



October, 2018

RURAL HEALTH STUDY REPORT

Conducted by the Inland Empire
Coverage and Health Initiative
Rural Task Force

Report generously sponsored by



Introduction:

The Children's Health Initiative for San Bernardino County (CHI) was formed in the fall of 2005 by a group of individuals who shared a concern for the children in the county who did not enjoy the benefits of having health insurance. The mission was to ensure all children age 0-17 living in San Bernardino County had health coverage.

The SB-CHI, with grants from the Kaiser Foundation and First 5-SB, provided several services which supported enrollment and utilization of health coverage for children ages 0 - 17.

The Steering Committee, in the spring of 2011, decided to expand the scope of the CHI to include children/families living in Riverside County. At that time the collaborative name was changed to: Inland Empire Children's Health Initiative (IE-CHI). Membership outreach to agencies serving Riverside County was initiated.

The Board and members, as part of the development of the Strategic Plan for 2014-17, officially changed the name to Inland Empire Coverage and Health Initiative (IE-CHI) and set about to define the vision and mission of the collaborative.

Vision Statement:

IE-CHI is a leader in health advocacy for children and families and is recognized as the Inland Empire Regional Network (collaborative) of community organizations that champions and actively insures that all children and families are enrollment in health coverage and have access to regular care and necessary health related services.

Mission Statement: IE-CHI's mission is to ensure that all children and families in Riverside and San Bernardino counties have access to affordable, quality and culturally sensitive healthcare.

State Collaborative:

The IE-CHI is one of 29 Coverage and Health Initiatives state-wide in California.

The California Coverage & Health Initiatives (CCHI) is the state level organization.

CCHI Vision:

CCHI is a leader in health advocacy for children and families and is recognized as the statewide network of community organizations that champion enrollment in health coverage, access to care and other services.

CCHI Mission:

CCHI's mission is to improve the health and well-being of California children and families by supporting its members in meeting the needs in their communities. The IE-CHI leadership board developed "task Force" groups to address specific issues and interests of collaborative member agencies.



Currently the task force groups include:

Advocacy Task Force --

Focus: To provide education on children's health issues to the general public, professionals and legislators at the local, county, regional and State levels in alignment with CCHI initiatives and platforms.

Activities/Accomplishments:

- * Development of Advocacy Guidelines/Policies
- * Sponsor Annual Legislative Forum
- * Participate in CCHI annual Capitol Day
- * Establish/maintain relationships with IE Legislators
- * Track child health legislation (Federal/state)
- * Guide IE-CHI membership on legislation action

Rural Task Force --

Convened by the IE-CHI Board leadership in January of 2017.

Background: The Rural Health Task Force was created because there was growing concern for the health of children and families in the more remote areas of the two (2) Counties. Community agencies, School districts and health facilities were finding challenges in health early interventions, the management of chronic illnesses, such as asthma, specialty care access, transportation to health providers, etc.

Discussion arose regarding the impact of social determinants on health in rural areas of the Inland Empire and statistics found in studies such as the California Endowment report "Where You Live Matters". This report indicated that in general children will live 12 years longer in Beverly Hills than growing up in Adelanto. (San Bernardino County "High Desert" rural region). St Mary's Hospital Community Assessment indicated that while children living in poverty in the Inland Empire is around 21 percent of children living in rural areas such as Adelanto might be as high as 42 percent.

While concern for children living in poverty in rural areas was considered as part of the study the discussion was not limited to just children/families living in poverty in rural areas. Families choose to live in rural regions for a variety of reasons including affordable housing, reduced congestion/pollution and lifestyle choices. The choice to live in a rural region should not require a trade off between affordable housing and access to quality healthcare or other quality of life components. Members of the Rural Task Force strived to use a Rural "lens" in researching and accessing findings in the study to better understand the health and quality of life issues for residents in the rural regions.

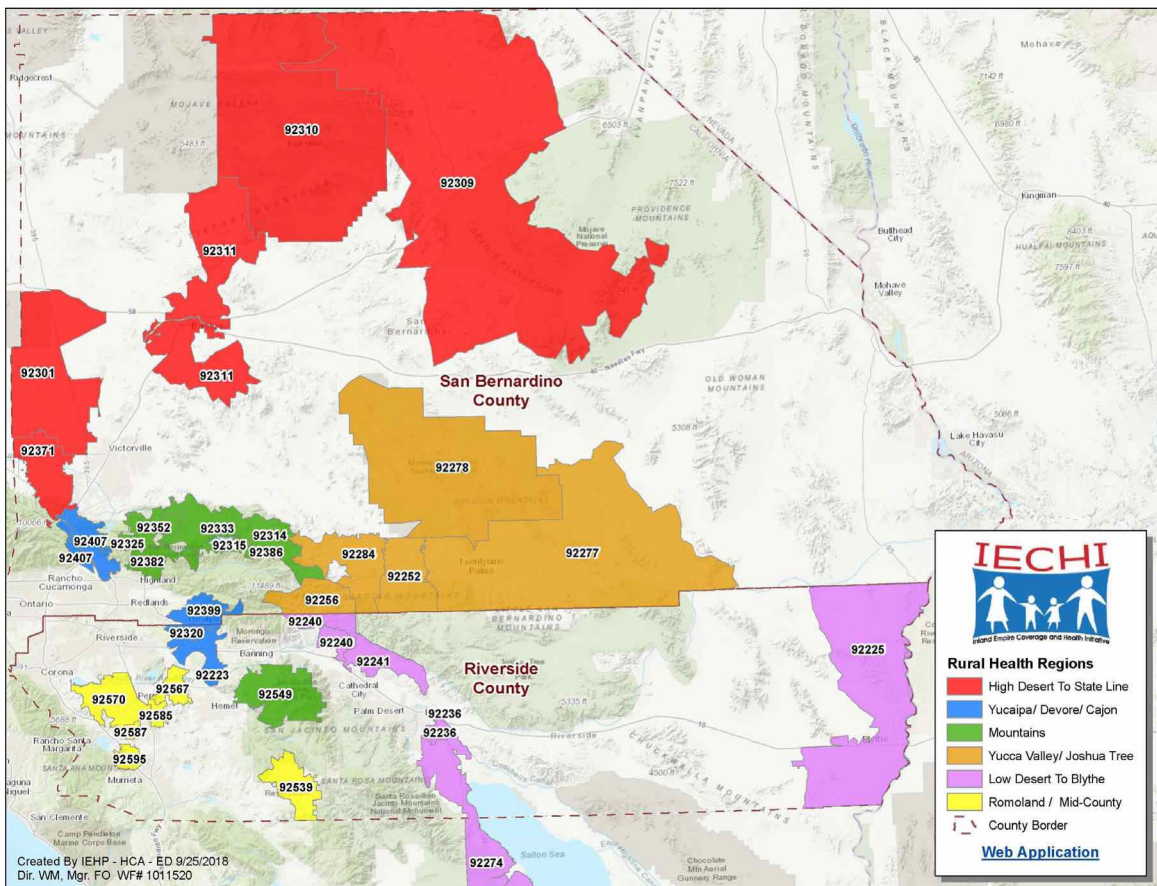
The Board invited IE-CHI member agencies and partners especially those providing services in "Rural" areas to form a task force.

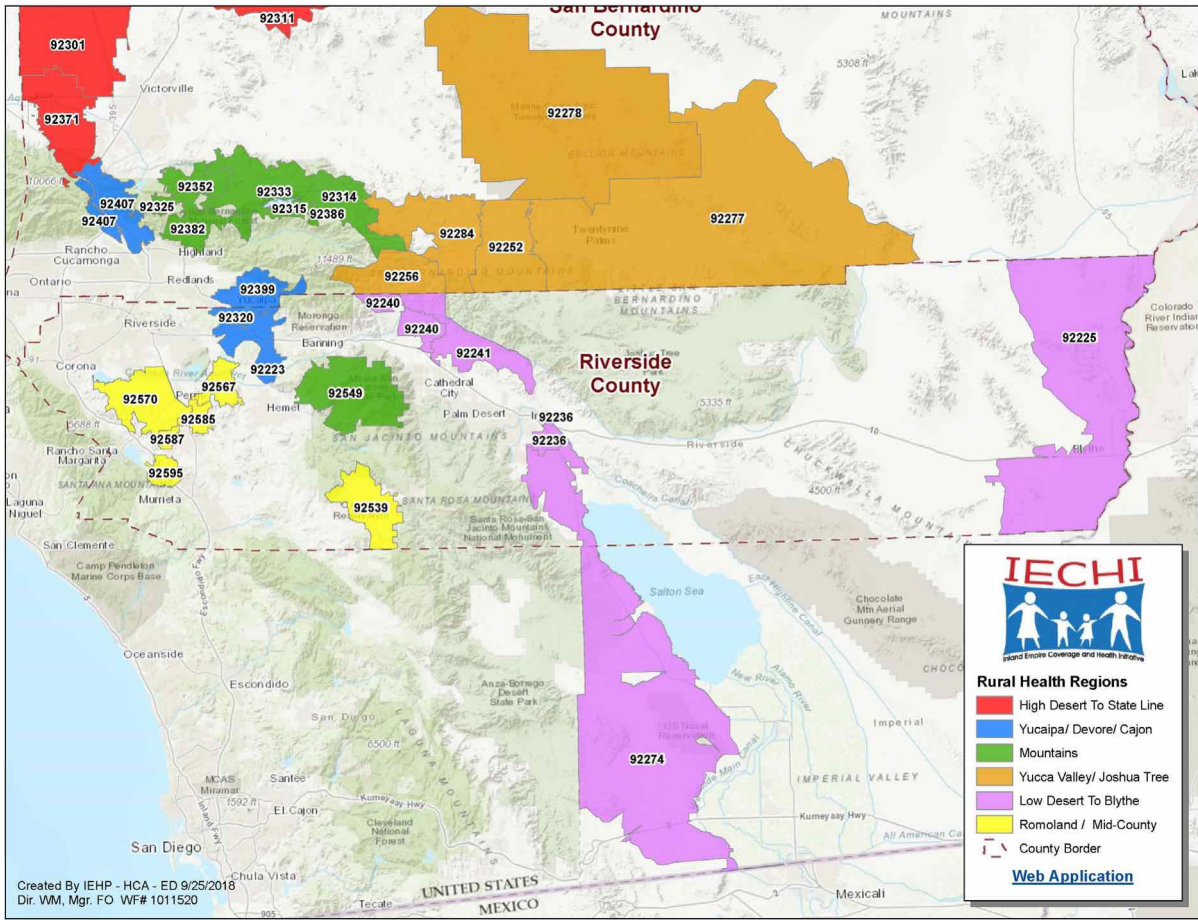
The following agencies and representatives comprised the core task force:

Bear Valley Medical Center-Margaret DeGuerena
 Borrego Health-Lenny Pepper
 Community Health Association of the Inland Southern Region (CHAISR)-Jackie Yi
 Neighborhood Clinic- Rosa Sanchez
 St Mary Medical Center-Kevin Mahany
 Unity Fellowship- Reverend Benita Ramsey
 Unides Por La Musica-Oscar Ayon

The Members were asked to research the following:

- **Task Force Focus:** To research and identify the challenges and gaps in health coverage/ services in the rural areas of Riverside and San Bernardino Counties with the goal of developing recommendations for potential solutions. The Task Force will complete a report after a one year study period to be shared with appropriate Inland Empire and other area stakeholders.
- **Research Study:** After several discussion meetings the members found that the first challenges was to determine a definition of "rural" that adequately described the unique and varied regions of the two counties of Riverside and San Bernardino. The group reviewed definitions utilized by HUD, the Census bureau, other Inland Region agencies and reports. It was decided that no one definition adequately defined the geographic and population differences of the "High Desert", "Low Desert", Mountain regions and various pockets in between. Thus, the group created a definition to be used initially for this report.





