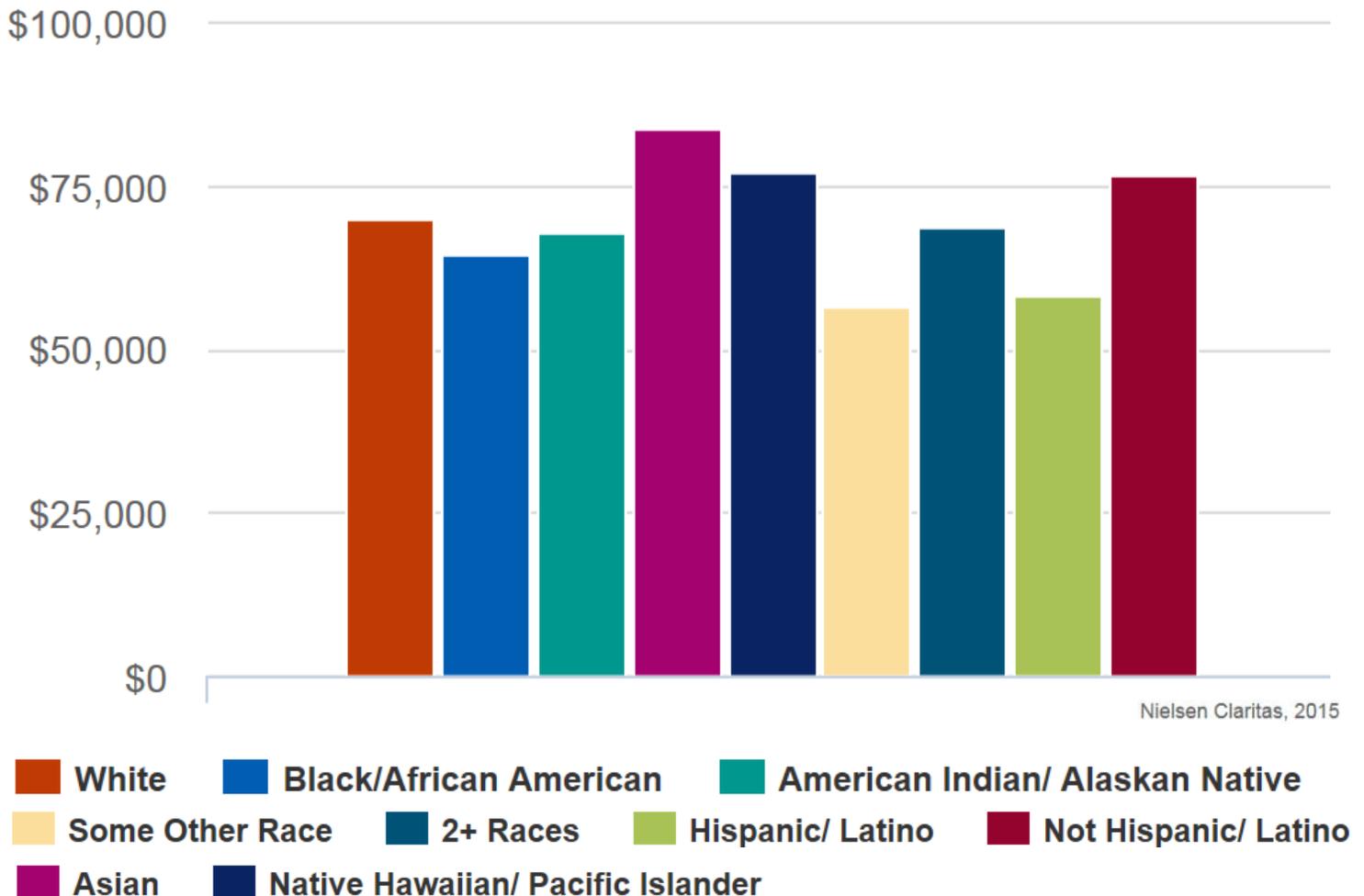
In the Coachella Valley, 26 percent of residents are foreign born¹³, 46 percent speak a language other than English at home¹⁵. Among those speaking another language at home, 90 percent speak Spanish¹⁵. Ensuring that health information is shared in multiple languages is important to reducing health disparities 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 care¹⁰.

2015 Average Household Income, By Race/Ethnicity

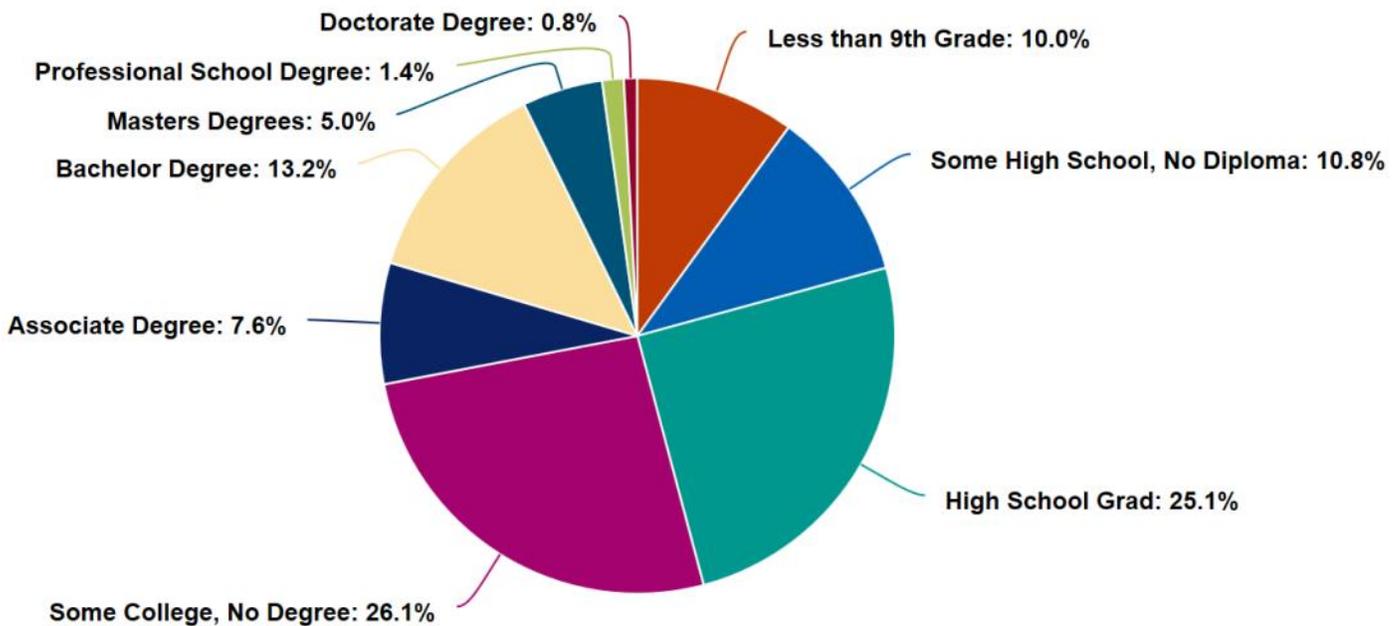
County: Riverside



EDUCATIONAL ATTAINMENT

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 higher¹⁷. This disparity can result in missed opportunities for career advancement and higher incomes.

2015 % of Population by Educational Attainment



Nielsen Claritas, 2015

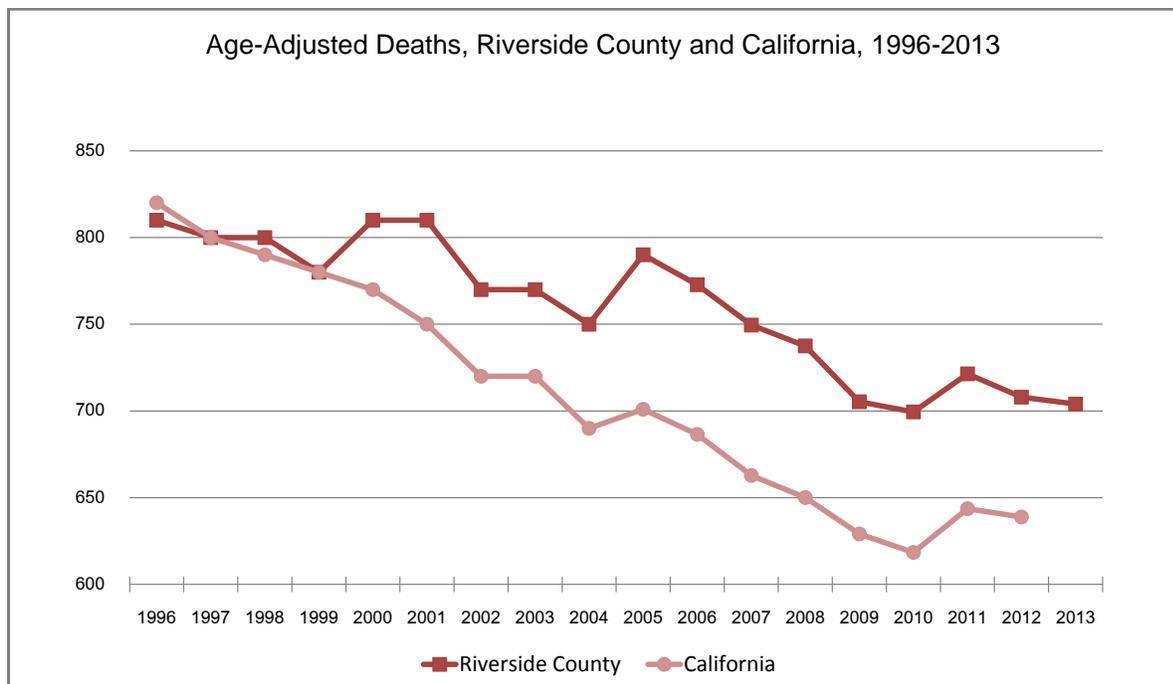
HEALTH STATUS ASSESSMENT

LEADING CAUSES OF DEATH

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

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Heart Disease	4,064	3,960	4,092	3,924	3,884	3,725	3,754	3,974	3,934	3,973	Heart Disease
Cancer	3,100	3,114	3,091	3,091	3,337	3,293	3,332	3,341	3,481	3,373	Cancer
Stroke	970	938	887	962	958	879	918	1,026	985	1,023	COPD
COPD	924	909	827	818	788	809	802	797	770	745	Stroke
Accidents	671	680	711	733	674	656	651	697	704	711	Accidents
Alzheimers	461	557	544	540	600	559	611	667	650	677	Alzheimers
Pneumonia	342	396	378	426	379	425	380	424	430	434	Diabetes
Diabetes	319	306	307	267	257	256	231	290	265	302	Cirrhosis
Cirrhosis	212	242	204	209	199	235	221	271	264	299	Pneumonia
Suicide	180	178	202	196	188	219	193	222	243	238	Suicide
Homicide	90	120	114	112	109	95	85	93	99	105	Homicide



UNDERSTANDING THE DATA

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

Page	Indicator	Status
29	Adults with Health Insurance	
30	Children with Health Insurance	
31	Delayed or Had Difficulty Obtaining Care	
32	Usual Source of Health Care	
33	Primary Care Provider Rate	

ADULTS WITH HEALTH INSURANCE

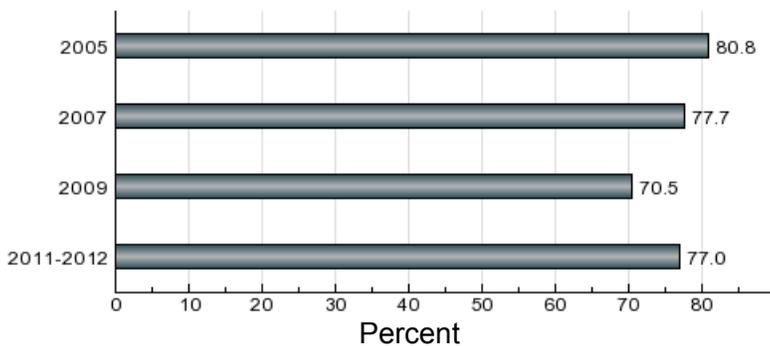
MEASURE: This indicator shows the percentage of adults aged 18-64 years that have any type of health insurance coverage.

WHERE ARE WE NOW?

Data from 2011-12 show that Riverside County ranks poorly for health insurance, with 77 percent of adults having coverage¹⁷.



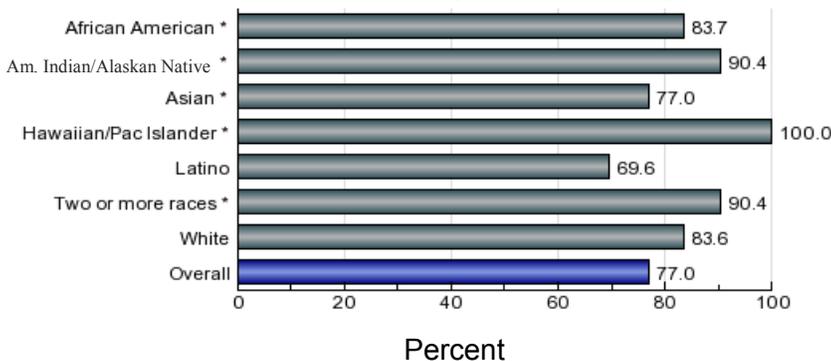
Adults with Health Insurance¹⁷, 2005-2012



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.

Adults with Health Insurance by Race/Ethnicity¹⁷, 2011-12

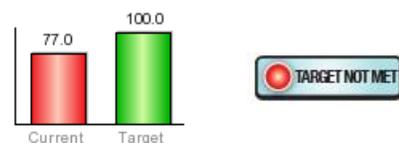


WHY IS THIS IMPORTANT?

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 percent¹⁹.



CHILDREN WITH HEALTH INSURANCE

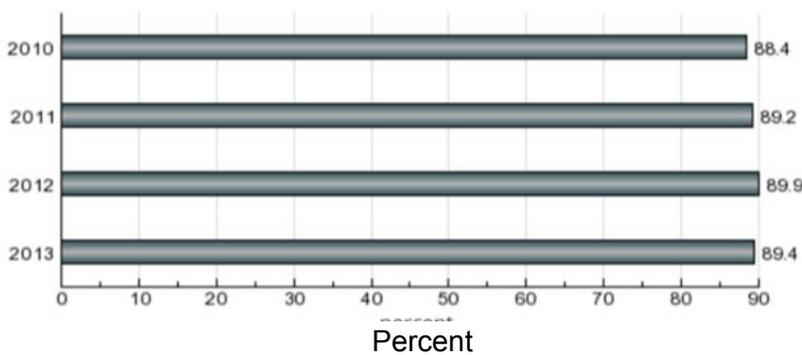
MEASURE: This indicator shows the percentage of children ages 0-17 that have any type of health insurance coverage.

WHERE ARE WE NOW?

Data from 2013 shows that Riverside County ranks poorly for health insurance, with 10 percent of children needing coverage²⁰.



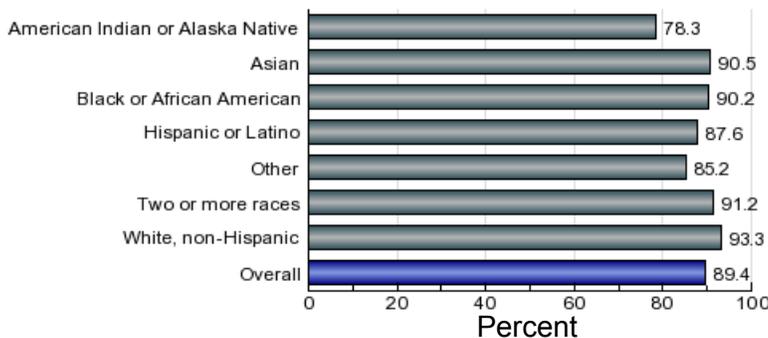
Children with Health Insurance²⁰, 2010-13



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/Ethnicity²⁰, 2011-12



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 percent¹⁹.



