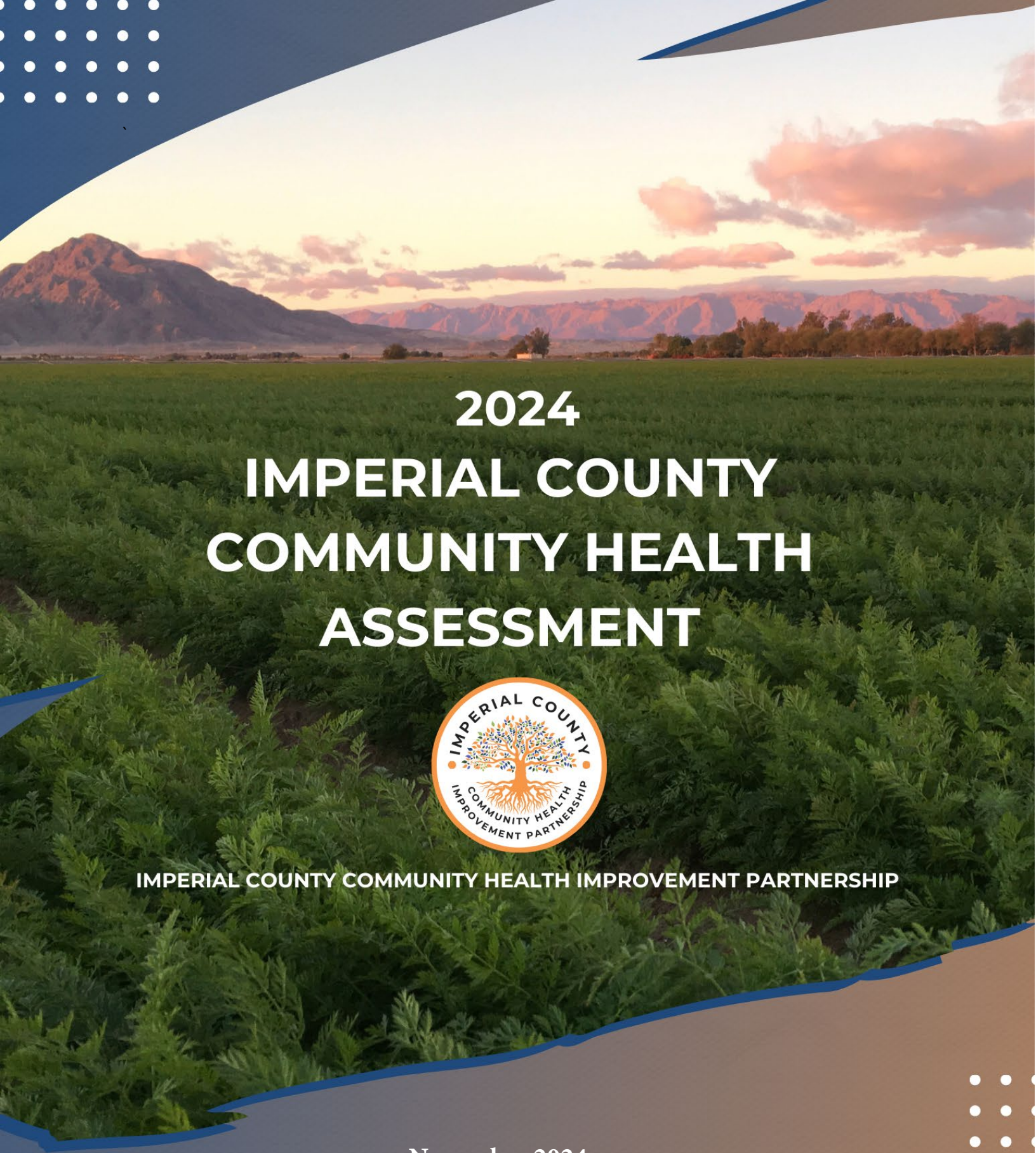


2024
IMPERIAL COUNTY COMMUNITY HEALTH ASSESSMENT

IMPERIAL COUNTY COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP

November 2024

photo source: Imperial County Agricultural Commissioner

Contents

Letter to the Community

The Imperial County Community Health Partnership has embraced the belief that true health and well-being extend far beyond the doctor's office or hospital to the spaces in our community in which we live, work, learn, and play. Hence, it is with great pride that we present the 2024 Imperial County Community Health Assessment (CHA). This comprehensive assessment is more than a report; it represents a collective journey toward understanding and enhancing the health and well-being of our county and the people who live here.

Our collaboration with the CHA Steering Committee, Stakeholder Group, Data Workgroup, Communications, Outreach, and Engagement Workgroup, and the consulting firms, Professional Research Consultants (PRC) and Health Management Associates (HMA), has been instrumental in bringing this assessment to fruition. By incorporating the perspectives of Imperial County residents through focus groups, listening sessions, and surveys, we have ensured that our approach is rooted in their lived experiences and personal insights.

The CHA offers a comprehensive analysis, blending both qualitative and quantitative data, including vital population health statistics for Imperial County and California. As you delve into this report, you will find it not only informative, but also reflective of our diverse community. Our goal is for the CHA to be a catalyst for positive change, ensuring that everyone in our community has access to the essential services and support they need to thrive.

We invite you to explore the CHA and join us in our ongoing efforts to build a healthier, more resilient community, and we thank you for your commitment to this important work.

Together, we are shaping a healthier, more equitable future for Imperial County, and look forward to continuing this transformative journey with you!

Sincerely,
The Imperial County Community Health Partnership

Steering Committee

Using the **Mobilizing for Action through Planning and Partnerships (MAPP)** framework, the Imperial County Community Health Partnership's Steering Committee was charged with guiding the assessment and planning processes. This included ensuring the engagement of diverse stakeholders, allocating resources, setting priorities, refining ideas, and presenting options to the full stakeholder group. We acknowledge and appreciate the past* and current Steering Committee members who have given their time and resources to provide input and feedback throughout this process.

Steering Committee Members

- Aaron Figueroa, Department Associate I, El Centro Regional Medical Center*
- Bushrad Ahmad, Medical Director, Imperial County Behavioral Health Services*
- Cari Augusta, Agency Care Coordinator, Westmorland Pantry
- Carol Bojorquez, Chief Nursing Officer, Pioneers Memorial Hospital*
- Chris Wong, Community Education Supervisor II, University of California (UC) Cooperative Extension*
- Collett Ashurst, RN-BS Nursing Program Coordinator, San Diego State University (SDSU) - Imperial Valley Campus, School of Nursing
- Daniel Ortiz Jr., Associate Dean/Nursing Director, Imperial Valley College
- Frank Brabec, President, Imperial Valley Coalition for Sustainable Healthcare Facilities
- Gordon Arakawa, Chief Medical Officer & Chief Health Equity Officer, Community Health Plan of Imperial Valley
- Janette Angulo, Director, Imperial County Public Health Department (ICPHD)
- Kathleen Lang, Vice President, Medi-Cal Regional Lead, Health Net
- Kimberly Probus, Chief Nursing Officer, El Centro Regional Medical Center
- Kristi Gillespie, Chief Nursing Officer, Pioneers Memorial Hospital*
- Lauren Wren, Safety & Wellness Coordinator, Imperial County Office of Education
- Peggy Price, Administrator, Innercare
- Priscilla Lopez, Director, Imperial County Workforce & Economic Development
- Shiloh A. Williams, Assistant Professor, SDSU - Imperial Valley Campus, School of Nursing
- Suzanne Martinez, Chief Clinical Research Officer, El Centro Regional Medical Center*
- Gretchen Shanofsky, Kaiser Permanente

Workgroups

Strategic project-focused workgroups were established to support CHA efforts. These groups serve distinct yet complementary roles to ensure the assessment is comprehensive and inclusive.

The Data Workgroup is responsible for the collection, analysis, and interpretation of health-related data. This group ensures that the CHA and ongoing improvement efforts are built on a solid foundation of accurate and reliable data that provides a clear and complete picture of the community's health.

The focus of the Communications, Community Outreach, and Engagement Workgroup is to ensure that the voices of community members are heard and that their diverse concerns and needs are reflected. This workgroup also helps to disseminate findings from the CHA and report progress in ways that are accessible and meaningful.

We acknowledge and appreciate workgroup members' input and guidance throughout the process.

Data Workgroup Members

- Daniela Flores, Executive Organizer, Imperial Valley Equity and Justice Coalition
- Irais Estrada, Epidemiologist, ICPHD
- Jacqueline Kalajian, Community Engagement Program Manager III, Health Net
- Kathleen Lang, Vice President, Health Net
- Karla Lopez, Communicable Disease Control and Prevention Manager, ICPHD
- Rafael Orozco, Special Projects Coordinator, ICPHD
- Shiloh A. Williams, Assistant Professor, SDSU IV School of Nursing
- Tina Aguirre, Retired Registered Nurse, Imperial Valley Coalition for Sustainable Healthcare Facilities

Communications, Community Outreach, and Engagement Workgroup Members

- Aracely Carrillo-Torres, Special Projects Coordinator – Health Equity, ICPHD
- Collett Ashurst, RN-BS Nursing Program Coordinator, SDSU IV School of Nursing
- Joann Flores, Community Engagement & Education Specialist - Imperial County,
- Planned Parenthood of the Pacific Southwest
- Julie Crothers, Program Manager, SDSU IV RISE Center
- Kathleen Lang, Vice President, CH&W/Health Net
- Moisés Cardenas, Public Health Information Officer, ICPHD
- Oreda Chin, Associate Director of Development, SDSU
- Roque Barros, Executive Director, Imperial Valley Wellness Foundation
- Rosa Diaz, Founder & Chief Executive Officer, Imperial Valley LGBT Center

Stakeholders

A broad range of community stakeholders make up the Imperial County Community Health Improvement Partnership. These stakeholders represent a diverse group of Imperial County partners, bringing together perspectives from healthcare, education, local government, faith-based organizations, businesses, community-based groups and community members. The collective knowledge of the unique characteristics of Imperial County, including its social, cultural, and economic landscape, has helped us identify both the resources that can be leveraged and the barriers that must be addressed. The involvement of each stakeholder has been critical in shaping an inclusive and comprehensive assessment. The diverse insights into the lived experiences of those we serve have guided the development of a plan that acknowledges local realities and builds on existing strengths.

We extend our deepest thanks to every person and organization that gave their time and energy to this process. We also wish to recognize and express our gratitude to anyone who contributed to the CHA and the development of the Community Health Improvement Plan (CHIP) but may not be explicitly listed. All efforts and contributions to this process are invaluable to advancing the health and well-being of our community.

Stakeholder Organizations

- Adjoin Veteran Services
- Alzheimer's Association, San Diego/Imperial Chapter
- Bonita Family Resource Center
- California Department of Corrections and Rehabilitation - Calipatria
- California Health & Wellness/Health Net
- Catholic Charities Dioceses of San Diego – El Centro
- City of El Centro
- Community Health Plan of Imperial Valley
- Desert Pharmacy
- El Centro Regional Medical Center
- First 5 Imperial County
- Heber Elementary School District
- Imperial County Behavioral Health Services
- Imperial County Board of Supervisors
- Imperial County Department of Social Services
- Imperial County Office of Education
- Imperial County Public Administrator
- Imperial County Public Health Department
- Imperial County Veterans Service Office
- Imperial Irrigation District
- Imperial Valley Coalition for Sustainable Healthcare Facilities

- Imperial Valley College
- Imperial Valley Equity and Social Justice Coalition
- Imperial Valley LGBT Resource Center
- Imperial Valley Wellness Foundation
- Innercare
- Imperial Valley Regional Chamber of Commerce
- Molina Healthcare
- Pioneers Memorial Hospital
- San Diego State University
- Southern California Association of Governments
- University of California Cooperative Extension, Imperial County
- University of California San Diego
- Westmorland Food Pantry

Introduction

The 2024 Imperial County Community Health Assessment (CHA) represents the second comprehensive, collaborative effort to evaluate and improve the health and well-being of our community. Building on the foundation of the 2017-2021 CHA and Community Health Improvement Plan (CHIP), the 2024 CHA provided an opportunity to refresh key data from the prior assessment and to gain new insights into the current health status of the county, including taking an in-depth look at factors exacerbated by the COVID-19 pandemic.