Definition: Rural areas in the counties of Riverside and San Bernardino (the Inland Empire) are defined as non-urban communities with populations between 2,500-50,000 and lacking sufficient core resources including but not limited to: all basic need services, transportation, health services, reliable internet, adequate employment/ job training opportunities and comprehensive social services.

After determining a definition the members needed to identify the rural regions in the two (2) counties. By “overlaying” the definition on various regions in the two counties the group defined these “rural regions”

Rural Regions: Communities/regions meeting the rural definition components were defined and color coded. They included:

- Yucaipa/Calimesa/DevoreBLUE
- High Desert to StatelineRED
- Mountains (2 areas-Big Bear and Idyllwild)GREEN
- Morongo Basin/Yucca Valley/Joshua TreeORANGE
- Low Desert to BlythePURPLE
- South/Mid Riverside CountyYELLOW

Tribal regions were not included in this study although many of them reflect the rural definition utilized.

Community Resources--

Because the two counties encompass such a vast geographic area, the group determined that they would need two groupings of resources for assistance:

- 1) The first resource consisted of additional agencies and groups to participate in "research teams" in each rural region.
- 2) The second set of resources were indicators and data in a variety of areas impacting child and family health including but not limited to direct health services.

Community Partners: In addition to the Task Force member agencies, the group identified community agencies serving the identified rural regions as resources in gathering information. The Task Force members invited them to help in developing "research" teams to identify needs in the defined rural regions.

Community partners included:

El Sol agency
 Reach out West End (Youth Action group)
 Randall Lewis Interns
 United Ways/211s
 Boards of Supervisors
 School Districts
 Community Action Agencies
 Catholic Charities
 Chambers and MACs
 First 5s Riverside and San Bernardino
 Covered California
 COPE/ICUC/TURN/Faith groups
 Catholic Diocese
 Health Providers

Partnering community agencies provided needs assessments, local statistics, demographics, health enrollment and other data pertinent to the study.

Indicators/Data: After Task force member discussions, discussion with other community partners and the review of community reports, the group identified sixteen (16) indicators which have an impact on child/family health directly or indirectly. The indicators included both health and social determinants:

- 1) Number/location of hospitals: access to hospitals for both emergency and planned care
- 2) Number/location/type of clinics: access to clinics as medical homes for both Prevention and managed care accepting a variety of reimbursement methods
- 3) Medi-cal providers serving the region: Adequate primary and specialty care

physicians to meet the ongoing health needs of residents accepting Medi-cal/Medicare insurance reimbursement

4) Other insurance providers serving the region: Adequate health providers to meet all income eligibility levels so that residents of medical care choices

5) Number of primary care physicians, outside of clinics, in the region: adequate number of PCPs to meet resident needs with services and timelines meeting federal and state guidelines

6) Number of specialty care physician, outside of clinics, serving the area: adequate number of SCPs to meet resident needs with services and timelines meeting federal and state guidelines

7) Methods of transportation to clinics/hospitals/doctors: A variety of transportation modalities with adequate service times and locations to support resident planned and emergency health needs.

8) Preventative services provided and by whom:

(examples: well-baby checks, mammograms, colonoscopies, screenings (diabetes, asthma)

Access to preventive care services through medical homes, clinics and Community venues

9) Vision/Dental services available (how many locations/convenience)

Adequate and local vision/dental services for all ages accepting a variety of payment options

10) Role of school district/Head Start in supporting preventative care and screenings

School districts and facilities role in supporting child/family health services through housing on sites, supporting through transportation and linking through resources

11) % of people/families with "medical"/"dental" homes

Provides data to access need for outreach, education, enrollment, renewal and utilization support

12) Primary employers in the area and type of health coverage provided

Provides data/identifies needs for increased employment and adequate income as well as access to health coverage

13) % of Medi-cal eligible/persons + % enrolled in Med-cal

Provides data on to access need for outreach, education, enrollment, renewal and utilization support

14) % of people enrolled through Covered California

to access need for outreach, education, enrollment, renewal and utilization support

15) % of unemployment

Provides data on poverty levels, income sources and causes of unemployment including lack of jobs, lack of skills, illness/disability /drug use, etc

16) % of school dropouts

Provides data on employable workforce, drug use, poverty levels, medical issues and access to services

Each rural region "research team" collected the information for as many indicators as possible utilizing city, regional, county and state data.

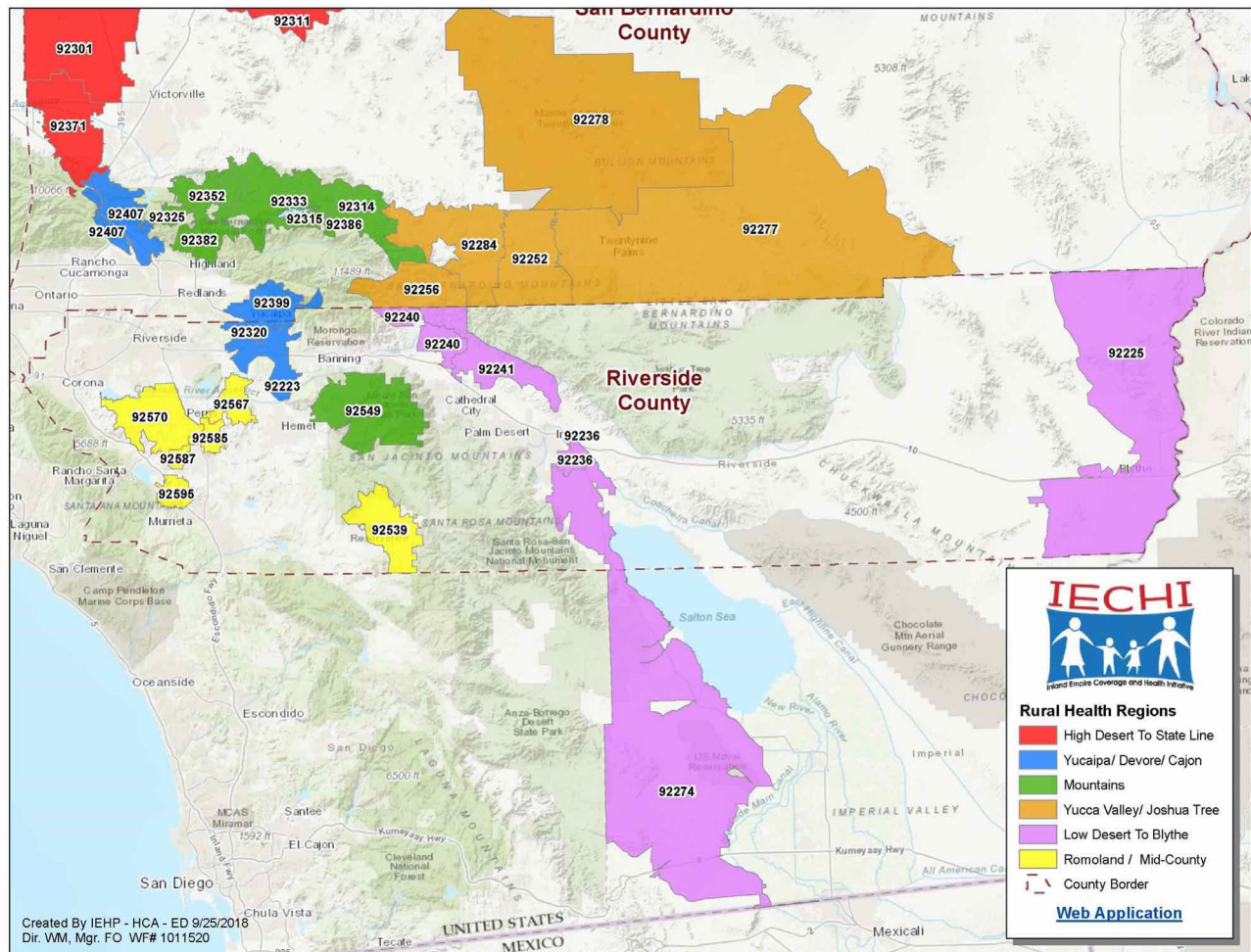
Rural Region Information--

SAN BERNARDINO COUNTY, CALIFORNIA, officially the County of San Bernardino, is a county located in the southern portion of the U.S. state of California. As of the 2010 U.S. Census, the population was 2,035,210,[6] making it the fifth-most populous county in California, and the 12th-most populous in the United States. The county seat is San Bernardino.

The bulk of the population, approximately two million, live in the roughly 480 square miles south of the San Bernardino Mountains adjacent to Riverside and in the San Bernardino Valley. Over 300,000 others live just north of the San Bernardino Mountains, agglomerating around Victorville covering roughly 280 square miles in Victor Valley, adjacent to Los Angeles County. Roughly another 100,000 people live scattered across the rest of the sprawling county.

For the purpose of the study the designated regions meeting the Rural definition were divided into three primary regions in San Bernardino County; The High Desert, Morongo Basin/Joshua Tree and the Mountains.

(County wide map of three rural areas)



High Desert: High Desert is a name used to define geographic areas of Southern California deserts that are between 2,000 and 4,000 ft (609.9 and 1219.2 m) in elevation.