DELAYED OR HAD DIFFICULTY OBTAINING CARE

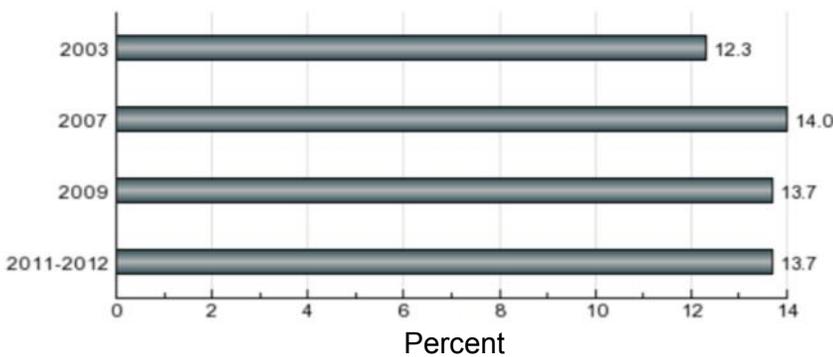
MEASURE: This indicator shows the percentage of people who report having delayed or not received other medical care they felt they needed.

WHERE ARE WE NOW?

Roughly 14 percent of County residents reported they are not getting health care services they need when they need them¹⁷.



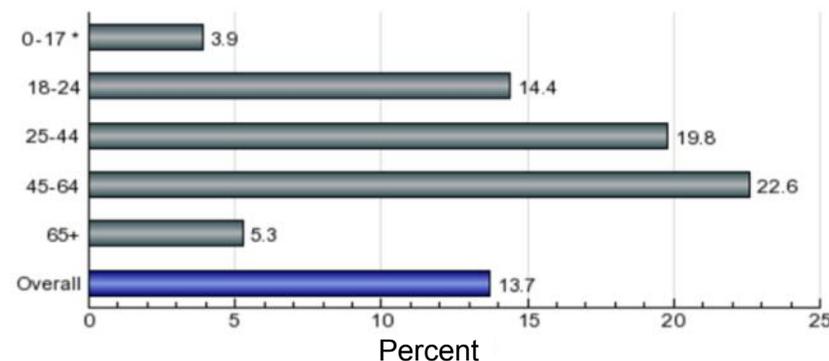
People Delayed or had Difficulty Obtaining Care¹⁷, 2003-12



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.

People Delayed or had Difficulty Obtaining Care¹⁷, 2011-12

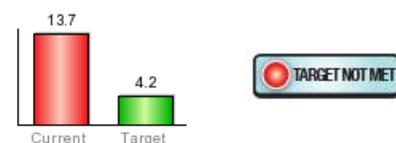


WHY IS THIS IMPORTANT?

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 percent¹⁹.



USUAL SOURCE OF CARE

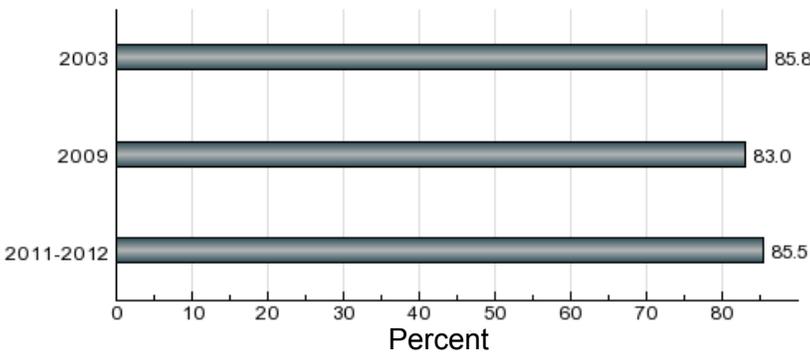
MEASURE: This indicator shows the percentage of people that report having a usual place to go when sick or when health advice is needed.

WHERE ARE WE NOW?

As of 2011-12, nearly 15 percent of Riverside County residents still need a usual place of care, or medical home¹⁷.



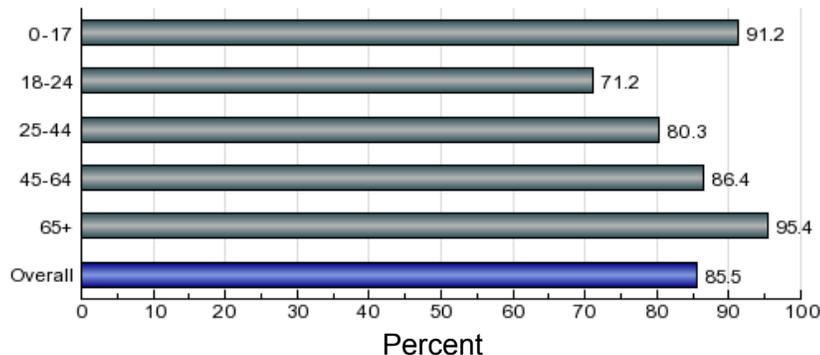
Usual Source of Care¹⁷, 2003-2012



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.

Usual Source of Care by Age¹⁷, 2011-12



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 percent¹⁹.



PRIMARY CARE PROVIDER RATE

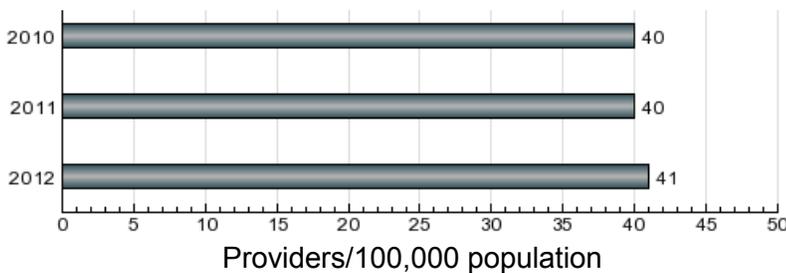
MEASURE: The primary care provider rate per 100,000 population includes practicing physicians specializing in general practice medicine, family medicine, internal medicine and pediatrics.

WHERE ARE WE NOW?

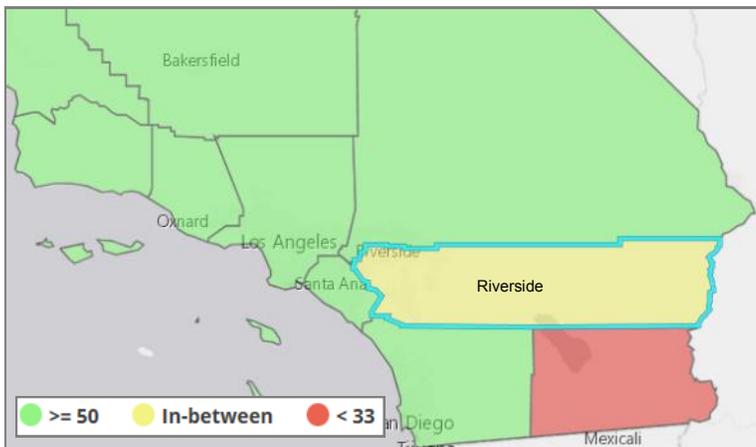
As of 2012, the County ranks among the poorest performing counties in the U.S. on this measure²¹.



Primary Care Provider Rate²¹, 2010-12



Primary Care Provider Rate by County²¹, 2012



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.

50
providers/100,000
population



CHRONIC DISEASE: CANCER

Page Indicator	Status
35 Breast Cancer Death Rate	
36 Colorectal Cancer Death Rate	
37 Colorectal Cancer Incidence Rate	
38 Lung Cancer Death Rate	
39 Prostate Cancer Death Rate	
40 Cervical Cancer Incidence Rate	

BREAST CANCER DEATH RATE

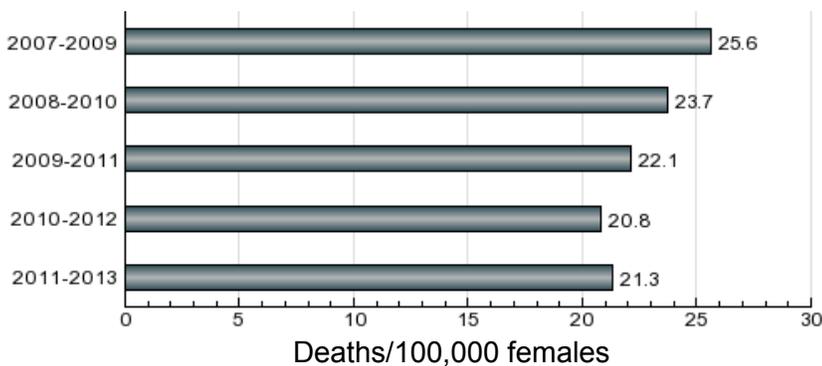
MEASURE: This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

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 counties²².



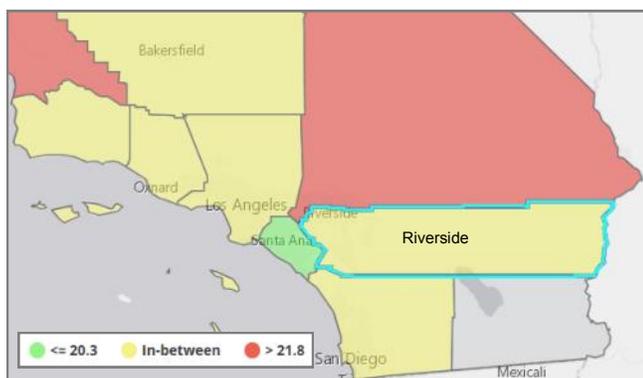
Breast Cancer Age-Adjusted Death Rate²², 2007-2013



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.

Breast Cancer Age-Adjusted Death Rate²², 2011-13



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 detection²³.

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 females¹⁹.



COLORECTAL CANCER DEATH RATE

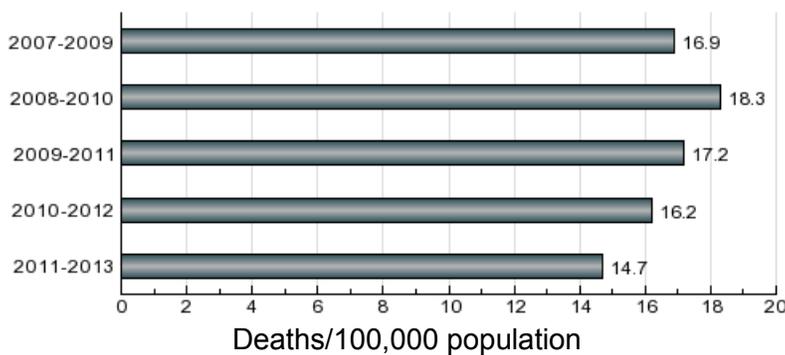
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to colorectal cancer.

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 counties²².



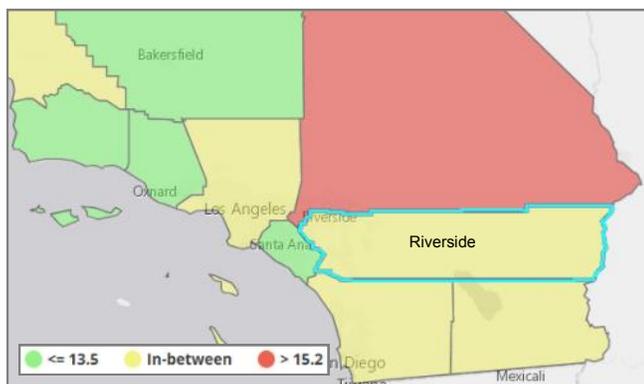
Age-Adjusted Death Rate due to Colorectal Cancer²² 2007-13



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 100,000¹⁹. 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.

Age-Adjusted Death Rate due to Colorectal Cancer²², 2011-13

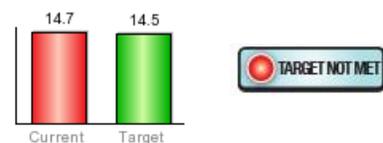


WHY IS THIS IMPORTANT?

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 prevented²⁴. While 90 percent of cases occur in adults aged 50 or older²⁵, 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 population¹⁹.



COLORECTAL CANCER INCIDENCE RATE

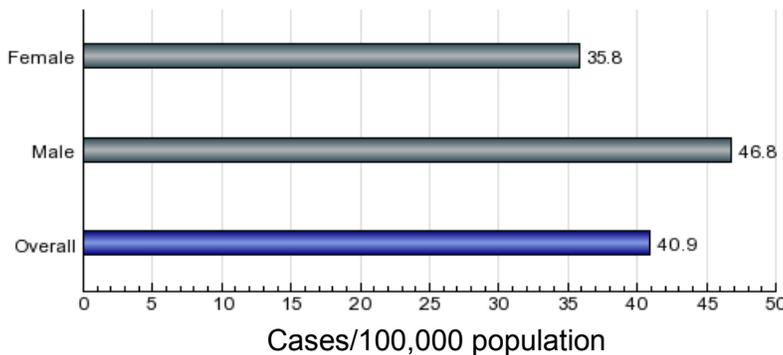
MEASURE: This indicator shows the age-adjusted incidence rate for colorectal cancer in cases per 100,000 population.

WHERE ARE WE NOW?

In the most recent measurement period there were roughly 40 new cases of colorectal cancer identified for every 100,000 people²⁶.



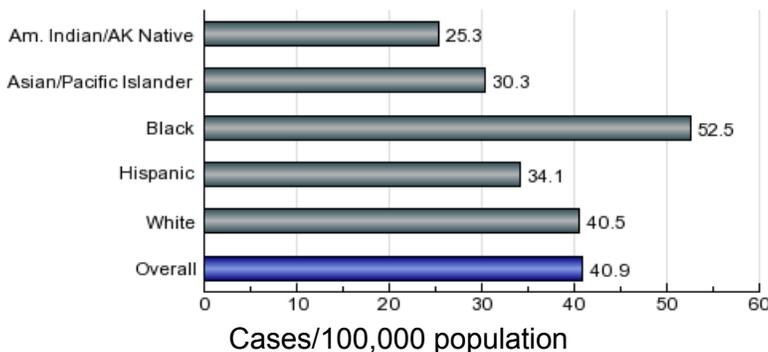
Colorectal Cancer Incidence Rate by Gender²⁶ 2008-12



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.

Colorectal Cancer Incidence Rate by Race/Ethnicity²⁶, 2008-12



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 prevented²⁴. While 90 percent of cases occur in adults aged 50 or older²⁵, 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 population¹⁹.



LUNG CANCER DEATH RATE

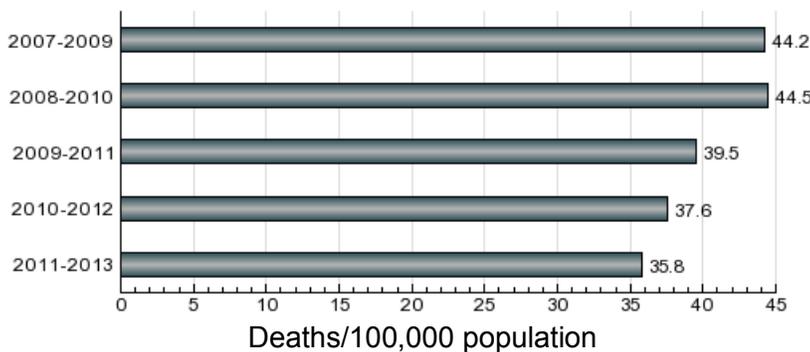
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to lung cancer.

WHERE ARE WE NOW?

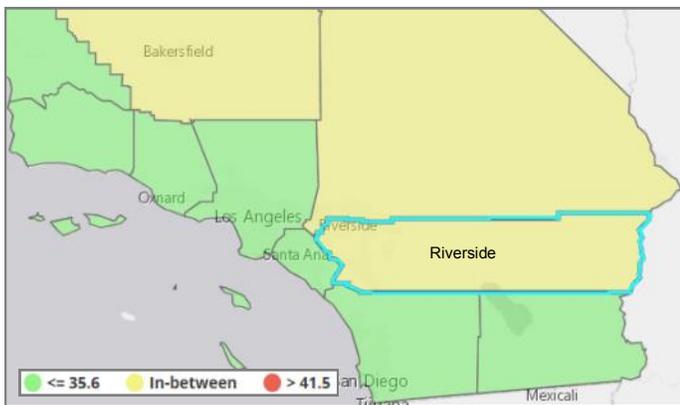
For every 100,000 people in Riverside County, there are nearly 36 deaths due to lung cancer, which is more than many California counties²².



Age-Adjusted Death Rate due to Lung Cancer²², 2007-13



Age-Adjusted Death Rate due to Lung Cancer²², 2011-13



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 100,000¹⁹. 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.

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 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 population¹⁹.