In March 2022, the Imperial County Public Health Department (ICPHD), acting as the convening agency, initiated outreach to a diverse group of local stakeholders. This effort included hospitals, health plans, community-based organizations, and health system partners, along with agencies advocating for populations disproportionately affected by poorer health outcomes. Recognizing the extensive health and economic impacts of the COVID-19 pandemic, special attention was given to recruiting experts and organizations experienced in addressing health inequities and social determinants of health. The goal of reaching out to these partners was to gauge their interest in participating in the upcoming CHA/CHIP planning process, as well as to plan for an upcoming kick-off meeting.

In June 2022, a virtual kick-off meeting was held with over 40 local partners in attendance. During this meeting, partners agreed to reconvene as the Imperial Valley Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) Partnership; however, the official name of the stakeholder group was later changed to the Imperial County Community Health Improvement Partnership. At that time, decisions were made to select a formal steering committee to move forward with developing a vision statement and shared values. Additionally, the group reviewed options for a framework to guide the process and committed to holding regular meetings for all stakeholders at least quarterly and as needed over the next several months to review data and carry out the necessary processes to complete the CHA and CHIP. The steering committee initially agreed to meet weekly to expedite some of the foundational processes, with plans on revaluating this frequency later.

During the process, stakeholders participated in various activities essential for informing the development of the CHA and CHIP. These activities included assessing the current health status of the community, reviewing previously identified health priorities and improvements, and considering new priorities that address emerging community challenges. Other key milestones achieved through this process by both the steering committee and larger stakeholder group include but are not limited to the participation in and/or assessment of primary and secondary data from the following processes:

- Community Health Survey 1 (Sept 2022)
- Key Informant Interviews (Sept 2022)
- Community Health Survey 2 (Jan 2023)
- Community Focus Groups (Mar 2024)
- Community Shareback Event (Apr 2024)
- Priority Area Selections (Jun 2024)
- CHIP Action Planning (Ongoing)

Shared Vision, Values, Guiding Principles and Slogan

Early in the planning process, the steering committee, with input from the large stakeholder group worked to establish a shared vision, values, and guiding principles. These elements were developed to provide a framework, context, and visualization of Imperial County's unique challenges and opportunities. Later in the process and as new partners joined and a better understanding of community strengths and challenges emerged, stakeholders had the opportunity to review, reaffirm, and, where necessary, revise each of these components. During the stakeholder meeting held in February 2024, the group worked together to develop a mission statement, adopt a slogan and revise the vision statement that was developed in 2022.

Mission Statement

Our mission is to uplift the well-being of our diverse community through collective efforts centered in integrity, transparency, and strategic action to realize health equity an the empowerment of every individual.

Vision Statement

The vision statement outlines the long-term aspirations for community health assessment and improvement efforts. The vision statements developed in 2022 and 2024 are as follow: planning cycle is as follows:

> **Original Vision Statement:** *"A community that supports and empowers all people to thrive and be healthy."*
> **Revised Vision Statement***: "To build upon a community that is rich in connections, culture, and resiliency to realize a healthy, empowered, and thriving Imperial County."*

Values

Shared values serve to ensure that actions taken by the group are rooted in shared beliefs about what is important when working together to improve the health of our community. Selected values from 2022 are as follows:

- Equity
- Whole Person Care
- Transparency
- Inclusiveness
- Commitment

Similarly to the mission and vision statements, stakeholders looked to refresh and update the shared values list to ensure that the collective voice was being heard. During a February 2024 stakeholder meeting, those in attendance were led through a visual activity to identify values that rose to the top. The cloud map below highlights those values.

Guiding Principles

The guiding principles were developed to serve as a framework for decision-making and priority-setting. These principles clarify how decisions will be made, and what values will be emphasized when addressing health challenges and opportunities. The guiding principles are:

- Foster a community approach to address health issues in Imperial County using best practices.
- Open dialogue to ensure respect for diverse voices and perspectives.
- Demonstrate a commitment to inclusion, transparency, and equity in all we do.
- Empower our community to proactively address health needs.

Slogan

During the February 2024 meeting, the group collaborated to develop a slogan. The purpose of the slogan is to succinctly capture the essence of the partnership's efforts, goals, and values. The result was: *"Our stories, our community, our solutions, our wellness."*

The Community Health Assessment

The purpose of the community health assessment (CHA) is to bring to light the health needs and experiences of communities in Imperial County through systematic, comprehensive data collection, analysis, and reporting. A CHA is an assessment of the health status of a community's population and is used to identify key challenges and strengths in a community, with the goal of informing the prioritization of health improvement focus areas to address the most pressing healthcare needs in the community.

Data from the CHA was used to develop a Community Health Improvement Plan (CHIP). The CHIP outlines a three-year action plan, including goals, strategies, partnerships, and resources necessary to achieve measurable public health improvements within each of the identified priority areas. The CHA and CHIP are an opportunity to build meaningful partnerships among

the organizations within Imperial County who are working to improve the community's health and well-being.

Building and sustaining meaningful partnerships is the right thing to do, and such collaborations are now a focal point for both the state and federal government, as well as accrediting bodies. For example, California's Department of Health Care Services (DHCS) launched the Population Health Management (PHM) program, focused on Medi-Cal managed care plans (MCPs) in January 2023 as a cornerstone of its transformation strategy. To support the success of the PHM Program and broader transformation efforts, DHCS is reimagining the population needs assessment (PNA) and requiring collaborating with local health departments (LHDs) for the PNA. According to DHCS, doing this work effectively requires strong and sustained partnerships between healthcare, public health departments, and the social services sector, along with close collaboration with the public health system, hospitals, tribal partners, community clinics, community-based organizations (CBOs), community members, and other community stakeholders.

In addition, the Public Health Accreditation Board (PHAB) requires state and local health departments seeking voluntary accreditation to complete a CHA that paints a comprehensive picture of a community's health status, factors contributing to higher health risks or poorer health outcomes, and community resources available to improve health. Lastly, federally qualified health centers (FQHCs) are expected to assess the unmet health services in the catchment area of the center based on the population served.

Under these various requirements or circumstances, a comprehensive assessment must:

- Examine community demographics, health status, morbidity and mortality, socioeconomic characteristics, quality of life, community resources, behavioral factors, the environment, and social determinants of health (SDOH).
- Take into account input from people who represent the broad interests of the community, including those with special knowledge of or expertise in public health.
- Identify and prioritize the significant health needs of the community.
- Identify resources potentially available to address these needs, including organizations, facilities, and programs in the community, including those of the local hospital facility.

This assessment meets these requirements.

Telling the Community's Story

Assessing a community's health through a systematic process that helps organizations, healthcare providers, and public agencies better understand the health needs and challenges of the communities they serve is about listening to the stories of people and communities in Imperial County and providing their feedback to providers, plans, and policymakers. This process ensures that diverse voices are included, specifically those from populations that are disproportionately affected by poorer health outcomes. To achieve this goal, data are collected,

analyzed, and reported, with lines drawn to show the connection between an individual, a community, and a data point.

This CHA supports our collective understanding and ability to take actions that will improve community health for all, providing essential data and insights that:

- Reveal disparities in health outcomes.
- Identify areas where the quality of care or services provided could be improved.
- Inform strategic planning, including setting priorities, defining goals, and developing strategies to address the community's health needs.
- Inform resource allocation (i.e., budgeting, staffing, services, and facilities).
- Serve as a baseline to measure the impact of health improvement efforts in the community.
- Serve as a community resource that provides data crucial in securing financial support from grantors, philanthropic organizations, and government agencies, which often require evidence of community needs as a prerequisite for funding.

The stakeholders and partners involved in this assessment are deeply connected to the communities that are facing health challenges. Completing this assessment is an opportunity to genuinely improve the health and well-being of the people whom we serve.

Health Priorities

An integral component of the CHA and CHIP process is that the Imperial County Community Health Partnership and community members prioritize the issues, develop shared goals and long-term change measures, and select the strategies that may change the course of the issues identified to improve the well-being of Imperial County residents most affected. To select the priority areas, it is important to understand community strengths and assets alongside community perspectives and health outcome data. Identifying a community's strengths, like strong social networks or cultural practices promoting healthy living, helps to design interventions that leverage these assets and create a more sustainable and culturally relevant approach to improving health. In addition, highlighting community strengths empowers the people living in the community to have sense of ownership over their health and encourages greater participation in health initiatives.

The exploration of Imperial County's community strengths and assets with community members uncovered that county residents have a deep sense of community awareness and compassion. When asked about the quality of life in Imperial County, more than half (55%) of the respondents agreed that they were satisfied with the quality of life in their neighborhood even though many forces of change have either exacerbated existing challenges or created new ones, including the COVID-19 pandemic and environmental events, such as wildfires and extreme heat since the last CHA in 2017.

Nonetheless, the 2024 CHA offers evidence that suggests Imperial County should continue to focus on the priorities identified in the 2017-2021 CHIP, along with one new priority area. The

following pages share the evidence demonstrating the process and data used to identify the 2024–2027 priority areas:

- **Priority Area #1, Access to High Quality Healthcare.** Three topics emerged within this priority area: Improve access to primary care and specialty care providers, improve access to mental health providers and substance use disorder treatment, and improve the number of residents who engage in the core set of preventive healthcare services.

- **Priority Area #2, Healthy and Safe Living** Three topics emerged within this priority area: Improve access to healthy and nutritious foods, improve access to affordable and safe housing, and improve environmental and economic factors that contribute to poor health outcomes.

- **Priority Area #3, Behavioral Health** Three topics emerged within this priority area: Reduce the prevalence of substance misuse and abuse, improve access to mental health services, and improve the mental health status of young people.

Accelerating Health Equity

In addition to identifying priority areas for the 2024–2027 CHIP, the CHA process identified areas of inequities where health improvement efforts should focus to accelerate equitable health outcomes and improved well-being for people living in Imperial County.

Priority Area #1, Access to High Quality Healthcare

- Improve engagement in the core set of preventative healthcare services for:
  - Residents in the far northern region, as they were likely to experience three or more chronic conditions.
  - Residents in the southern region, as they face higher rates of heart disease, stroke, and kidney disease.
  - Residents in the central region, as they experience higher rates of cancer.
  - Black residents, as they disproportionately face cancer deaths.
  - Hispanic residents, who disproportionately experience diabetes-related deaths.
- Increase routine checkup rates for adults and children in the northern region of the county.
- Engage individuals ages 15 to 29 in sexually transmitted infection (STI) screenings to lower the chlamydia incidence rate, which was significantly higher in 2023.
- Lower the rate of hepatitis C in El Centro and Brawley.

Priority Area #2, Healthy and Safe Living

- Reduce crime rates and housing insecurity for young adults, the LGBTQIA+ population, and people living in the far northern region.
- Improve employment opportunities for women and smaller communities such as Ocotillo, Westmorland, and Winterhaven.

- Reduce the number of people living in food deserts in Palo Verde, Bombay Beach, and Calipatria.
- Lower the prevalence of obesity among Hispanic adults ages 40−64 in the far northern and northern regions.
- Increase the percentage of youth with a healthy weight in the southern region.

Priority Area #3, Behavioral Health

- Increase the number of mental health providers in Brawley and Calipatria.
- Improve access to mental health services in the far northern region, as its residents reported experiencing depression at higher rates and were more likely to report experiencing the negative effects of substance misuse/abuse.
- Expand access to mental health services for women across the county as they were more likely to report experiencing mental health problems and/or difficulty accessing mental health services.

Mobilizing for Action through Planning and Partnerships

The partnership and community participatory planning model selected for the development of the 2022-2027 Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) was the Mobilizing for Action through Planning and Partnerships (MAPP) framework. Developed by the National Association of County and City Health Officials (NACCHO), MAPP is a community-driven strategic planning tool designed to improve public health by engaging community stakeholders in identifying priority health issues and leveraging resources to address them.

