



Public Health

in affiliation with



Riverside County Public Health
COVID-19 Needs Assessment

Coachella Valley Profile

July 2022

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ACKNOWLEDGEMENTS

HARC would like to thank the Riverside University Health System – Public Health staff who worked on this project, presented here in alphabetical order by last name:

- Erin Curlee
- Wendy Hetherington
- Dianne Leibrandt
- Kevin Meconis
- Ryan Natividad
- Caitlin Storm

This project was supported by Epidemiology and Laboratory Capacity Enhancing Detection funds, which expands upon previous COVID-19 awards and is provided by the Centers for Disease Control and Prevention by way of the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. These funds provide critical resources to local health departments in support of a broad range of COVID-19/SARS-CoV-2 testing and epidemiologic surveillance related activities, including the establishment of modernized public health surveillance systems.

HARC would also like to thank Ace Printing for their hard work mailing out surveys and post-incentives, especially Mark Lawrence and Sandy Miller. Find out more about Ace Printing at: <http://www.aceprintingps.com/>.

HARC would also like to thank our volunteers and interns who worked on the project, including Braden Hinely, Joaquin Ramos, and Veena Reddy.

HARC would also like to thank our statistician, Brian Kriz, for weighting the data to ensure that the data adequately represented Riverside County.

Finally, HARC would like to thank the Riverside County residents who took the time to respond to the survey. Without you, this knowledge would not have come to fruition.

EXECUTIVE SUMMARY

Introduction

The purpose of this report was to provide the results of a County-wide needs assessment by Riverside County Public Health region. There are five of these Public Health regions across Riverside County: Coachella Valley, East, Mid, Northwest, and Southwest.

Established in 1926, the Riverside University Health System-Public Health (RUHS-PH) is the local public agency responsible for ensuring the health and well-being of county residents and visitors in service of the well-being of the community. HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances the quality of life by helping community leaders use objective research and analysis to turn data into action. RUHS-PH and HARC partnered to produce this report, as well as a series of other reports to understand the impact of COVID-19.

Methods

Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once.

Results

A fair amount of demographics from the surveys were approximately similar to Riverside County demographics; however, there were some slight biases towards older and White-identifying individuals. Thus, the survey results were weighted to account for these demographic differences to provide a more representative illustration of the county.

A total of 2,391 surveys representing the Coachella Valley regions are included in this report. When weighted, these 2,391 surveys represent 396,501 adults.

Demographics

As a group, Coachella Valley adults tend to be age 50 and older, there is a large homosexual population, and most households are made up of one to two people. Most residents identify as white and/or Hispanic/Latino. Overall, 1 in 4 Coachella Valley adults live in homes with an annual household income below \$35,000.

COVID-19 Attitudes and Behaviors

Coachella Valley adults reported being impacted “to a great extent” in their social life or relationships and work/school participation. Most Coachella Valley adults have experienced worry about their friends and family, anxiety, and fear of getting sick as a result of the pandemic.

COVID-19 Diagnosis and Treatment

A total of 17.7% (approximately 65,141 people) tested positive for COVID-19. Among residents who tested positive for COVID-19, 8.1% have had an overnight hospital stay due to COVID-19. About half (49.7%) of those who had an overnight stay were put into the ICU.

The majority of residents have recovered to their usual state of health (81.4%). However, nearly a fifth (18.6%) reported not having fully recovered to their usual state of health.

COVID-19 Vaccine

The vast majority of adults have had the COVID-19 vaccine (91.3%). Few adults reported that they do not plan on getting vaccinated (3.9%). Those who were not vaccinated were most concerned about side effects and/or allergy concerns.

Disproportionate Impact of COVID-19 on Communities of Color

Most Coachella Valley adults strongly agree or somewhat agree (25.2%) that people of color are facing a disproportionate health impact and economic impact from COVID-19.

COVID-19 Information Seeking

Most Coachella Valley adults trust information from their own community “moderately” or better; however, 1 in 10 don’t trust information from their own community at all. Similarly, while most trust local government, about 5% don’t trust local government at all.

Conclusion

The purpose of this report was to provide a profile of COVID-19 needs in the Coachella Valley. The information provided here can help to inform outreach and education, as well as to understand specific attitudes and behaviors towards COVID-19 and vaccination for adults in Coachella Valley.

INTRODUCTION

The purpose of this report was to provide the results of a County-wide needs assessment, drilling down into the Coachella Valley region of Riverside County to provide a basic profile.

For brevity, detailed methods and appendices have been removed from this report, and only the most pertinent pieces of information remain. The initial report detailing results at the Riverside County-level includes comprehensive analyses and information regarding survey development, sampling protocol and timeframes, and data weighting. If desired, please contact Riverside University Health System – Public Health or HARC for a copy of these comprehensive reports.

This report is a custom analysis of data collected from a County-wide study measuring COVID-19 attitudes and health needs. This project was supported by Epidemiology and Laboratory Capacity Enhancing Detection funds, which expands upon previous COVID-19 awards and is provided by the Centers for Disease Control and Prevention by way of the Paycheck Protection Program and Health Care Enhancement Act Response Activities for Cross-Cutting Emerging Issues. The present report was developed by HARC, Inc. on behalf of Riverside University Health System – Public Health (hereafter referred to as RUHS – Public Health).

About RUHS – Public Health

Established in 1926, the Riverside University Health System – Public Health (RUHS – PH) is the local, public agency responsible with ensuring the health and well-being of county residents and visitors. RUHS – PH’s values of respect, integrity, service, and excellence are demonstrated through their strong partnerships with community-based organizations, academic institutions, tribal organizations, faith-based organizations, local governmental agencies and community leaders, local business, social service providers, nongovernmental organizations and other relevant partner organizations necessary to improving the health of Riverside County’s community.

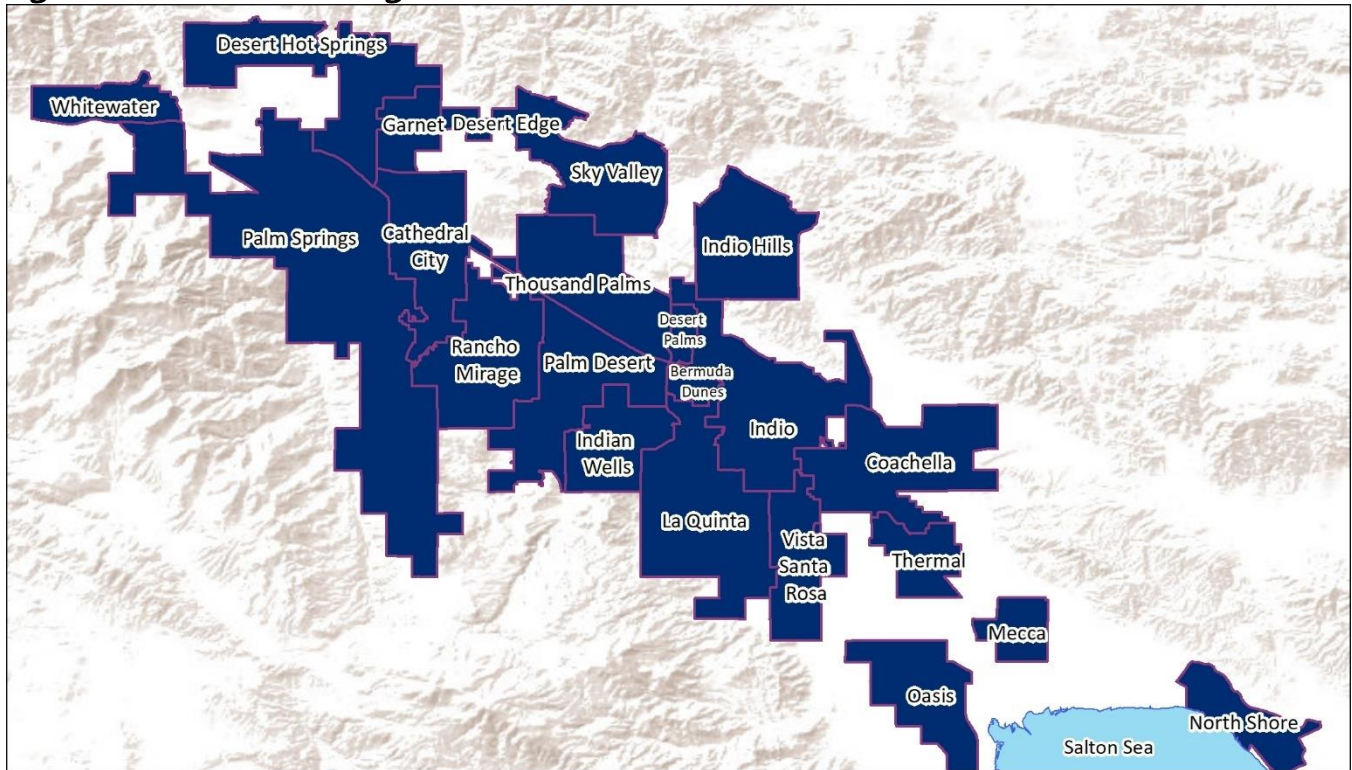
About HARC

HARC, Inc. (Health Assessment and Research for Communities) is a nonprofit research and evaluation organization based in Riverside County. HARC advances the quality of life by helping community leaders use objective research and analysis to turn data into action. HARC specializes in providing data that helps improve the social determinants of health.

About the Coachella Valley

Riverside County Public Health regions comprise five areas: Coachella Valley, East, Mid, Northwest, and Southwest. This particular report profiles responses for the Coachella Valley region only.

Figure 1. Public Health Regions



The cities and unincorporated areas that comprise the Coachella Valley Public Health region include Bermuda Dunes, Cathedral City, Coachella, Desert Edge, Desert Hot Springs, Desert Palms, Garnet, Indian Wells, Indio, Indio Hills, La Quinta, Mecca, North Shore, Oasis, Palm Desert, Palm Springs, Rancho Mirage, Sky Valley, Thermal, Thousand Palms, Vista Santa Rosa, and Whitewater.