PROSTATE CANCER DEATH RATE

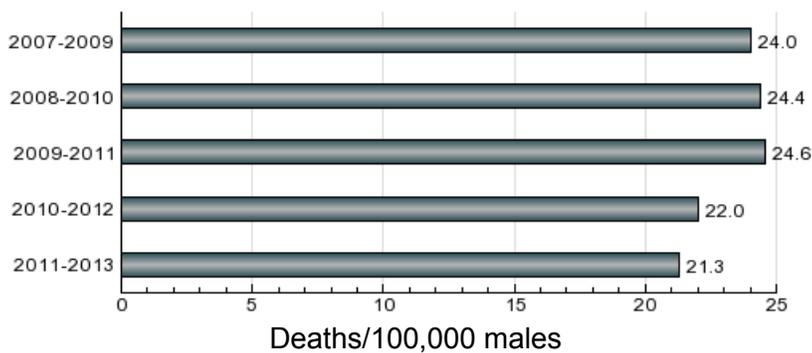
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to prostate cancer.

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 counties²².



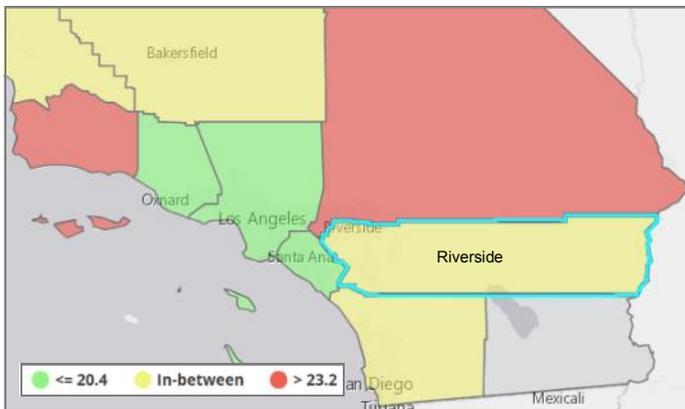
Age-Adjusted Death Rate due to Prostate Cancer²², 2007-13



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.

Age-Adjusted Death Rate due to Prostate Cancer²², 2011-13



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.²³.

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.

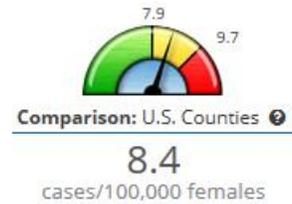


CERVICAL CANCER INCIDENCE RATE

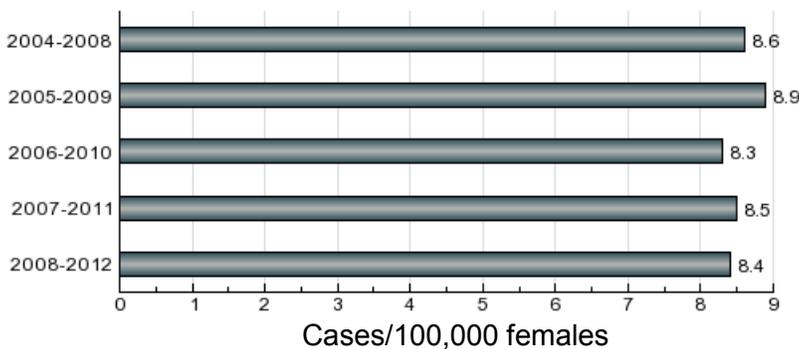
MEASURE: This indicator shows the age-adjusted incidence rate for cervical cancer in cases per 100,000 females.

WHERE ARE WE NOW?

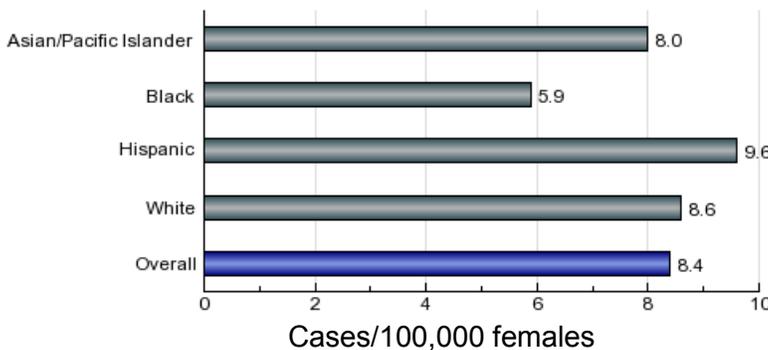
In the most recent measurement period there were roughly eight new cases of cervical cancer identified for every 100,000 females²⁶.



Cervical Cancer Incidence Rate²⁶, 2004-2012



Cervical Cancer Incidence Rate by Race/Ethnicity²⁶, 2008-12



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 population¹⁹.



CHRONIC DISEASE: HEART DISEASE

Page	Indicator	Status
42	Cerebrovascular Disease (Stroke) Death Rate	
43	Coronary Heart Disease Death Rate	
44	High Blood Pressure Prevalence	

CEREBROVASCULAR DISEASE (STROKE) DEATH RATE

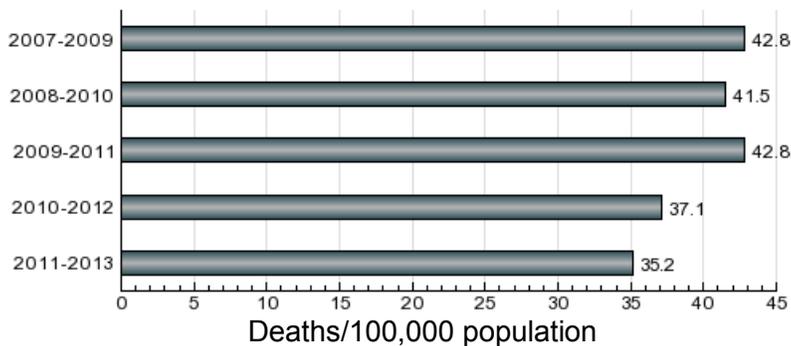
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease (CVD) and stroke.

WHERE ARE WE NOW?

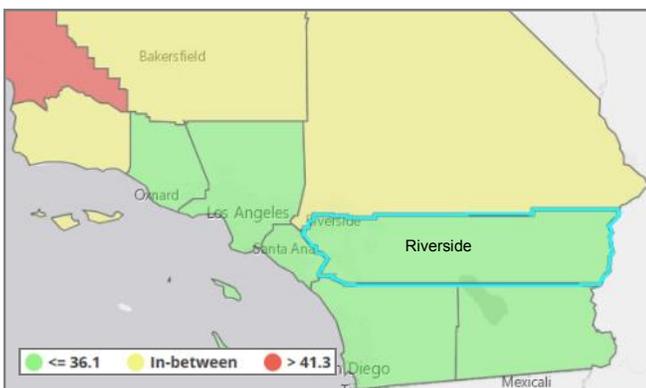
For every 100,000 people in Riverside County, there are 35 deaths due to stroke, which is less than many California counties²².



Age-Adjusted Death Rate due to Stroke²⁷, 2007-13



Age-Adjusted Death Rate due to Stroke²⁷, 2011-13



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.

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 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.



CORONARY HEART DISEASE DEATH RATE

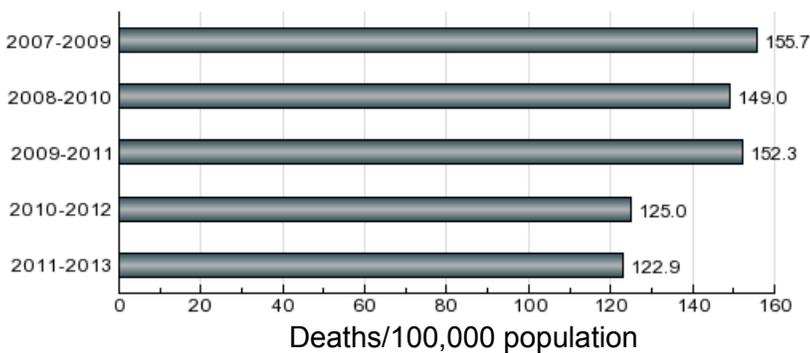
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to coronary heart disease.

WHERE ARE WE NOW?

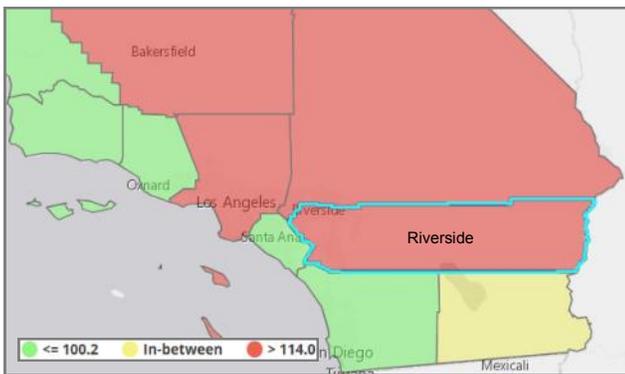
For every 100,000 people in Riverside County, there are nearly 123 deaths due to heart disease, which is more than many California counties²².



Age-Adjusted Death Rate due to Coronary Heart Disease²⁷, 2007-13



Age-Adjusted Death Rate due to Coronary Heart Disease²⁷, 2007-13



WHAT DOES THIS SHOW?

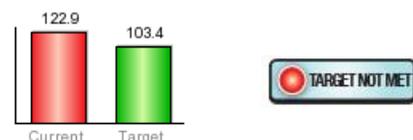
The death rate from heart disease has fallen in Riverside County over the past several years; however, Riverside County is higher than many other counties in California and there is much room for improvement to reach the Healthy People 2020 target of 103 deaths per 100,000¹⁹. While there has been success 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 100,000¹⁹.



HIGH BLOOD PRESSURE PREVALENCE

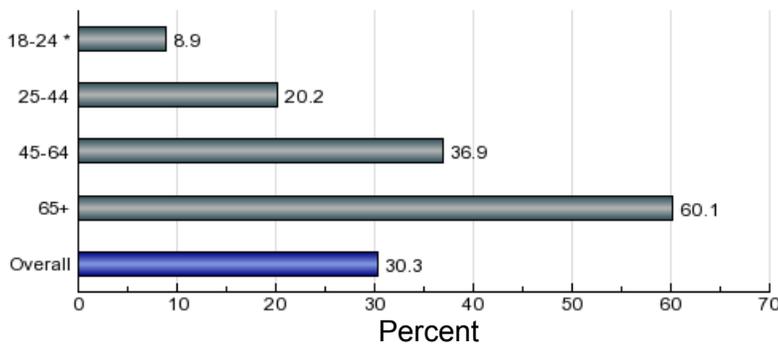
MEASURE: This indicator shows the percentage of adults who have been told they have high blood pressure (140/90 mm Hg or higher).

WHERE ARE WE NOW?

In the most recent measurement period, nearly one of three adults had been told they had high blood pressure¹⁷.



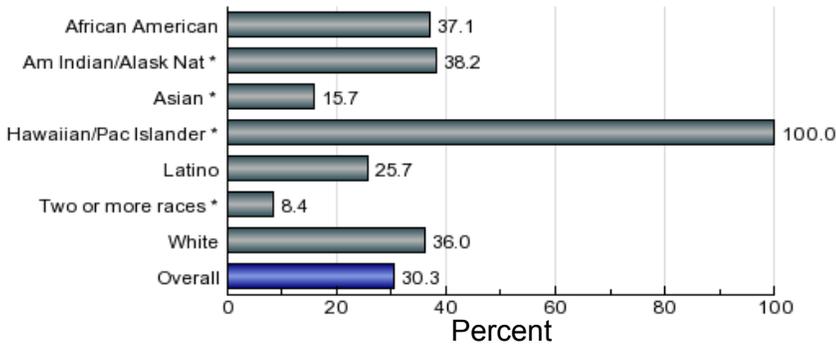
High Blood Pressure Prevalence by Age¹⁷, 2011-12



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.

High Blood Pressure Prevalence by Race/Ethnicity¹⁷, 2011-12



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 percent¹⁹.



CHRONIC DISEASE: DIABETES

Page Indicator

Status

46 Adults with Diabetes



47 Diabetes Death Rate



ADULTS WITH DIABETES

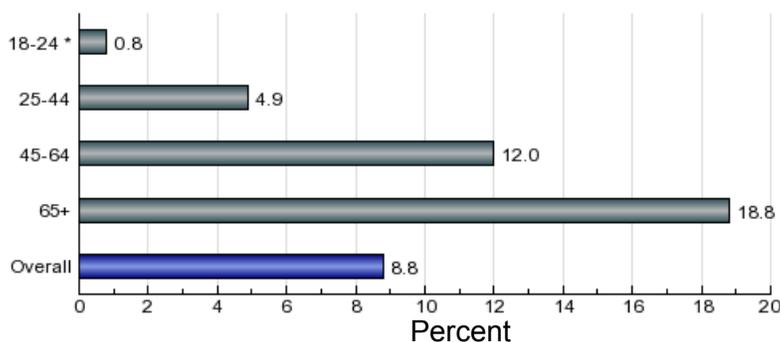
MEASURE: This indicator shows the percentage of adults who have ever been diagnosed with diabetes, but excludes women diagnosed during pregnancy.

WHERE ARE WE NOW?

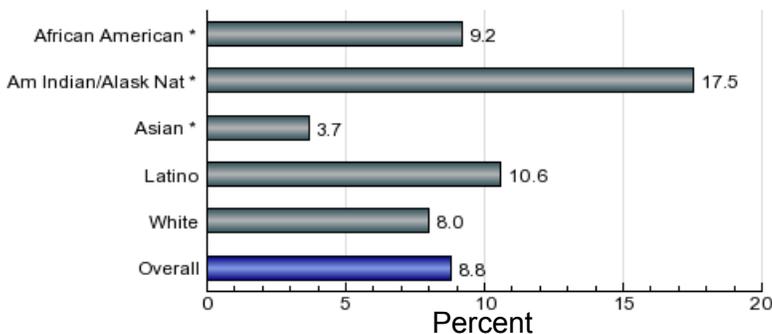
In the most recent measurement period, nearly one of 10 adults had been told they had diabetes¹⁷.



Adults with Diabetes by Age¹⁷, 2011-2012



Adults with Diabetes by Race/Ethnicity¹⁷, 2011-12



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.



DIABETES DEATH RATE

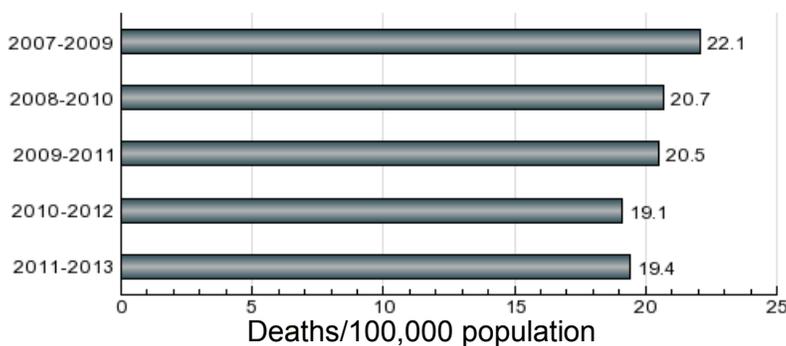
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.

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 counties²².



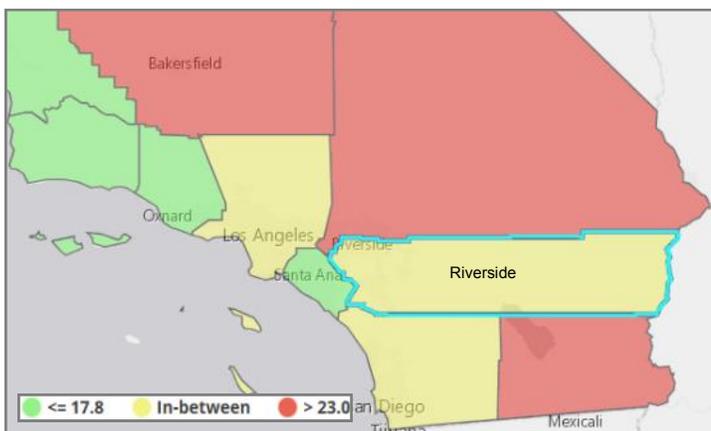
Age-Adjusted Death Rate due to Diabetes²², 2007-2013



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 people²². 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.

Age-Adjusted Death Rate due to Diabetes²², 2011-2013



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.