Midway through the planning process, NACCHO released an updated version of the model, MAPP 2.0. This revised framework places a stronger emphasis on health equity and is better aligned with current public health challenges, particularly those affecting marginalized and underserved communities. MAPP 2.0 encourages a focus on the social determinants of health and ensures that strategies are inclusive and equitable, addressing disparities that exist within the community. In addition, MAPP 2.0 enhances the ability of communities to communicate their progress through both quantitative data and qualitative storytelling, reinforcing transparency and community engagement. As our local planning process continues, the 2.0 model will guide the remainder of the CHA-CHIP cycle, ensuring a flexible and iterative approach to community health improvement while remaining responsive to emerging needs.

Consultants

To ensure the successful development and implementation of the 2022-2027 CHA/CHIP~~)~~, the Imperial County Community Health Improvement Partnership engaged external consultants for their expertise and additional support. This decision was made to address the need for specialized knowledge and extra resources, particularly as local planning partners were simultaneously working on the CHA while also restoring agency operations that had been disrupted by the COVID-19 pandemic. Both consultant groups provided invaluable assistance in maintaining momentum and ensuring the integrity of the CHA/CHIP process.

In April 2022, an agreement was signed with Professional Research Consultants (PRC) to conduct both primary and secondary data collection. This included a comprehensive community health survey and key informant interviews. PRC's work resulted in a detailed Community Health Needs Assessment (CHNA), which is a fundamental element of the Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) planning process. Much of the data collected by PRC has been included in the 2024 Community Health Assessment report. The full CHNA report completed by PRC is available on the Imperial County Public Health Department's website.

In July 2023, a second consultant, Health Management Associates (HMA), was brought in to act as a neutral facilitator and ensure the completion of all remaining activities required for the CHA. HMA's role included guiding the CHIP~~)~~ process, facilitating the prioritization of issues, and providing support for community health improvement action planning. Additionally, HMA aided the Imperial County Community Health Partnership in transitioning from the initial version of the Mobilizing for Action through Planning and Partnerships (MAPP) framework to the updated MAPP 2.0 model.

IMPERIAL COUNTY

photo source: Imperial County Public Health Department

About Imperial County, California

Nestled in the southeastern corner of California, Imperial County stretches across 4,176 square miles of land, bordering Mexico to the south and Arizona to the east. This region is known for its unique geography and agricultural significance. Its landscape is a mix of agricultural abundance, mountains, desert landscape, and California's largest man-made lake, the Salton Sea.

Imperial County itself is a story of contrasts. It is a place where diverse cultures interweave, and hard work is the norm. It is a community striving for a brighter future in its desert home. The county is a blend of Hispanic, Indigenous, Asian, American and other cultures. Given its proximity to Mexico and historical immigration patterns, Imperial County has a strong Hispanic influence.

The county's top industries include energy and natural resources, government (i.e., local, state and federal), health care and social assistance, retail trade, and agriculture. Agriculture is the lifeblood of the county, and many community events and celebrations revolve around farming, with many residents working in the fields that stretch across the vast Imperial Valley. In Imperial County, more people are working in jobs related to services, natural resources, construction, and maintenance than workers in the rest of the state, leading to lower wages and a higher poverty rate compared with the rest of California. The demographic characteristics of a population are critical to understanding the health risks, challenges, strengths, and opportunities of a region. Aspects such as race and ethnicity, age, and sex are intricately linked to health outcomes. Socioeconomic factors, such as income and education, are likewise associated with health risk and protective factors and outcomes. Subsequent sections of the CHA discuss the reasons for variation in health outcomes among different demographic groups, including the impacts of structural and systemic barriers and oppression that contribute to health disparities.

Population

The demographic profile for this assessment was developed using data from the United States (U.S.) Census American Community Survey (ACS) 2018–2022 five-year estimate. These data are used instead of those from the 2020 decennial census because its main purpose is to provide counts of people for congressional apportionment, whereas the primary purpose of the ACS is to measure changes in the social and economic characteristics of the population, including educational attainment, housing affordability, and employment.

Sex and Age

According to the ACS 2018–2022 five-year estimate, of the 179,578 people residing in Imperial County, the population is overrepresented by three groups that create unique and significant

demands on the area's social service system: Hispanics/Latinos, single-parent households, and people with disabilities.[1]

Age and sex are fundamental considerations when assessing individual and community health status. Men tend to have shorter life expectancy and more chronic illnesses than women; older individuals typically have more physical and mental health challenges and are more likely than younger people to rely on immediate community resources for support. When growth in the aging population outpaces that of people ages 18 and younger, it can have several negative consequences. One issue is the economic strain created when more people retire, which means fewer people are working and paying taxes. Less tax revenue stresses programs like Social Security, Medicaid, and Medicare. Another challenge to the economy is the need for more workers. Workforce shortages make it difficult for businesses to find the staff they need. They can also lead to higher wages and prices. Workforce shortages also affect the caregiver industry. Aging adults often rely on family members, paid caregivers, or both. The lack of community healthcare workers increases the emotional and physical burden on caregivers, often leading to burnout.

Imperial County has a younger population than the rest of California. In 2018−2022, 28.4 percent of the county's population was younger than 18 years old, compared with 22.3 percent in the state. Conversely, 14.9 percent of Californians were age 65 and older compared with 13.2 percent in the county (see Table 1). Additionally, the median age is rising in both the state and the county overall; however, the median age of Imperial County residents is almost five years younger than residents statewide (32.6 as opposed to 37.3 years of age).[2]

Table 1: Age Groups and Sex Characteristics, Imperial County and California, 2018-2022

Age & Sex	Imperial County		California
	Percent	Number	Percent
Age			
Children and youth (younger than 18 years older)	28.4%	51,049	22.3%
Young adults (18−39 years old)	31.5%	56,507	31.5%
Middle-aged adults (40−64 years old)	26.9%	48,351	31.3%
Older adults (65 and older)	13.2%	23,671	14.9%
Sex			
Male	51.5%	92,430	50.1%
Female	48.5%	87,148	49.9%

Source: American Community Survey, 5-Year Estimate, 2018-2022, Table DP05

[1] Percent of residents with a disability, defined as one or more sensory disabilities or difficulty performing everyday tasks, per the American Community Survey, Table S1810.

[2] US Census Bureau. American Community Survey, 2018−2022 ACS 5-year Estimates. Table DP05: ACS Demographic and Housing Estimates. Revised March 31, 2022. Available at: https://www.census.gov/search-results.html?q=DPO5&page=1&stateGeo=none&searchtype=web&cssp=SERP&_charset_=UTF-8.

Race and Ethnicity

Understanding race and ethnic composition can help reveal health disparities, including higher rates of chronic disease, ability to access healthcare services, premature death, and other factors that affect the health of the population. From 2018 to 2022, most people in Imperial County were Hispanic/Latino, accounting for approximately 85.4 percent of the population—higher than the state's average of 39.7 percent. Native Americans and Alaska Native residents represented 2.0 percent of the population compared with 2.6 percent of the state's population. Asian residents represented 2.0 percent of the population of Imperial County, significantly lower than California at 17.6 percent. Additionally, Blacks/African Americans comprised 3.5 percent of Imperial County's population compared with California at 7.2 percent (see Table 2).

Table 2: Race Characteristics, Imperial County and California, 2018-2022

Race	Imperial County		California
	Percent	Number	Percent
White	58.7%	105,393	60.6%
American Indian and Alaska Native	2.0%	4,351	2.6%
Some other race	53.9%	96,799	25.7%
Asian	2.0%	3,617	17.6%
Black or African American	3.5%	6,345	7.2%
Native Hawaiian and other Pacific Islanders	0.4%	642	0.9%

Source: American Community Survey, 5-Year Estimate, 2018-2022, Table DP05

Hispanics/Latino (of any race) represented 85.4 percent of the residents living in Imperial County in 2018−2022 and were primarily Mexican (82.5%). Hispanic/Latino (of any race) residents represented only 39.7 percent of California residents. Still, there is greater than double the representation of Puerto Rican (0.6% to 0.2%), Cuban (0.3% to 0.0%), and other Hispanic/Latino residents (6.5% to 2.9%), respectively, compared with Imperial County (see Table 3).

Table 3: Ethnicity Characteristics, Imperial County and California, 2018-2022

Ethnicity	Imperial County		California
	Percent	Number	Percent
Not Hispanic/Latino	14.6%	26,196	60.3%
Hispanic/Latino (of any race)	85.4%	153,382	39.7%
Mexican	82.5%	147,302	32.3%
Puerto Rican	0.2%	446	0.6%
Cuban	0.0%	50	0.3%
Other Hispanic or Latino	2.9%	4,721	6.5%

Source: American Community Survey, 5-Year Estimate, 2018-2022, Table DP05

Language Spoken

Limited English proficiency (LEP) is a term used to describe individuals for whom a language other than English is their primary language and who have a limited ability to read, speak, write, or understand English. In 2018–2022, only 25.5 percent of residents (ages 5 and older) in Imperial County spoke English only, compared to 56.1 percent statewide. The most common language spoken in Imperial County was Spanish, with 73.1 percent of residents speaking Spanish. Diversity in language spoken is greater in Imperial County than California, where only 43.9 percent of residents speak a language other than English (see Table 4).

Table 4: Language Spoken, Ages 5 and Older Proficiency, Imperial County and California, 2018-2022

Language Spoken	Imperial County		California
	Percent	Number	Percent
English only	25.5%	42,366	56.1%
Language Other than English	74.5%	123,807	43.9%
Spanish	73.1%	121,530	28.2%
Asian and Pacific Islander languages	0.8%	1,299	9.9%
Other languages	0.6%	978	5.7%

Source: American Community Survey, 5-Year Estimate, 2018-2022, Table DP02

Disability

The relationship between disability status and community health is complex and multifaceted. People with disabilities often face health disparities due to barriers in accessing healthcare, social isolation, and discrimination. Disability is influenced by and can affect SDOH, such as income and education. Accessible healthcare, inclusive communities, mental health and social support, and policy advocacy are crucial for improving the well-being of people with disabilities. In Imperial County, the percentage of residents with a disability, defined as having one or more sensory disabilities or difficulties with everyday tasks, was significantly higher at 14.2 percent compared to California at 11.0 percent.

In 2018–2022, adults ages 65 and older had the highest proportion of people with disabilities at 46.6 percent, followed by middle-aged adults (40–64 years old) at 14.2 percent and juveniles (5–17 years old) at 7.2 percent. Juveniles, middle-aged adults, and older adults with a disability were significantly higher in Imperial County than in California from 2018 to 2022 (see Table 5).

Table 5: Disability Status by Age Groups, Imperial County and California, 2018-2022

Percentage of Residents with a Disability		
Age Group	**Imperial County**	**California**
Full population	**14.2%**	**11.0%**
Infants (0–4 years old)	1.8%	0.7%
Juveniles (5–17 years old)	7.2%*	4.7%
Young adults (18–39 years old)	5.9%	5.9%
Middle-Aged Adults (40–64 years old)	14.2%*	9.8%
Seniors (65 years old and older)	46.6%*	33.5%

**Significantly different in Imperial County than the State of California. Source: US Census Bureau, American Community Survey, Table S1810.*

Veteran Status

Veterans often face unique challenges, including physical and mental health issues resulting from their service experiences. These challenges can affect their overall well-being, including physical fitness, mental health, social support, and access to healthcare services. Thus, society and healthcare systems need to address the specific needs of veterans, recognizing that their experiences and well-being vary greatly based on factors such as the era in which they served, their specific roles, and the level of support and resources available to them.

A smaller portion of Imperial County residents have served in the military than people in other California regions. In 2018−2022, 3.9 percent of Imperial County's population (5,045 people) were veterans, lower than in California at 4.7 percent. Of the veterans in Imperial County, 4,734 (93.8%) were male. The age group with the most veterans is 35−54 years old (34.5%), followed by 75 years of age and older (20.4%). Nearly two-thirds of the veteran population (62.1 percent) are working-age adults (ages 18−64). However, veterans are more likely to live in poverty than other residents. Their median income is $40,265, lower than that of veterans living elsewhere in California, who earn a median income of $55,682. In Imperial County, 529 (10.8%) veterans are living below the poverty level, a slightly higher rate than California's at 8.5 percent (see Table 6).