METHODS

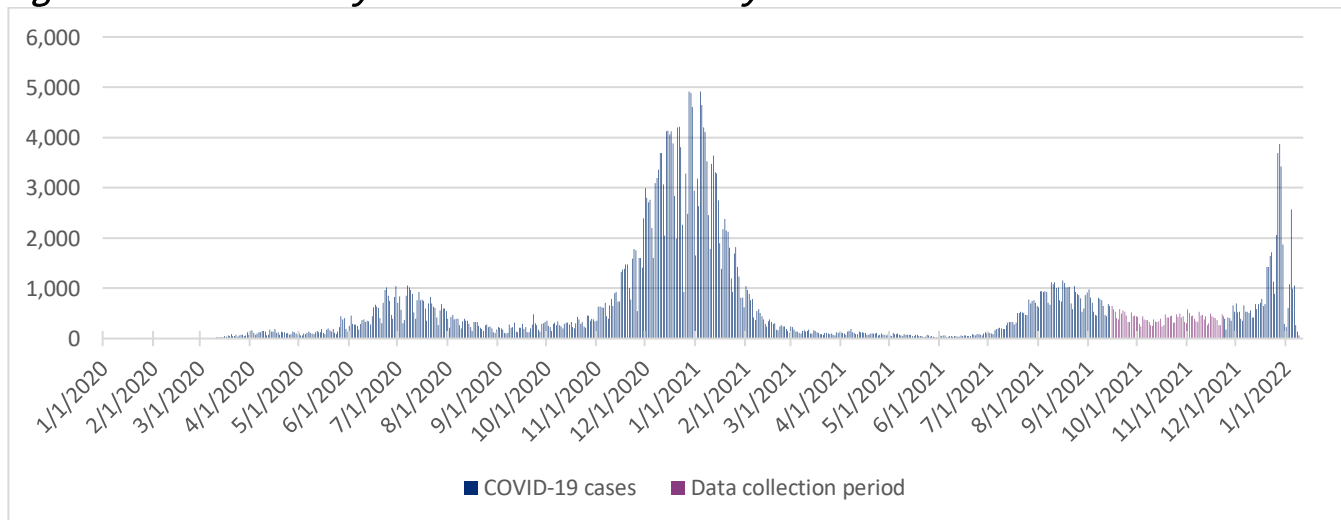
Ace Printing purchased a random sample of 40,000 households in Riverside County. HARC and Ace mailed an “invitation package” to all 40,000 households, which included a cover letter (in English and Spanish), a paper survey in English, a paper survey in Spanish, a pre-paid return envelope, and a \$2 bill as a pre-incentive. Each survey was printed with a unique identifier code so that each household could only participate once. Invitation packages were mailed out in eight batches of 5,000 on the following dates:

- Batch 1: 9/15/21
- Batch 2: 9/16/21
- Batch 3: 9/21/21
- Batch 4: 9/22/21
- Batch 5: 9/24/21
- Batch 6: 9/27/21
- Batch 7: 9/29/21
- Batch 8: 9/30/21

Residents were offered a \$25 Visa card as a post-incentive; as such, those who returned the survey were sent a \$25 Visa card within two weeks of receipt of their paper survey. On 11/24/21, the completed dataset was sent to a statistician for weighting. Weighting is important to ensure that the results of the survey appropriately represent the county. Missing data were imputed using a hot deck method. Iterative proportional fitting was used to ensure marginal distributions for age, sex, race by ethnicity, and household income aligned. In the end, a response rate of approximately 21.5% was achieved.

Figure 1 below provides additional context to the data collection timeline. That is, data was being collected right after the detection of the Delta variant and before the detection of the Omicron variant. The purple cases in the figure below indicate the data collection period.

Figure 2. COVID-19 Daily Cases in Riverside County



Note: Data in the chart are from RUHS - Public Health.

RESULTS: COVID-19 Needs Assessment

Weighted Data

A fair amount of demographics from the surveys were approximately similar to Riverside County demographics; however, there were some slight biases towards older and White-identifying individuals. Thus, the survey results were weighted to account for these demographic differences to provide a more representative illustration of the county.

All results that follow were weighted according to the United States Census Bureau, American Community Survey, 1-year estimates (Household Income, Age, and Sex), and the Decennial Census, 2020 (Race, Ethnicity, and Race by Ethnicity). This weighting essentially “corrects” the skewed data.

Understanding the Data

While figures/tables may include estimates such as “percentages,” “frequencies,” “counts,” etc., these all refer to weighted estimates and percentages. Furthermore, the survey results contain data for and are weighted for the **adult population only**. Thus, this report may refer to “residents” a number of times, and these residents are always Riverside County residents who are ages 18 and older.

In many areas of the report, highlighting differences between regions is accomplished through identifying **statistically significant results**. If results are statistically significant during analyses, they are noted as being “significant” in the narratives of the report. These results mean that the analyses provided evidence of a true difference between regions; that is, differences found are likely to be real differences. For brevity, detailed statistics regarding these statistical tests are omitted but can be provided upon request.

Lastly, because this report is based on weighted data analyzed by a variety of categories, there are times when the data may become unreliable (**statistically unstable estimates**). These statistically unstable estimates are based on the ratio of the standard error of the estimate to the estimate itself. When this ratio exceeds 30%¹, the estimate is deemed unreliable and should not be interpreted. When this occurs in the report, the unstable estimate in the figure/table is identified in red.

¹ California Health Interview Survey (n.d.). UCLA Center for Health Policy Research.
<https://healthpolicy.ucla.edu/chis/faq/Pages/default.aspx#e4>

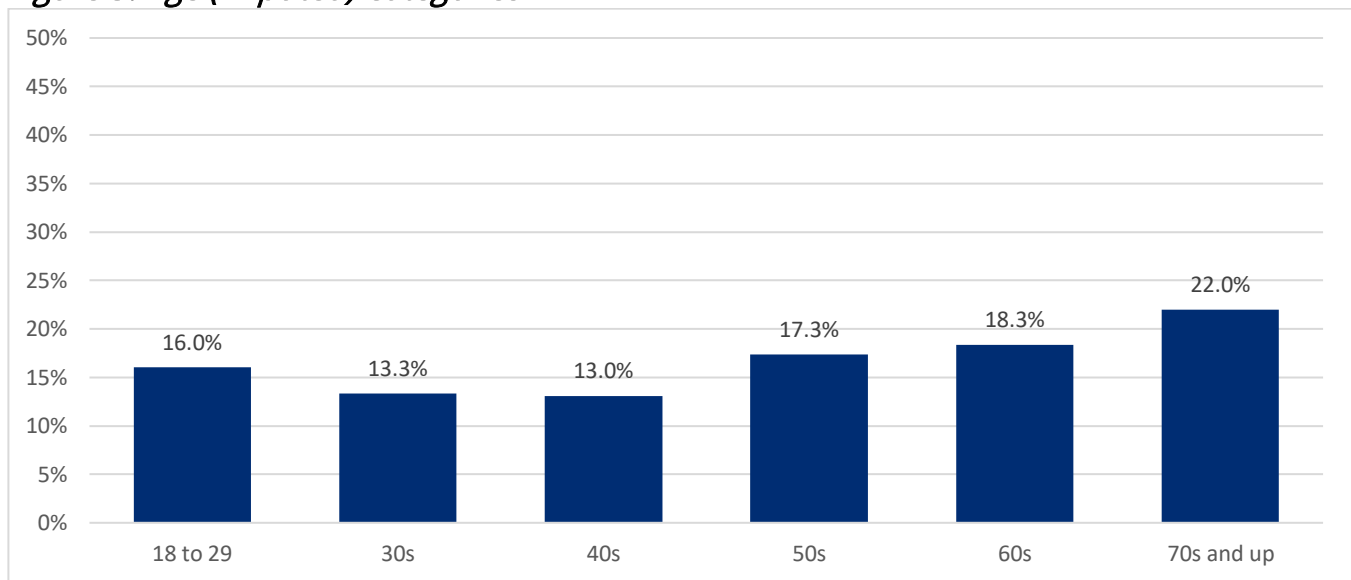
Demographics

A total of 2,391 surveys representing the Coachella Valley regions are included in this report. When weighted, these 2,391 surveys represent 396,501 adults. The majority (91.1%) completed the survey in English, while 8.9% completed it in Spanish.

Age

Coachella Valley residents ranged from age 18 to 98; the average age was 53. There is a slight skew towards older adults, as illustrated in the figure below.

Figure 3. Age (Imputed) Categories

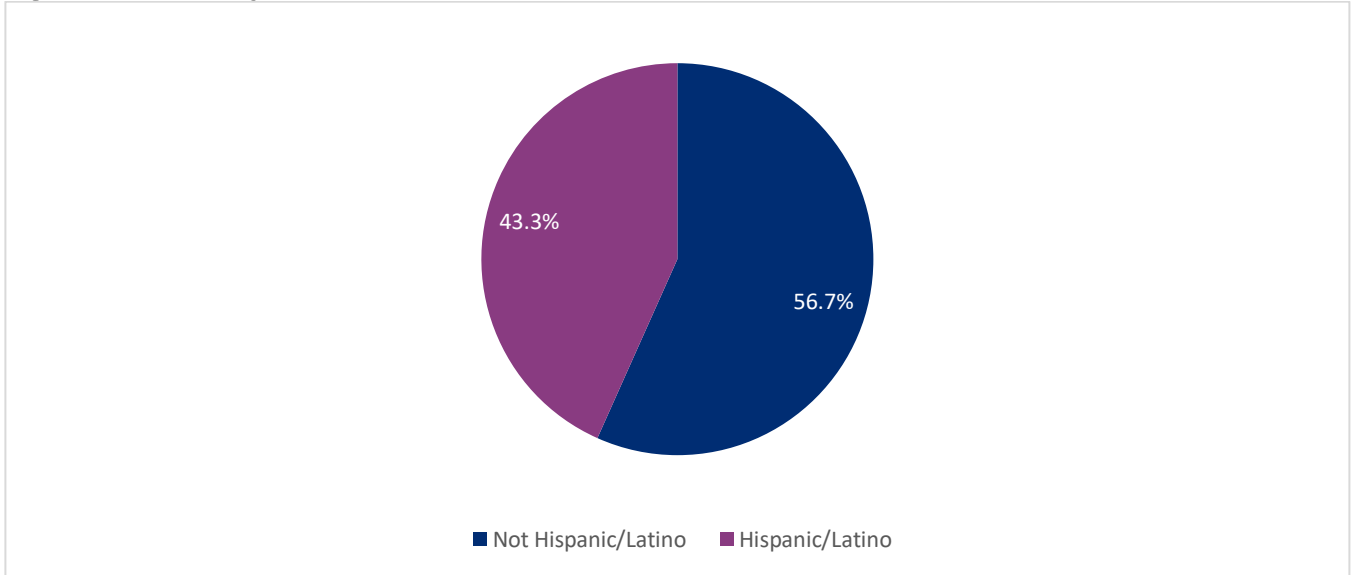


Note: $n = 396,501$.

Ethnicity

Slightly more than half (56.7%) of residents reported not being Hispanic/Latino, as illustrated in the figure below.