17.8

deaths/100,000



CHRONIC DISEASE: ASTHMA

Page Indicator

Status

49 Adults with Asthma



50 Children and Teens with Asthma



ADULTS WITH ASTHMA

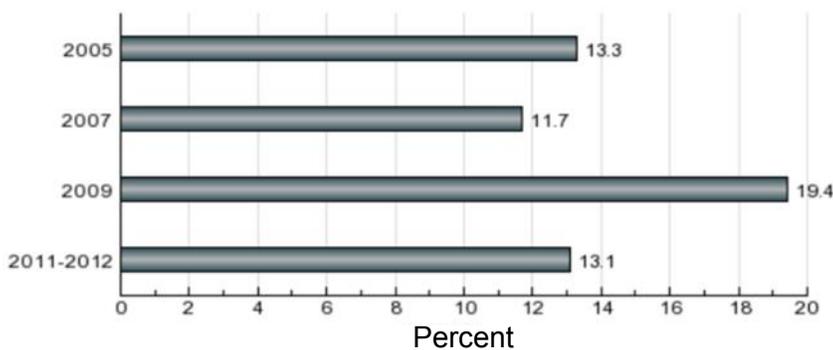
MEASURE: This indicator shows the percentage of adults who have ever been told by a health care provider that they have asthma.

WHERE ARE WE NOW?

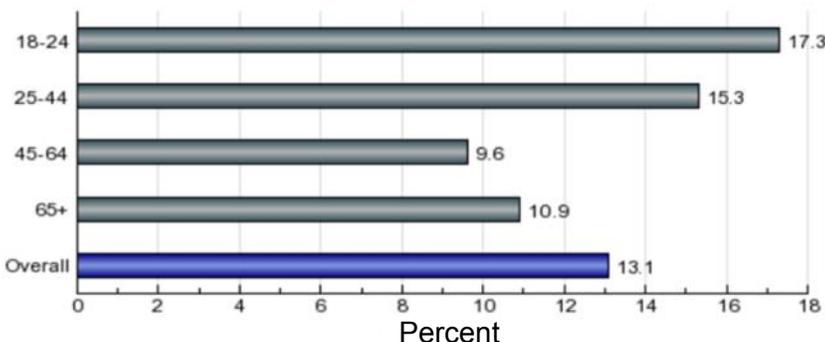
In the most recent measurement period, more than one in 10 adults had been told they had asthma¹⁷.



Adults with Asthma¹⁷, 2005-2012



Adults with Asthma by Age¹⁷, 2011-12



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.



CHILDREN AND TEENS WITH ASTHMA

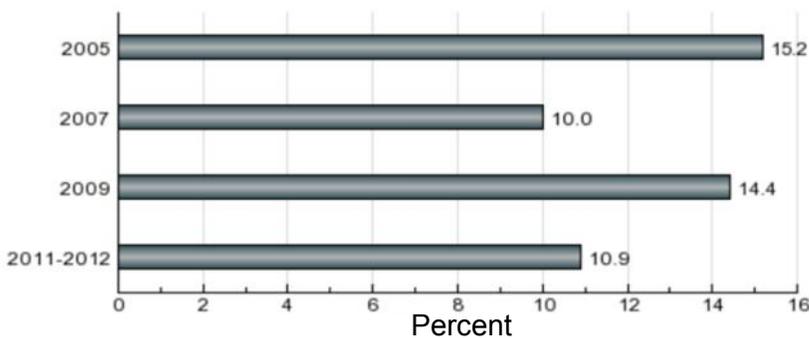
MEASURE: This indicator shows the percentage of children aged 1-17 who have ever been diagnosed with asthma.

WHERE ARE WE NOW?

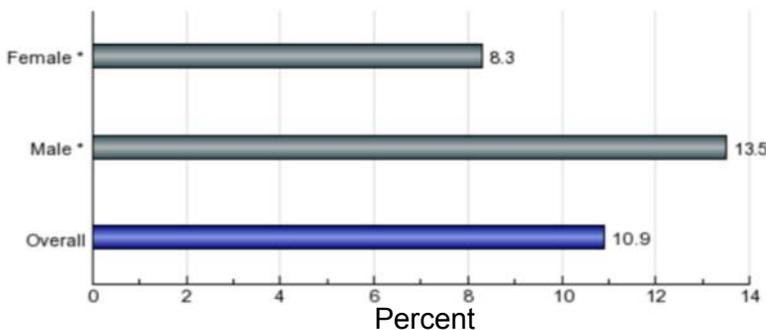
In 2011-2012, 10.9 percent of children and teens report being diagnosed with asthma. This is below the California value of 15.4 percent¹⁷.



Children and Teens with Asthma¹⁷, 2005-2012



Children and Teens with Asthma by Gender¹⁷, 2011-12



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 rise²⁸. 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%



IMMUNIZATIONS & INFECTIOUS DISEASES

Page Indicator

Status

52 Tuberculosis Incidence Rate



53 HIV Prevalence Rate



TUBERCULOSIS INCIDENCE RATE

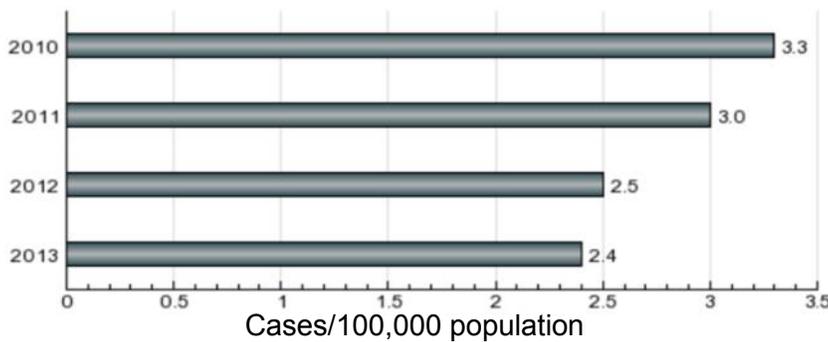
MEASURE: This indicator shows the tuberculosis incidence rate in cases per 100,000 population.

WHERE ARE WE NOW?

In 2013, there were less than three new cases of tuberculosis identified for every 100,000 people²².



Tuberculosis Incidence Rate²², 2010-2013

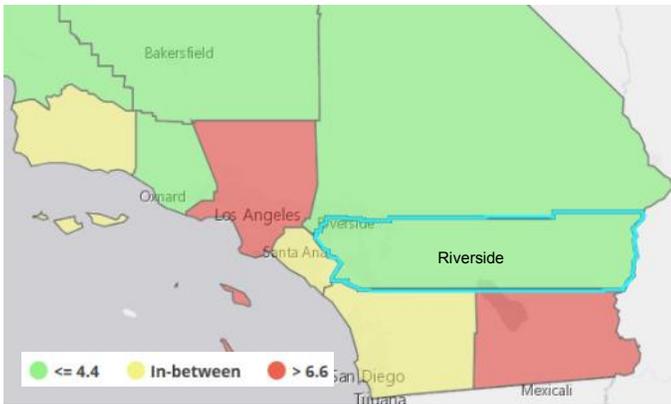


WHAT DOES THIS SHOW?

Tuberculosis rates have been dropping steadily for the past four years and continue to approach the Healthy People 2020 target, although slowly. There is a broad range of rates in Southern California, with Riverside County ranking among the best.

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.

Tuberculosis Incidence Rate²², 2010-2013



WHY IS THIS IMPORTANT?

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.

WHAT IS THE GOAL?

The Healthy People 2020 target is to reduce the tuberculosis incidence rate to 1.0 case per 100,000 population¹⁹.



HIV PREVALENCE RATE

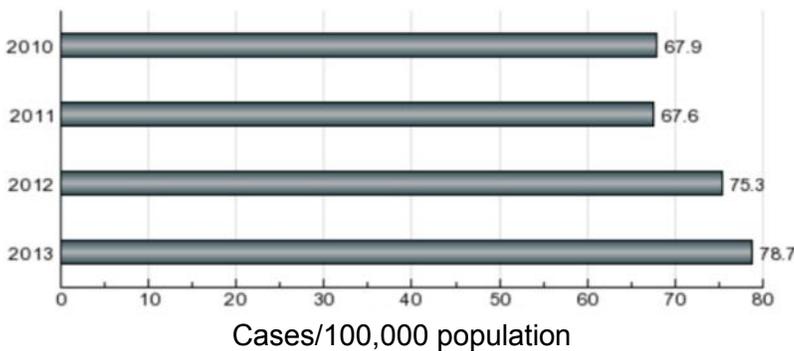
MEASURE: This indicator shows the number of people living with HIV in cases per 100,000 population.

WHERE ARE WE NOW?

In 2013, roughly 80 of every 100,000 people in Riverside County were living with an HIV diagnosis³⁰.



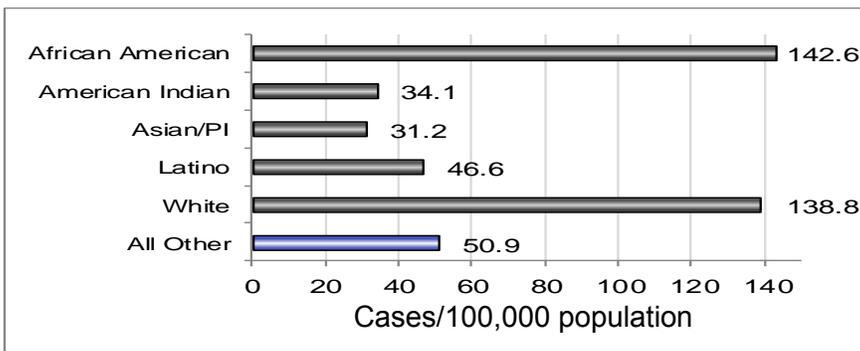
HIV Prevalence Rate³⁰, 2010-2013



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.

HIV Prevalence Rate by Race/Ethnicity²⁹, 2014



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

Page	Indicator	Status
55	5th Grade Students at Healthy Weight	
56	7th Grade Students Who Are Physically Fit	
57	Adult Fast Food Consumption	
58	Adults Who Are Obese	
59	Child Fruit and Vegetable Consumption	

5TH GRADE STUDENTS AT HEALTHY WEIGHT

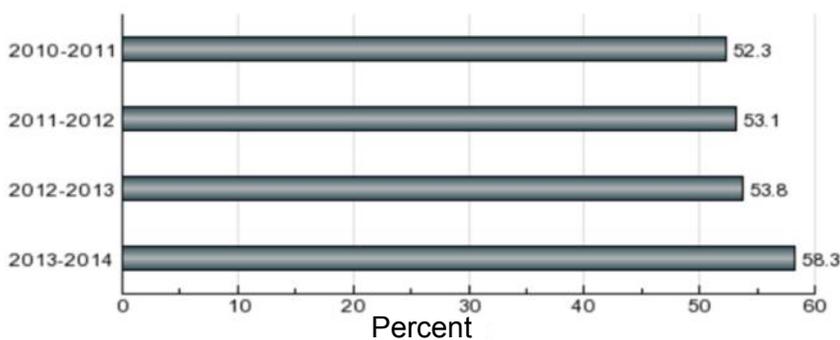
MEASURE: Percent of 5th grade students who achieve or exceed the Healthy Fitness Zone for the body composition portion of the annual California Physical Fitness test.

WHERE ARE WE NOW?

Only about six in 10 students in 5th grade are currently at a healthy weight³¹.



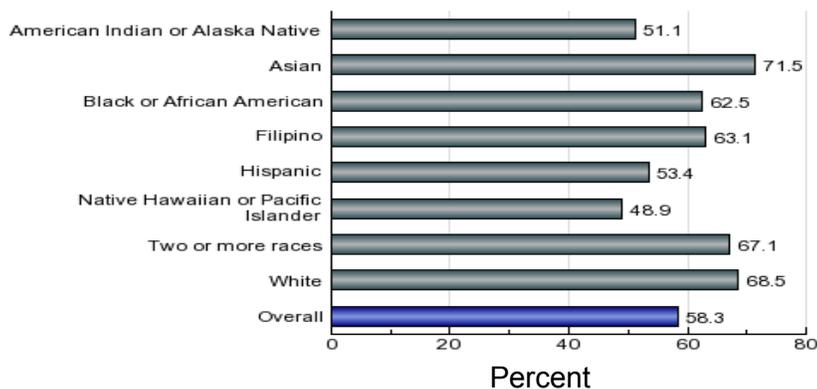
5th Graders at a Health Weight³¹, 2010-2014



WHAT DOES THIS SHOW?

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 overweight³¹. Even the best performing group, Asian students, needs to be improved with nearly 30 percent of 5th graders needing to lose weight.

5th Graders at a Health Weight by Race/Ethnicity³¹, 2013-14

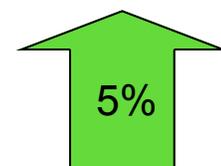


WHY IS THIS IMPORTANT?

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 adults³². 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.

WHAT IS THE GOAL?

Increase the percent of 5th graders who are a healthy weight by five percentage points.



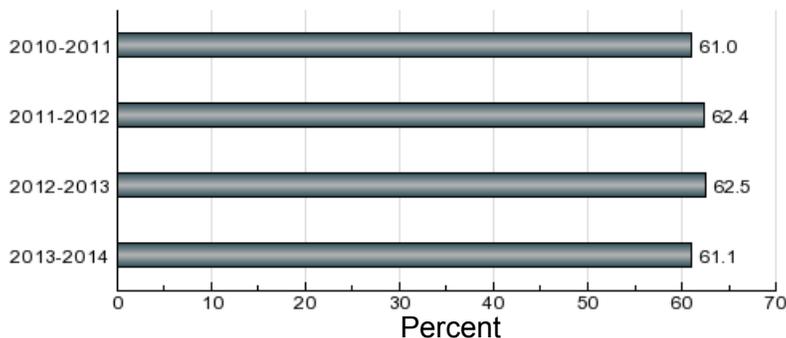
7TH GRADE STUDENTS WHO ARE PHYSICALLY FIT

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

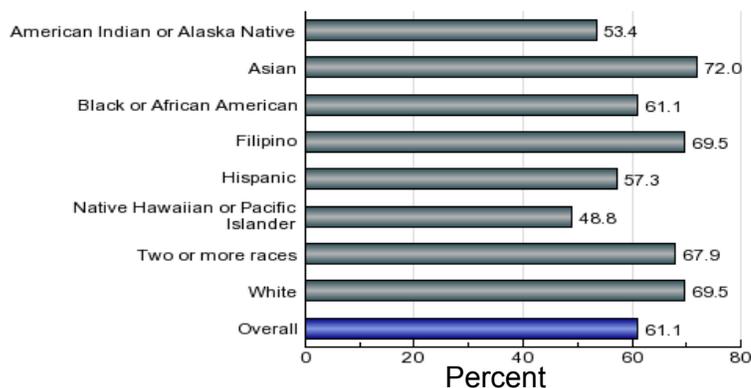
WHERE ARE WE NOW? Only about six in 10 students in 7th grade are currently meeting the criteria for being considered physically fit³¹.



7th Grade Students who are Physically Fit³¹, 2010-2014



7th Grade Students who are Physically Fit, by Race/Ethnicity³¹, 2013-14



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 levels³¹.

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.



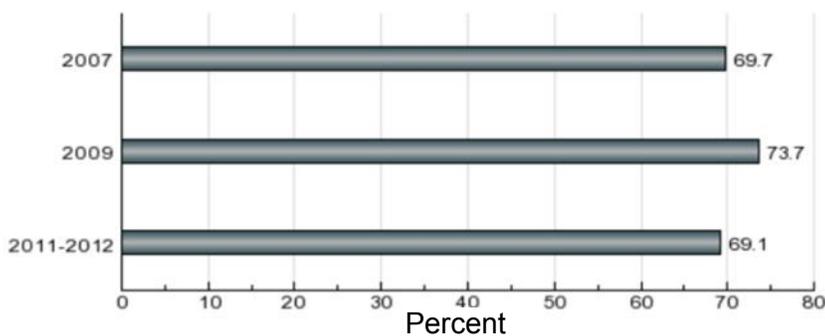
ADULT FAST FOOD CONSUMPTION

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 week¹⁷.



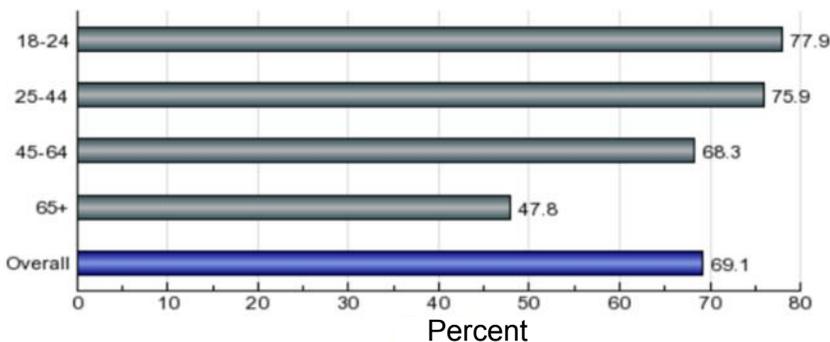
Adult Fast Food Consumption¹⁷, 2007-2012



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.