Table 6: Veteran Status Characteristics, Imperial County and California, 2018-2022

	Imperial County		California
	Percent	**Number**	**Percent**
Veterans	3.9%	5,045	4.7%
Male	93.8%	4,734	91.2%
Female	6.2%	311	8.8%
18 to 34 years	14.8%	748	10.1%
35 to 54 years	34.5%	1,743	22.5%
55 to 64 years	12.8%	648	16.5%
65 to 74 years	17.3%	875	23.7%
75 years and over	20.4%	1,031	27.3%
Median Income		$40,265	$55,682
Income in the past 12 months below the poverty level	10.8%	529	8.5%

Source: American Community Survey, 5-Year Estimate, 2018-2022, Table S2101.

Families and Households

Imperial County was composed of 47,024 households in 2018−2022. Despite Imperial County's increasing median age, there are many families with children who reside in the county. Approximately 33.9 percent (18,712) households comprise families with children who are younger than 18 years old. Furthermore, Imperial County had a significantly higher number (8.1% or 3,804 households) of female heads of household, with no spouse/partner present and with children younger than 18 years old than California (4.5%).

The county's average family size is significantly larger at 4.36 people compared with 3.47 in the state. Roughly one-third of households in Imperial County (33.9% or 15,931) included people ages 65 and older, slightly higher than elsewhere in California at 30.8 percent of households (see Table 7).

Table 7: Household Characteristics, Imperial County and California, 2018-2022

Household Characteristics	Imperial County		California
	Percent	Number	Percent
Households with one or more people younger than age 18 years	39.8%	18,712	33.3%
Households with one or more people 65 years and older	33.9%	15,931	30.8%
Average family size		4.36	3.47%
Female householder with no spouse/partner present with children younger than 18 years old	8.1%	3,804	4.5%
Total households		47,024	

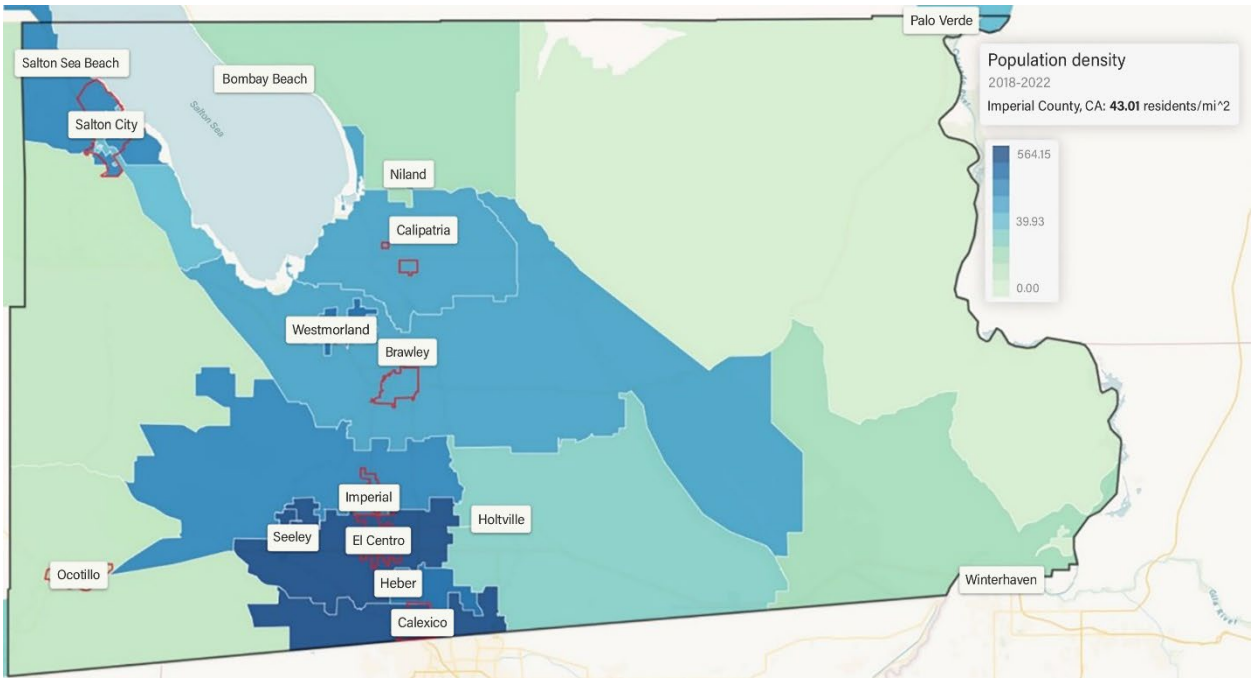
Source: American Community Survey, 5-Year Estimate, 2018-2022, Table DP02

Rurality

Rurality significantly affects community health. People who live in rural areas often face unique healthcare challenges, such as limited access to medical facilities and healthcare professionals, as well as reduced availability of specialty services. These challenges can result in health disparities, including higher rates of chronic illnesses, limited preventive care, and reduced overall well-being.

In 2020, Imperial County had a higher proportion of residents living in rural areas compared with the rest of the state.[3] Specifically, 18.41 percent of county residents lived in rural areas compared with 5.76 percent of the state population.[4] The population density in Imperial County was 43.01 residents per square mile in 2018−2022, compared with 252.5 people per square mile in California (see Figure 1).

Figure 1. Population Density in Imperial County



Source: American Community Survey, 2018-2022.

[3] An urban area comprises a densely settled core of census tracts and/or census blocks that meet minimum population density requirements, along with adjacent territory containing non-residential urban land uses, as well as territories with low population density included to link outlying densely settled territory with the densely settled core. To qualify as an urban area, the territory identified must encompass a minimum of 2,500 people, at least 1,500 of whom reside outside institutional group quarters like a dormitory or prison. All other areas are designated as rural. Source: US Census Bureau. Urban and Rural. Available at: https://www.census.gov/programs-surveys/geography/guidance/geo-areas/urban-rural.html#:~:text=Rural%20encompasses%20all%20population%2C%20housing,and%2For%20population%20density%20requirements. Accessed April 1, 2024.

[4] American Community Survey, Table SF1, 2020 Decennial Census.

COMMUNITY HEALTH ASSESSMENT

photo source: Imperial County Agricultural Commissioner

The CHA process includes three assessments, the Community Context Assessment, Community Status Assessment, and Community Partner Assessment. These assessments collected data through the following methods:

- A countywide Community Themes and Strengths Assessment (CTSA) survey.
- Community Partner Assessment (CPA) survey.
- Stakeholder meetings.
- Focus groups.
- Community share-back meetings.
- Secondary data collection, review, and analysis.

The CHA enhances understanding of the health needs and experiences of the people and communities in Imperial County through systematic, comprehensive data collection, analysis, and reporting. It answers the following questions:

- What are the most critical health issues in the community?
- What are the unhealthiest behaviors in the community?
- What are the most essential factors for community and personal health?

Imperial County approached these questions by investigating the needs of community members using a framework derived from the Mobilizing for Action through Planning and Partnerships (MAPP) process, version 2.0. Multiple data sources were considered in the analysis before arriving at findings. The CHA used a numbers-based (quantitative) and narrative-based (qualitative) approach.

The Numbers Approach Quantitative data are measurable and express a certain quantity, amount, or range. Data are generated through a systematic, verifiable, replicable process, and the results, in and of themselves, are not subject to interpretation. Quantitative data are used in public health to show comparisons. They may involve counting people, behaviors, conditions, or other discrete events. This information also may be used to identify health trends by looking at how a particular indicator has changed over time, illustrating the changing needs of the community to develop appropriate plans and priority ways to approach disease prevention and health promotion. **Much of the secondary data collected through the numbers approach informed the Community Status Assessment.**

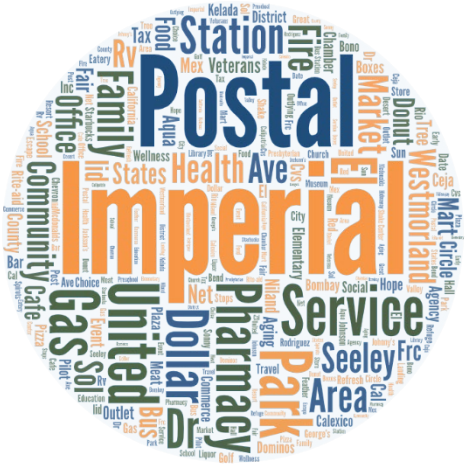
The Narrative Approach Primary qualitative data can include almost any non-numerical information, including observations and personal experiences, making it subjective rather than objective. Qualitative data can be collected through various means, including opinion-based surveys, meetings, focus group discussions, and key informant interviews. Qualitative data are used in public health to offer context, additional detail, and interpretation of quantitative data. It can also help explain trends in the data. **Much of the primary data collected through the narrative approach informed the Community Context Assessment.**

Findings from the data collection and analysis will guide the CHIP, a long-term, systematic effort to address priority issues that affect community health and its implementation. The CHA will guide how resources are expended to ensure efforts are focused on the most pressing community health and social care needs.

Language is the primary tool we use to share ideas, thoughts, and feelings with others. It allows us to express ourselves, ask questions, give instructions, and build relationships. It is a key driver of complex societies. Our communities are becoming increasingly diverse, and our language should reflect that. Using inclusive language that acknowledges and respects the diversity of people's identities sends a message that people from all cultures are valued and welcome. Inclusive language avoids bias, slang, and expressions that have been used to discriminate against or marginalize people based on race, gender, socioeconomic status, and ability. See Appendix A for the acronyms and terms used throughout this assessment.

Community Themes and Strengths Assessment Survey

According to the MAPP framework, telling the community story "emphasizes the need for a complete, accurate, and timely understanding of community health across all subpopulations within the community."[5] Telling the story happens by gathering input from community members with a range of views to understand the variances in health outcomes and identify the root causes of those disparities.



The Community Themes and Strengths Assessment (CTSA) survey represents the core of the community's input and its members' perspectives on the health problems and needs of the population. In CHAs, the CTSA survey is not designed to gather statistically valid information from community members. Rather, it is a form of assessment in which community members are asked to identify what they see as the most critical issues facing their community. In this case, we asked community members to identify the issues that matter most to them and anonymously share their opinions about community health issues and the quality of life in Imperial County. The results are the foundation for focus group discussions that take a deep dive into the identified health-related issues from the community's perspective and ultimately inform the health improvement planning process and create strategies to address the issues.

[5] National Association of County and City Health Officials. *Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 User's Handbook*. Updated 2023. Available at: file:///C:/Users/dschneidman/Downloads/MAPP%202.0%20Handbook.pdf.

The Imperial County Community Health Partnership worked to determine survey questions and to strategically distribute the survey using both electronic and paper options, in both Spanish and English. Additionally, marketing and communication materials, including flyers and social media posts, were developed to support the Imperial County Community Health Partnership and other community stakeholders in distributing the survey.

The marketing materials, survey link, and paper surveys (English and Spanish) were distributed via several means, including:

- Email communications with the steering committee and stakeholder group
- Social media platforms, including Instagram, Facebook, and X (formerly Twitter)
- Press releases
- Posters communicating about the community survey were placed at the county's public libraries, postal locations, grocery stores and markets, fire stations, restaurants, and healthcare locations
- Paper surveys with secure drop boxes were placed at county libraries, post office locations, Westmorland Elementary School, Westmorland Community Presbyterian Church, the Chamber of Commerce, Community Health Plan of Imperial Valley, and numerous healthcare sites, including Innercare, Imperial Valley Family Care Medical Group, El Centro Regional Medical Center, Pioneers Health Center, and Pioneers Memorial Hospital

Respondent Privacy and Compensation

A total of 578 individuals responded to the survey. Among the 401 survey respondents who answered the question identifying how they learned about the survey, 19 percent said they became aware of the survey through social media, 36 percent at their workplace, and 40 percent via email.

People who have been historically disenfranchised and oppressed may mistrust the healthcare system and may be concerned that the results will be used in a way that they disagree with [6],[7]. The survey introduction communicated that respondents' personal information would be kept confidential and used solely to improve community health, assuring respondents of their privacy. Respondents also were informed that a third party was administering the survey and that all demographic data would remain anonymous to the Imperial County Public Health Department and its partners.