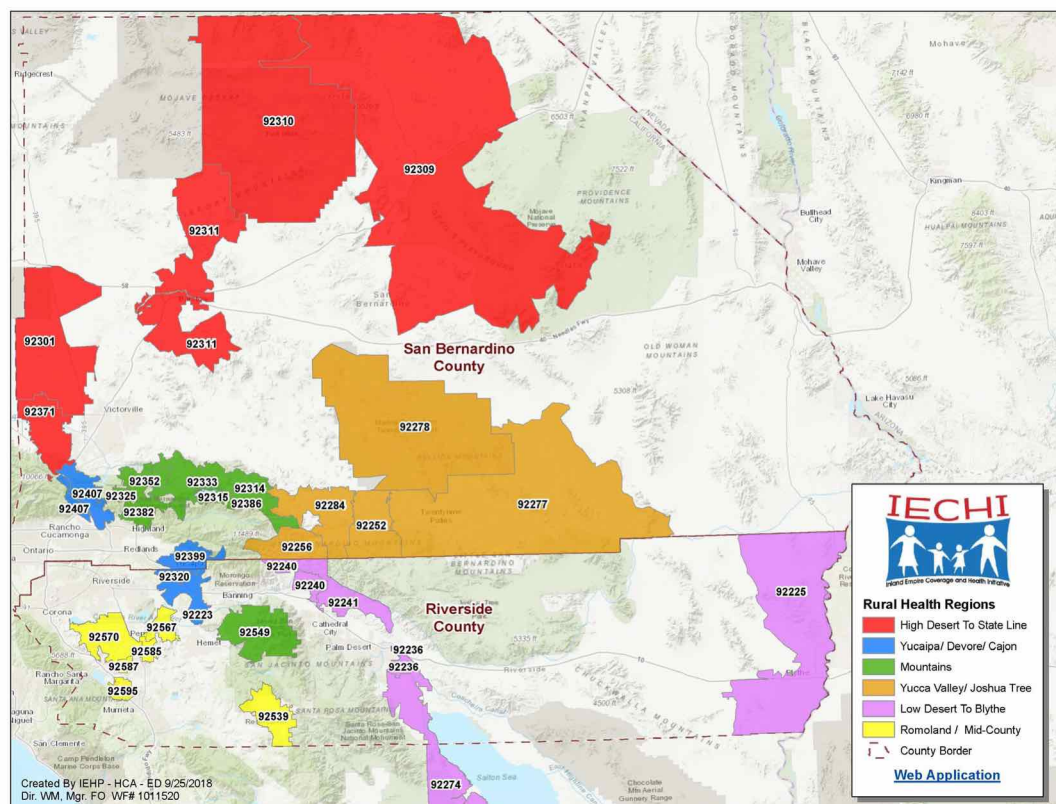
The term is used commonly to refer to Joshua Tree National Park, Twentynine Palms, and the Morongo Basin. The High Desert may be used to describe the area as extending as far north as Victorville, and the Barstow desert. The High Desert is often divided into the following regions:

a) The Los Angeles County portion, containing the Antelope Valley, part of the Palmdale-Lancaster Urbanized Area

b) The San Bernardino County portion, containing Victor Valley, which is part of the Inland Empire area of Southern California, along with the Antelope Valley and the Morongo Basin, where Yucca Valley and the Twentynine Palms Marine Base are located, are all considered to be part of the Greater Los Angeles Area. Other parts of the San Bernardino County portion include the northeastern reaches of the High Desert, where the Fort Irwin National Training Center and the Searles Valley are located, and the far eastern edge of the state where places like Needles and Earp are located along the Colorado River. San Bernardino County's portion of the High Desert region contains the most land mass of the four involved counties, making up approximately 70% of the total county's area. (Los Angeles, Kern, Inyo and San Bernardino).

The Victor Valley area, which includes such areas as Victorville, Hesperia, Adelanto, Apple Valley, and Lucerne Valley, boasts a population around 335,000.[6] The Barstow area, to the north of Victor Valley, and the Morongo Basin near the Joshua Tree National Park each have populations of around 60,000.

For the purpose of this study "High Desert" regions were divided into two rural areas. The "High Desert" was defined as the region north of the Cajon pass along the 15 Fwy to the California State line. This region encompasses both the "Urban" areas of Victorville, Apple Valley and Hesperia and the more vast



“Rural” areas including smaller cities of Phelan, Adelanto, Barstow, Baker and Needles to the east, as well as the extensive regions in between these smaller cities. For identification purposes on charts and maps it is marked in RED.

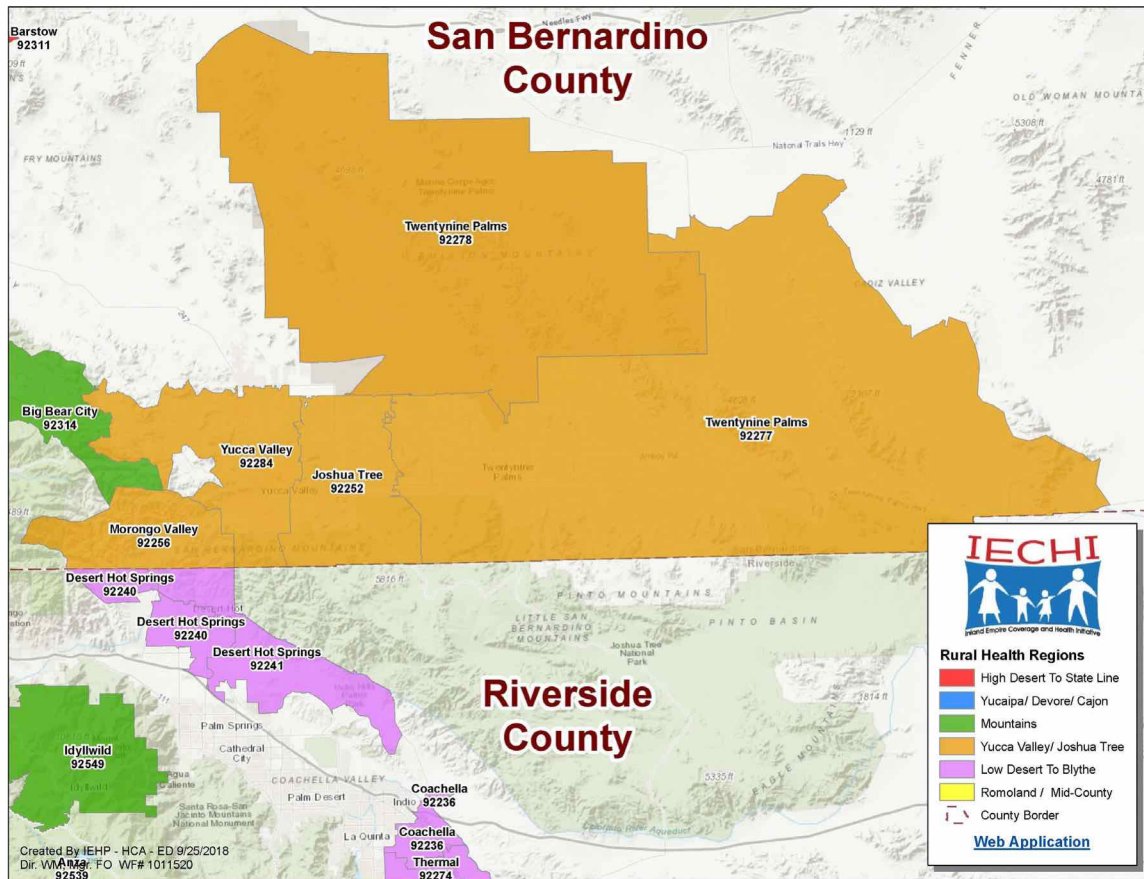
Adelanto is a city in San Bernardino County, California, United States. It is about 9 miles (14 km) northwest of Victorville in the Victor Valley area of the Mojave Desert, known as the northern region of the Inland Empire. The 2010 United States Census[16] reported that Adelanto had a population of 31,765. Adelanto had a median household income of \$41,113, with 32.0% of the population living below the federal poverty line. The Adelanto Elementary School District (AESD), for preschool, elementary and middle school levels. High school-aged students attend schools in the Victor Valley Union High School District.

Phelan is an unincorporated community and census-designated place in San Bernardino County, California, in the Victor Valley of the Mojave Desert, north of the San Gabriel Mountains. The population was 14,304 in the 2010 census. Phelan had a median household income of \$52,639, with 15.3% of the population living below the federal poverty line. Phelan is in the Snowline Joint Unified School District, which also serves Wrightwood, Piñon Hills, Baldy Mesa, Oak Hills, and the West Cajon Valley.

Barstow is a city in San Bernardino County, California, United States. The population was 22,639 at the 2010 census. Barstow is located 67 miles (108 km) north of San Bernardino. Barstow is a major transportation center for the Inland Empire. Several major highways including Interstate 15, Interstate 40, California State Route 58, and U.S. Route 66 converge in the city. It is the site of a large rail classification yard, belonging to the BNSF Railway. During 2009–2013, Barstow had a median household income of \$42,354, with 26.2% of the population living below the federal poverty line. Barstow Unified School District serves students k-12 Barstow Community College is the only college in the area. Barstow Community Hospital is a 56-bed hospital serving the surrounding High Desert community.

Baker is a census-designated place located in San Bernardino County, California, US. As of the 2010 census, the town had a total population of 735. Baker is located in the Mojave Desert at the junction of Interstate 15 and SR 127 (Death Valley Road). Baker had a median household income of \$33,068, with 9.9% of the population living below the federal poverty line. Baker Valley Unified School District serves children K-12 with a total enrollment of 125 students.

Needles (Mojave: Aha Kuloh) is a city in San Bernardino County, California, United States. It lies on the western banks of the Colorado River in the Mohave Valley subregion of the Mojave Desert, near the borders of Arizona and Nevada. The 2010 United States Census[18] reported that Needles had a population of 4,844. Needles had a median household income of \$29,613, with 28.8% of the population living below the poverty line. Needles Unified School District is one of the largest in the United States in terms of area with almost 6,000 square miles (16,000 km²) in its boundaries. Needles is home to a full-service hospital with a 24-hour emergency room.



Morongo Valley/Yucca Valley/Joshua Tree

The other section also identified as “High Desert” in many descriptions of the Inland Empire and San Bernadino County was classified as Morongo/Joshua Tree for the purpose of this study and identified as ORANGE on maps and charts. This region includes the areas and smaller cities identified as Morongo Basin, Joshua Tree, Twenty Nine Palms, etc. Some of these regions are adjacent to Riverside County.

The Morongo Basin is located centrally in the southern portion of the state of California in the United States. The Morongo basin is part of the third largest metropolitan area in California (only after Los Angeles and San Francisco) and the 14th largest in the United States, the Inland Empire. Joshua Tree National Park lies in the basin, as well as the following communities: Morongo Valley, Landers, Pioneertown, Joshua Tree, Twentynine Palms, Marine Corps Air Ground Combat Center Twentynine Palms, Wonder Valley and Yucca Valley.