Figure 4. Ethnicity

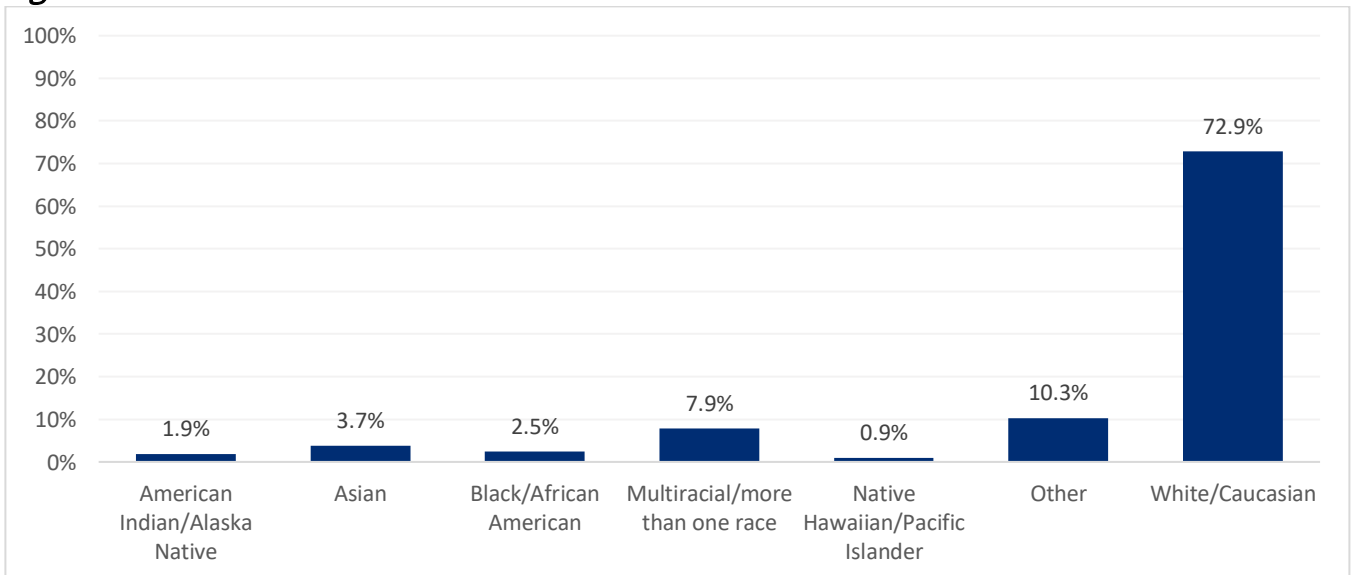


Note: $n = 385,563$.

Race

The majority (72.9%) of adults identified as White/Caucasian, as illustrated in the figure below.

Figure 5. Race

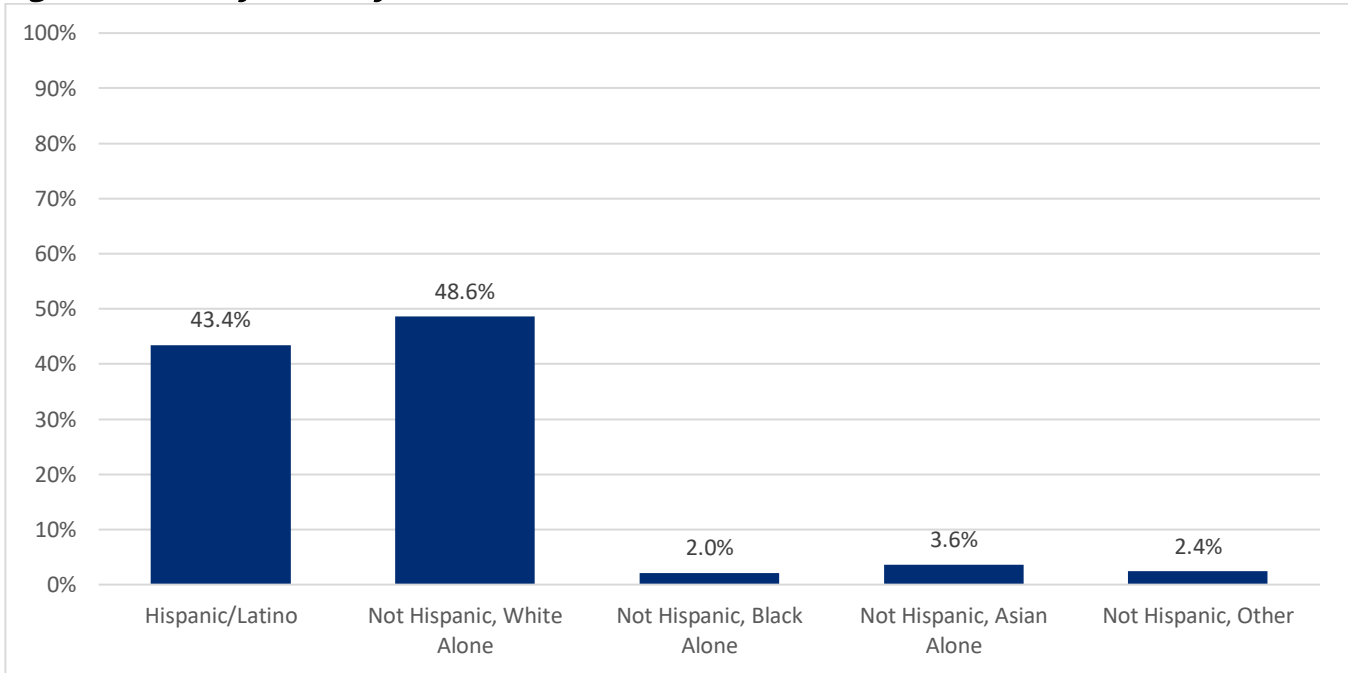


Note: $n = 369,003$.

Race by Ethnicity

Race was also crossed with ethnicity to provide clarity on the number of people identifying as Hispanic (e.g., when asked about race, respondents may choose “other” since Hispanic is not an option). When including ethnicity with race classifications, slightly less than half of adults (48.6%) identify as “Not Hispanic, White alone.” See the figure below for additional details.

Figure 6. Race by Ethnicity



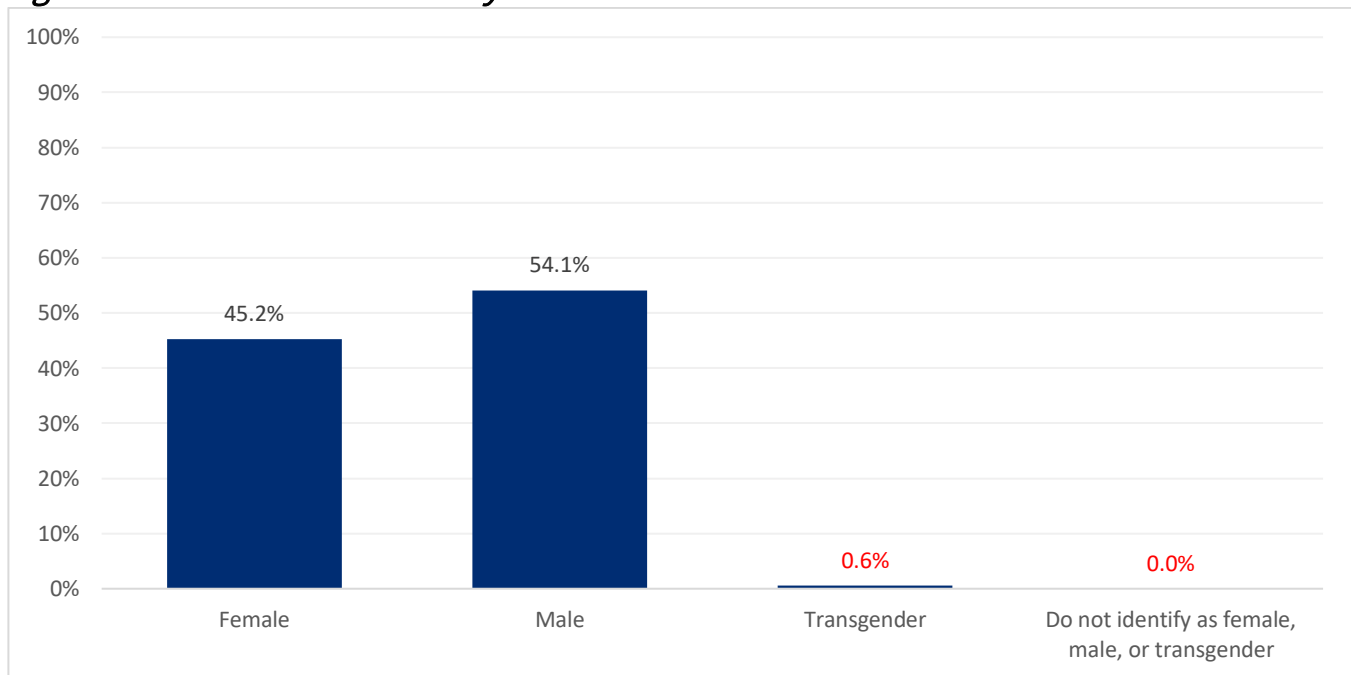
Note: $n = 396,501$.

Gender Identity

Two questions were utilized to measure gender identity per best practices established in the field of survey research². Firstly, residents were asked, “What sex were you assigned at birth, on your original birth certificate?” Response options were “male” and “female”. The majority of Coachella Valley adults (54.6%) were born male; 45.4% were born female.

Next, residents were asked about their current gender identity: “How do you describe yourself?” Residents could indicate male, female, transgender, or “do not identify as female, male, or transgender.” The majority of residents identified as male (54.1%), as illustrated in the figure below.

Figure 7. Current Gender Identity



Note: *n* = 389,282.

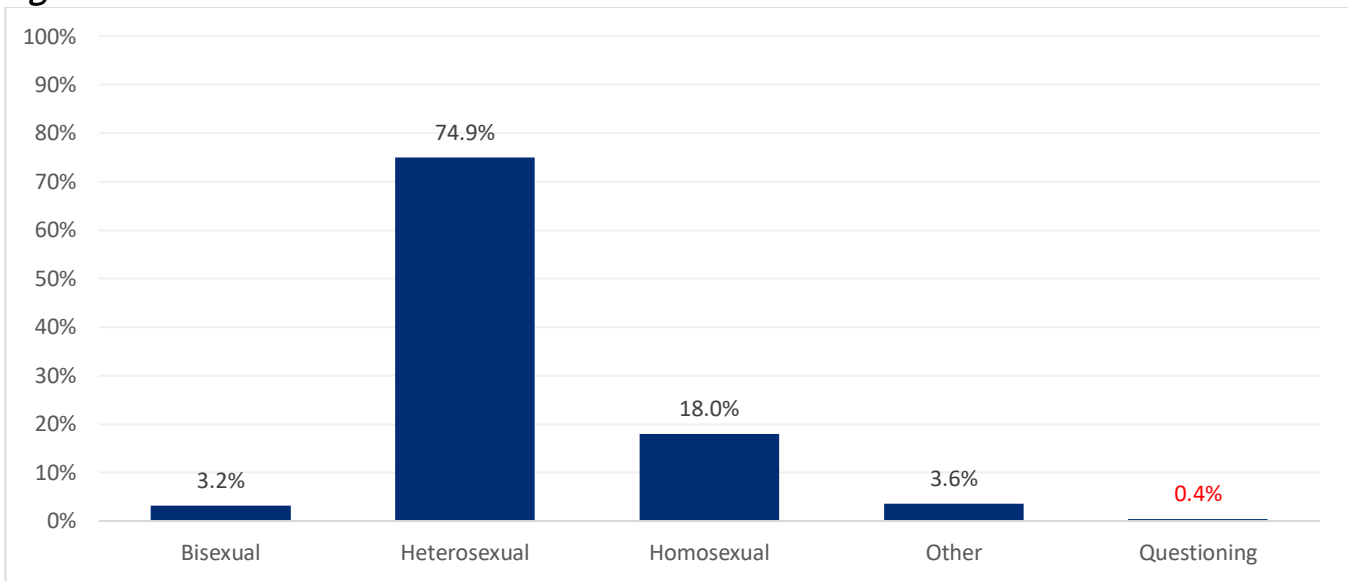
A total of 1.0% (about 3,910 adults) in the Coachella Valley have a gender that does not match their original birth certificate (e.g., born male and now identify as female, etc.).