[6]Intentionally left blank

[7]Hostetter M, Klein S. Understanding and Ameliorating Medical Mistrust Among Black Americans. The Commonwealth Fund. January 14, 2021. Available at: https://www.commonwealthfund.org/publications/newsletter-article/2021/jan/medical-mistrust-among-black-americans.

Lastly, to compensate respondents for their time and to increase response rates, each person who completed the survey was able to enter a raffle to be one of 10 respondents randomly selected to win a $100 gift card. Of the 578 respondents, 462 provided their email address to be entered into the raffle.

Community Engagement

Community members play an integral role in shaping the health and well-being of their communities. They catalyze change and mobilize individuals and organizations to address common challenges and work toward shared goals. The Steering Committee, Data Workgroup, and the Communications, Community Outreach and Engagement Workgroup were actively engaged in the CHA process to aid in identifying and addressing community needs. Additionally, HMA facilitated in-person focus groups and a virtual community share-back meeting where the community health data were presented. Following each presentation was a facilitated discussion during which community members reflected on the following questions:

- Did anything in the data surprise you?
- What health issues do you think your organization can change for the better?
- What are the challenges with improving some of these health issues/concerns?
- What are the opportunities for improving some of these health issues/concerns?
- Is there anything missing from the data?

The community survey and share-back meeting information were posted to the ICPHD social media platforms following the community share-back event. A post-event survey was included to give community members an opportunity to provide feedback.

Focus Groups

Focus groups are a valuable means of collecting qualitative data. They provide a way to gain in-depth insight into people's thoughts, feelings, and experiences. Focus groups allow people to interact as the facilitator guides the conversation to glean more nuanced insights that cannot be derived from surveys or questionnaires. Focus groups also provide an opportunity to understand people's motivations and decision-making processes and explore the factors influencing their behavior.

The objectives for the community focus groups were to:

- Introduce the community engagement data collection process to community members
- Provide a high-level overview of the CHA and CHIP processes
- Explain the importance of defining community health by lifting community experiences and voices and understanding the factors that affect community health
- Identify factors that influence and improve community health

The populations represented in the focus groups were representative of the regions within Imperial County. Participants received a $20 gift card for their time, as well as light snacks and drinks.

Each focus group was intended to convene for 60 minutes. The agenda was structured to maximize discussion regarding the community health data presented to the group. HMA developed a facilitators' guide and organized and led the focus groups (see Appendix C). The primary questions for discussion were:

- Did anything in the data surprise you?
- In what ways, if at all, are the top three health concerns or needs different in your community than what the data indicated? You may use a story to share or explain these concerns or needs.
- How do you or your community holistically take care of yourself/itself (social, physical, and mental health)? This can be in or outside of a medical setting.
- What specific support and resources, such as jobs, food, housing, etc., do you or members of your communities most need?
- Where or to whom do you or members of your community go when you need help navigating healthcare or finding information?
- What do service providers need to understand about you or your community when it comes to investing in health and wellness?
- What health issues do you think your community can change for the better? Why or why not?

Leveraging community partners in the recruitment of community members resulted in five focus groups that engaged 32 participants. Participants in each focus group were asked to voluntarily complete a demographic form. The purpose of the demographic form was to align the focus group findings with the CTSA data for a more comprehensive understanding of community members' lived experiences. The demographics of the focus group participants are as follows:

- 85 percent were women
- 15 percent were men
- 14.3 percent were younger than age 35
- 28.6 percent were ages 45 to 54
- 39.3 percent were age 55 or older
- 71.4 percent were Hispanic/Latino
- 17.9 percent were White
- 7.1 percent were Middle Eastern or North African

Focus Group Themes

Focus group participants raised several key issues, including challenges related to behavioral health, access to healthcare services, and the county's built environment. They emphasized the need for improved communication and outreach at the grassroots level, with a particular focus on children, youth, and families with children. They also stressed the importance of partnerships to advance access to health and well-being for community members, especially partnerships with schools (early identification and intervention, as well as health literacy) and

local agencies with responsibility for behavioral health (to address growing mental health and substance use disorder issues) and parks and recreation (promotion of healthy lifestyles and access to positive youth development options).

Focus group participants suggested specific actions to improve communication, including comprehensive community-based education and outreach prior to service delivery. They also advised that messaging about services should be clearer, and providers should explain a service's purpose up front. They highlighted the challenges of scheduling appointments and explaining health benefits in culturally responsive ways. Many participants indicated a desire for more targeted public awareness and social messaging to highlight a few key public health issues across multiple fronts and platforms, including physical marketing (billboards and bus stops) and electronic outreach (messaging and some social media).

Concerns regarding the lack of access to safe physical activity were expressed across the region. Focus group participants suggested that stakeholders interested in improving community health and well-being should look for opportunities to partner with local parks and recreation departments to expand access to welcoming recreational spaces, facilities, and programs that support healthy, active lifestyles. In addition, participants suggested that partnerships with the Imperial County Behavioral Health Services Department should focus on efforts centered on the youth mental health crisis and substance use disorder (SUD) epidemic. Overall, participants agreed that stigma continues to be a leading factor in residents' unwillingness to engage in behavioral health services.

Community Status

As defined in the MAPP framework, community status is informed by a community-driven quantitative data assessment or the numbers approach. It helps communities move upstream and identify inequities beyond health behaviors and outcomes, including their association with SDOH and systems of power, privilege, and oppression. Questions relevant to community status include:

- What does the status of your community look like, including key health, socioeconomic, environmental, and quality of life outcomes?
- What populations are experiencing inequities across health, socioeconomic, environmental, and quality of life outcomes?
- How do systems influence outcomes?

Secondary Data Collection

Health factors, behaviors, and outcomes data were reviewed and analyzed to better understand the health and well-being of people in Imperial County. Data sources included:

- American Community Survey
- Behavioral Risk Factor Surveillance System Survey
- California Department of Education
- California Department of Health Care Services
- California Department of Justice
- California Department of Public Health
- California Healthy Kids Survey
- Centers for Disease Control and Prevention
- Centers for Medicare & Medicaid Services
- Community Strength and Themes Assessment Survey
- Federal Bureau of Investigation
- Feeding America
- Imperial County Public Health Department
- National Low-Income Housing Coalition
- Professional Research Consultants (PRC) Community Health Survey
- United States Environmental Protection Agency
- United States Department of Agriculture (USDA) Food Environment Atlas

Analyzing the Numbers

Secondary data were collected and analyzed to understand year-over-year trends in health disparities between different groups and to benchmark Imperial County against California in various factors, including SDOH, health behaviors, and health outcomes.

The significance of secondary data indicators that provided sampling error (but might be subject to reporting error) was determined based on confidence intervals. Determining significance using confidence intervals is a standard statistical method to assess the reliability and relevance of an estimated difference between two groups. Confidence intervals provide a range of values within which we can reasonably expect the true population parameter (e.g., population mean or difference in means) to fall within a certain confidence level. The width of a confidence interval depends on the size and variability of the data. When two confidence intervals overlap, it is unlikely that a difference in the estimated rate between the comparison groups truly exists in the population. If the confidence intervals do not overlap, it may indicate a difference in the two rates. When possible, significant differences between two groups were determined by comparing demographics (e.g., race and ethnicity) or comparing two groups over time (e.g., significant change in trends).

When available, multi-year census estimates were used to assess health behaviors and outcomes by demographics. These estimates are valuable in needs assessments because they provide more stable, reliable, and comprehensive data. Multiyear estimates are better for

getting dependable data about a group of people because they are less likely to show random ups and downs. When you combine data from several years, you have more information to work with, which is helpful for finding out about smaller groups or specific places and makes the data more accurate.

Assessment Limitations

All data and assessments have limitations. In terms of content, this assessment was designed to provide a comprehensive picture of the overall community's health. Although this assessment is quite comprehensive, it cannot measure all possible aspects of health in Imperial County; a significant number of medical conditions are not addressed specifically. Nor does this assessment represent all possible populations of interest, and not all voices are proportionately represented. It must be recognized that these information gaps limit the ability to assess disparities comprehensively and accurately among and between communities or all their unique health needs.

In every assessment, certain populations, particularly those that are and historically have been marginalized—including communities of color, individuals experiencing homelessness, institutionalized or incarcerated people, and people who speak only a language other than English—are underrepresented in secondary data. Population groups, including people who are pregnant, LGBTQIA+, undocumented and documented immigrants, and members of certain racial and ethnic groups, might be unidentifiable or represented in numbers that are insufficient for independent analyses.

Furthermore, surveys are inherently prone to respondent bias, are time-consuming, and often have low response rates, particularly among hard-to-reach populations. The CTSA survey and outreach materials were translated into Spanish to mitigate common challenges such as language barriers and cultural differences. ICPHD collaborated with trusted community-based organizations to distribute the survey to these communities. In addition to electronic outreach (e.g., social media, email), ICPHD staff posted flyers in physical locations and conducted one-on-one outreach with paper surveys. Unfortunately, the response rate for the non-English language survey was low, so those responses were combined with the English language responses.

Community Status Assessment (CSA)

As outlined in the MAPP 2.0 framework, the CSA is a quantitative data assessment of the unique insights, expertise, and perspectives of individuals and communities directly affected by social systems to improve how those supports function. An important component of the CSA is the Community Themes and Strengths Survey (CTSA). Results of the CTSA provide valuable insights into perspectives and priorities of community members regarding their individual health needs and those of the community. In this section of the CHA, the community perspective and priorities related to health, socioeconomic, environmental, and quality of life indicators are highlighted by way of the CTSA results. The priorities of key populations also are spotlighted in this section.

CTSA Response Data

Demographic questions were included in the survey to allow for an examination of the survey responses by subpopulations. It is important to understand if and how health priorities and experiences vary depending on the perspective used to answer the CTSA survey.

It is important to remember the intersectionality of identities when interpreting the survey results. Survey respondents may be representative of more than one subpopulation. In these instances, a survey respondent's perspective is captured in both self-identified subpopulation groups.

2024 CTSA SURVEY RESPONDENT DEMOGRAPHICS

578 people from Imperial County responded to the survey

38% Identified as a person of color

16% Identified as LGBTQIA+

63% Identified as Hispanic or Latino

3% Young adults (18-24 years)

38% Reported an income less than $50,000

14% Older adults (55 years and older)

photo source: Imperial County Agricultural Commissioner

Although 578 individuals responded to the survey, it is important to note that participants were free to skip questions. As a result, each question has a unique denominator (denoted as n). Any differences noted in this report between subpopulations represent differences that have been determined to be significant. The variance above the threshold between any two groups was determined for survey-derived indicators based on a 10 percent variation from the comparative group. An example of this approach is provided in Table 8.

Table 8: Behavioral Factors, Characteristics Damaging a Healthy Community, Comparisons of Older and Young Adults Mental Health Responses, Imperial County, 2024

Survey Question	Please review the factors and behaviors that make a community unhealthy. What three things do you think are the most damaging to the health of your community?			
	Percent of Respondents Who Selected the Factor or Behavior			
Factor or Behavior	Older Adults (55+ years old) (n=82)	Younger Adults (18−34 years) (n=180)	Percentage Point Difference	Significant (yes or no)
Mental Health Problems	33%	24%	9	No
Bullying and Cyberbullying	9%	23%	14	Yes

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 4, 33]. Note: Percentages do not add up to 100 percent, as respondents could select more than one answer.

Professional Research Consultants Community Health Survey

In addition to the CSTA survey, this CHA reports findings from the Professional Research Consultants (PRC) community survey conducted to inform the ICPHD 2022 CHNA. The PRC survey instrument used for the 2022 CHA was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions that address gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument (Appendix E) was developed by the Imperial Valley CHA/CHIP Partnership, now known as the Imperial County Health Improvement Partnership, and PRC.[8]

Persons of Color

How race and ethnicity are defined and measured can vary. For example, the U.S. Census Bureau defines race differently than the National Institutes of Health. It is important to remember that race and ethnicity are not mutually exclusive. People can belong to multiple racial and ethnic groups. For example, a person can identify as Black and African American or Hispanic and Native American. The survey was designed in a way that allows participants to identify their race and ethnicity in a way that is comfortable for them. Asking a person if they identify as a person of color (POC) is one way a person who may be considered White by the U.S. Census standards can self-identify.