Adult Fast Food Consumption by Age¹⁷, 2011-12



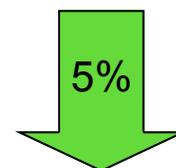
WHY IS THIS IMPORTANT?

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

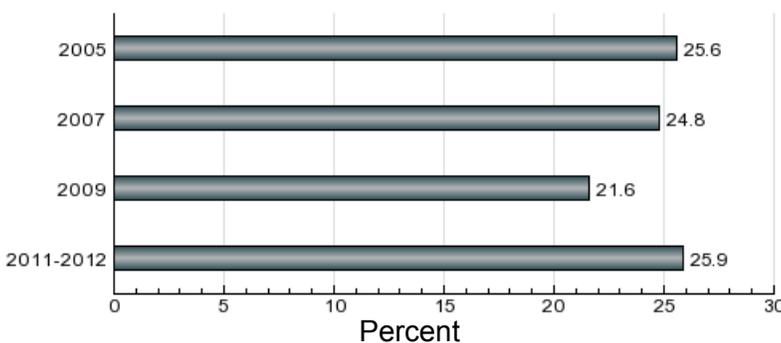
MEASURE: This indicator shows the percentage of adults aged 18 and older who are obese according to the Body Mass Index (BMI).

WHERE ARE WE NOW?

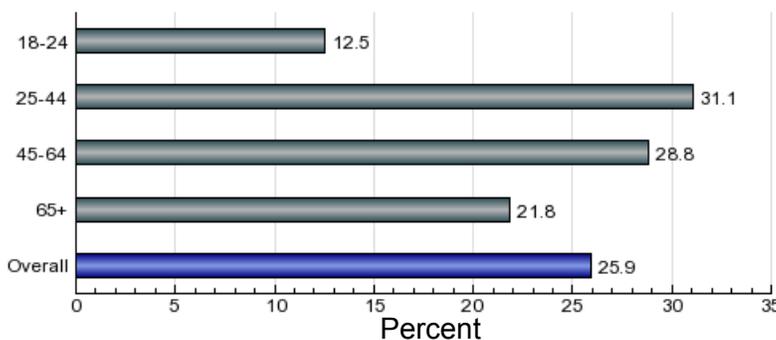
Nearly one of every four adults in Riverside County is considered obese as of the most recent measurement in 2011-12¹⁷.



Adults Who Are Obese¹⁷, 2005-2012



Adults Who Are Obese by Age¹⁷, 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 percent¹⁹.



CHILD FRUIT AND VEGETABLE CONSUMPTION

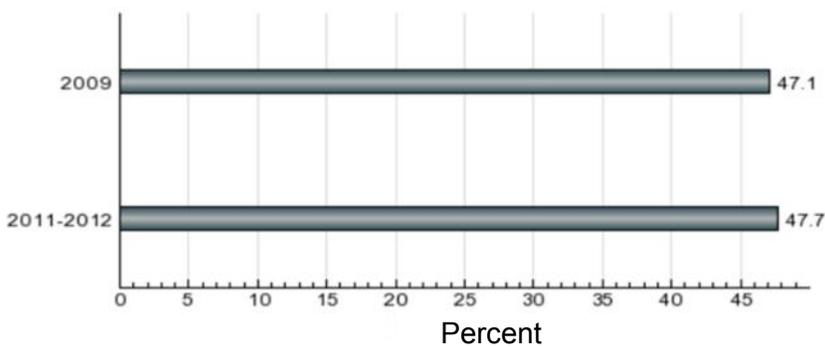
MEASURE: This indicator shows the percentage of children aged 2-11 who eat at least five servings of fruits and vegetables per day.

WHERE ARE WE NOW?

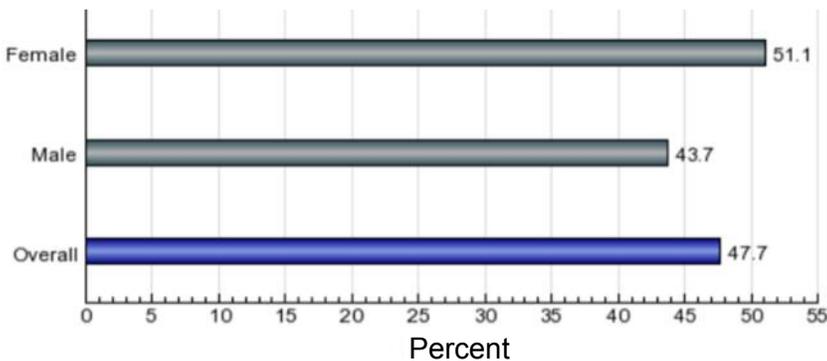
As of 2011-12, less than half of Riverside County children are eating enough fruits and vegetables¹⁷.



Child Fruit and Vegetable Consumption¹⁷, 2009-2012



Child Fruit and Vegetable Consumption by Race/Ethnicity¹⁷, 2011-12



WHAT DOES THIS SHOW?

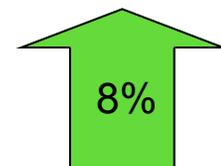
Children in Riverside County are not eating enough fruits and vegetables and the data indicates that the level has remained constant. In 2011-12, the most recent measurement period available, there is a large difference in fruit and vegetable consumption between boys and girls, with girls being much 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.

WHY 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 IS THE GOAL?

Increase the percentage of children who eat five servings of fruit/vegetables daily by eight percentage points.



REPRODUCTIVE HEALTH

Page	Indicator	Status
61	Babies with Low Birth Weight	
62	Infant Mortality Rate	
63	Mothers who Received Early Prenatal Care	
64	Preterm Births	

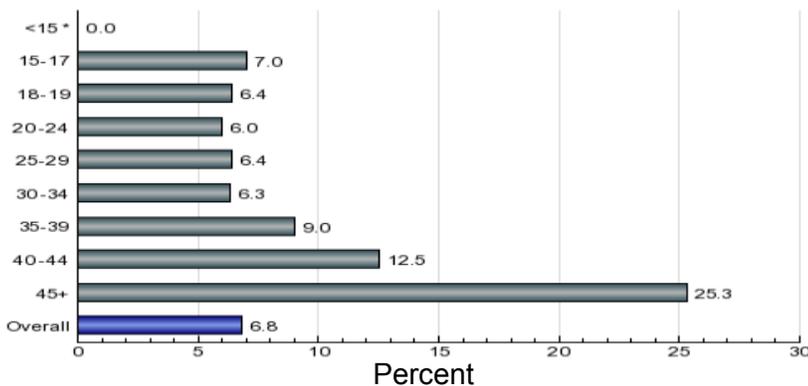
BABIES WITH LOW BIRTH WEIGHT

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

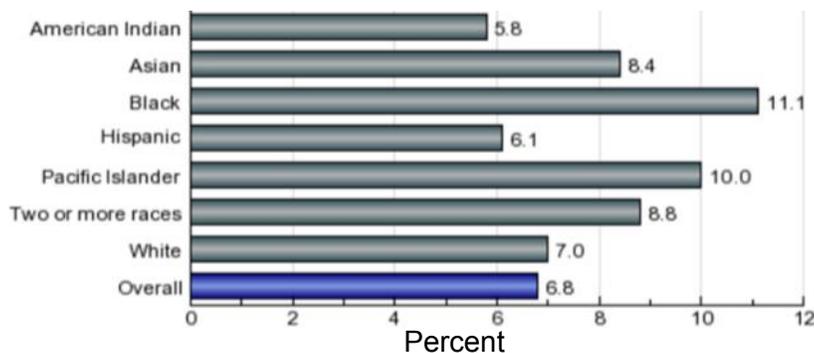
WHERE ARE WE NOW? As of 2013, nearly seven in every 100 babies born in Riverside County are considered underweight³³.



Babies with Low Birth Weight by Mother's Age²⁷, 2013



Babies with Low Birth Weight by Race/Ethnicity²⁷, 2013



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 target¹⁹.



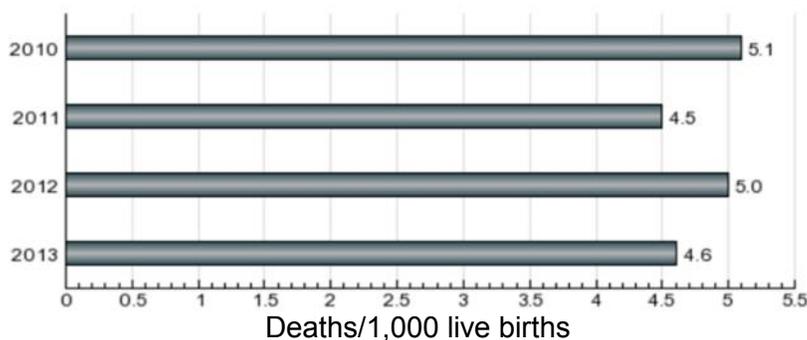
INFANT MORTALITY RATE

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 birthday²⁷.



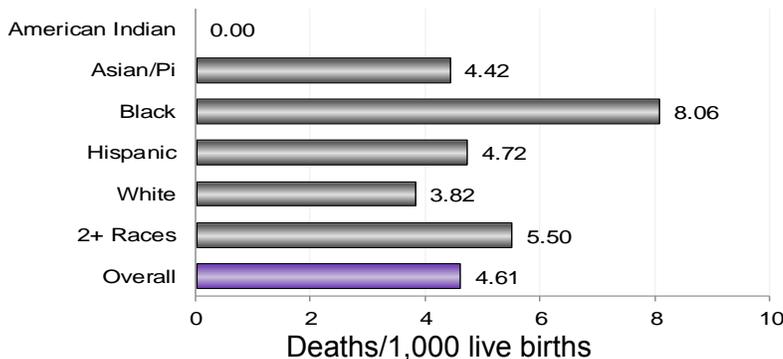
Infant Mortality Rate²⁷, 2010-2013



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.

Infant Mortality by Race/Ethnicity²⁷, 2013



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 births¹⁹.



MOTHERS WHO RECEIVED EARLY PRENATAL CARE

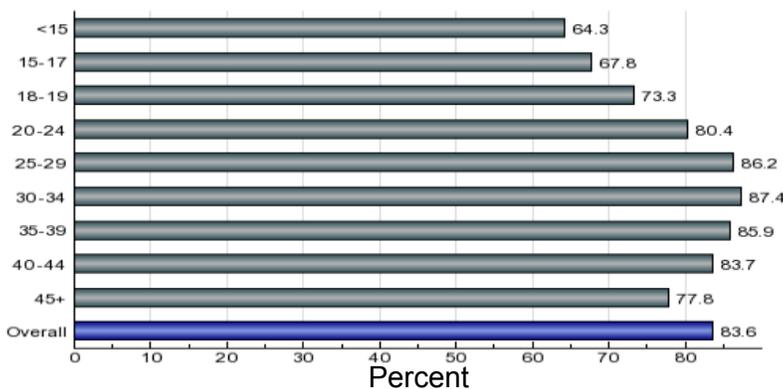
MEASURE: This indicator shows the percentage of births to mothers who began prenatal care in the first trimester of their pregnancy.

WHERE ARE WE NOW?

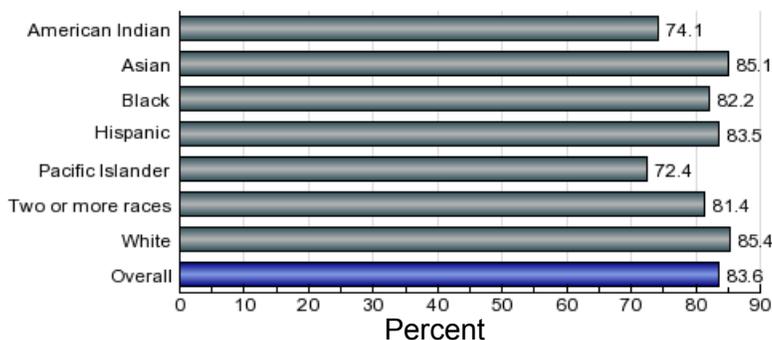
As of 2013, more than eight out of 10 mothers are receiving the recommended prenatal care they need³⁴.



Mothers who Received Early Prenatal Care by Age³⁴, 2013



Mothers who Received Early Prenatal Care by Race/Ethnicity³⁴, 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 percent¹⁹.



PRETERM BIRTHS

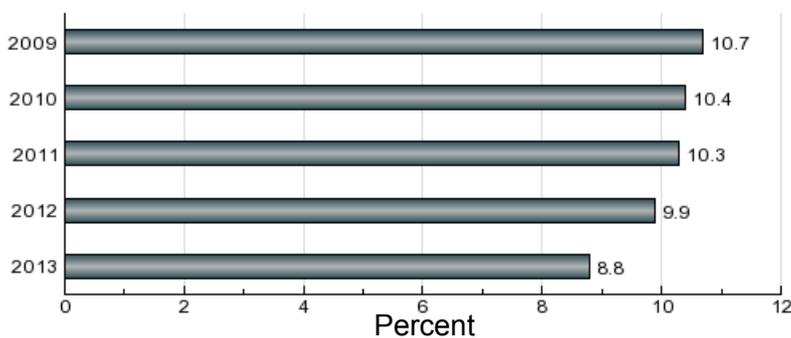
MEASURE: This indicator shows the percentage of births with less than 37 weeks of completed gestation.

WHERE ARE WE NOW?

Nearly one of 10 babies born in Riverside County are premature³⁴.



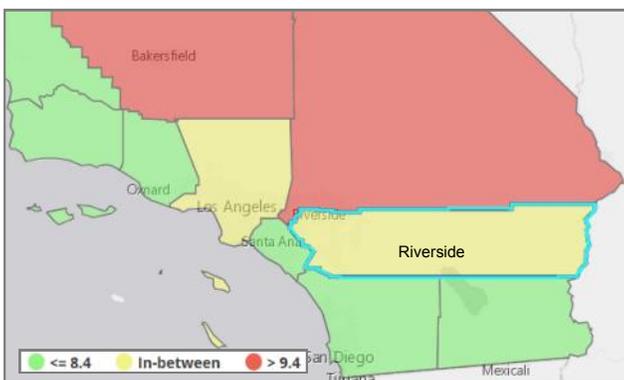
Preterm Births³⁴, 2009-2013



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 Region³⁴, 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 percent¹⁹.



MENTAL HEALTH

Page	Indicator	Status
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66	Suicide Death Rate	
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SUICIDE DEATH RATE

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

WHERE ARE WE NOW?

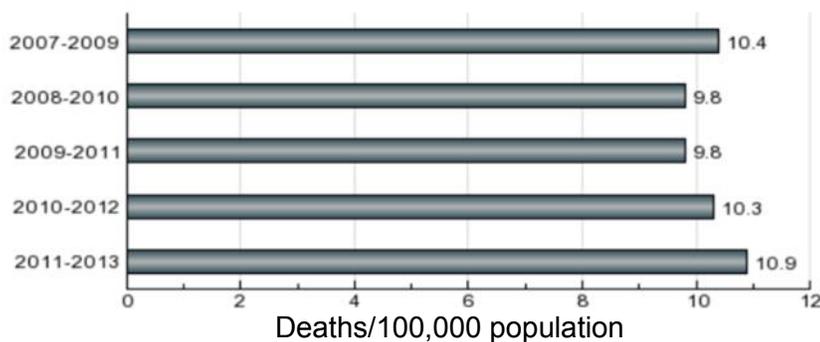
In 2013, there were nearly 11 suicides for every 100,000 people in Riverside County²².



Comparison: CA Counties

10.9
deaths/100,000 population

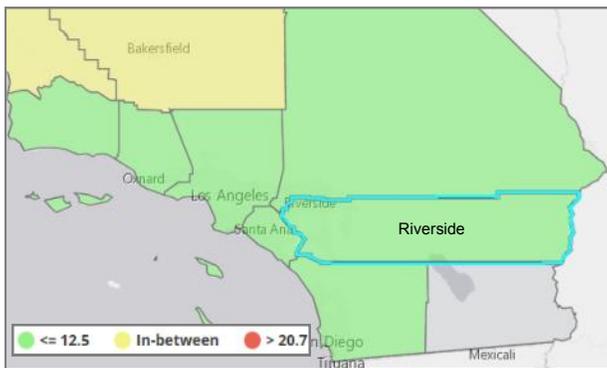
Age-Adjusted Death Rate due to Suicide²², 2005-2012



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 100,000²². 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.