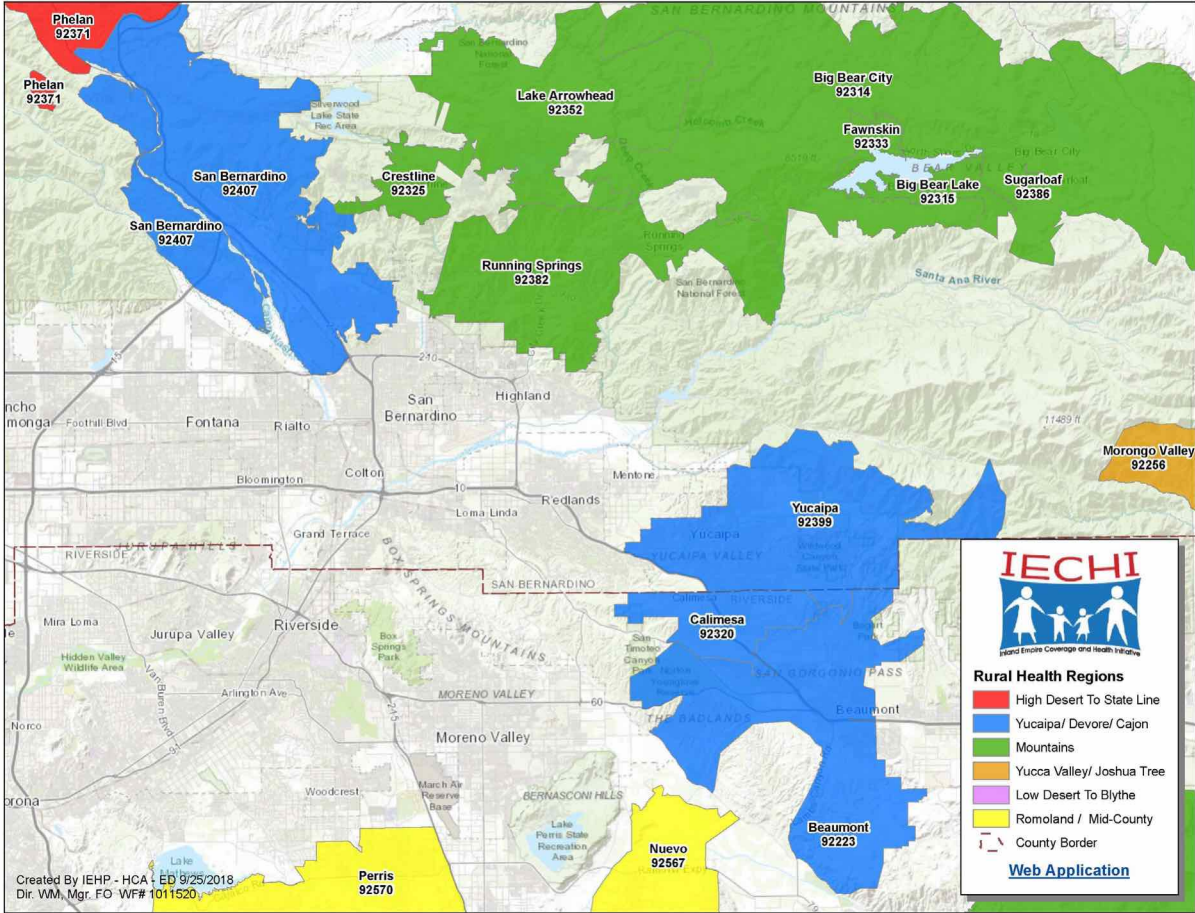
The basin stretches approximately from the Interstate 10 in the south to the Interstate 40 in the north. It lies within the High Desert region and the Mojave Desert. The Morongo Basin is directly east of the metropolitans principal city, San Bernardino.

Morongo Valley is unincorporated and is under the jurisdiction of San Bernardino County; it lies immediately north of the Riverside County line. The 2010 United States Census[3] reported that Morongo Valley had a population of 3,552. According to the 2010 United States Census, Morongo Valley had a median household income of \$32,337, with 25.3% of the population living below the federal poverty line. The only school in Morongo Valley is Morongo Valley Elementary School (MVES), which is part of the

Morongo Unified School District. MVES has an enrollment of a few hundred students.

Joshua Tree is a census-designated place (CDP) in San Bernardino County, California, United States. The population was 7,414 at the 2010 census. At approximately 2,700 feet above sea level, Joshua Tree and its surrounding communities are located in the High Desert of California. The center of the business district in Joshua Tree is on California State Route 62. Joshua Tree shares the border to its east with Twentynine Palms, California, its western border with Yucca Valley, California, its northwestern border with Landers, California, and its southern border is Coachella Valley, California.

The City of Twentynine Palms is the home of Joshua Tree National Park Headquarters and Main Park



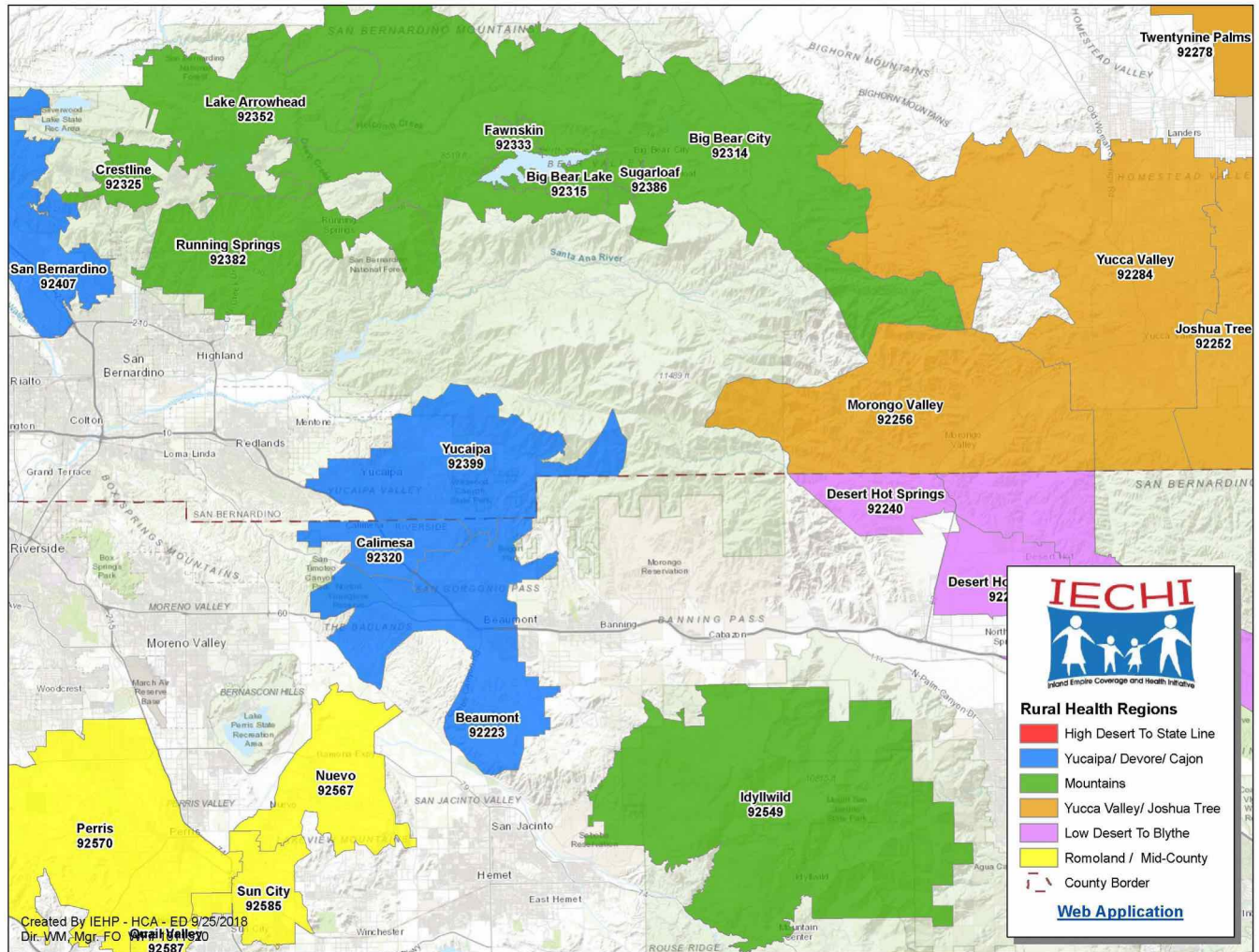
Entrance (aka the North Entrance) and the Marine Corps Air Ground Combat Center, the world's largest Marine Corps training base. As of the census of 2010, there were 25,048 people, 8,095 households, and 5,847 families residing in the city. The Morongo Unified School District provides education for public school students. Copper Mountain College is the community college serving the Morongo Basin.

Yucaipa/Calimesa/Devore region encompasses several small towns bridging the pass between San Bernardino and Riverside Counties along the Interstate 10 Freeway.

Yucaipa is a city located 10 miles (16 km) east of San Bernardino, in San Bernardino County, California, United States. The population was 51,367 at the 2010 census. Yucaipa sits at the base of the foothills of the San Bernardino Mountain range. The median income for a household in the city was \$39,144, and the median income for a family was \$48,683. About 8.8% of families and 11.2% of the population were below the poverty line, including 13.2% of those under age 18 and 7.2% of those age 65 or over.

Calimesa was incorporated on December 1, 1990, soon after the incorporation of its northern neighbor, the City of Yucaipa. Prior to its incorporation, the City of Calimesa existed as an unincorporated census designated town that straddled the Riverside–San Bernardino County line at the location where Interstate 10 climbs the San Gorgonio Pass. The 2010 United States Census[9] reported that Calimesa had a population of 7,879. Calimesa had a median household income of \$44,817, with 14.5% of the population living below the federal poverty line.

Oak Glen is a census-designated place situated between the San Bernardino Mountains and the Little San Bernardino Mountains in San Bernardino County, California, United States. Oak Glen is located 15 miles



east of San Bernardino, at an elevation of 4,734 feet (1,443 m). The population was 638 at the 2010 census.

Devore Heights, or Devore, is a rural and mountainous neighborhood in San Bernardino, California. It is located just north of the junction of Interstate 15 and Interstate 215, about 12 miles north-west of

downtown San Bernardino. It is also the last town to pass through before taking the Cajon Pass to reach the “High Desert”.