[8] 2022 PRC CHNA Report, Imperial County, California.

Race is a social construct used to classify individuals based on their physical appearance, lacking scientific foundation, and has historically justified discrimination and oppression against diverse groups,[9] including Native Americans, Black Americans, Japanese and others in the United States. Unfortunately, racism remains embedded in societal laws, policies, and practices, negatively impacting the lives of people from various backgrounds. In contrast, ethnicity encompasses broader cultural identities tied to specific countries and regions, as well as their languages, religions and customs.

The concept of a person of color encompasses a range of experiences, allowing multiracial individuals, including those that identify as White, to be considered a person of color. Among all survey respondents, 37.74 percent (n=237) said they identify as a person of color. Of respondents who identified as Hispanic/Latino, 35.65 percent also identified as a person of color; 364 of all survey respondents identified as Hispanic and Latino, 41 of whom also identified an additional race. Additionally, 7.42% of respondents identified as both Hispanic/Latino and White, and 2.47% identified as Hispanic/Latino and American Indian and Alaska Native (see Table 9).

Table 9: Person of Color Identification, Imperial County, 2024

Race/Ethnicity	Number of respondents* by race/ethnicity who also selected they identify as a person of color**	Percent who identified as a person of color
Black and African American	40	85.11%
Asian	12	70.59%
I prefer not to say	6	46.15%
Other	5	45.45%
American Indian and Alaska Native	11	44.00%
Middle Eastern/North African	3	42.86%
Native Hawaiian and Pacific Islander	3	42.86%
Hispanic/Latino	128	35.65%
White	29	19.46%
Total	**237**	

**Note that survey respondents could select more than one race or ethnicity. **(Number of Respondents Selecting Person of Color Identification/Total Number of Respondents of Race/Ethnicity) Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 38, 39].*

Sexual Orientation & the LGBTQIA+ Community

People have a right to indicate their sexual orientation in a way that is comfortable for them. By explicitly asking an individual to select their sexual orientation in the CTSA survey, the survey acknowledged and included people from this community. Identifying LGBTQIA+[10] community

[9] Ifekwunigwe JO, Wagner JK, Yu JH, Harrell TM, Bamshad MJ, Royal CD. A Qualitative Analysis of How Anthropologists Interpret the Race Construct. *Am Anthropol*. 2017;119(3):422-434. doi: 10.1111/aman.12890.

[10] For the purposes of this report, LGBTQIA+ stands for lesbian, gay, bisexual, transgender, queer, intersex, and asexual. The + represents all other sexual and gender identities not encompassed in the acronym including 2S which stands for Two Spirit, a Tribal term for people who are LGBTQIA+.

members confirms that everyone's experiences and perspectives are valued and relevant to the assessment.

To better understand the feeling of community among the LGBTQIA+ population and to better understand respondents' sense of identity, the CTSA survey asked respondents whether they identify as a member of the LGBTQIA+ community. Among the 562 survey respondents who answered the LGBTQIA+ question, 89 identified themselves as a member of the LGBTQIA+ community (15.84%). Of the 89 respondents who identified as a member of the LGBTQIA+ community, two (2) skipped the sexual orientation question. Most (87) respondents who identified as lesbian, gay, questioning or unsure, or bisexual, also identified as members of the LGBTQIA+ community (92.31%, 90.91%, 66.67%, and 64.44%, respectively) (see Table10).

Table 10: Sexual Orientation Identification, Imperial County, 2024

Sexual Orientation	Percent (%) of survey respondents by sexual orientation n=578	Percent of survey respondents who *also* indicated that they identify as a part of the LGBTQIA+ community n=89
Straight or heterosexual	72.89%	24.14%
Bisexual	8.10%	33.33%
Prefer not to say	6.51%	1.15%
Asexual	5.28%	5.75%
Lesbian	2.29%	13.79%
Gay	1.94%	11.49%
Other	1.76%	3.45%
Questioning or unsure	0.53%	2.3%
Queer	0.35%	2.30%
Pansexual	0.35%	2.30%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 35, 36].

Neighborhood / Region of Residence

PRC and CTSA survey respondents were asked to provide their ZIP code. This assessment created four regions—far northern, northern, central, and southern—for the purpose of analyzing community survey results to compare results at a geographic level. The regions were informed based on collaboration with the Data Workgroup and an analysis of survey responses by ZIP code. For communities, including Winterhaven (n=4) and Ocotillo (n=0), where opinions differed on whether they were placed in the appropriate region, responses were analyzed to see which regions they most aligned with.

As Table 11 indicates, 43.7 percent of PRC survey respondents lived in a city/town in the central region, including the cities/towns of El Centro, Imperial, Holtville, Ocotillo, and Seeley. For the CTSA survey, 39.4 percent (n=227) lived in the central region, followed by northern (27.8%), southern (18.6%), and far northern (6.1%). Recognizing that the agricultural economy of Imperial County includes workers who cross the US/Mexico and Arizona borders daily, the CTSA survey

demographic questions included these options, which are compiled under the regional category of "other." The CTSA survey did garner responses from Mexico (n=18) and other Imperial County bordering ZIP codes (n=19).

Table 11: Region of Residence by Adults and Households with Children, Imperial County, 2022 and 2024

	PRC: Adults 18+ Years Old		PRC: Households with Children (5-17 Years Old)		CTSA: Adults 18+ Years		Cities/Towns Represented
	Number	Percent	Number	Percent	Number	Percent	
Central	763	43.7%	219	47.8%	227	39.4%	El Centro, Imperial, Holtville, Ocotillo, Seeley
Far North	199	11.4%	54	11.8%	35	6.1%	Oasis, Bombay Beach, Salton City, Palo Verde, Niland
North	338	19.3%	76	16.5%	160	27.8%	Brawley, Calipatria, Westmorland
South	447	25.6%	109	23.9%	107	18.6%	Heber, Calexico, Winterhaven
Mexico/ Other					47	8.2%	Mexicali, México, Valle de Mexicali
Total	1,747	100.0%	458	100%	576	100.0%	

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 32, 33], 2022 PRC Community Health Survey, PRC, Inc.

The demographic profile of the regions in the PRC survey is highlighted in Table 12.

Table 12: Demographic Characteristics by Region of Residence, Imperial County, 2022 and 2024

	Central	Far Northern	Northern	Southern	Imperial County
All	43.7%	11.4%	19.3%	25.6%	100.0%
Women	47.5%	43.2%	48.7%	52.7%	48.6%
Men	51.6%	55.0%	50.8%	45.6%	50.3%
18 to 39	44.6%	53.2%	44.1%	40.2%	44.4%
40 to 64	39.8%	42.3%	37.4%	39.5%	39.5%
65+	15.3%	4.5%	17.9%	20.4%	15.9%
Very low income	17.8%	33.2%	23.5%	22.1%	21.8%
Low income	20.7%	28.3%	25.2%	29.4%	24.7%
Mid/High Income	50.6%	21.8%	38.8%	34.7%	41.0%
LGBTQIA+	5.6%	14.6%	7.0%	5.2%	6.9%
Hispanic	73.4%	75.2%	80.2%	91.9%	79.7%
White	18.5%	20.3%	16.4%	3.1%	14.3%
Diverse Races	8.1%	4.5%	3.4%	5.0%	6.0%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 32, 33, 34, 36, 39-46, 51], 2022 PRC Community Health Survey, PRC, Inc.

Community Health

The American Planning Association (APA) defines "healthy communities" as places where all individuals have access to a healthy built, social, economic, and natural environment that gives them the opportunity to achieve their fullest potential, regardless of race, ethnicity, gender identity, income, age, abilities, sexual orientation, or other socially defined circumstance. CTSA survey respondents reported that they are healthy or very healthy 45 percent of the time, while respondents reported their community was healthy or very healthy only 22 percent of the time (see Table 13).

Table 13: Overall Individual and Community Health Status, Imperial County, 2024

	Very unhealthy	Unhealthy	Somewhat healthy	Healthy	Very healthy
My overall health (n=577)	2%	10%	43%	40%	5%
My community's overall health (n=568)	8%	30%	40%	19%	3%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Question 28].

The CTSA survey asked respondents about the health of their community and the experiences affecting their quality of life. Specifically, respondents were asked to identify the following:

What three things are most needed in your community to improve your health? When asked about the three things most needed to improve survey respondents' health, respondents identified better access to care (including mental health services and health care providers), more affordable housing, less crime and safer neighborhoods, good jobs, and a strong economy.

What three things do you think are the most damaging to the health of your community? When asked about the factors most damaging to the health of their community, survey respondents identified mental health problems, underemployment, low-paying jobs, no specialty medical care, drugs or alcohol, and environmental problems.

What three things do you think are the most damaging to the health of people in your community? When asked about the factors they felt were most damaging to the health of people in their community, survey respondents identified poor eating habits, being overweight, lack of exercise, not getting regular health screenings, and alcohol misuse or abuse.

HMA conducted an analysis for each question to detect variations in responses from CHA subpopulations. For each subpopulation, a topic was considered a priority unique to the group if the percentage of respondents within the group who selected the topic was 15 or more percentage points higher than other respondents.

What three things are most needed to improve your health?

In Table 14, the plus sign (+) indicates an area of need in the community that ranked higher than in other communities. Topics with table cells that are tan were among the top three concerns for the subpopulations. Across all survey respondents, access to healthcare providers, good jobs, a healthy economy, and affordable housing were the three issues ranked as most needed to improve health. In summary:

- Access to mental health services, less crime, and safer neighborhoods were among the top three priorities among LGBTQIA+ respondents. LGBTQIA+ people were significantly less likely to prioritize affordable housing, good jobs, and a healthy economy.
- Affordable housing, good jobs, and a healthy economy, though a priority for all survey respondents, was particularly important among Hispanic/Latino populations.
- Low-income respondents ranked the same issues as the most important compared with all respondents, with the addition of less crime and safer neighborhoods.

Table 14: Top Three Things to Improve Your Health, Imperial County, 2024

Topics	All (n=573)	LGBTQIA+ (n=89)	POC (n=214)	Low Income (n=216)	Older Adults (n=82)	Young Adults (n=180)	Hispanic/ Latino (n=364)
Access to healthcare providers (e.g., family doctors, pediatricians)	47%	45%	50%	42%	49%	43%	46%
Affordable housing	33%	19%-	26%	38%	45%	33%	38%+
Good jobs and a healthy economy	33%	16%-	29%	31%	37%	30%	42%+
Access to mental health services (e.g., counselors, psychiatrists)	26%	29%	24%	20%	16%	27%	23%
Lower crime and safer neighborhoods	25%	28%	25%	31%	18%	28%	23%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 3, 33, 36, 38, 39, 51]. + Subpopulation ranked as a priority compared with their counterparts. Tan fill indicates the top three priorities for the subpopulation.

Respondents from all regions prioritized access to healthcare providers as the number one thing most needed in the community to improve their health. CSTA survey respondents from the Far North region prioritized access to mental health services among their top three things most needed. Additionally, lower crime and safe neighborhoods were prioritized by CSTA survey respondents in Far North and North regions, as well as respondents from outside the county (see Table 15).

Table 15: Top Three Things Needed in the Community to Improve Your Health by Region, Imperial County, 2024

Topics	All (n=580)	Far Northern (n=35)	Northern (n=162)	Central (n=228)	Southern (n=108)	Other (n=47)
Access to healthcare providers (e.g., family doctors, pediatricians)	46%	37%	40%	50%	50%	47%
Good jobs and a healthy economy	33%	11%-	30%	38%	40%	17%
Affordable housing	32%	11%-	30%	32%	44%	30%
Access to mental health services (e.g., counselors, psychiatrists)	26%	37%	24%	29%	25%	15%
Lower crime and safe neighborhoods	25%	34%	33%	18%	17%	47%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 3, 32]. Region ranked significantly lower compared to all respondents. Tan fill indicates a top priority for the region.