² Williams Institute (2009). Best practices for asking questions about sexual orientation on surveys (SMART). Available online at <https://williamsinstitute.law.ucla.edu/publications/smart-so-survey/>

Sexual Orientation

To measure sexual orientation, Coachella Valley participants were asked, “Do you consider yourself to be...” with the following response options: bisexual, heterosexual, homosexual, questioning, and other. The most common response was heterosexual (74.9%), followed by homosexual (18.0%).

Figure 8. Sexual Orientation

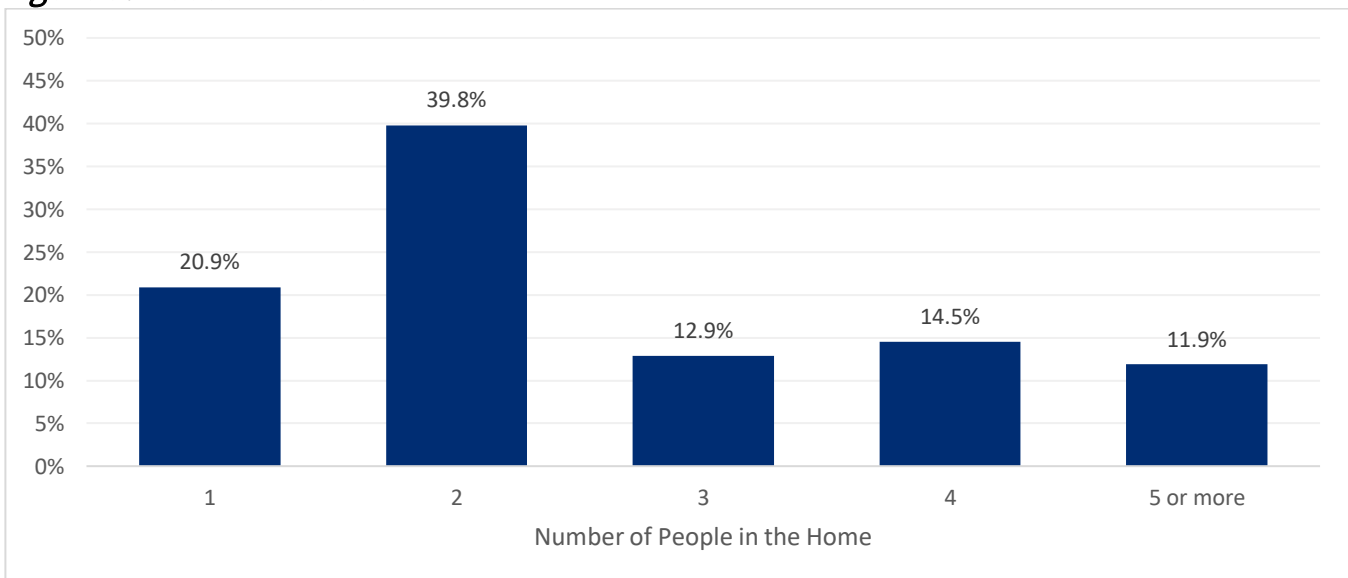


Note: $n = 372,486$.

Household Size

The median household size for Coachella Valley was two people; approximately 1 in 5 Coachella Valley adults live alone, as illustrated in the figure below.

Figure 9. Household Size

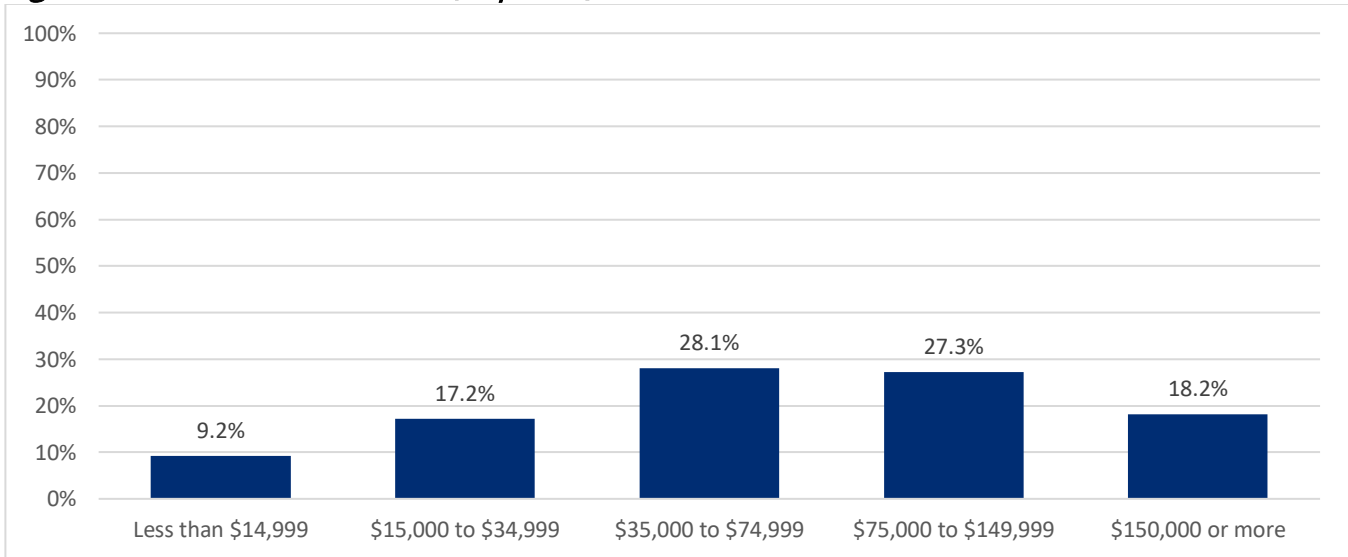


Note: $n = 391,168$.

Income and Poverty

Residents were asked, “Last year, what was your household income from all sources before taxes?” The average income was \$91,567, whereas the median was \$65,000. As illustrated in the figure below, 1 in 4 Coachella Valley adults live in homes with an annual household income of less than \$35,000.

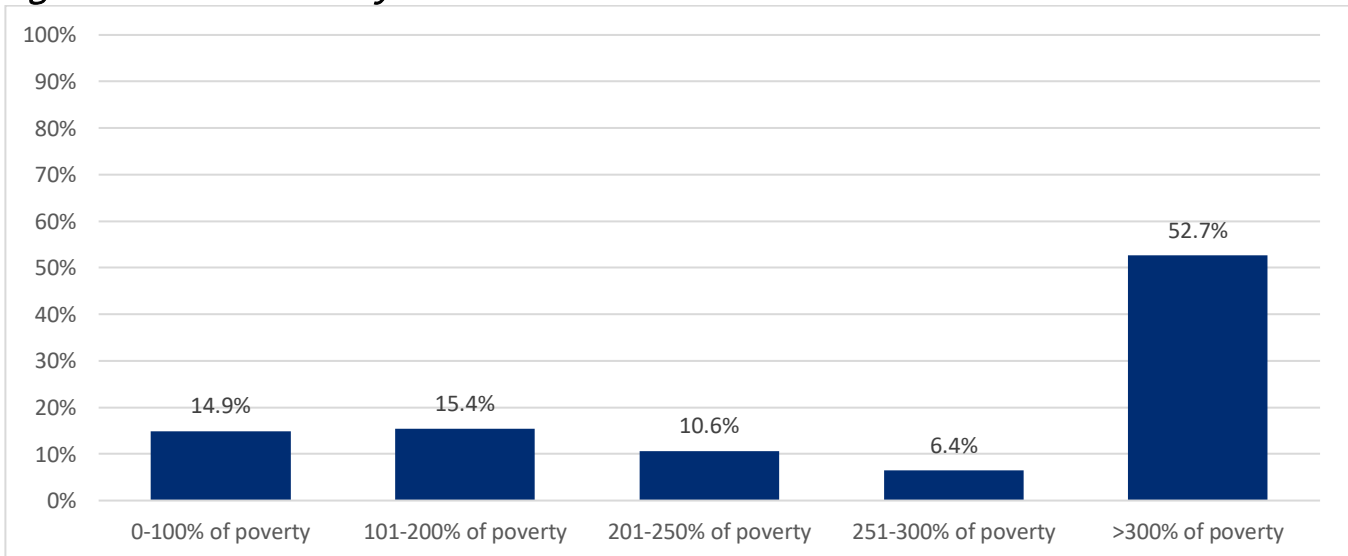
Figure 10. Household Income (Imputed)



Note: $n = 396,501$.

Using household income and the number of people within the household, the Federal Poverty Level (FPL) was calculated using the Department of Health and Human Service’s guidelines for poverty in 2021. As illustrated in the figure below, more than 30% of Coachella Valley adults are living in households at or below 200% the poverty line.