Age-Adjusted Death Rate due to Suicide by Region²², 2011-13



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.

WHAT IS THE GOAL?

The Healthy People 2020 national health target is to decrease suicide death rates to 10.2 percent¹⁹.



SAFETY

Page Indicator

Status

- 68 Unintentional Injury Death Rate
- 69 Motor Vehicle Collision Death Rate



UNINTENTIONAL INJURY DEATH RATE

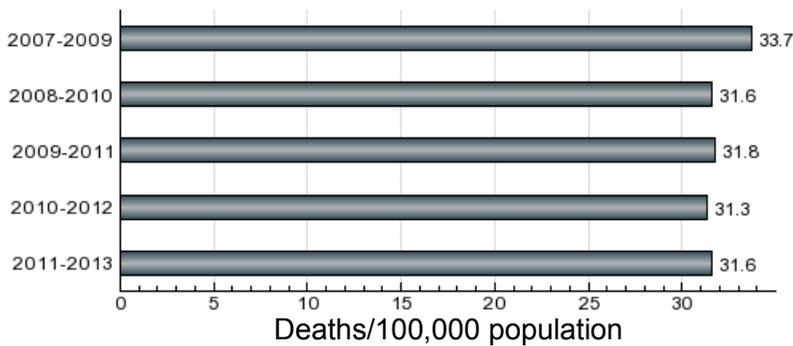
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to unintentional injuries.

WHERE ARE WE NOW?

In 2013, there were more than 30 accidental deaths for every 100,000 people in Riverside County²².



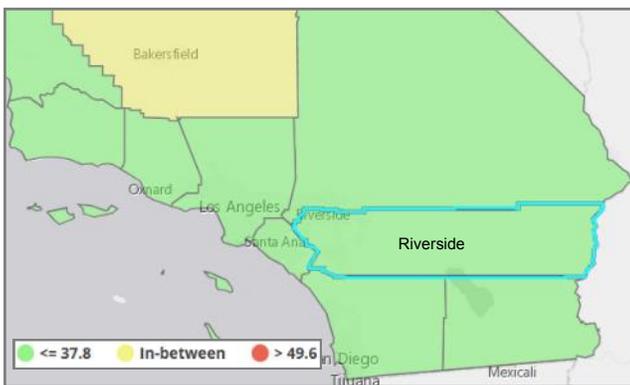
Unintentional Injury Death Rate²², 2007-13



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.

Unintentional Injury Death Rate by Region²², 2011-13



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 population¹⁹.



MOTOR VEHICLE COLLISION DEATH RATE

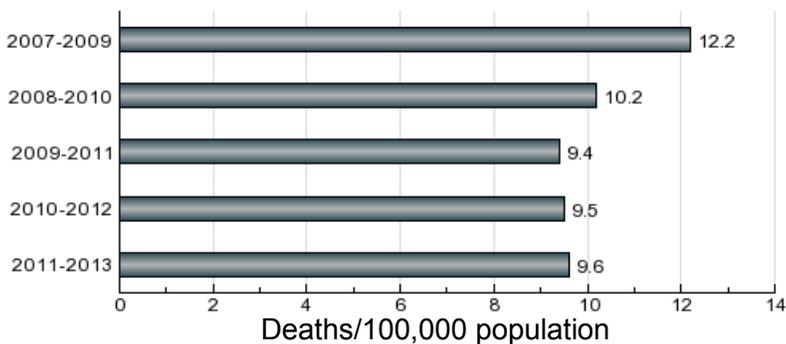
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to motor vehicle traffic collisions.

WHERE ARE WE NOW?

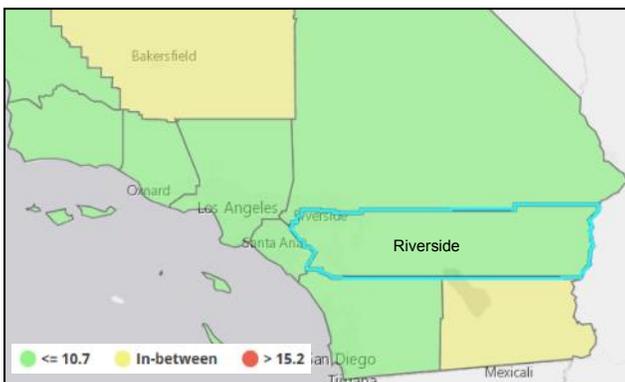
In 2013, there were nearly 10 deaths from car crashes for every 100,000 people in Riverside County²².



Motor Vehicle Traffic Collision Death Rate²², 2007-13



Motor Vehicle Traffic Collision Death Rate²², 2007-13



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 States³⁵. More than 41,000 people in the United States die in motor vehicle traffic collisions each year³⁶ and collision injuries result in about 500,000 hospitalizations and four million emergency department visits annually³⁷.

WHAT IS THE GOAL?

Riverside County is below the Healthy People 2020 national health target of 12.4 deaths per 100,000 population¹⁹.



SUBSTANCE ABUSE

Page	Indicator	Status
71	Adults Who Smoke	
72	Drug Use Death Rate	

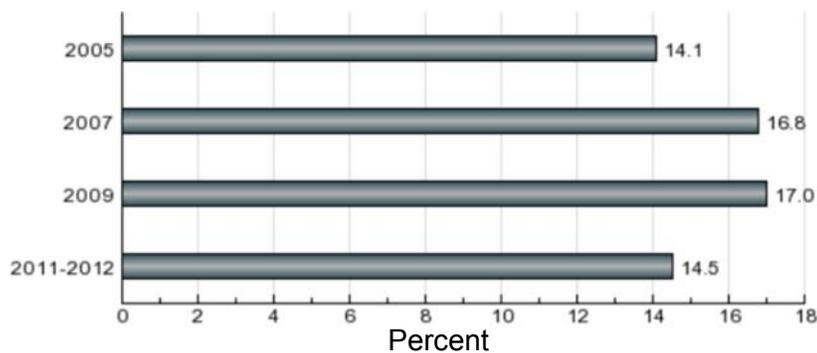
ADULTS WHO SMOKE

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

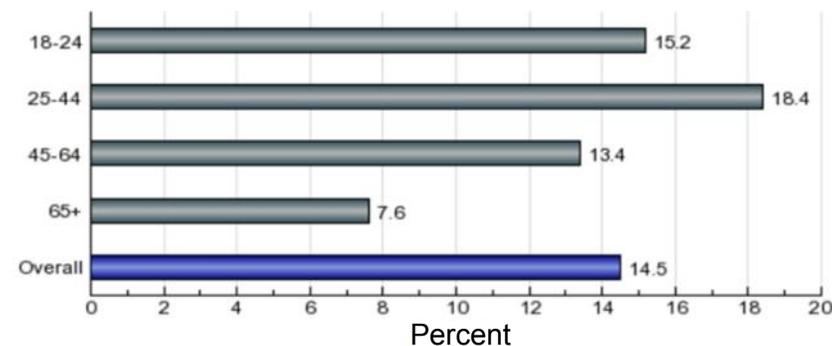
WHERE ARE WE NOW?
In 2011-2012, nearly 15 percent of Riverside County adults smoked cigarettes regularly¹⁷.



Adults who Smoke¹⁷, 2005-2012



Adults who Smoke by Age¹⁷, 2011-12



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 rates¹⁷. 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 percent¹⁹.



DRUG USE DEATH RATE

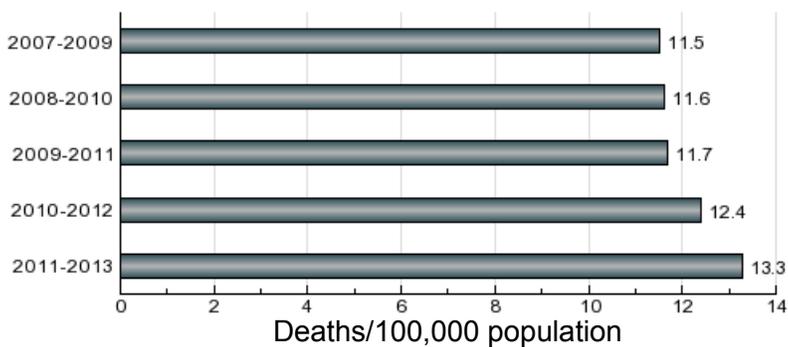
MEASURE: This indicator shows the age-adjusted death rate per 100,000 population due to drug use.

WHERE ARE WE NOW?

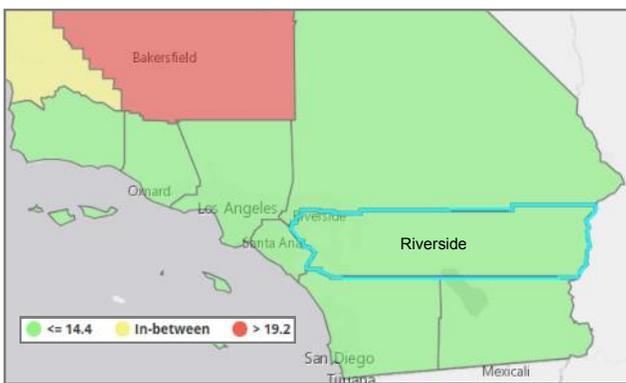
In 2013, there were roughly 13 deaths from drug overdoses for every 100,000 people in Riverside County²².



Age-Adjusted Death Rate due to Drug Use²², 2007-2013



Age-Adjusted Death Rate due to Drug Use²², 2011-13



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 population¹⁹.



ECONOMY

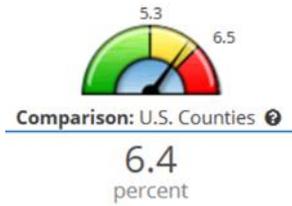
Page	Indicator	Status
74	Unemployed Workers	
75	Household Income Spent on Rent	
76	Severe Housing Problems	
77	Median Household Income	
78	Children Living Below Poverty	

UNEMPLOYED WORKERS

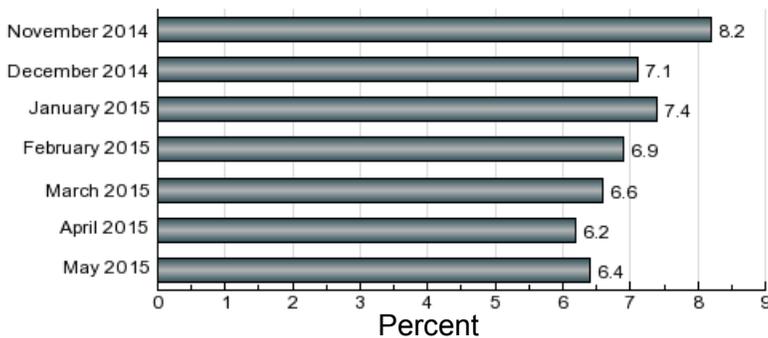
MEASURE: This indicator describes civilians 16 years of age and over who are unemployed as a percentage of the U.S. civilian labor force.

WHERE ARE WE NOW?

As of May 2015, the unemployment rate in Riverside County was just above six percent³⁸.



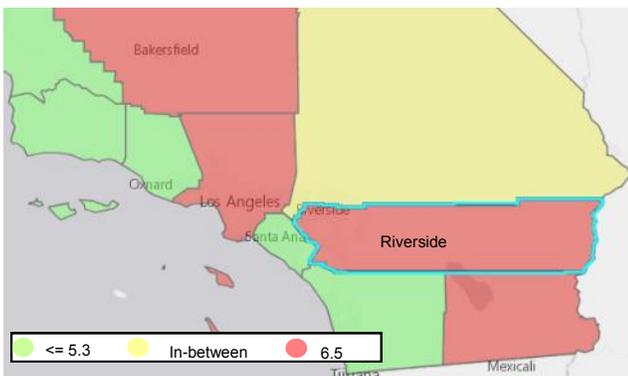
Unemployed Workers³⁸, 2015



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.

Unemployed Workers by Region³⁸, 2015



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.

5%



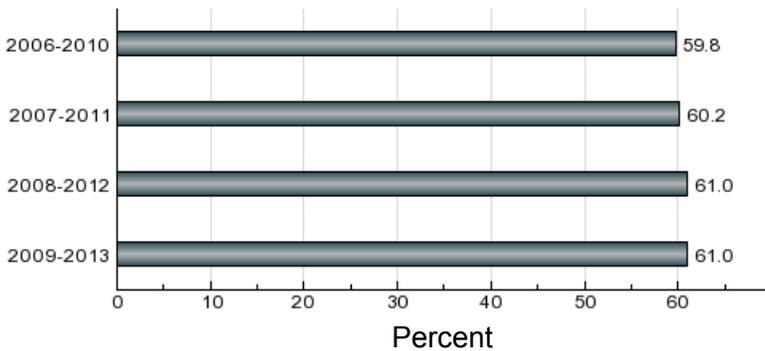
HOUSEHOLD INCOME SPENT ON RENT

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 rent³⁹.



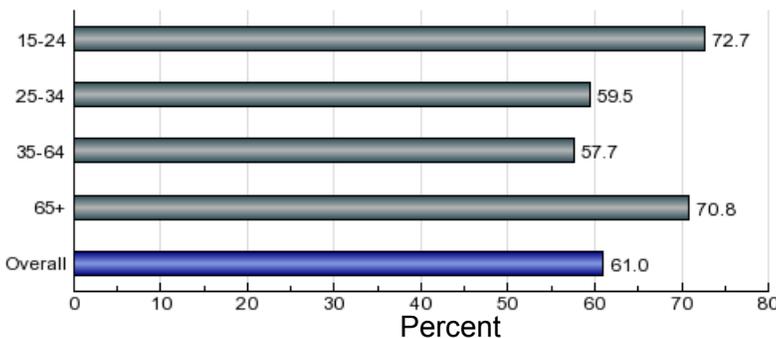
Renters Spending 30 percent+ of Household Income on Rent³⁹, 2006-13



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.

Renters Spending 30 percent+ of Household Income on Rent by Age³⁹, 2009-13



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

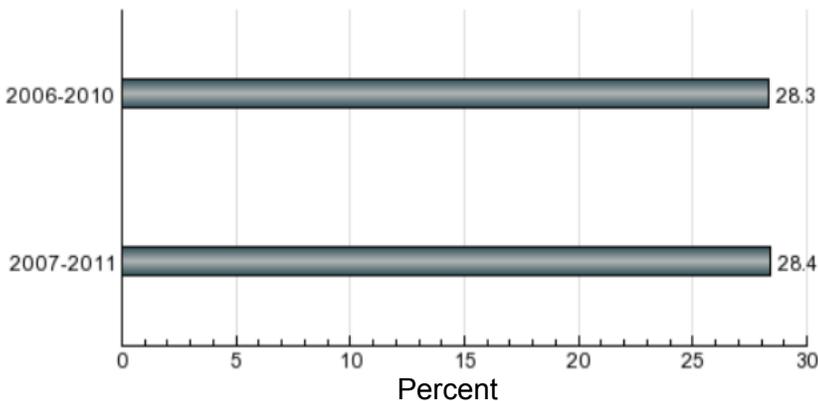
MEASURE: The percentage of households with at least one of four housing problems: overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities.

WHERE ARE WE NOW?

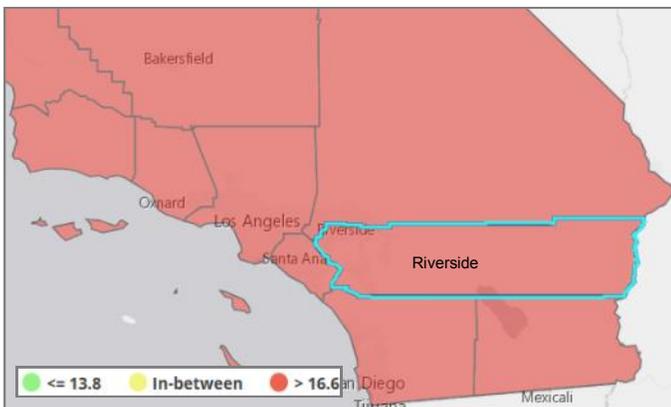
Nearly one of every three households in Riverside County experiences a severe problem related to housing²¹.