What three things do you think are the most damaging to the health of your community?
Among all survey respondents, mental health problems, underemployment, and low-wage jobs, and no specialty medical care were the three issues ranked as most damaging to the health of the community (see Table 16). The following are additional areas of concern that survey respondents from subpopulations shared:

- Among LGBTQIA+ survey respondents, bullying, cyberbullying, and community violence were top concerns.
- Environmental problems were of particular importance among people of color and young adults.
- Drugs or alcohol ranked as a higher priority among Hispanic/Latino respondents.
- Homelessness was ranked as a higher priority among older adults than all other respondents.
- Among Hispanic/Latino CSTA survey respondents, underemployment and low-paying jobs ranked higher than among other respondents.

Table 16: Community Health Prioritization by Demographic Characteristics, Three Things Respondents Think are Most Damaging to the Health of Their Community, Imperial County, 2024

Topics	All (n=577)	LGBTQIA+ (n=89)	POC (n=214)	Low Income (n=216)	Older Adults (n=82)	Young Adults (n=180)	Hispanic/ Latino (n=364)
Mental health problems	32%	33%	32%	30%	33%	24%	30%
Underemployment and low-paying jobs	27%	9%$^{-}$	25%	24%	33%	23%	34%$^{+}$
Drugs or alcohol	25%	12%	19%	23%	27%	22%	28%
No specialty medical care (genetics, pediatric neurology psychiatry, developmental-behavioral, gynecology, etc.)	25%	19%	28%	16%	17%	26%	27%
Environmental problems (i.e., air and water pollution, excessive heat, severe storms, etc.)	24%	20%	30%	20%	22%	24%	26%
Homelessness	22%	8%-	17%	19%	41%$^{+}$	14%	25%
Community violence (i.e., assault, gang activity, homicide)	21%	31%	23%	22%	12%	23%	18%
Bullying and cyberbullying	19%	29%	21%	24%	9%	23%	15%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 4, 33, 36, 38, 39, 51]. + Subpopulation ranked as a significantly higher priority than their counterparts. Subpopulation ranked as a significantly lower priority than their counterparts. The tan fill indicates a top priority for the subpopulation.

Regionally, as Table 17 demonstrates:

- The percent of survey respondents living in the far northern region who prioritized community violence (i.e., assault, gang activity, homicide) and bullying and cyberbullying (significantly more so) as the top three factors damaging the health of their community.
- Northern region respondents prioritized drugs or alcohol and homelessness among the top three factors most damaging the health of their community, along with mental health issues.
- Southern region respondents identified environmental problems.

Table 17: Community Health Prioritization by Region of Residence, Three Things Respondents Think are Most Damaging to the Health of Their Community, Imperial County, 2024

Topics	All (n=580)	Far Northern (n=35)	Northern (n=162)	Central (n=228)	Southern (n=108)	Other (n=47)
Mental health problems	32%	29%	31%	32%	31%	36%
Underemployment and low-paying jobs	27%	6%-	17%	33%	38%	23%
No specialty medical care (genetics, pediatric neurology psychiatry, developmental-behavioral, gynecology, etc.)	25%	14%	22%	26%	28%	32%
Drugs or alcohol	24%	20%	28%	25%	24%	13%
Environmental problems (i.e., air and water pollution, excessive heat, severe storms, etc.)	24%	26%	20%	23%	31%	28%
Homelessness	21%	11%	25%	22%	18%	15%
Community violence (i.e., assault, gang activity, homicide)	20%	31%	21%	18%	17%	26%
Bullying and cyberbullying	20%	46%+	19%	19%	14%	19%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 14, 32]. + Region ranked as a significantly higher priority compared with all respondents. – Region ranked as a significantly lower priority compared with all respondents. Tan fill indicates a top priority for people in the region. What three things do you think are the most damaging to the health of people in your community?

Among all survey respondents, poor eating habits, obesity, lack of exercise, and not getting regular health screenings were the three top-ranked factors causing the most damage to the health of people in their community. Survey respondents representing subpopulations shed light on issues of concern within their community (see Table 18). In summary:

- LGBTQIA+ respondents similarly prioritized poor eating habits and alcohol misuse or abuse as top priorities compared with all respondents; however, they also ranked unfair treatment because of gender or gender identity as a top three priority.

- Compared with other respondents, LGBTQIA+ community members were more likely to prioritize unfair treatment because of race and ethnicity, gender or gender identity, and sexual orientation.
- Survey respondents who identified as POC ranked the same issues as most important compared with all other respondents.
- Low-income respondents ranked the same issue, poor eating habits, as the most important compared with all respondents; however, they were more likely to rank alcohol and opioid misuse or abuse as challenges in their community.
- Older adult respondents ranked untreated mental illness and methamphetamine or other stimulants misuse or abuse as issues most damaging to the health of people in their community, compared to all respondents.
- Hispanic/ Latino respondents agreed with survey respondents on the top issues.

Table 18: Health Priorities for Community Members by Demographic Characteristics, Three Things Respondents Think are Most Damaging to the Health of People in Their Community, Imperial County, 2024

Topics	All (n=578)	LGBTQIA+ (n=89)	POC (n=214)	Low Income (n=216)	Older Adults (n=82)	Young Adults (n=180)	Hispanic/ Latino (n=364)
Poor eating habits (i.e., regularly eating fast food, not eating fresh fruit or vegetables, etc.)	49%	38%	48%	43%	52%	48%	54%
Lack of exercise	24%	15%	26%	20%	24%	23%	29%
Not getting regular health screenings (i.e., yearly check-ups, breast exams, gynecological exams, colonoscopies, etc.)	24%	18%	25%	22%	27%	23%	26%
Being overweight	24%	17%	23%	21%	24%	19%	27%
Alcohol misuse or abuse	22%	20%	20%	24%	17%	24%	20%
Opioid misuse or abuse (including fentanyl or other synthetic opioids)	21%	11%	20%	24%	23%	16%	22%
Methamphetamine or other stimulants misuse or abuse	19%	11%	18%	19%	30%	12%	19%
Untreated mental illnesses (bipolar disorder, schizophrenia, etc.)	18%	11%	19%	17%	33%+	12%	17%
Bullying or cyberbullying	15%	18%	15%	20%	7%	17%	15%
Unfair treatment because of race and ethnicity	7%	18%+	8%	7%	2%	11%	2%
Unfair treatment because of gender or gender identity	6%	21%	7%	9%	2%	8%	4%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 5, 33, 36, 38, 39, 51]. + Subpopulation ranked as a higher priority than for their counterparts. The tan fill indicates a top priority for the subpopulation.

CSTA survey respondents ranked poor eating habits along with a prioritized concern about alcohol misuse or abuse, bullying or cyberbullying, and unfair treatment because of gender or gender identity. North survey respondents also ranked as their top three poor eating habits and being overweight. Central CSTA survey respondents included not getting regular health screenings and opioid misuse or abuse in the top three things they considered most damaging to the health of people in their community. South region survey respondents included not getting regular health screenings in the top three things they considered most damaging to the health of people in their community (see Table 12).

Table 19: Health Priorities for Community Members by Region of Residence, Three Things Respondents Think are Most Damaging to the Health of People in Their Community, Imperial County, 2024

Topics	All (n=570)	Far Northern (n=25)	Northern (n=162)	Central (n=228)	Southern (n=108)	Other (n=47)
Poor eating habits (i.e., regularly eating fast food, not eating fresh fruit or vegetables etc.)	50%	48%	51%	49%	53%	47%
Being overweight	25%	24%	30%	24%	21%	19%
Lack of exercise	24%	24%	21%	23%	31%	28%
Not getting regular health screenings (i.e., yearly check-ups, breast exams, gynecological exams, colonoscopies etc.)	24%	20%	19%	25%	29%	21%
Alcohol misuse or abuse	22%	56%+	22%	17%	25%	28%
Opioid misuse or abuse (including Fentanyl or other synthetic opioids)	21%	4%-	23%	27%	11%	13%
Methamphetamine or other stimulants misuse or abuse	19%	24%	22%	21%	15%	4%-
Untreated mental illnesses (bipolar disorder, schizophrenia, etc.)	19%	20%	22%	21%	13%	13%
Bullying or cyber bullying	15%	28%	21%	9%	18%	15%
Sugary drinks	12%	24%	7%	12%	13%	15%
Unfair treatment because of race and ethnicity	7%	20%	6%	4%	6%	26%+
Unfair treatment because of gender or gender identity	6%	28%+	4%	6%	4%	2%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 5, 32]. + Region ranked as significantly higher priority compared with all respondents. Region ranked as a significantly lower priority than all respondents. Tan fill indicates a top priority for the region.

SOCIAL DETERMINANTS OF HEALTH

photo source: Imperial County Agricultural Commissioner

Social Determinants of Health

The CTSA uses quantitative data to describe the community, including SDOH, health factors, and health outcomes present in Imperial County, as well as where these elements intersect and influence one another.

Rarely does one factor alone determine the health of a community. Instead, it is the result of a combination of circumstances. Healthy People 2030 describes the five SDOH, including economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. These determinants are defined as "the conditions in which people are born, live, learn, work, play, worship, and age and the wider set of forces and systems shaping the conditions of daily life."[11]

Each determinant, independently and in combination, influences the health of individuals and their communities. For example, economic and social insecurity are associated with poor health. Poverty, unemployment, and lack of education affect access to healthcare services. Employment provides income that increases choices in housing, education, healthcare, childcare, and food. Family and social support can counter the effects of limited income and the ability to accumulate financial resources.

In the following section, we use the five SDOH as a framework to describe the status of Imperial County as a community, using primary data from the CTSA survey and focus groups, as well as secondary data.

[11] Centers for Disease Control and Prevention. Research Summary: Social Determinants of Health Economic Stability. Available at: https://www.cdc.gov/public-health-gateway/php/data-research/index.html#:~:text=Economic%20stability%20explores%20the%20link,food%20security%2C%20and%20housing%20stability.

ECONOMIC STABILITY

photo source: Imperial County Agricultural Commissioner

Economic Stability

Economic stability means that people have the resources essential to a healthy life.[12] Economic stability is directly tied to people's ability to meet their health needs. People are less likely to live in poverty and more likely to be healthy when they have steady employment. Without sufficient financial resources, individuals may, for example, have inadequate access to health insurance, transportation to doctor's appointments, or the ability to pay for nutritious food.

CTSA survey respondents were asked to share the extent to which they lacked enough money to pay for essential items, such as food, hygiene, housing, or clothing. Approximately one-third of the CTSA survey respondents (34%) indicated they were unable to pay for at least one essential item in the past month or year. The essential items that CTSA respondents most often identified as unaffordable are food (34%), followed by medications, medical supplies, and clothing (32%), electricity and water (31%), and rent or mortgage (30%).

CTSA survey respondents who indicated they work part-time jobs were more likely than other CTSA survey respondents to have had these experiences. Nearly 52 percent of CTSA survey respondents who identified as part-time workers indicated they were unable to pay for food three to four times in the last year, compared with 29 percent of CTSA survey respondents who indicated they worked a full-time job.

The following indicators related to economic stability are examined in this section:

- Poverty
- Employment
- Transportation
- Access to food and nutrition

Poverty

The federal poverty level is the standard measure of whether individuals and families are poor or unable to meet their basic economic needs; however, poverty as a measure of economic stability has some problems. One issue is that it usually looks only at income and fails to account for access to education, healthcare, and other essential services or supports. Measures of poverty disregard the cost of living and how it varies from place to place. The data neither captures nor describes how people view their own situations. Though this assessment reports on the poverty rate based on federal measures to better reflect poverty among Imperial County residents, it also reports on:

- Poverty rate among working residents.
- Compositive measure of economic stability known as the hardship index
- Median household income
- Cost of living, including essential resources such as food, housing, and childcare

[12] Network for Public Health Law. Economic Stability. Available at: https://www.networkforphl.org/resources/topics/covid-19-health-equity/economic-stability/.

Federal Poverty Rate

In 2022, the poverty rate was significantly higher in Imperial County, with 22.6 percent of people living in poverty compared with California at 12.2 percent. Moreover, this percentage represents a statistical increase from Imperial County's 2021 poverty rate (16.4%) but is still lower than Imperial County's 2019 mark of 25.1 percent. Overall, the poverty rate in Imperial County was 1.87 percent higher in 2022 than in 2017. In contrast, the poverty rate in California was 1.11 percent lower in 2022 than in 2017 (see Table 20).