Figure 11. Federal Poverty Level

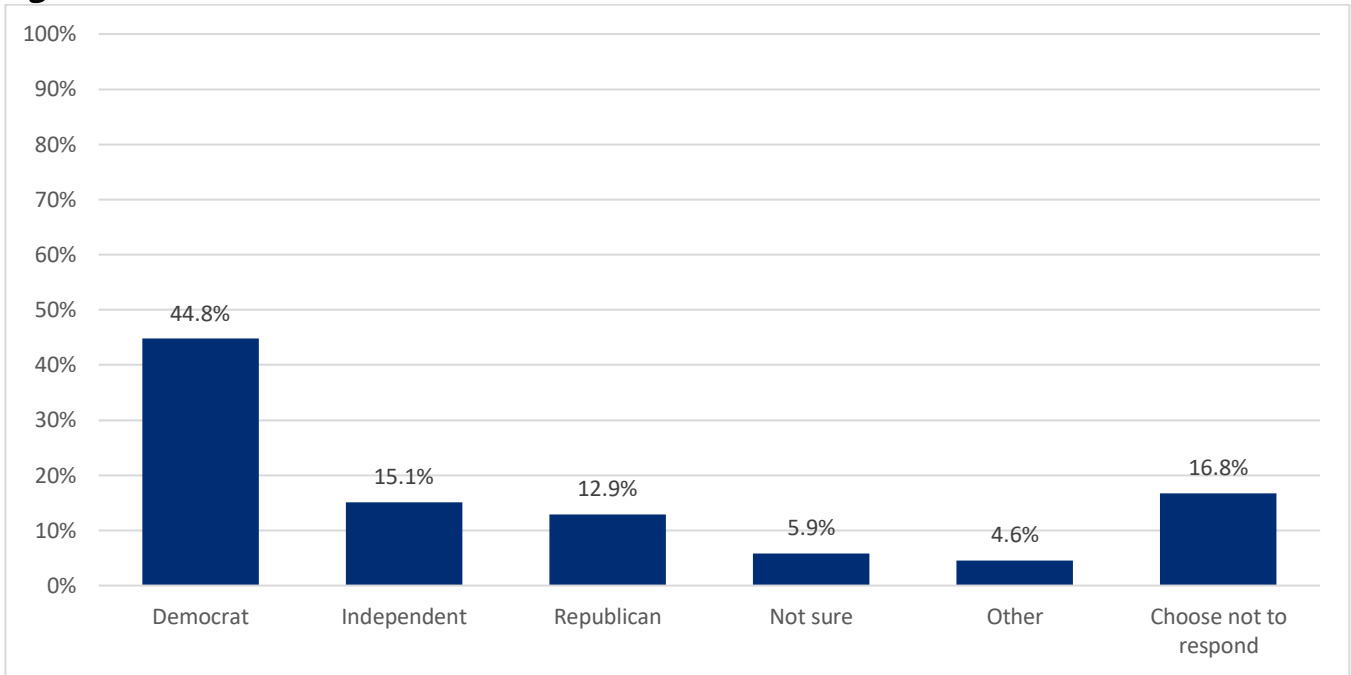


Note: $n = 308,383$.

Political Affiliation

As a final demographic question, residents were asked, "Generally speaking, do you think of yourself as a...?" As illustrated in the figure below, the most common response was Democrat, although a substantial portion of participants chose not to respond.

Figure 12. Political Affiliation



Note: $n = 384,225$.

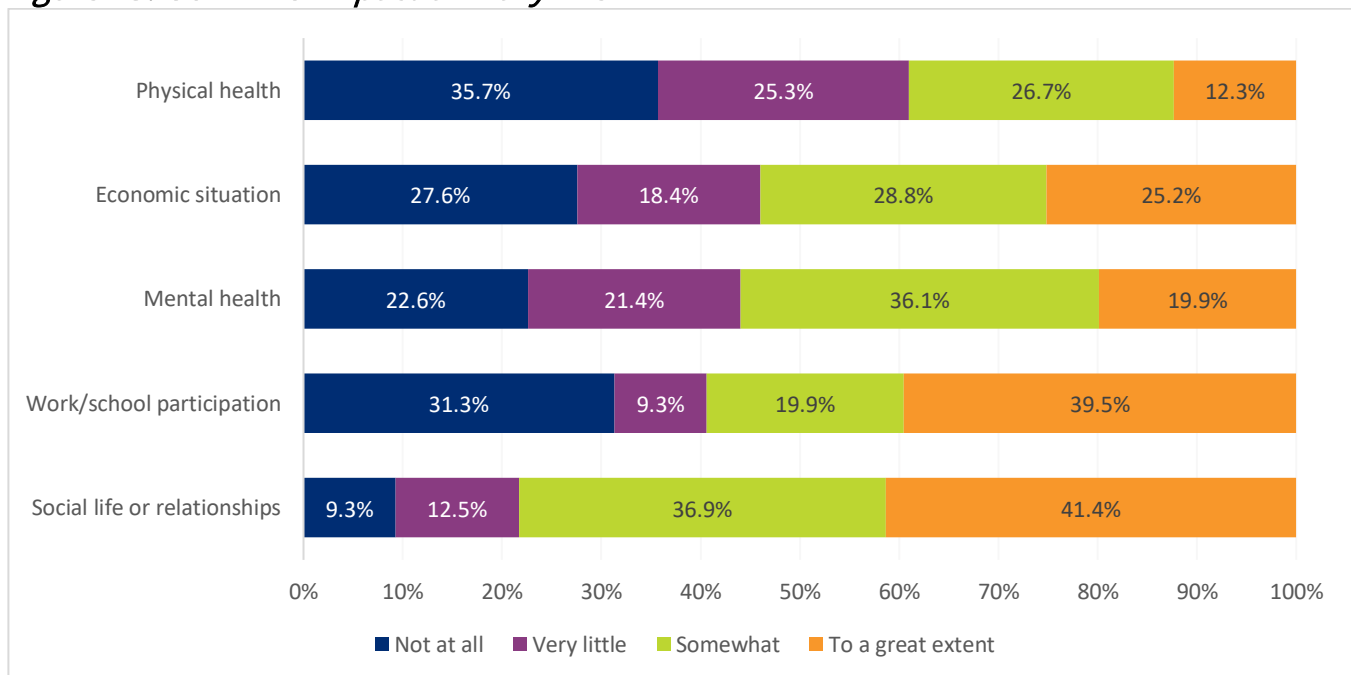
COVID-19 Attitudes and Behaviors

Impact of COVID-19

The world has forever changed since the first case of COVID-19. To understand some areas of impact, residents were asked, “How had the COVID-19 pandemic impacted your personal daily life with regards to:” and were then given a list of options.

Coachella Valley adults reported being impacted “to a great extent” in their social life or relationships (41.4%) and work/school participation (39.5%). Other areas impacted “to a great extent” included their economic situation (25.2%), mental health (19.9%), and physical health (12.3%). See the figure below for additional details.

Figure 13. COVID-19 Impact on Daily Life

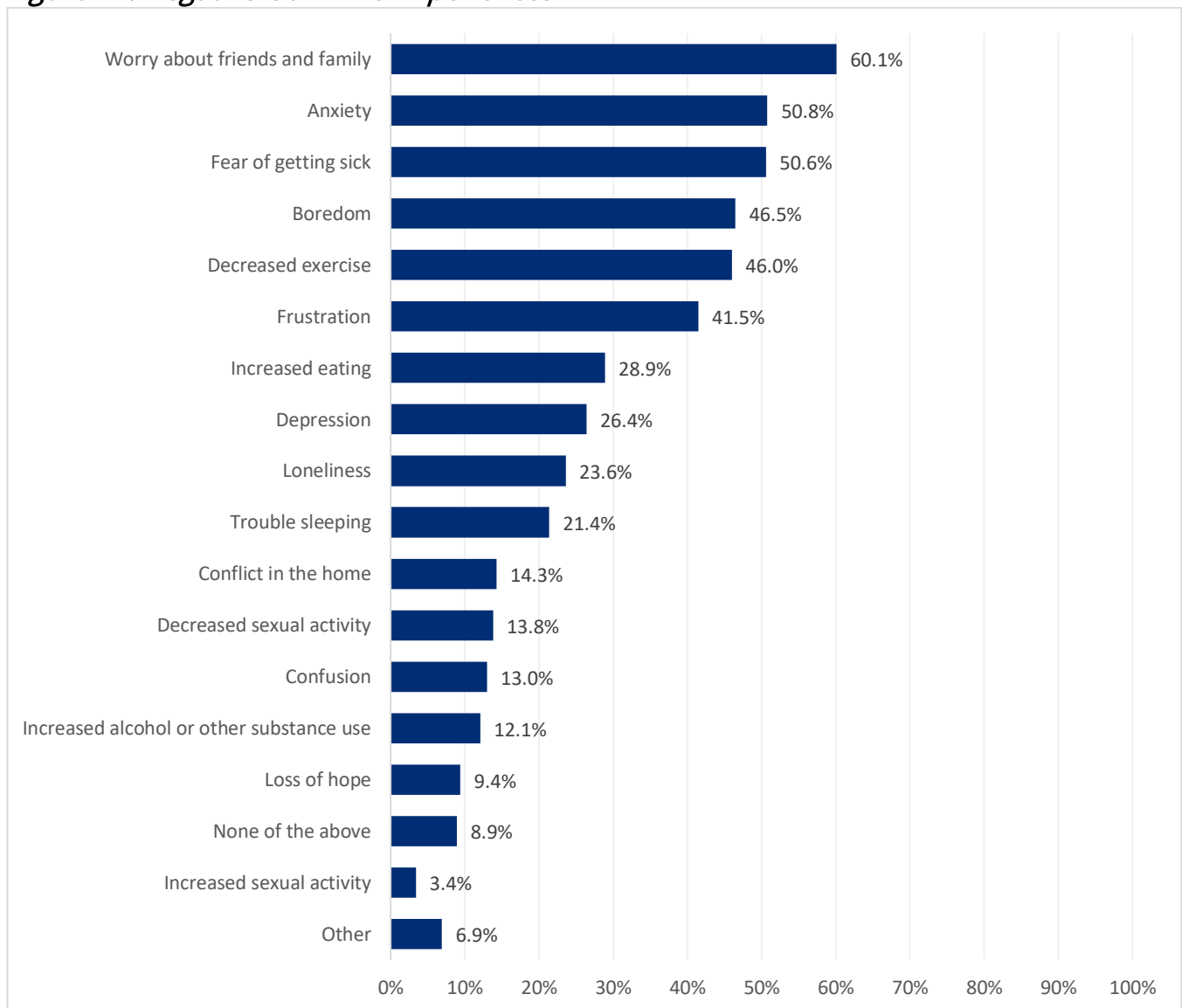


Note: Work/school participation $n = 353,164$, social life or relationships $n = 378,915$, physical health $n = 368,731$, mental health $n = 368,760$, and economic situation $n = 366,133$.

Residents were also asked, "COVID-19 had also affected how people feel and act. Which of the following have you experienced due to COVID-19? Please select all that apply."

The majority of Coachella Valley adults experienced worry about friends and family (60.1%), anxiety (50.8%), and fear of getting sick (50.6%). Other common experiences among Coachella Valley adults included experiencing boredom (46.5%) and decreased exercise (46.0%). See the figure below for additional details.

Figure 14. Negative COVID-19 Experiences



Note: $n = 389,604$.