Severe Housing Problems²¹, 2006-2011



Severe Housing Problems by Region²¹, 2007-11



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 condition²¹. 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%



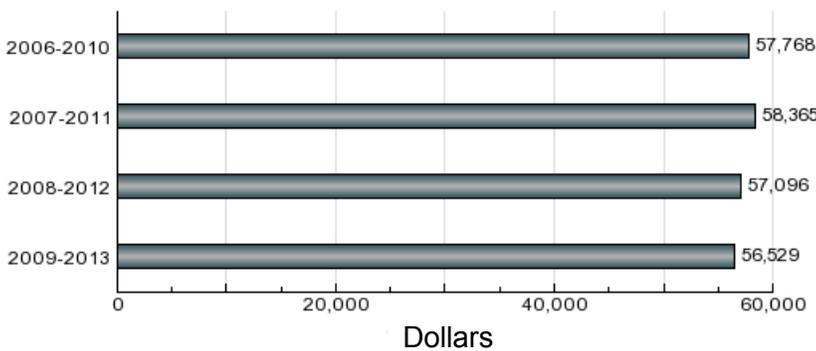
MEDIAN HOUSEHOLD INCOME

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 year⁴⁰.



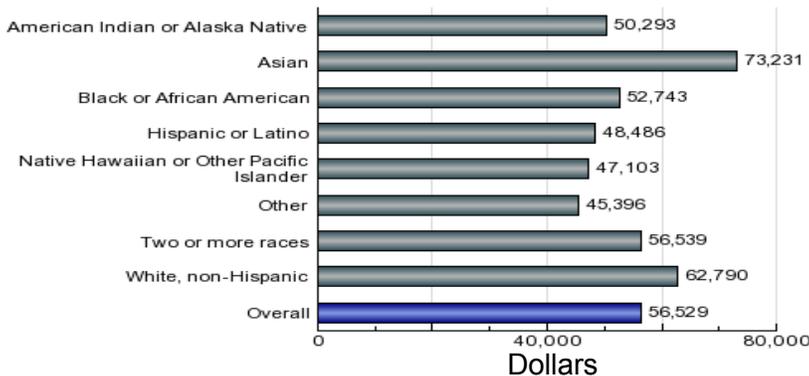
Median Household Income⁴⁰, 2006-2013



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.

Median Household Income by Race/Ethnicity⁴⁰, 2011-12



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.



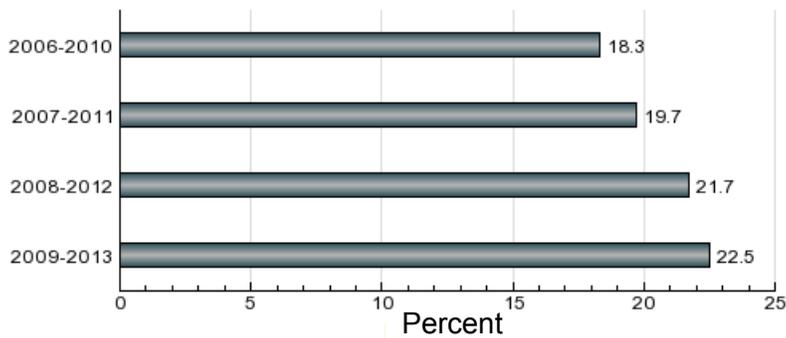
CHILDREN LIVING BELOW POVERTY

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 level⁴¹.



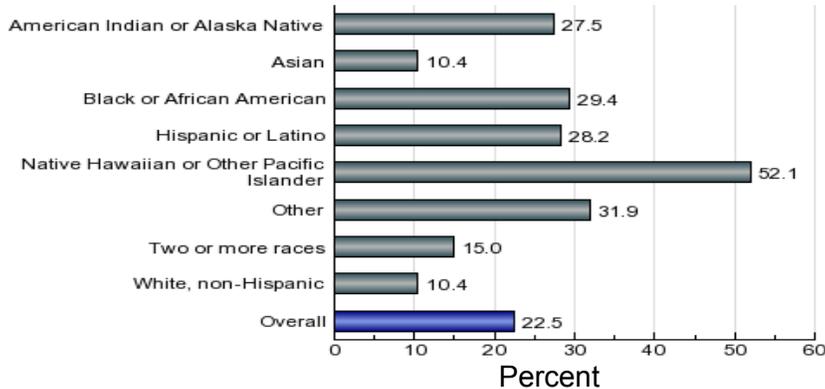
Children Living Below Poverty⁴¹, 2006-13



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 Island 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 children⁴¹.

Children Living Below Poverty by Race/Ethnicity⁴¹, 2006-13



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.



ENVIRONMENT

Page Indicator	Status
80 Annual Ozone Air Quality	
81 High School Graduation	
82 Child Abuse Rate	

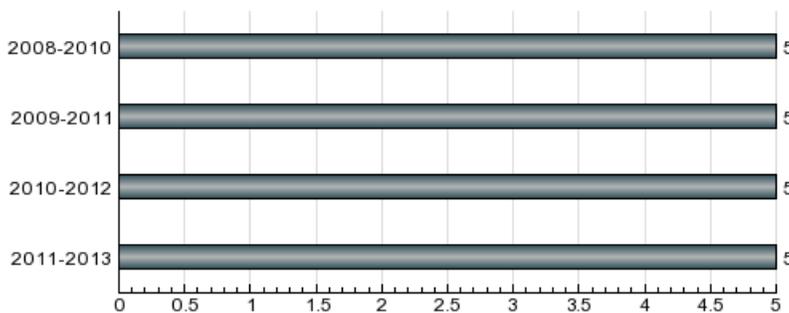
ANNUAL OZONE AIR QUALITY

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 5⁴².



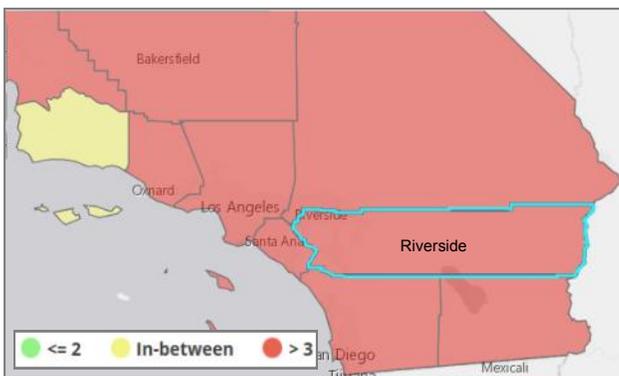
Annual Ozone Air Quality⁴², 2008-2013



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 regions air quality.

Annual Ozone Air Quality by Region⁴², 2011-13



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

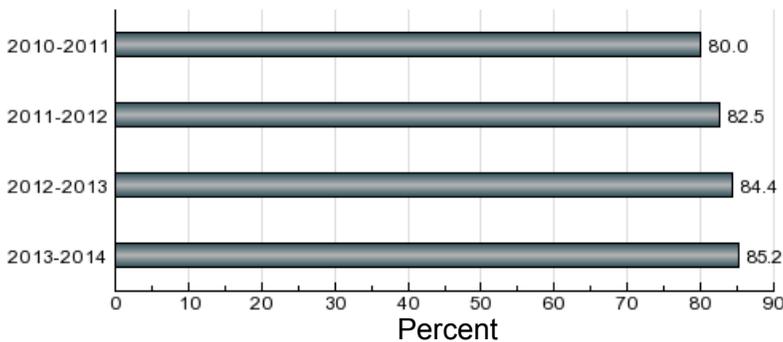
MEASURE: This indicator shows the percentage of students who graduate high school within four years of their first enrollment in 9th grade.

WHERE ARE WE NOW?

Roughly 15 percent of high school students do not finish high school on time³¹.



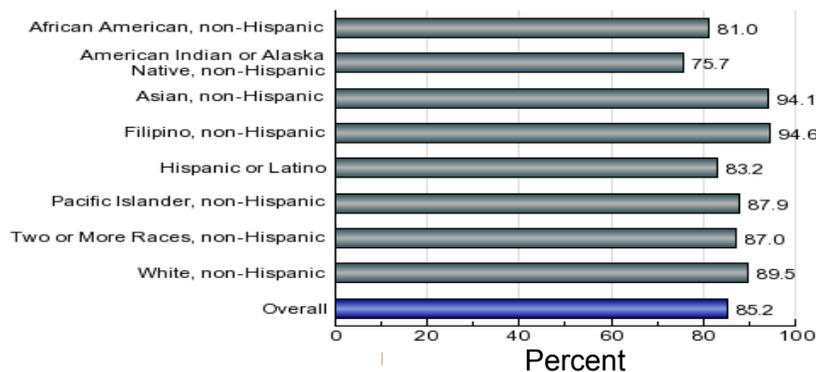
High School Graduation³¹, 2010-2014



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.

High School Graduation by Race/Ethnicity³¹, 2010-2014



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 years¹⁹.



CHILD ABUSE RATE

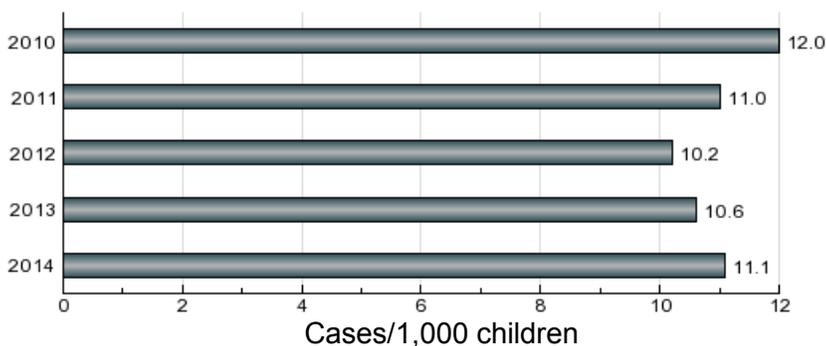
MEASURE: This indicator shows the number of children under 17 years of age that experienced abuse or neglect in cases per 1,000 children.

WHERE ARE WE NOW?

As of 2014, there were 11.1 cases of abuse per 1,000 children in Riverside County⁴³.



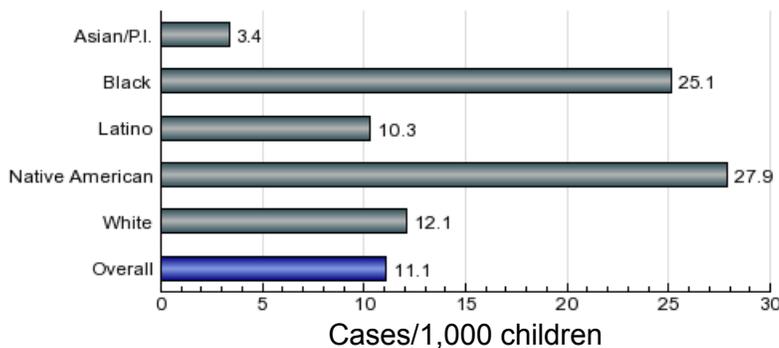
Child Abuse Rate Over Time⁴³, 2010-2014



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 time⁴³. 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.

Child Abuse by Race/Ethnicity⁴³, 2014



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 children¹⁹.



TRANSPORTATION

Page Indicator

Status

84 Workers Commuting by Public Transportation



85 Workers Who Walk to Work

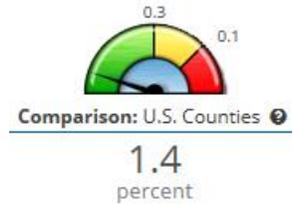


WORKERS COMMUTING BY PUBLIC TRANSPORTATION

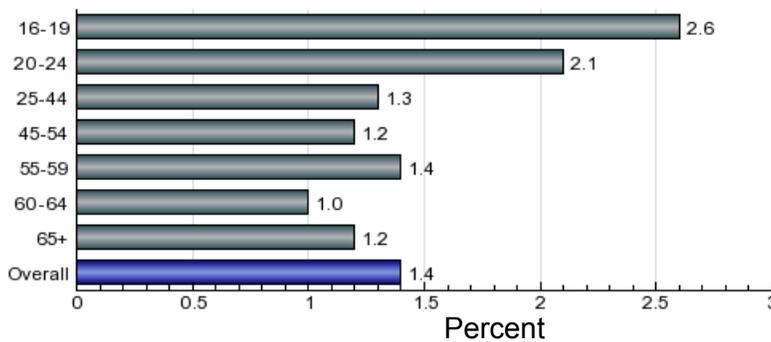
MEASURE: This indicator shows the percentage of workers aged 16 years and over who get to work by public transportation.

WHERE ARE WE NOW?

Only about one out of every 100 workers in Riverside County uses public transportation to get to work⁴⁴.



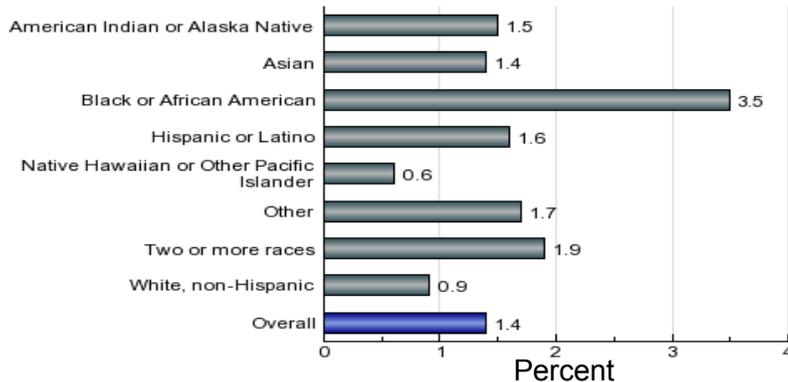
Workers who Walk to Work⁴⁴, 2006-2013



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 workers⁴⁴. 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.

Workers who Walk to Work by Race/Ethnicity⁴⁴, 2011-12



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 percent¹⁹.



WORKERS WHO WALK TO WORK

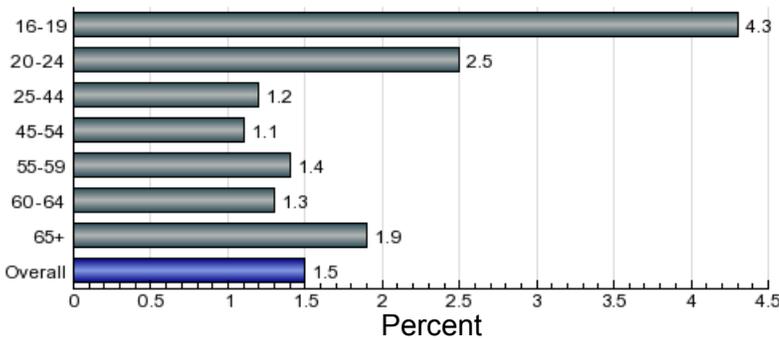
MEASURE: This indicator shows the percentage of workers aged 16 years and over who get to work by walking.

WHERE ARE WE NOW?

Less than two percent of Riverside County residents currently walk to work⁴⁴.



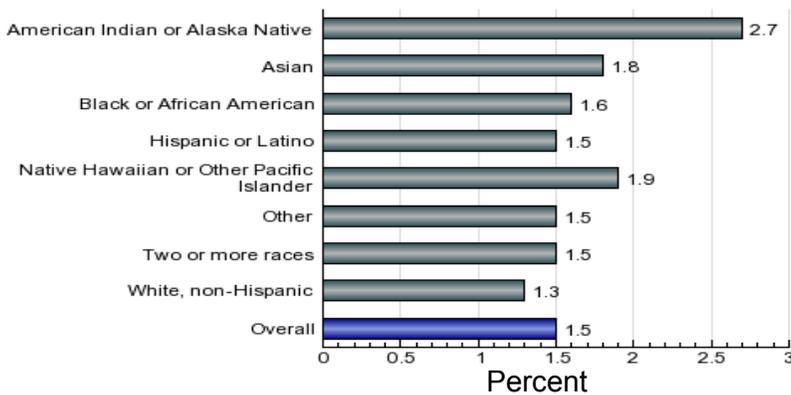
Workers who Walk to Work by Age⁴⁴, 2009-13



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 needed⁴⁴.

Workers who Walk to Work by Race/Ethnicity⁴⁴, 2009-13

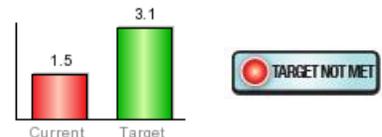


WHY IS THIS IMPORTANT?

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 percent¹⁹.



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.