The Mountains

The Mountains communities in both San Bernardino and Riverside were included as a “rural region” and researched together. They comprised the Communities in the San Bernardino Mountain range including Big Bear, Running Springs, Lake Arrowhead and the communities in the San Jacinto Mountain range including Idyllwild.

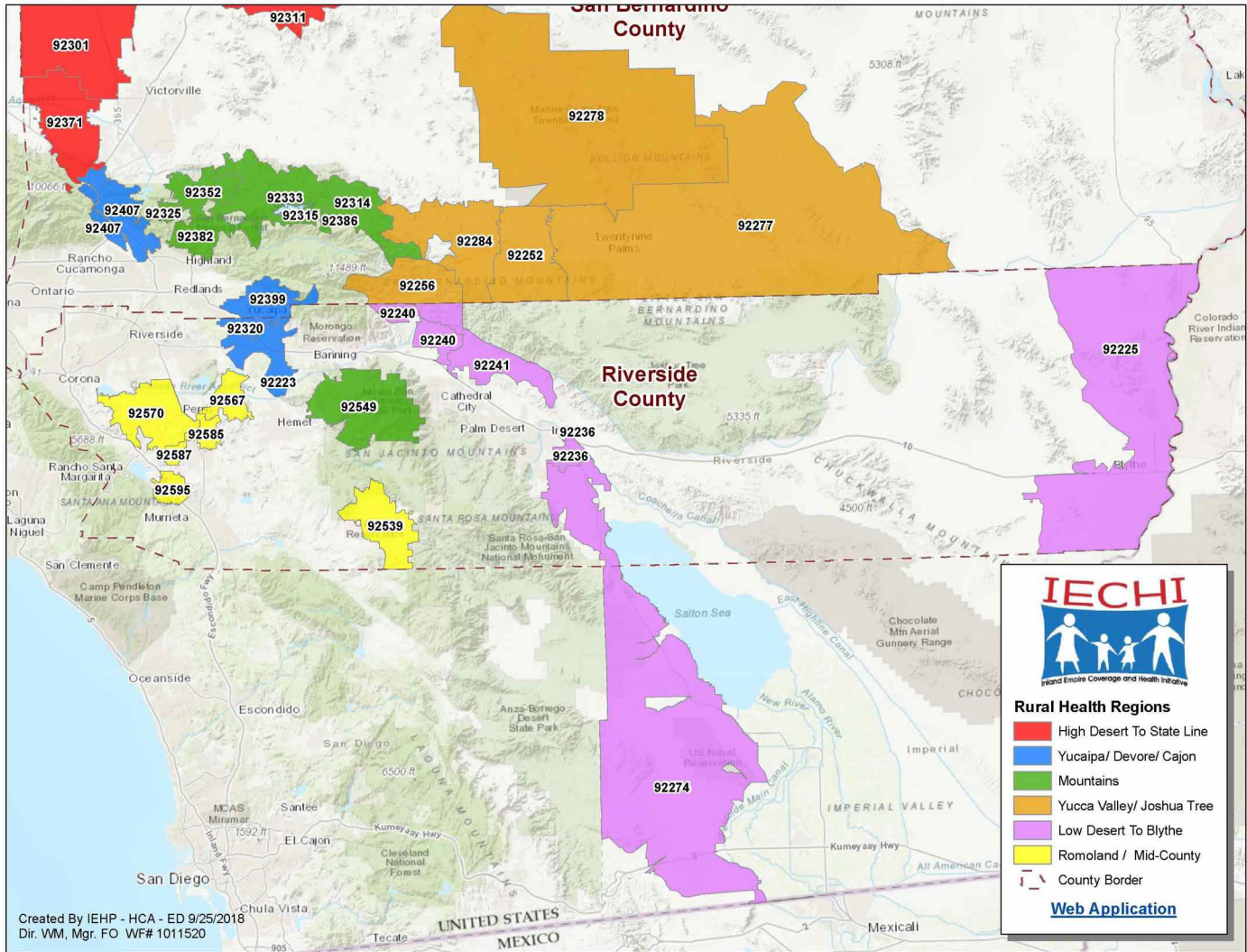
Big Bear Lake is a small city in San Bernardino County, California, located in the San Bernardino Mountains along the south shore of Big Bear Lake, and surrounded by the San Bernardino National Forest. The city is located about 25 miles (40 km) northeast of the city of San Bernardino, and immediately west of the unincorporated town of Big Bear City. The population was approximately 5,019 at the 2010 census

Running Springs is a census-designated place (CDP) in San Bernardino County, California, United States. The population was 4,862 at the 2010 census. According to the 2010 United States Census, Running Springs had a median household income of \$59,111, with 9.3% of the population living below the federal poverty line. Running Springs is a member community of the Rim of the World, an inhabited stretch of the San Bernardino Mountains and wholly contained in the San Bernardino National Forest. Running Springs is served by Rim of the World High School and Mary Putnam Henck Intermediate School situated in Lake Arrowhead.

Lake Arrowhead is an unincorporated community and a census-designated place (CDP) in the San Bernardino Mountains of San Bernardino County, California, within the San Bernardino National Forest, surrounding the Lake Arrowhead Reservoir. Lake Arrowhead consists of 6 communities including Lake Arrowhead, Twin Peaks, Blue Jay, Cedar Glen, Sky Forest, and Rim Forest. The population of the CDP was estimated at 12,424 in the 2010 census. According to the 2010 United States Census, Lake Arrowhead had a median household income of \$57,672, with 11.2% of the population living below the federal poverty line. There are three elementary schools, one middle school, and one high school in the area.

Idyllwild, Pine Cove and Fern Valley are three adjacent unincorporated communities, of which Idyllwild is the largest, located in the San Jacinto Mountains in Riverside County, California, United States. The Idyllwild community also generally includes the hamlets of Mountain Center and Garner Valley. Idyllwild, Pine Cove, and Fern Valley are part of the Idyllwild-Pine Cove census-designated place (CDP.) The population of the CDP was 3,874 at the 2010 census. Idyllwild School is K-8 and part of Hemet Unified School District. Hemet High School is part of Hemet Unified School District and is located in Hemet. Most high school-age students in Idyllwild attend school in Hemet, w

RIVERSIDE COUNTY, CALIFORNIA, is one of fifty-eight counties in the U.S. state of California. As of the 2010 census, the population was 2,189,641,[3] making it the 4th-most populous county in California and the 11th-most populous in the United States. The name was derived from the city of Riverside,



which is the county seat. Roughly rectangular, Riverside County covers 7,208 square miles (18,670 km²) in Southern California, spanning from the Greater Los Angeles area to the Arizona border. Geographically, the county is mostly desert in the central and eastern portions, but has a Mediterranean climate in the western portion.

Map of Riverside County-I

Most of Joshua Tree National Park is located in the county. (The median income for a household in the county was \$42,887, and the median income for a family was \$48,409. About 10.7% of families and 14.2% of the population were below the poverty line, including 18.5% of those under age 18 and 7.6% of those age 65 or over.)

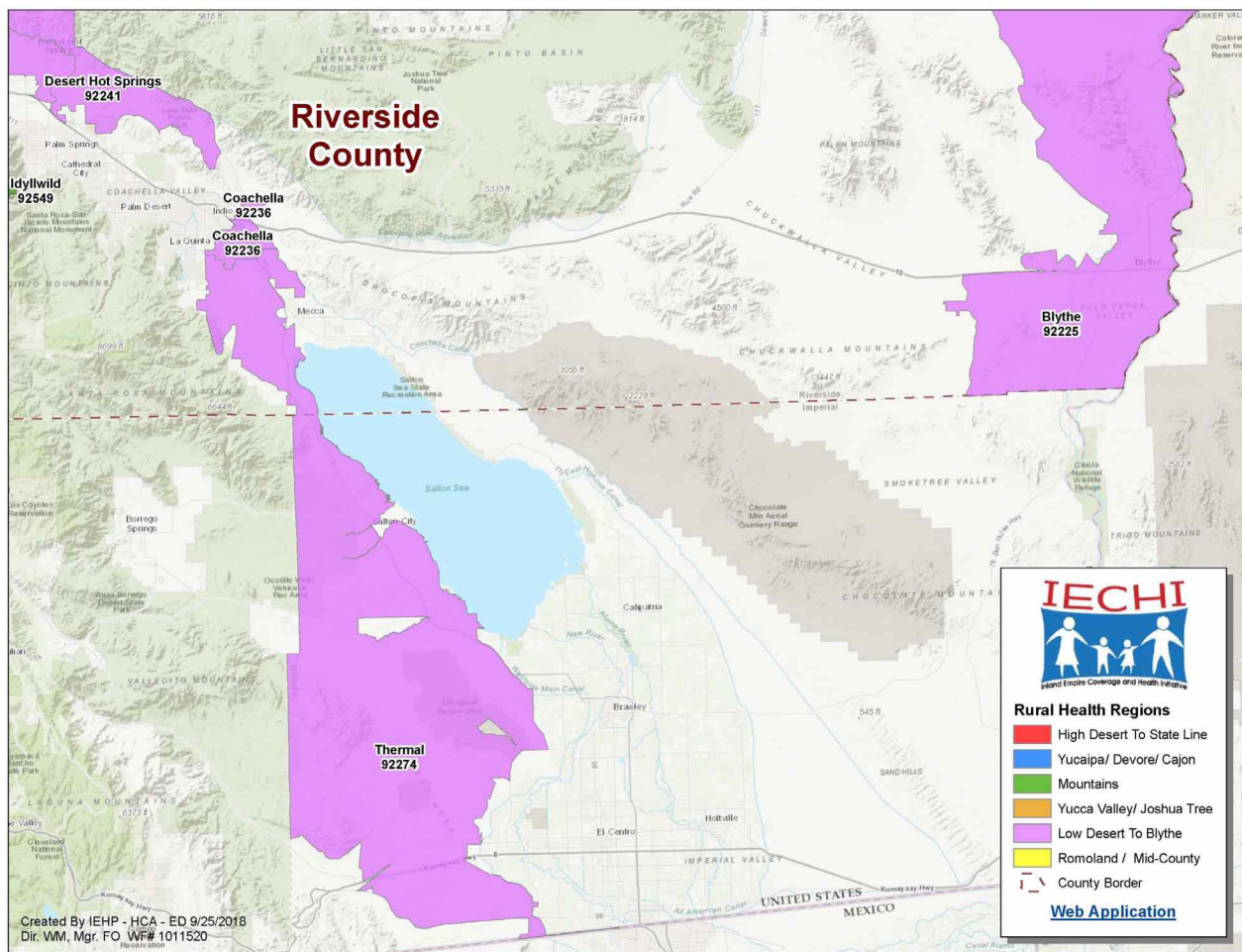
For the purpose of the study, the designated regions meeting the Rural definition were divided into two primary regions in Riverside County; The Low Desert and Mid/ South County. The Yucca Valley/Joshua Tree region covers parts of both counties.