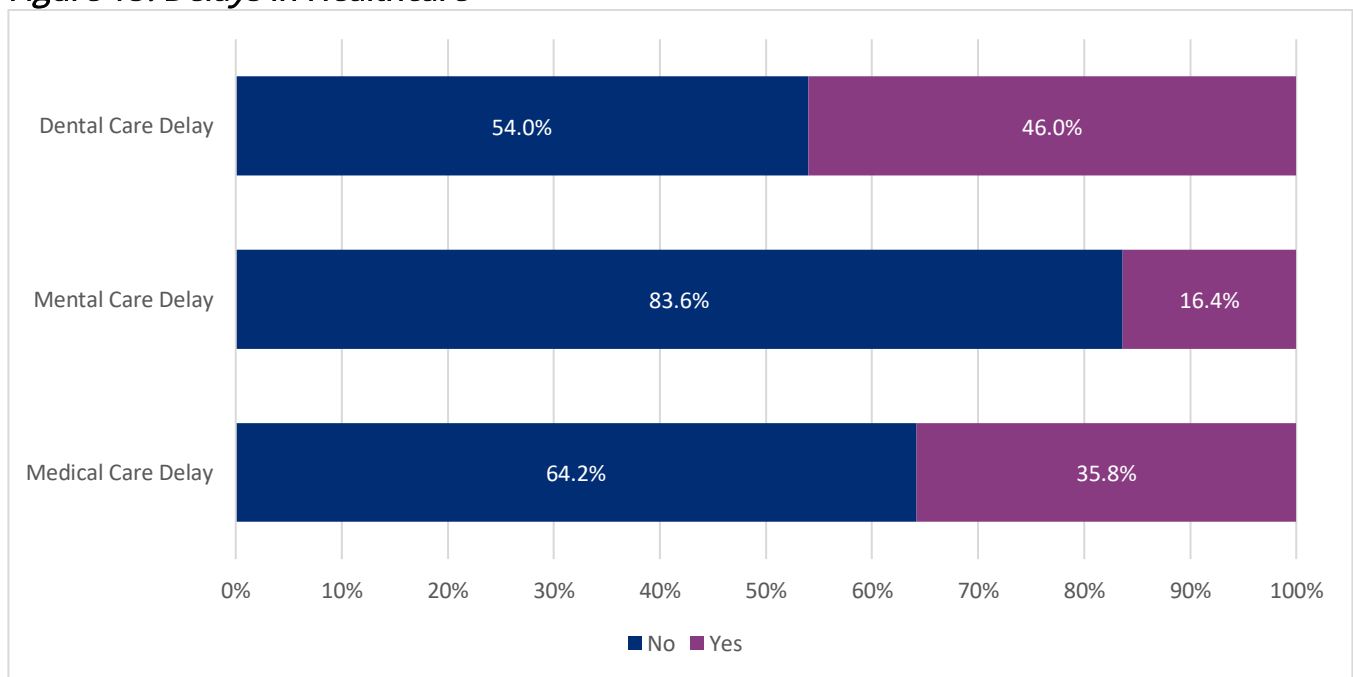
Delay/Absence of Healthcare During COVID-19

Access to regular, affordable healthcare is critical to the overall health and well-being of an individual. However, as a result of COVID-19, many day-to-day activities were either delayed or canceled. Among these activities included access to healthcare, which is dangerous as a disruption in care can increase the risk for life-threatening medical emergencies.³

To assess the delay in healthcare, residents were asked, “At any time in the last 12 months, did you DELAY getting _____ because of the coronavirus pandemic?” and could rate several types of care.

Results show that 46.0% of Coachella Valley adults delayed dental care, 35.8% delayed medical care, and 16.4% delayed mental care, as illustrated in the figure below.

Figure 15. Delays in Healthcare



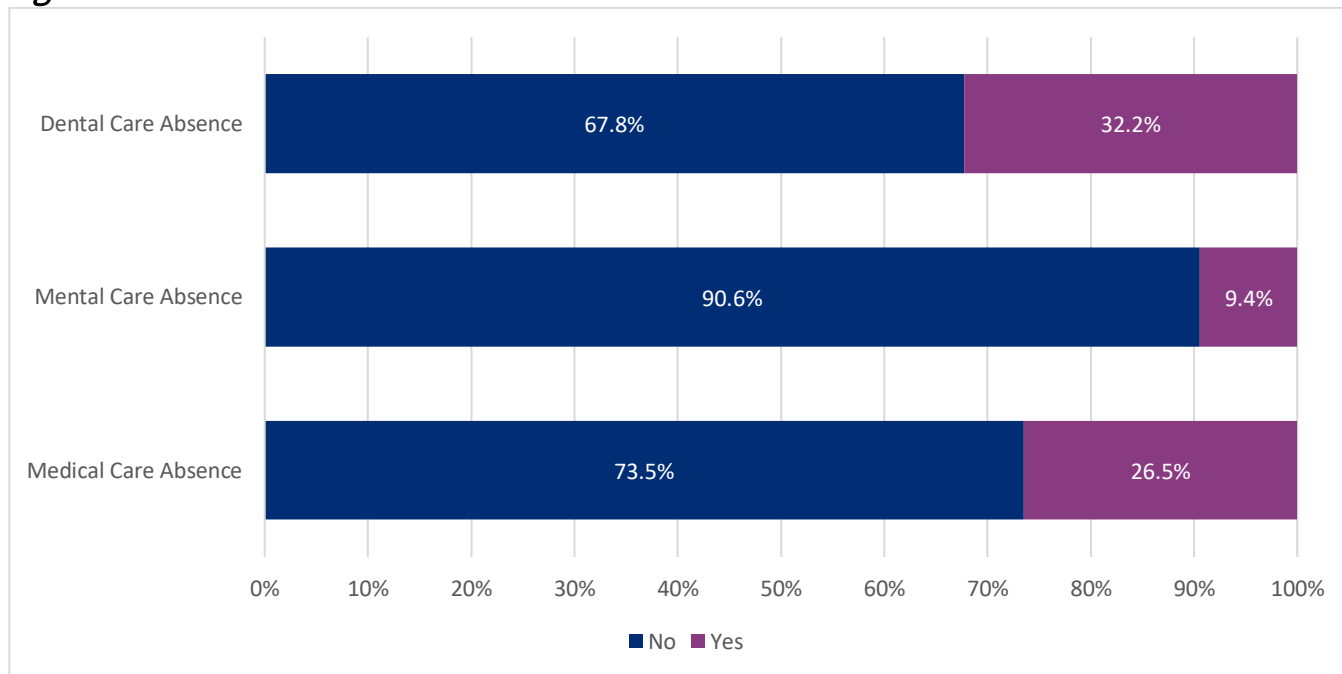
Note: Medical care delay $n = 385,615$, mental care delay $n = 367,330$, and dental care delay $n = 382,471$.

³ Czeisler M \acute{E} , Marynak K, Clarke KE, et al. Delay or Avoidance of Medical Care Because of COVID-19-Related Concerns – United States, June 2020. MMWR Morb Mortal Wkly Rep 2020;69:1250-1257. DOI: <http://dx.doi.org/10.15585/mmwr.mm6936a4external> icon

Residents were also asked about not getting healthcare at all. Specifically, "At any time in the last 12 months, did you need _____ for something other than coronavirus, but DID NOT GET IT because of the coronavirus pandemic?"

Approximately 32.2% of adults did not get dental care, 26.5% did not get medical care, and 9.4% did not get mental care, as illustrated in the figure below.

Figure 16. Absence of Healthcare



Note: Medical care absence $n = 382,265$, mental care absence $n = 370,744$, and dental care absence $n = 384,296$.

COVID-19 Diagnosis and Treatment

COVID-19 Diagnosis

Residents were asked, "Have you ever tested positive for COVID-19?" A total of 17.7% (approximately 65,141 people) tested positive for COVID-19.

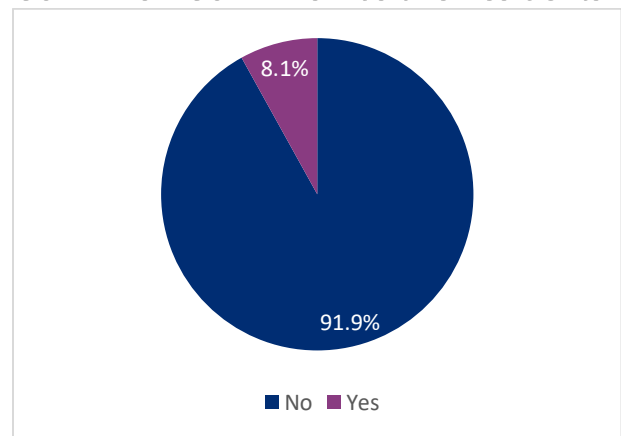
COVID-19 Treatment

Many people infected with COVID-19 had to seek emergency medical care throughout the pandemic. Typically, when people experience trouble breathing, persistent pain, confusion, inability to wake, or pale, gray, or blue skin, emergency care is recommended immediately.⁴

Residents who stated they tested positive for COVID-19 were then asked, "Did you have an overnight stay in a hospital for suspected or diagnosed COVID-19?"

A total of 8.1% have had an overnight hospital stay due to COVID-19, as illustrated in the figure to the right.

Figure 17. Overnight in Hospital Due to COVID-19 - COVID-19 Positive Residents

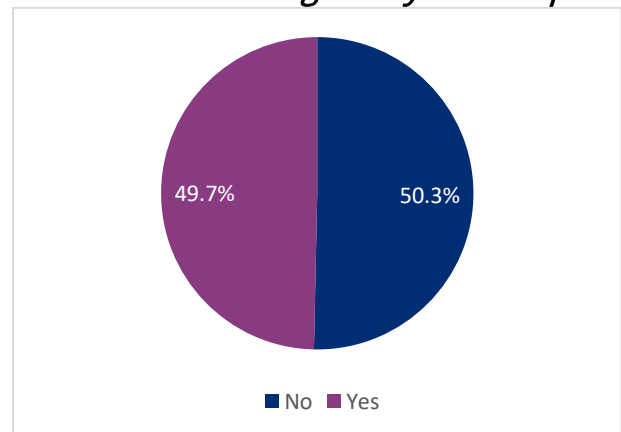


Note: $n = 64,491$.

Among those who had an overnight stay in a hospital, these residents were then asked, "If yes, were you put into the ICU (intensive care unit) because of suspected or diagnosed COVID-19?"

About half (49.7%) of those who had an overnight stay were put into the ICU, as illustrated in the figure to the right.

Figure 18. ICU Stay - COVID-19 Patients Who had an Overnight Stay in a Hospital



Note: $n = 4,521$.