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Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Shares information with public Health and Mental Health to better service the community ○ Collects data and reports annually on preterm birth rates at State and County level ○ Screens for diabetes in 50+ population of Jurupa Valley ○ Simplifies data and reports to make information more accessible to populations with limited literacy ○ Accessed data continuously and shares data and findings in our reports, presentations and research articles ○ Supports Health Needs Assessment for Coachella Valley in 2007, 2010, 2013 ○ Conducts needs assessment through LGBT, health care workforce, childhood obesity ○ Develops a health portal for Coachella Valley ○ Developed a survey to assess the health status of the unincorporated Eastern Coachella Valley 	<ul style="list-style-type: none"> ○ Access to organization, universities and government data ○ Collaboration and hospitals Public Health Emergency Preparedness and Response to improve communication systems ○ Technology improvement ○ Increased communication across the system ○ Sharing of existing data ○ Great access to general data from an academic standpoint ○ Community partners willing to share and collaborate ○ Methodologies and evidence-based practice ○ Organizations involved in the community ○ Collaborations with other agencies working and sharing info among agencies ○ Excellent Epidemiologists and Research Analysts ○ GIS mapping available ○ Data availability ○ Using technology ○ Systems in place or in progress 	<ul style="list-style-type: none"> ○ Size of the county. Differences of areas in the county disconnect with other agencies ○ Political considerations that don't help the system to do its best ○ Hard to access communities ○ Data timeliness ○ Lack of funding for state-of-the-art technology for data collection, analysis and reporting ○ Distribution of information ○ Use of technology for ease of access to information ○ Need for greater transparency ○ Data not widely promoted; could be more visible on website ○ Easier navigation on data sites ○ Lack of comprehensive knowledge of communities ○ Lack of knowledge of all possible community agencies and partners that can provide resources ○ Need for training/workshops on healthy eating and health problems such as diabetes, high blood pressure and heart disease ○ Accurate cancer screening rates

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Trains staff in emergency response ○ Mobilizes and identifies needs ○ Development of education pieces for pregnant women on disaster preparedness ○ Takes part in preparedness activities and trains staff on existing protocols ○ Works closely with the department of health in preventing diseases ○ Promotes emergency preparedness and information dissemination ○ Diagnoses community health problems based on information provided by community members through events and outreach programs ○ Forms community and population assessment teams to assess prevalence of several chronic diseases and associated risk factors 	<ul style="list-style-type: none"> ○ Good communication between agencies ○ Rapid response and collaboration among hospitals, ambulance, transport, fires, law and other county agencies ○ Very strong disaster planning ○ Communication ○ Professionalism ○ Lab operates at optimal levels ○ Robust Emergency Response System ○ Strong focus on known infectious and especially chronic diseases which significantly impact morbidity and mortality in communities ○ System keeps on top of all info as they develop ○ Many systems are in place ○ Many programs that concentrate on different health issues 	<ul style="list-style-type: none"> ○ Communication with community health leaders in Coachella Valley needs improvement ○ Lack of network to communicate urgent information to reach community members ○ Communication to public regarding all work and resources ○ External stakeholders may not have detailed knowledge regarding admin and management needs ○ Gathering help from the Local Public Health System ○ Initial assessment only focuses on some disease and risk factors ○ Need to improve information about communities to continue assessment of the community health issues and what partners and agencies can help ○ Need to provide more info on disease hazards that may be a problem or are on the increase in Riverside County

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Works with disadvantaged and vulnerable populations in Eastern Coachella ○ 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 	<ul style="list-style-type: none"> ○ 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 	<ul style="list-style-type: none"> ○ 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 ○ A need for more engagement to inform the overall health education activities, policies, etc. ○ Funds for communication technology ○ Diverse populations and geography ○ Keeping up with social media to reach intended audiences

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Monitors solutions to environmental health concerns ○ Convenes various agencies around specific themes, topics, challenges for solutions and long term input ○ Works closely with community providers ○ Participates in forums and community action groups supporting health initiatives ○ Frames vital health conversations for our various constituencies ○ Collaborates and assesses programs and services offered with local partners ○ Opens HEAL Zone Program meeting to residents of Eastside Riverside ○ Collaborates with other organizations to engage public information around health related issues ○ Establishes new partnerships and bring out resources to establish community partnerships to increase knowledge of the health of the community 	<ul style="list-style-type: none"> ○ Collaborations encouraged ○ Broad stakeholder participation: hospitals, emergency personnel ○ In the Coachella Valley strong partnerships exist ○ 211 resources ○ Good assessment techniques ○ Good collaboration of stakeholders ○ Provide community forums for conversation on identifying problems, issues and looking for solutions ○ Assists and identifies ways agencies can partner collaboratively ○ Maintain current info on non-profit organizations in Eastern Riverside County and services provided ○ “Get Tested”- Coachella Valley ○ Works in collaborative ways with CBO’s and advocacy organizations ○ Access to expertise ○ Works with County clinics to improve cancer screening rates ○ Coordination and facilitation skills ○ Good synergy around collaboration and support of initiatives 	<ul style="list-style-type: none"> ○ Limited resources to meet community demands ○ Expansive territory- unable to capture all the work ○ Lack of staff to implement all collaborations possible ○ Multiple silos ○ Not enough assessment of impact ○ Data collection and program implementation has been difficult ○ Lack of outreach to more stakeholders on coalition ○ Identifying all community and local providers ○ Not aware of a community directory and its accuracy ○ Many people are unaware of the 211 resource ○ Time and resources to implement initiatives that result from collaborative efforts ○ Coordination of group outputs and scaling of individual group strategies to the County level ○ Measuring coalition impact

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Continuously monitors local policies and statewide legislation to inform and improve health outcomes ○ Responses to fires/ash fall last summer ○ Works with both government and NGO presently in the community to determine what policies and plans would be more effective at promoting health ○ Participates in County’s Goal 3 (Healthy Communities) Committee ○ Plans in health accreditation ○ Provides funding resources for providing essential services ○ Embraces thriving Schools Campaign ○ Participates in developing County’s emergency plan and implementation ○ Involved in Health Coalition ○ Policy development, implementation and positive advocacy while working with Public Health Dept. 	<ul style="list-style-type: none"> ○ Good interaction in other crisis response teams like law enforcement ○ More acceptances of health outcomes in distinct levels of policy ○ EMS policy manual communication system ○ Provides Emergency Preparedness Training ○ Engagement of all sectors ○ Engages with community and sharing resources ○ Access to many government leaders and organizations. High degree of interest in policy ○ Recognition and action taken to develop a Community Health Assessment and Community Health Improvement Plan ○ DOPH has programs that focus on emergencies ○ Local efforts 	<ul style="list-style-type: none"> ○ Centralized communication ○ Internal policies ○ Major gap in community education disaster plan lack cultural and linguistically appropriate standards, education and responses ○ Public may not be aware of emergency procedures for each department. Limited resources ○ Beginning CHIP process, silo approach ○ Lack of evidence-based plans specific for the communities ○ Lack of funding for plan and policy implementation ○ 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 ○ More needs to be done to decrease tobacco consumption

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ California Baptist University teaches and researches on the areas of health policy and law ○ Requires that agencies & organizations are in compliance with rules and regulations ○ Participates in policy development and enforcement ○ Provides written materials in multi-languages ○ Follows and implements bulletins, policy notices, etc. ○ Enforcement of environmental laws, regulations, and ordinances ○ Supports Law enforcement ○ Partners with public health, mental health and other agencies 	<ul style="list-style-type: none"> ○ Attorneys & policy advocates working with the community to improve and change the law ○ Advocacy and attention to public health issues and legislation ○ Collaboration ○ Community involvement ○ Direct connection to the public ○ Ability to fulfill role in protecting public health and ensure safety ○ Legislative agendas ○ Support of the Board of Supervisors ○ Agencies that are well versed on policy and ordinance development and implementation 	<ul style="list-style-type: none"> ○ Many laws have no “teeth” and are hard to enforce ○ Limited awareness among the community on who to contact to report issues and concerns ○ Coordination and distribution of information ○ Educate community on the laws ○ Educate community on what the gaps are ○ More community involvement and input ○ Community input in policy development ○ Evaluation ○ Educating the public about public health laws and ordinances ○ Uncertain if tobacco free policies are well enforced ○ More communication to cities on issues such as tobacco enforcement and on what activities are being carried out ○ Staying ahead of policy/law development (rather than changing and adapting in a reactive mode)

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Educates and informs the population of the available services and programs ○ Encourages collaboration ○ Conducts research to identify unmet needs among farmworkers and immigrants ○ Works with the community to identify why people cannot access basic needs ○ Facilitates communication between transit and transportation to the community ○ Funds services and promote access via funded programs ○ Focuses efforts and resources on areas of most need in the state ○ 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 ○ Connects people to health services and other enabling services 	<ul style="list-style-type: none"> ○ Appropriate partnerships ○ Technical expertise in transportation funding and are able to identify pots of money ○ Newer efforts to increase access to services ○ 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 	<ul style="list-style-type: none"> ○ Available resources for consumers ○ Public Transportation is very poor ○ Reaching all communities ○ Targeted outreach is needed to link needs to resources ○ 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 ○ Transportation issues; lack of coordination ○ Not enough money to fund; need more collaboration with other funders ○ Integration and coordination ○ Limited number of community centers where links might be provided ○ 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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Develops leadership activities ○ Funds nursing programs and leadership certificate programs ○ Ensures that future public health workers have met competencies and are properly trained ○ Completes workforce assessment for Coachella Valley ○ Launches California State University San Marcos certificate on cultural and linguistically appropriate services and competencies for healthcare practitioners ○ Funds organizations that are all about servicing people identified as a population that were in “gap” or “unmet needs.” ○ Contributes to physicians education through scholarships ○ Funds (grants) for health care pipeline program ○ Allows opportunity for CGU programs to be part of County’s tuition reimbursement programs ○ Provides continuing education for health professionals 	<ul style="list-style-type: none"> ○ Hold meetings and convenes various agencies around particular issues ○ Work with public servants and educates them about our work with the community ○ Employees have appropriate credentials ○ Many active and engaged potential partners ○ The Inland Coalition ○ Department of Public Health has a well prepared workforce ○ County leadership programs ○ County discounted MPA programs ○ Resources ○ 20/20 Program ○ Training provided 	<ul style="list-style-type: none"> ○ Limited capacity ○ Public Health does not provide leadership training ○ Sharing expertise across agencies/programs ○ More funding is needed to support training and ongoing education ○ More training on cultural and linguistic standards ○ More awareness needed on new Office of Minority Health and Culturally Linguistically Appropriate Standards (CLAS) ○ Resources ○ Low educational attainment at all levels ○ Moving from an informal to formal approach to strategies ○ Coordination of partners fostered by increased communications ○ Workforce assessment and development ○ Limited ability to support growth

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

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Identifies Desert Health Care District gaps in relations to the strategic plan & has a grant program ○ Identifies Health Assessment Resource Center gaps ○ Completes Satisfaction surveys ○ Evaluates access to services by surveying community residents ○ Evaluates programs and interventions with community based organizations ○ Supports that County Mental Health as a research department 	<ul style="list-style-type: none"> ○ Coachella Valley organizations ○ Programs are evaluated; some due to requirements ○ Access to residents ○ Availability of good information, CBO's willing to share ○ Numerous data sources for county, state and national level 	<ul style="list-style-type: none"> ○ Evaluation results need to be used more systematically ○ Need more population-based data ○ Lack of accurate data ○ Geographical area too large ○ Vast services area hard to evaluate everything ○ System established to identify issues the community has with Department of Public Health ○ Coordination ○ County clinics don't have e-records; hard to pull data ○ Diffuse system; hard to evaluate specific programs effectiveness ○ Network is not as well connected ○ Local public health system not highly connected ○ No assessment to evaluate

Appendix I. Agency Contributions, System Strengths and Challenges (Full Summary)

Essential Service 10: Research for New Insights and Innovative Solutions to Health Problems

Agency Contributions	Strengths	Challenges
<ul style="list-style-type: none"> ○ Conducts intervention evaluation and research related to health disparities ○ Funds evaluation at the higher education level to inform future strategic direction ○ Publicly disseminates learning from Kaiser’s research department ○ Provides funding and grant opportunities ○ Provides amendments to current legislation based on research ○ Provides environmental health training in emergency response and community based readiness ○ Develops research partnerships 	<ul style="list-style-type: none"> ○ Examines access to care ○ More partnerships expanding networks ○ Easy to partner with universities they tend to push the bar and question the status quo ○ Availability of institutions of higher learning and community partners ○ University system- already have strong relationships ○ There are many great university public health partnerships, internships and research projects ○ Sharing findings with collaborating agencies through consensus forums ○ Implements pilot projects with county clinics to improve cancer screening rates ○ Collaborates with UC Riverside ○ County relationships with higher education 	<ul style="list-style-type: none"> ○ Funding ○ Resources ○ Public health and university partnerships need to be stronger ○ Communicating with partners ○ Establishing relationships ○ Difficult to expand projects in county clinics ○ More Community-based participatory research would be wonderful

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...

- | | | |
|---|---|---|
| <input type="checkbox"/> Good place to raise children / strong families | <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Low crime /safe neighborhoods | <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> People are involved in their community (volunteer / help each other) | <input type="checkbox"/> Excellent race relations / acceptance of diversity | <input type="checkbox"/> Access to mental health care |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Good jobs and strong economy | <input type="checkbox"/> Walkable streets |
| <input type="checkbox"/> Access to health care (doctors, clinics, etc.) | <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Good grocery stores / healthy food options |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Low death and disease rates | |
| <input type="checkbox"/> Other (please specify) _____ | | |



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...

- | | |
|---|---|
| <input type="checkbox"/> Good place to raise children / strong families | <input type="checkbox"/> Good jobs and strong economy |
| <input type="checkbox"/> Low crime /safe neighborhoods | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> People are involved in their community (volunteer / help each other) | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Access to health care (doctors, clinics, etc.) | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Access to mental health care |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Walkable streets |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good grocery stores / healthy food options |
| <input type="checkbox"/> Excellent race relations / acceptance of diversity | |
| <input type="checkbox"/> 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...

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart disease (heart attacks) | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Agricultural pesticides | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Air quality | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Smoking / Tobacco use |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Homicide (murder) | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Hunger | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant death | <input type="checkbox"/> Teen pregnancy |
| <input type="checkbox"/> Disabilities (hearing loss, blindness, etc.) | <input type="checkbox"/> Infectious Diseases (e.g. Hepatitis, TB, Flu) | <input type="checkbox"/> Unhealthy food / Junk food |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Mental health problems | <input type="checkbox"/> Unsafe roads / Sidewalk conditions |
| <input type="checkbox"/> Drug abuse (prescription / street drugs) | <input type="checkbox"/> Motor vehicle crash injuries | <input type="checkbox"/> Water shortage (Drought) |
| <input type="checkbox"/> Firearm-related Injuries / deaths | <input type="checkbox"/> Obesity / overweight | |
| <input type="checkbox"/> Hard to access to health care | <input type="checkbox"/> Poor water quality | |
| <input type="checkbox"/> 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?

- | | |
|--|---|
| <input type="radio"/> Hospital | <input type="radio"/> School / University |
| <input type="radio"/> Clinic / Health Center | <input type="radio"/> Mobile Health Van |
| <input type="radio"/> Urgent Care | <input type="radio"/> Health Fair |
| <input type="radio"/> Emergency Department | <input type="radio"/> Friends or Family |
| <input type="radio"/> Pharmacy or Retail Store (Walgreens / Walmart) | <input type="radio"/> I don't get health care |
| <input type="radio"/> Community based organization | |
| <input type="radio"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Unemployment services |
| <input type="checkbox"/> Food stamps (SNAP) | <input type="checkbox"/> Help paying utilities (electric, gas, etc.) |
| <input type="checkbox"/> Cash Aid (TANF) | <input type="checkbox"/> Legal aid |
| <input type="checkbox"/> Housing Assistance | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Hospice | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Help paying for child care | <input type="checkbox"/> Worker's Compensation |
| <input type="checkbox"/> Child welfare services | <input type="checkbox"/> Disability Insurance |
| <input type="checkbox"/> Other (please specify) _____ | |

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 Meconis with any questions or to return completed surveys:

Phone: 951-358-5561 Fax: 951-358-5348

kmeconis@rivcocha.org

Riverside County Department of Public Health

4065 County Circle Dr, Riverside, 92503



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

211 Community Connect
 Borego Community Health Foundation
 California Baptist University
 Claremont Graduate University
 Coachella 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 Permanente
 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