Low Desert is a common name for any desert in California that is under 2,000 feet (609.6m) in altitude. These areas include, but are not exclusive to, the Colorado Desert and Yuha Desert, in the Southern

California portion of the Sonoran Desert. In Riverside County the “Low Desert” refers to the stretch of primary desert area along Interstate 10 and 60 leading from the foothill passes of San Bernardino and Riverside Counties to the Southern California/Arizona border at the city of Blythe. Best known for the “Celebrity” status of the cities from Palm Springs to La Quinta larger parts of the region are isolated and meet the rural definition for this study. It is those areas, with smaller more isolated areas, on which this study was focused.

Desert Hot Springs, also known as DHS, is a city in Riverside County, California, United States. The city is located within the Coachella Valley geographic region, sometimes referred to as the Desert Empire. The population was 25,938 at the 2010 census. Desert Hot Springs had a median household income of \$32,883, with 28.6% of the population living below the federal poverty line. Public schools in Desert Hot Springs are in Desert Sands Unified and Palm Springs Unified School District.

Thousand Palms borders the cities of Rancho Mirage and Palm Desert. The 2010 United States Census[5] reported that Thousand Palms had a population of 7,715. The median income for a household in the CDP was \$34,172, and the median income for a family was \$37,500.



Map of Riverside County-II

About 9.4% of families and 12.8% of the population were below the poverty line, including 17.0% of those under age 18 and 7.1% of those age 65 or over. Palm Springs Unified School District serves children in Thousand Palms.

Coachella is largely a rural and agricultural community in the desert and one of the state's fastest growing cities in the late 20th century. When it first incorporated back in 1946, it had 1,000 residents, but the population was 40,704 at the 2010 census. Coachella had a median household income of \$41,611, with 27.9% of the population living below the federal poverty line. Coachella is served by the Coachella Valley Unified School District, based in Thermal, California

Thermal is an unincorporated community within the Coachella Valley in Riverside County, California located approximately 25 miles (40 km) southeast of Palm Springs and about 9.5 miles (15.3 km) north of the Salton Sea. The community's elevation is 138 feet (42 m) below mean sea level. The 2010 United States Census reported that Thermal had a population of 2,865. There are several schools in the Coachella Valley Unified School District that are in and near the community. College of the Desert, a community college based in Palm Desert has opened a new satellite campus, the East Valley Educational Center in Thermal.

Blythe is a city in Riverside County, California, United States, in the Palo Verde Valley of the Lower Colorado River Valley region, an agricultural area and part of the Colorado Desert along the Colorado River. The 2010 United States Census^[33] reported that Blythe had a population of 20,817. Blythe had a median household income of \$48,327, with 16.1% of the population living below the federal poverty line. Health facilities in Blythe include Palo Verde Hospital, Blythe area is served by the Palo Verde Unified School District.

Mid/South Riverside County has large open, rural areas covering parts of three Supervisorial districts, District 1, 3 and 5. The region expands east of Interstate 15 to the 74 highway and south to the junction of Interstate 15 and 215. Since there has been and continues to be significant growth in this region many prior "rural areas" are no longer designated as such utilizing the description determined for this report. Several of the significant rural regions are in and around these defined locations.

Three major rural focus areas were defined in District 3 with the surrounding small communities.

Anza is a census-designated place located in southern Riverside County, California, in the Anza Valley, a semi-arid region at a mean elevation of 3,921 feet (1,195 m) above sea level. It is located 13 miles (21 km) south of Idyllwild,^[3] 32 miles (51 km) east of Temecula, 40 miles (64 km) southwest of Palm Springs, and 90 miles (140 km) northeast of San Diego, being traversed by State Route 371. Locally, Anza and several other mountain communities (including Garner Valley, Idyllwild, Pinyon Pines and Aguanga) are collectively referred to as "the Hill."

The population in Anza was 3,014 at the 2010 census. Anza had a median household income of \$39,637, with 11.5% of the population living below the federal poverty line. Anza is served by Hemet Unified School District.

French Valley is a census-designated place in Riverside County, California French

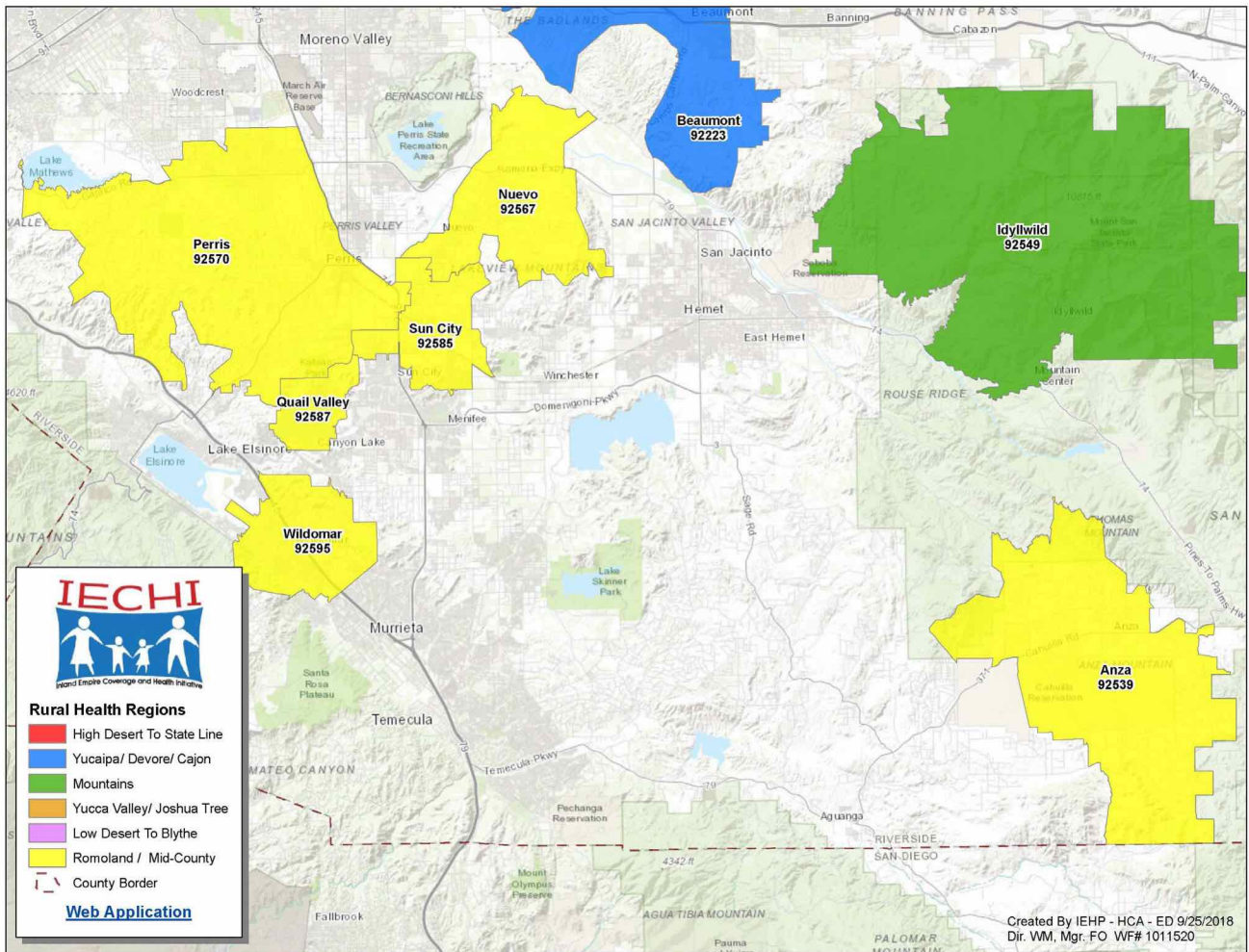
Valley sits at an elevation of 1,368 feet (417 m).[2] French Valley lies in the French Valley of California. The 2010 United States census reported French Valley's population was 23,067. Estimated median household income in 2016 was \$60,134.

Winchester: is a census-designated place (CDP) in Riverside County, California, USA. As of the 2010 census, the CDP had a total population of 2,534. The median income for a household in the CDP was \$33,472, and the median income for a family was \$39,167. About 9.7% of families and 13.8% of the population were below the poverty line, including 9.8% of those under age 18 and 11.6% of those age 65 or over. Winchester is served by Hemet Unified School District.

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One major rural focus area was defined in District 5 with the surrounding small communities.

Nuevo is a rural community located east of Lake Perris and the city of Perris in Riverside County, California. The population of the census-designated place (CDP) was 6,447 at the 2010 census. The



Map of Riverside County-III

median income for a household in the CDP was \$49,129. About 7.3% of families and 10.2% of the population were below the poverty line, including 15.5% of those under age 18 and 6.2% of those age 65 or over. Nuevo is served by Nuview Union School District presently operates two K-6 schools, one 7-8 middle school and one charter high school.

One major rural focus area was defined in District 5 with the surrounding small communities.

Mead Valley is a census-designated place in Riverside County, California. Mead Valley sits at an elevation of 1,663 feet (507 m). The 2010 United States census reported Mead Valley's population was 18,510. Mead Valley is served by Val Verde Unified School District.

Understanding the Health and Social Indicators

In reviewing and correlating data the original 16 indicators were grouped into 11 categories, both within each region and between regions, for comparison purposes. These included: Hospitals, Clinics, Medical Primary Care Providers (IEHP), Transportation systems, Medical and Dental homes, Vision providers, Dental providers, Unemployment rates, school drop out rates, Medical enrollment and Employer insured.

Comparisons by category

Hospitals: Mid/South Riverside County had access to the most hospitals while the Mountains regions had access to the least number. However, this can be misleading because the actual hospitals are not necessarily in the rural areas but serve patients from those regions. Thus, access to a hospital needs to be balanced with a) the type of services provided by the accessible hospitals and b) the method of transportation available to the appropriate hospital for the type of services required. Planned hospital services can become more accessible than emergency hospital services. (Example: While there are five (5) major hospitals serving the Low Desert, there is only one hospital in Blythe with limited specialty care. The next closest hospital is 3 hours away in the Palm Desert area).