⁴ What to do if you are sick? (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

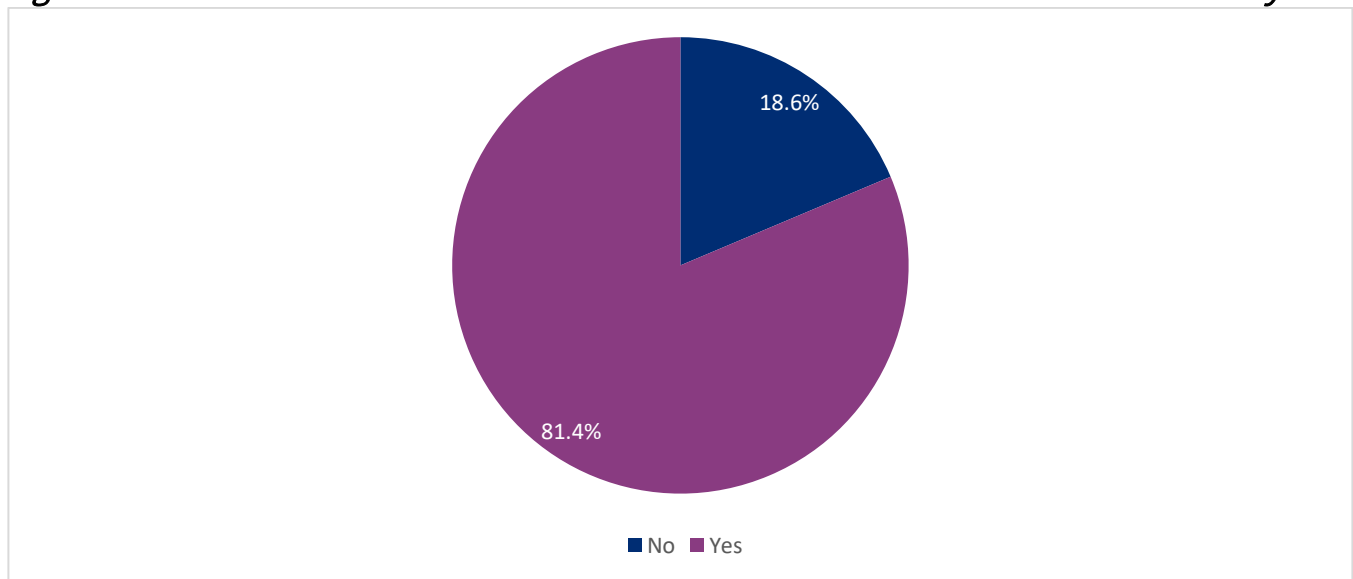
COVID-19 Recovery

Most people infected with COVID-19 recover quickly (i.e., within weeks); however, some people experience symptoms for a prolonged period (e.g., a month or more).⁵

Among the residents who tested positive for COVID-19, they were further asked, “If you know, or believe, that you had COVID-19: have you recovered to your usual state of health?”

The majority of residents have recovered to their usual state of health (81.4%). However, nearly a fifth (18.6%) reported not having fully recovered to their usual state of health, as illustrated in the figure below.

Figure 19. Recovered to Usual State of Health – Positive COVID-19 Test Residents Only



Note: $n = 59,720$.

⁵ Post-COVID Conditions (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/long-term-effects/index.html>

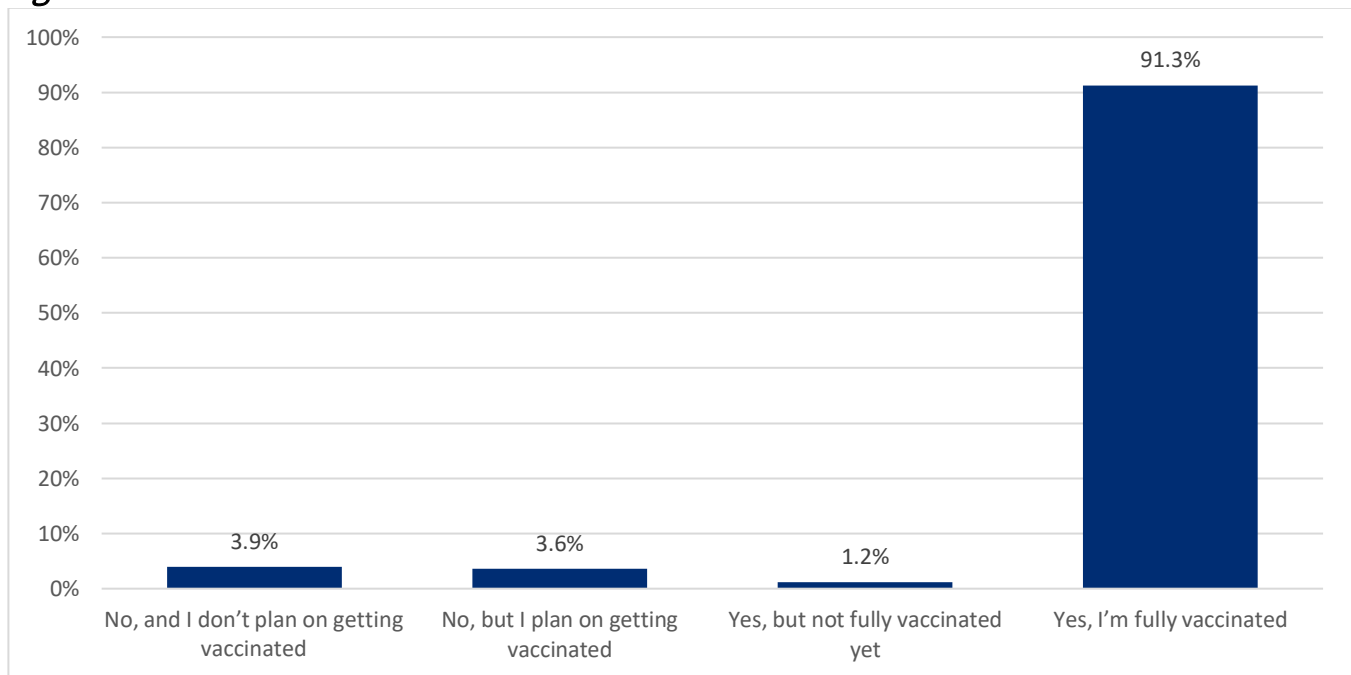
COVID-19 Vaccination

In California, the COVID-19 vaccine was distributed in a phased approach to reach populations with the highest risk of acquiring the disease or of the highest risk of developing severe illness. Thus, certain groups such as healthcare workers, staff at skilled nursing facilities and similar settings, essential workers, and people with a higher risk of severe illness, including the elderly, could obtain a vaccine before the general adult population.⁶

At the time of the data collection (September to November 2021), the general adult population was eligible for the COVID-19 vaccine and had been for several months. As such, residents were asked, “Have you had the COVID-19 vaccine?”

As illustrated in the figure below, the vast majority of adults have had the COVID-19 vaccine (91.3%). Few adults reported that they do not plan on getting vaccinated (3.9%).

Figure 20. COVID-19 Vaccination Status



Note: *n* = 390,990.

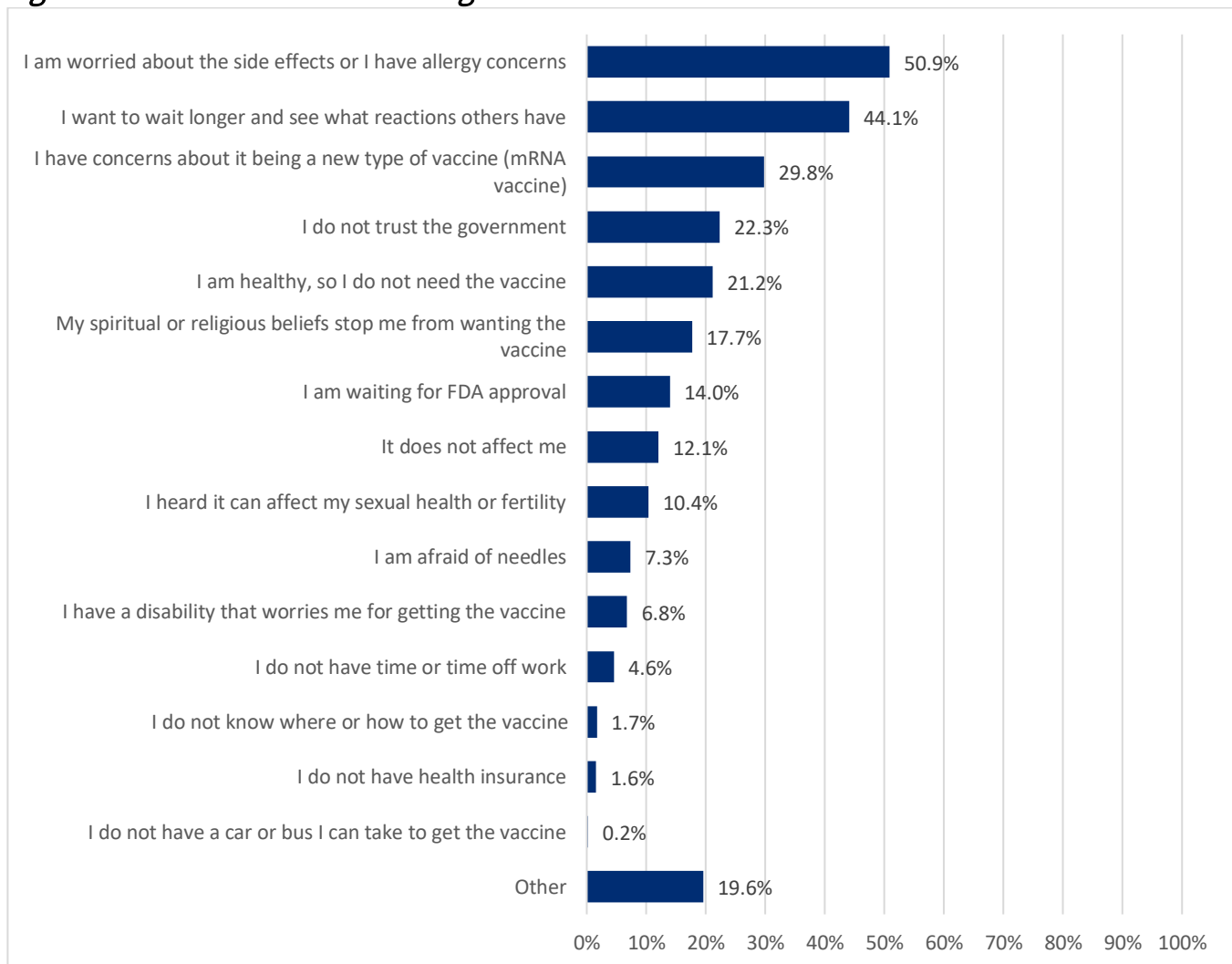
⁶ COVID-19 Vaccination Plan (2020). California Department of Public Health. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/COVID-19-Vaccination-Plan-California-Interim-Draft_V1.0.pdf?cldee=Y2Jha2VyQGNhbGhvc3BpdGFsLm9yZw%3d%3d&recipientid=contact-a44bb655054aea11a812000d3a3b70c9-d3b1f5fdf153475aa1e698a39640f95b&esid=8767241f-2213-eb11-a813-000d3a3abdcf

As of December 2021, COVID-19 vaccines are recommended for the population five years and older, as they are safe and effective at preventing infection and transmission.⁷ However, there are some who still choose not to receive the COVID-19 vaccine.

Participants who had *not* been vaccinated were then asked, “What is/are the main reason(s) you have not taken the vaccine?” and were then encouraged to select all that apply.

Common reasons for not getting the vaccine included worrying about side effects or having allergy concerns (50.9%) and waiting longer, and seeing what reactions others have (44.1%). Some were also concerned about the vaccine being a new type of vaccine (29.8%). See the figure below for additional details.