Clinics: The Lower desert has the most clinics available while the Mountain areas and orongo Basin/ Joshua Tree are tied with the least number of clinics. In addition, clinics vary by type (Provider sponsored, FQHC, Community) by services provided, by availability of primary and specialty providers and by services in addition to Medical (Dental, Vision, Mental Health) .

IEHP contracts Primary Care Physicians (PCPs): Mid/South County had the most IEHP ontracted PCPs while the Mountains had the least number. This data is significant because IEHP is the largest Medical provider in the Inland Empire serving 96% of the Medical eligible population and also serves the "Medi/ Medi" dual eligible populations of disabled persons and seniors.

Transportation systems: Mid/South Riverside County had the most transportation systems and the Mountains had the least systems. This included public bus routes, Disability "access" services, Medical Provider sponsored transportation and other local systems. However, given the extensive geographic regions in each of the rural areas even the Mid/South County number of transportation options is inadequate to accommodate distance, weather challenges (especially in the Mountains) and medical emergencies.

Vision Services: The Low Desert had the highest number of vision service options and the Mountains had the lowest number of options.

However, more research needs to be completed to define the various types of vision services available and not available.

Dental Services: Yucaipa/Calimesa/Devore showed the highest dental service options with the Mid/South County region showing the least number of dental service options. This data may be misleading based on the proximity of the Yucaipa area to larger cities in comparison to the Mid-South County region. As in the vision services, different types of dental services need further research to obtain a more comprehensive and adequate picture of the scope of dental services in each rural region and the accessibility to the services needed by residents.

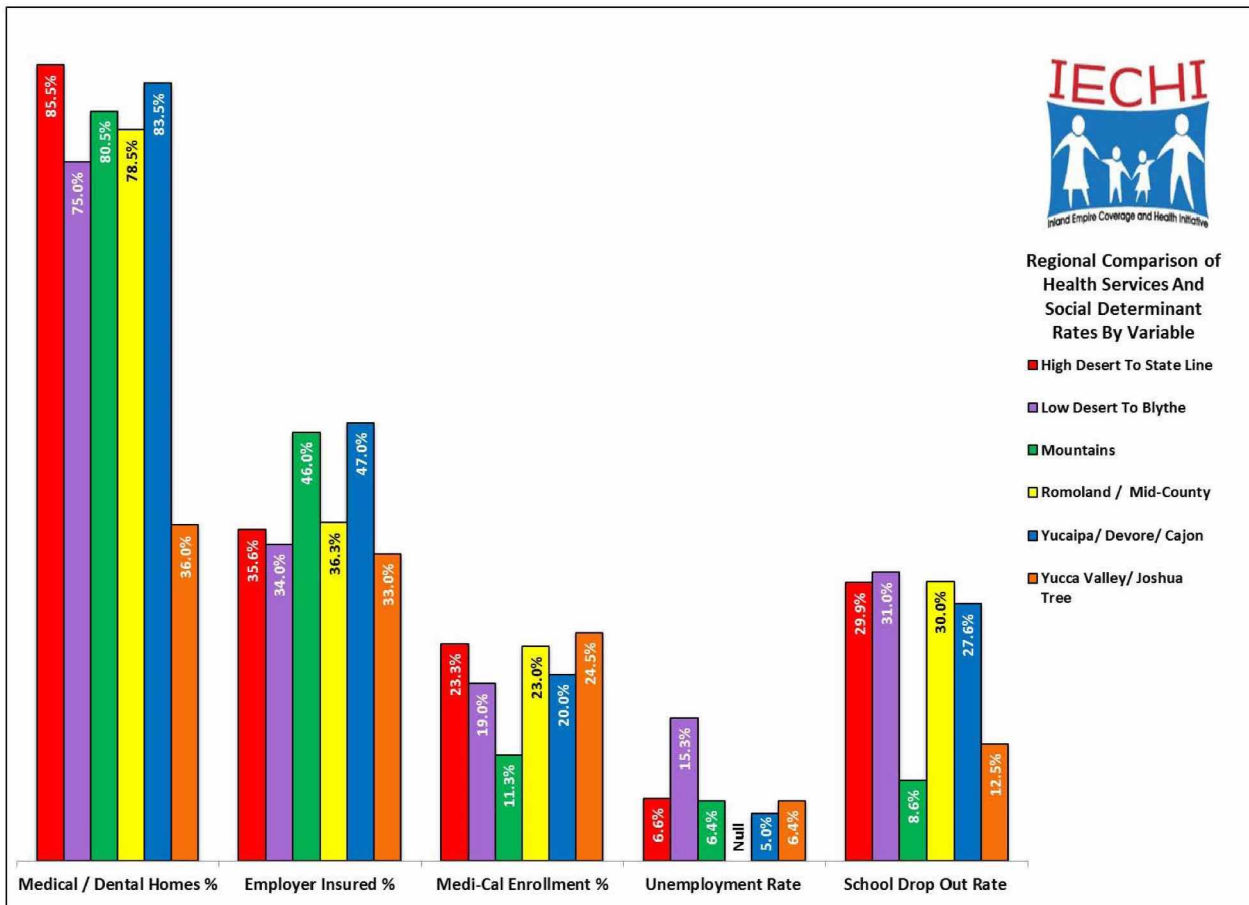
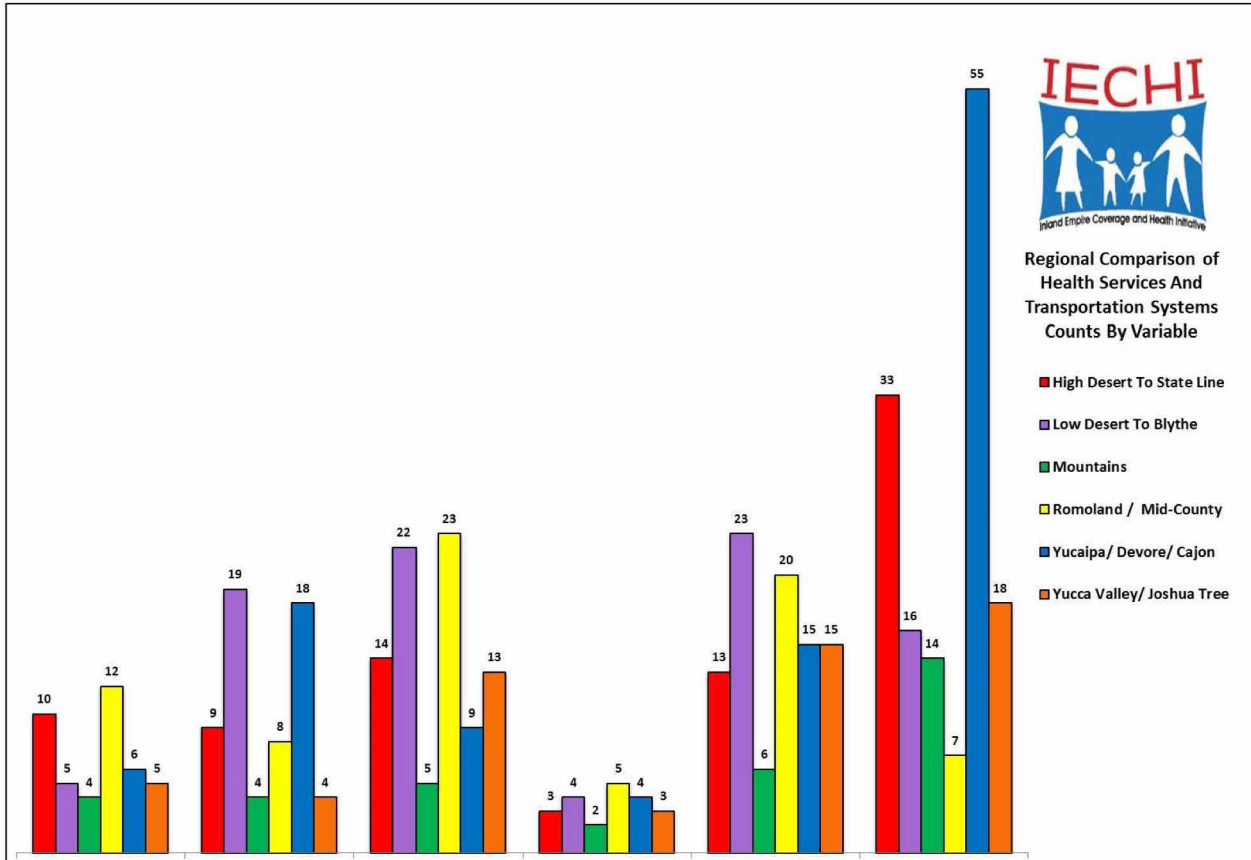
Medical/Dental Homes: While five (5) of the six (6) regions indicated that over 75% of the population identified Medical and Dental home the Morongo Basin/Joshua Tree region indicated only half the number (36%). Further research needs to be completed to determine the reason for the significant difference. In addition, having a Medical and/or Dental "home" identified does not necessarily indicate accessibility to the medical/dental home. (Example: Kaiser Permanente might be the identified medical/dental home through employer sponsored insurance however if the person resides in the Mountains there are no Kaiser medical centers in that rural region. Thus, accessibility to the medical home becomes a challenge.)

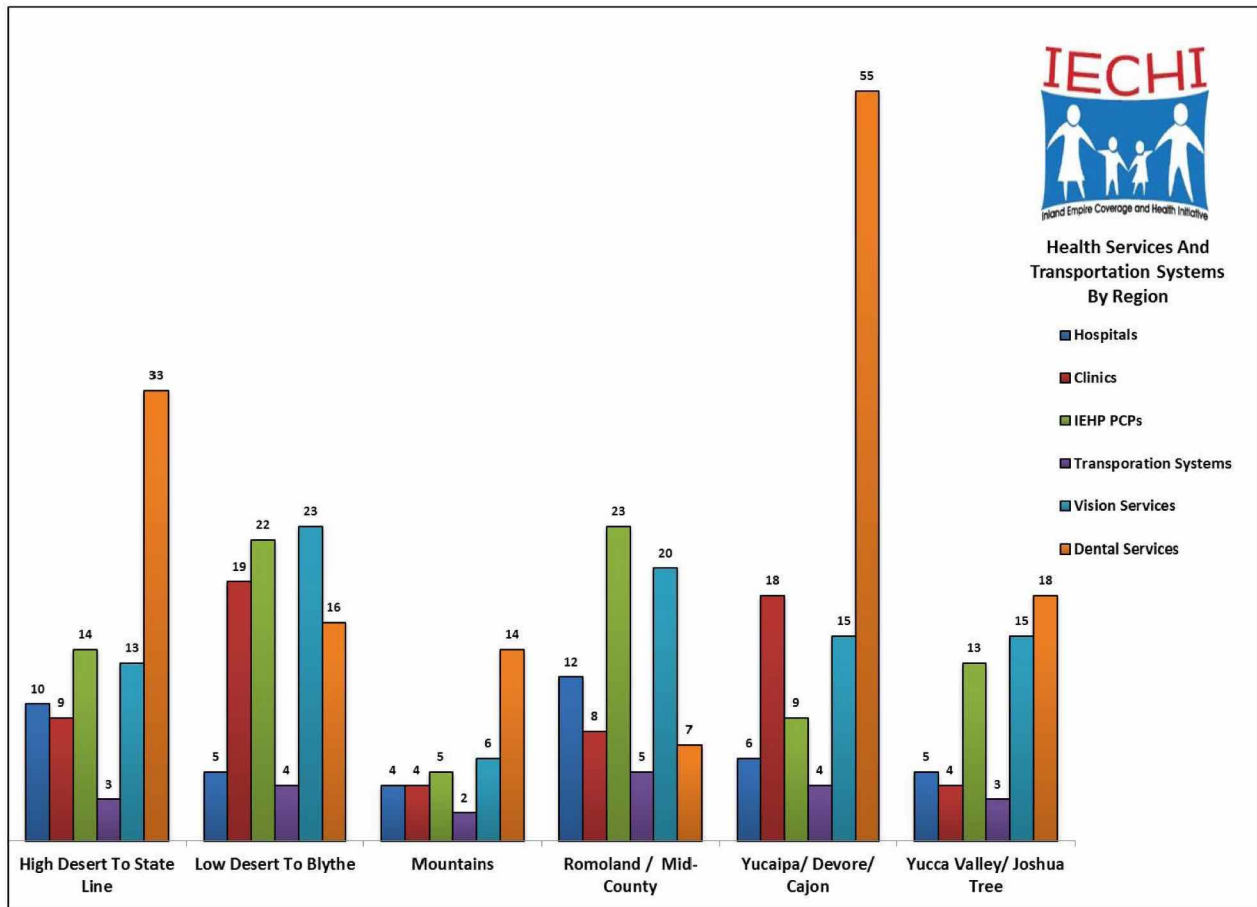
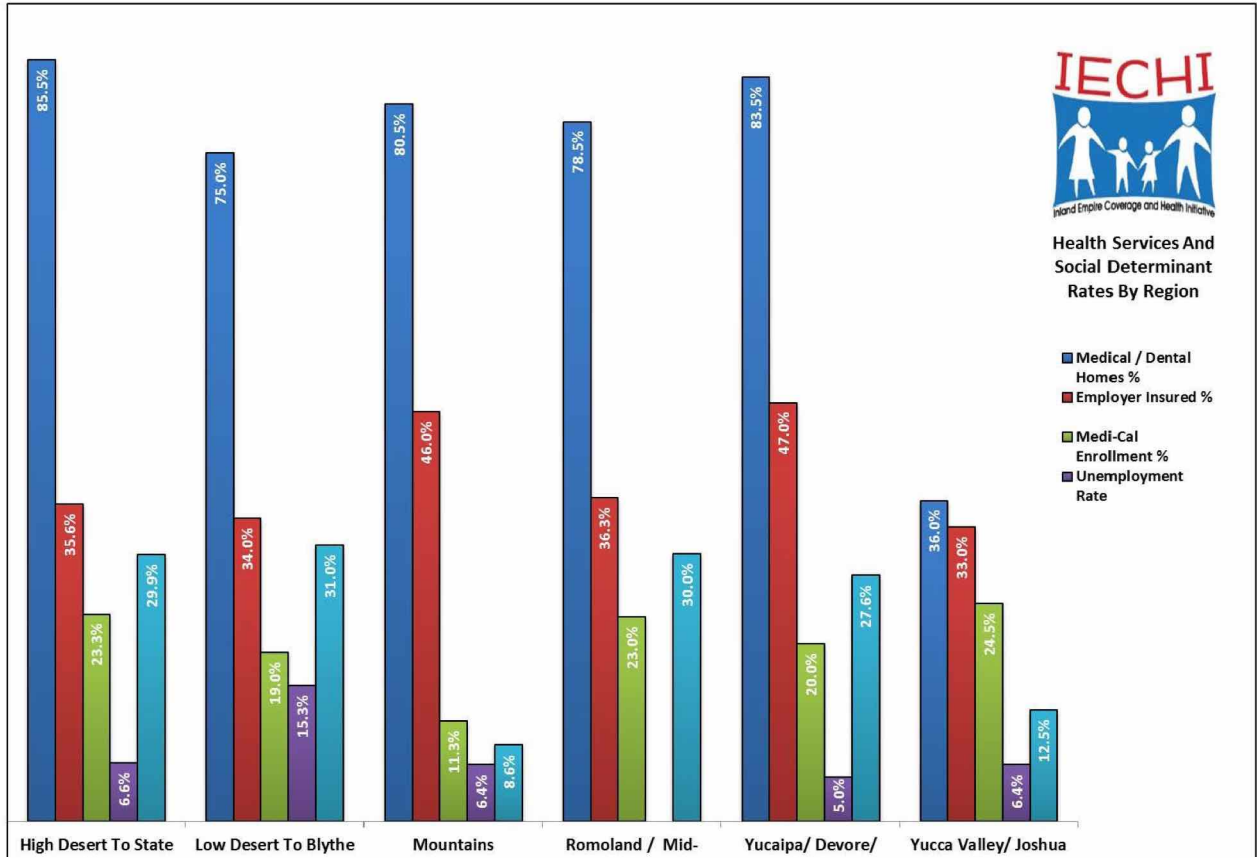
Employer insured: The Yucaipa/Calimesa/Devore region indicated the highest Employer insured population with the Morongo Basin/Joshua Tree region showing the lowest. This might be due to the proximity of the Yucaipa region to larger cities such as San Bernardino, Redlands, etc. The Morongo Basin is more isolated and more likely to have less employment options. Comparisons to unemployment rates in the regions might be useful.

Medi-cal enrollment: The Morongo Basin/Joshua Tree indicated the highest Medi-cal enrollment percentage with the Mountains regions showing the lowest percentage. This may align more with the type of employment and wages provided in the Morongo Basin/Joshua Tree region rather than the unemployment and school drop-out rates since the unemployment and school drop-out rates do not correspond.

Unemployment rates: The Low Desert regions indicated the highest unemployment rate with the Yucaipa/Calimesa/Devore region indicated the lowest rate. This ties into the Employer sponsored insured data for the Yucaipa rural region and the proximity to larger cities with employment opportunities. The Low Desert also showed the highest school drop-out rate which might indicate a correlation between education level and employment opportunities. The Low Desert did not indicate the highest Medi-cal enrollment which might indicate a larger uninsured population in this rural region.

School drop-out rates: The Low Desert had the highest school-drop-out rate but only by 1% over the Mid/South Riverside County region. The Mountains had the lowest school drop-out rate. Since transportation to schools is provide other reasons for high drop- out rates need to be explored.





Results in General

In analyzing the results, several interesting pieces of information are evident, leading to the need for further investigation and data collection:

- 1) Four (4) of the regions have a school drop out rate of over 20%.
- 2) Only one (1) school district offers comprehensive health services. Partnership with school districts might be an avenue to explore for prevention and intervention services.
- 3) Other than IEHP data it was difficult to determine the number of primary and specialty care physicians in any of the regions.
- 4) Number of Medi-cal enrollees was able to be determined but Covered California enrollees were not.
- 5) Over 75% of residents in five (5) of the regions indicated they had a Medical/Dental home. The question of utilization of those "Homes" might need to be explored.

Major concerns identified in community assessment reports included:

- a) Transportation resources including number/types of services, service routes in relation to residential locations, frequency of routes and weather (especially in the Mountain regions).
- b) Drug addiction challenges including level of addiction, age of those addicted, type of addiction, recovery resources and prevention/early intervention services.
- c) Mental health services including prevention/early intervention, assessments, access to services (both in patient and out-patient) follow up services and a variety of age and issue related treatment modalities.

A more comprehensive list of local programs, for each rural area identified, will allow follow-up field research. This research will assess gaps in local services and areas for innovation including: use of mobile and school based clinics, development of additional children's programs including pre-school and afterschool care; use of tele-health care and community health workers or health and social coaches and the ability of expanding college education services.

A matrix of priorities could be compiled for all rural areas across the two counties. Mapping these needs can also provide grant funders with a focus on future placed based investments.

Recommended Next Steps

The Rural Health Task Force recommends the following "Next Steps":

Develop rural region community focus groups (6) to explore the health and social indicators in more detail to define resources and challenges. Ideally, each of the focus groups would represent a "listening" opportunity for health plans, hospitals, clinics, both First 5 Commissions, educators and policy makers to facilitate a consensus on what social, health and community systems need improving. Each focus group might develop a matrix of community needs and gaps in services for each rural area to speed the rate of problem solving, innovation and resources.

Develop a collaborative of health and community entities, based on the focus group results, to prioritize and develop solutions to the issues identified in each of the six (6) rural regions.

Identify County and Inland Empire Region wide issues for cross region solutions including funding, innovative programs/services and expansion of services. Input might be sought from First 5 Commissions on data related to school readiness of children living in rural areas, from mobile and fixed health providers, serving these rural communities, on how they are attempting to improve care thru added staff, services innovation and what partners are needed to help them address social needs of their patients.

Advocate for additional legislation, funding and resources in the Inland Empire to address key region wide health and social challenges. Public Health Departments in both counties might consider developing a working group with other advocacy groups to address the health of rural communities, particularly for children. This workgroup might look at public policy and spending addressing the social, economic and community infrastructure. The working group would include First 5 Commissions, Education leaders and child and local community advocates. The workgroup could model its discussions based on the findings from "The Health of the States – How US states Compare in Health Status and the Factors that Shape Health" (published by Virginia Commonwealth University (VCU) and the Urban Institute. This research coupled with county-wide plans developed by both counties enables rural communities to more readily participate in health and social innovation.

Utilize the Rural health website as a vehicle for communication, collaboration, education and information sharing regarding rural health and social related issues in the Inland Empire and state wide.

THE IE-CHI RURAL HEALTH TASK FORCE WISES TO RECOGNIZE THE FOLLOWING PARTNERS FOR THEIR SUPPORT IN THIS STUDY:

The IE-CHI Rural Task Force members and supporting agencies

The IE-CHI board members and supporting agencies

First 5-San Bernardino for financial support

211 San Bernardino for rural health data

IEHP for data resources and analysis

Local hospitals for their community needs assessments (St Mary's, Bear Valley, Kaiser Permanente)