Figure 21. Reasons for Not Getting the Vaccine – Residents Who Are Unvaccinated



Note: *n* = 29,090.

⁷ Benefits of Getting a COVID-19 Vaccine (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/vaccine-benefits.html>

Disproportionate Impact of COVID-19 on Communities of Color

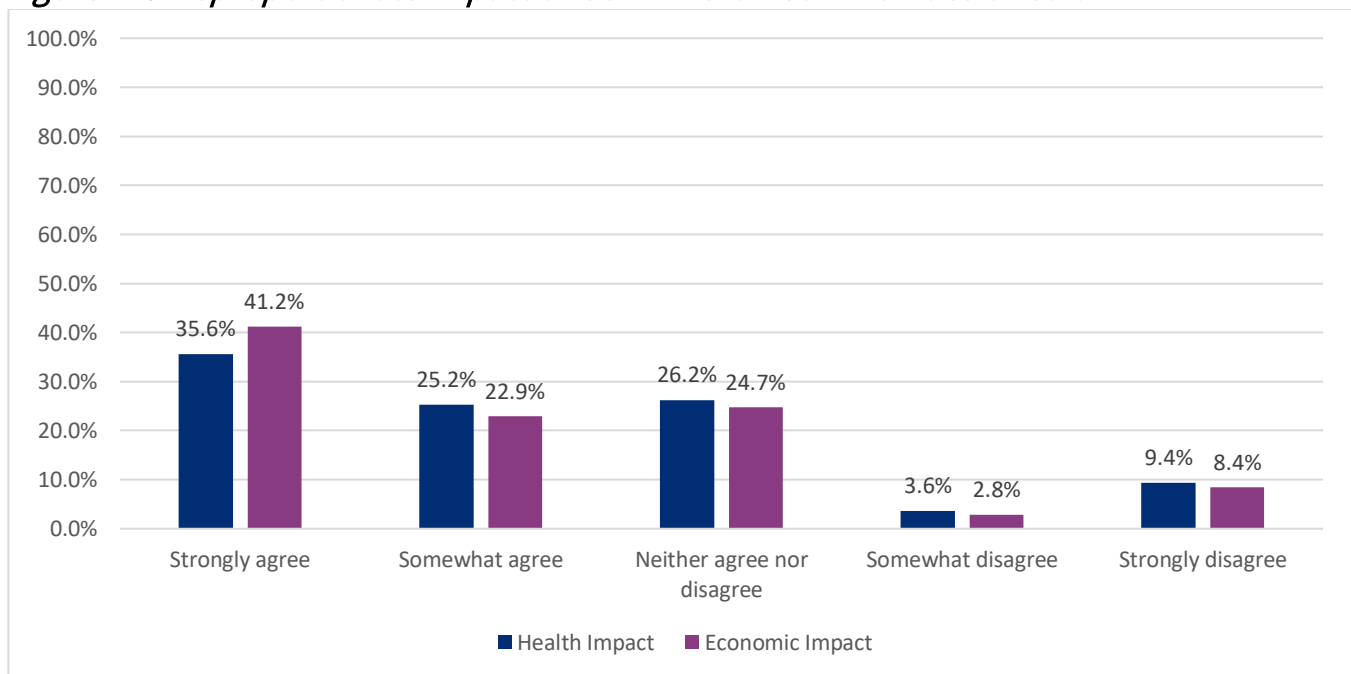
The COVID-19 pandemic exacerbated a variety of health, social, and economic problems. Among these areas, health inequities were highlighted among communities of color as racial and ethnic minorities were disproportionately at risk of becoming ill or dying from COVID-19.⁸

To understand perceptions of these health inequities, residents were provided with two statements to rate their agreement/disagreement:

- “People of color (e.g., African Americans, Latinos) are facing more of the health impact of coronavirus (COVID-19) than Whites.”
- “People of color (e.g., African Americans, Latinos) are facing more of the financial/economic impact of coronavirus (COVID-19) than Whites.”

As illustrated in the figure below, most residents strongly agree or somewhat agree that people of color are facing more of a health impact *and* an economic impact of COVID-19 than whites.

Figure 22. Disproportionate Impact of COVID-19 on Communities of Color



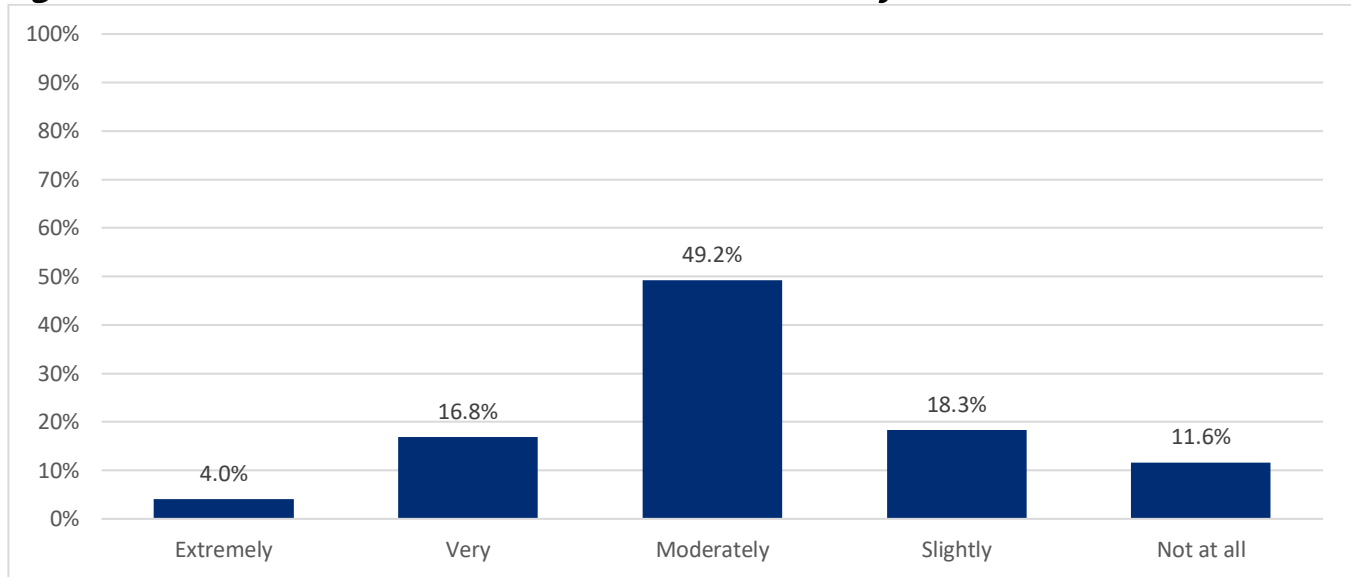
Note: Health impact $n = 389,307$, Economic impact $n = 388,794$.

⁸ Health Equity Considerations and Racial and Ethnic Minority Groups (2021). Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/community/health-equity/race-ethnicity.html>

COVID-19 Information Seeking

Residents were asked, “How well do you trust information from members of your own community?” As illustrate in the figure below, more than 1 in 10 Coachella Valley adults do not trust information from their own community at all.

Figure 23. Trust in Information from One's Own Community

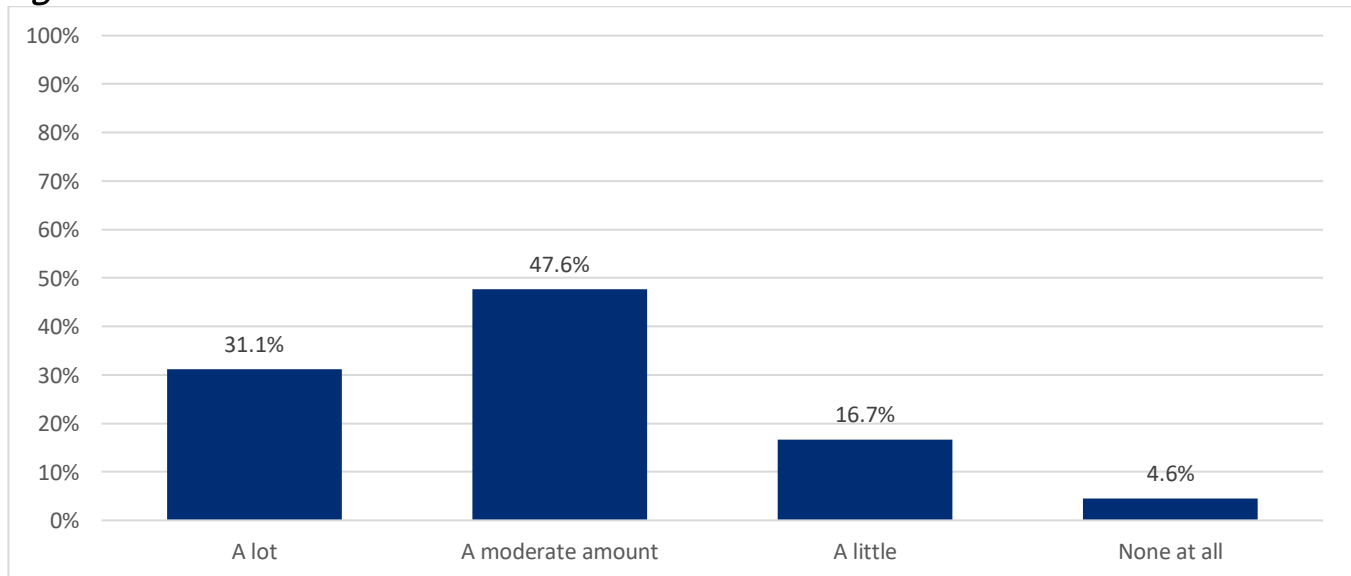


Note: $n = 390,382$.

Trust in Local Government

Participants were asked, “How much do you trust local government such as County Public Health departments?” As illustrated in the figure below, about 1 in 3 Coachella Valley adults trust local government “a lot”, while nearly 5% have no trust in their local government at all.

Figure 24. Trust in Local Government



Note: $n = 389,274$.

CONCLUSION

The purpose of this report was to provide a profile of COVID-19 needs in the Coachella Valley. The information provided here can help to inform outreach and education, as well as to understand specific attitudes and behaviors towards COVID-19 and vaccination for adults in Coachella Valley.

Overall, the Coachella Valley region has been negatively impacted by COVID-19. Residents reported being impacted to a great extent in their social life or relationships, work/school participation, and their economic situations. There has also been a substantial amount of worrying about friends and family, anxiety, and fear of getting sick in the Coachella Valley region.

Fortunately, the majority of Coachella Valley residents are vaccinated against COVID-19; those who are not vaccinated are primarily concerned about allergies and/or side effects.

Altogether, this report provides information about Coachella Valley adults regarding their attitudes, behaviors, and impact of COVID-19. Health and human service agencies may use this report to respond appropriately in outreach and education.