Table 20: People Living in Poverty, Imperial County and California, 2017-2022

Year	Imperial County	California
2017	20.7%	13.3%
2018	23.2%	12.2%
2019	25.1%	11.8%
2020	Not Available	Not Available
2021	16.4%	12.3%
2022	22.6%	12.2%

Source: American Community Survey, 1-year estimate 2017 to 2022, Table B17001.

Working Poor and Gender

The percentage of employed Imperial County residents ages 16 and older who were living in poverty was higher than that of California residents (8.1% and 5.3%, respectively). Women in Imperial County residents were significantly more likely than men to be working and living in poverty (9.9% versus 6.7%, respectively). A smaller disparity exists among residents in California as a whole, with 6.0% of women and 4.7% of men working and living in poverty (see Table 21).

Table 21: Living in Poverty and Employed by Sex, Ages 16 and Older, Imperial County and California, 2018-2022

	Imperial County	California
Total population	8.1%	5.3%
Women	9.9%	6.0%
Men	6.7%	4.7%

**Significantly higher compared to currently employed males. Source: American Community Survey, 5-year estimate, 2018-2022, Table B17005.*

Household Income

In 2018−2022, the median household income in Imperial County was $49,373.59; this amount was lower than for households elsewhere in California ($84,269.87). The median household income estimates vary across racial and ethnic groups in Imperial County. Median household income decreased (non-significantly) by 0.6 percent from 2013-2017, when it was $49,667.25. Non-Hispanic White household median household income in 2013-2017 was $67,251.94 (see Table 22).

Table 22: Median Household Income by Race and Ethnicity, Imperial County and California, 2013−2022

Populations	Imperial County		California	
	2013−2017	2018−2022	2013−2017	2018−2022
Total population	$49,667.25	$49,373.59	$74,501.43	$84,269.87
Non-Hispanic White	$67,251.94	$62,465.42	$87,516.36	$96,049.58
Non-Hispanic Black*	$44,908.94	$50,494.98	$51,264.45	$59,153.49
Asian*	$93,785.35	$101,125.67	$95,561.13	$108,944.28
Hispanic or Latino	$46,576.01	$47,222.48	$57,513.48	$68,326.40
Native American*	$49,667.25	$54,633.06		$68,838.96

**Median household income estimates for non-Hispanic Black, Asian, and Native American Imperial County residents have a low level of certainty due to a wide confidence interval. Source: American Community Survey, 5-Year Estimates, 2013-2017, 2018-2022, Table B19013.*

Income earned among households may come from multiple sources, including employment, Social Security Income (SSI), retirement, supplemental sources, cash public assistance, and Supplemental Nutrition Assistance Program (SNAP) food benefits. As Table 23 shows, the percentage of households relying on income from these non-employment/labor sources was higher in Imperial County than in California. In 2018−2022, more than one-third of households in Imperial County (35.5%) had SSI (28% in California), followed by 25.1 percent of households with SNAP benefits in the past 12 months (10.3% in California), and 15.5 percent of households with retirement income (20.5% in California). Public assistance supported 5.9 percent of households in Imperial County (3.7% in California).

Table 23: Household Income Sources, Proportion of Household Types, Imperial County & California, 2018-2022

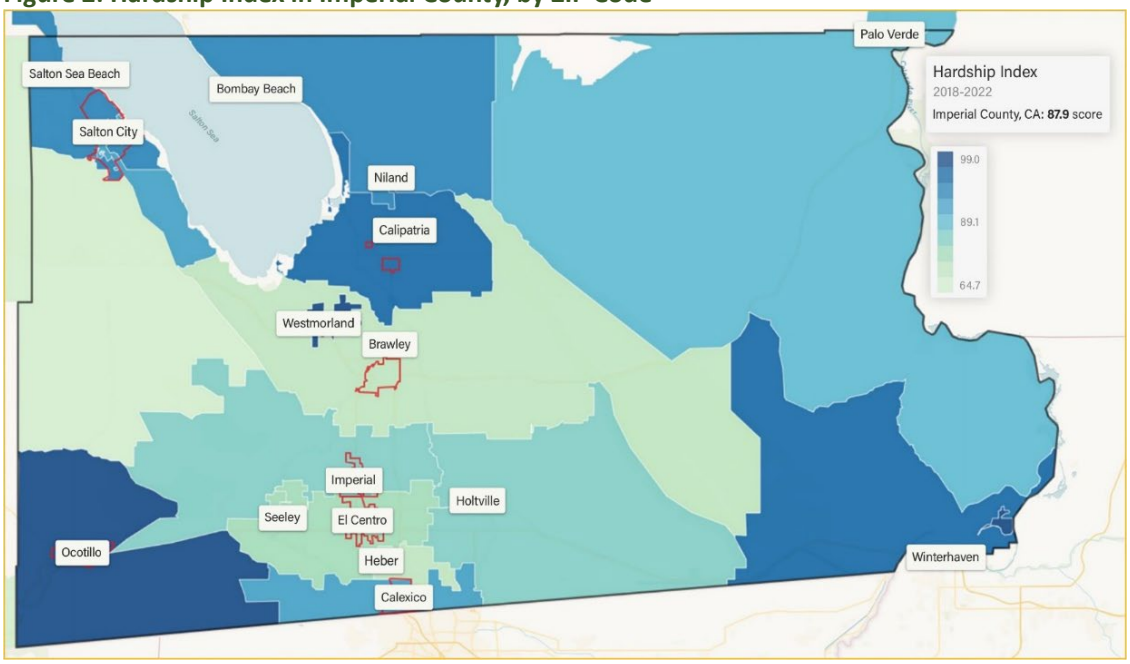
Households by Income Types	Imperial County	California	Number of Imperial County Households
With earnings	76.4%	80.8%	35,936
With Social Security	35.5%	28.0%	16,673
With retirement income	15.5%	20.5%	7,274
With Supplemental Security Income	8.4%	5.9%	3,973
With cash public assistance income	5.9%	3.7%	2,773
With SNAP food benefits in the past 12 months	25.1%	10.3%	11,794

Source: American Community Survey, 5-year estimate 2018-2022, Table DP03

Hardship Index

The hardship index is a composite score reflecting economic challenges in the community (higher values indicate greater hardship). It incorporates unemployment, age dependency, education, per capita income, crowded housing, and poverty into a single score that allows comparison between geographies. It is highly correlated with other measures of economic hardship, such as labor force statistics and poor health outcomes. It begins to take into consideration the influential factors that define poverty. In Figure 2, the darker the blue, the greater the economic hardship. Imperial County has a higher score (87.9) than California (56.9). Communities with the greatest hardship in Imperial County were Ocotillo (99.0), Westmorland (98.3), and Winterhaven (98.0).

Figure 2: Hardship Index in Imperial County, by ZIP Code



Source: American Community Survey (ACS), 2018-2022. Index calculated by Metopio. Map by Metopio.

Employment

As mentioned previously, people with steady employment are more likely to be healthy and able to make ends meet. More than half (52.4%) of the people ages 16 and older in Imperial County were employed or were actively looking for work in 2018−2022. All age groups participated in the labor force at significantly lower rates than their peers living elsewhere in California. Middle-aged adults (40−64 years old) had the highest participation rate at 62.8 percent, followed by young adults (18−39 years old) at 60.2 percent and older adults (65+ years old) at 11.5 percent (see Table 24).

Table 24: Active Employment by Age Groups, Imperial County and California, 2018–2022

Age	Imperial County	California
Total population	52.4%	63.8%
Young adults (18–39 years old)	60.2%	74.1%
Middle-aged adults (40–64 years old)	62.8%	73.8%
Adults (18–64 years old)	61.1%	74.0%
Seniors (age 65 and older)	11.5%	19.2%

Source: American Community Survey, 5-year estimates, 2018-2022, Tables B23025, B23001, and C23002.

Participation in the labor force varies among different racial and ethnic populations in Imperial County. In 2018–2022, non-Hispanic Black residents were least likely to be part of the labor force in Imperial County (40.2%). This number was also lower than California's rate for non-Hispanic Black residents (60.9%). On the other hand, Asian residents of Imperial County were most likely to be part of the labor force, with 57.7 percent actively working or seeking employment. Hispanic or Latino residents followed, with 53.4 percent participating in the labor force (see Table 25).

Table 25: Active Employment by Race and Ethnicity, Imperial County and California, 2018–2022

Race/Ethnicity	Imperial County	California
Total population	52.4%	63.8%
Non-Hispanic White	47.8%	60.7%
Non-Hispanic Black	40.2%	60.9%
Asian	57.7%	64.4%
Hispanic or Latino	53.4%	67.0%
Native American	47.4%	64.0%

Note: Pacific Islander/Native Hawaiian estimate was 37.5 percent and unstable. Source: American Community Survey, 5-year estimates, 2018-2022, Tables B23025, B23001, and C23002.

Measuring the Labor Force

Percentage of labor force by occupation and percentage of labor force by industry sector are two ways to categorize and measure the distribution of workers in an economy. The percentage of the labor force by occupation measures the proportion of workers employed in each occupation, whereas the percentage of the labor force by industry sector measures the proportion of workers employed in each industry. The two measures are used for different purposes. The percentage of the labor force by occupation often is used to assess the skills and education levels of the workforce. In contrast, the percentage of the labor force by industry sector is often used to assess the economic health of different sectors of the economy.

In Imperial County, more people are working in jobs related to services, natural resources, construction, and maintenance than workers in the rest of the state. Furthermore, slightly more people in Imperial County are working in production, transportation, and material moving jobs than in the state. The number of people working in management, business, science, and arts jobs in Imperial County was far lower than the state average, and slightly fewer people were working sales and office jobs in Imperial County than in the rest of the state (see Table 26).

Table 26: Currently Employed by Occupation Type, Imperial County and California, 2018-2022

Occupation	Imperial County	California
Service occupations	27.0%	17.6%
Management, business, science, and arts occupations	25.0%	41.7%
Sales and office occupations	19.7%	20.0%
Natural resources, construction, and maintenance occupations	15.2%	8.8%
Production, transportation, and material moving occupations	13.0%	11.9%

Source: American Community Survey, 5-year estimate 2018-2022, Table DP03

In California, most jobs were in education, healthcare, and social assistance (21.4%), followed by professional, scientific, management, and administrative and waste management services (14.1%). Similarly, in Imperial County, employers in education, healthcare, and social assistance organizations (23.2%) were the biggest employers; however, retail trade (12.0%), public administration (10.7%), and agriculture, forestry, fishing and hunting, and mining (9.8%) were larger job providers in Imperial County. On the other hand, the professional, scientific, management, administrative, and waste management services sector was smaller in Imperial County at 7.3 percent than in the rest of California at 14.1 percent (see Table 27).

Table 27: Currently Employed by Industry, Imperial County and California, 2018-2022

Industry	Imperial County	California
Educational services, healthcare, and social assistance	23.2%	21.4%
Retail trade	12.0%	10.3%
Public administration	10.7%	4.7%
Agriculture, forestry, fishing and hunting, and mining	9.8%	2.1%
Arts, entertainment, recreation, and hospitality	9.4%	9.7%
Professional, scientific, management, administrative, and waste management services	7.3%	14.1%
Transportation, warehousing, and utilities	6.7%	5.9%
Construction	6.2%	6.7%
Other services, except public administration	4.1%	4.9%
Manufacturing	3.8%	8.9%
Finance, insurance, and real estate, rental, and leasing	3.2%	5.8%
Wholesale trade	2.9%	2.6%
Information	0.7%	2.9%

Source: American Community Survey, 5-year estimate 2018-2022, Table DP03

The average unemployment rate in Imperial County was consistently above the average unemployment rate for California, meaning more people in Imperial County are more likely to be unemployed than people statewide. The highest unemployment rates were in 2020, when Imperial County was at 22.5 percent and California was at 10.1 percent. Looking at prior years and years following, the average unemployment rate for Imperial County was between 14.7 percent and 20.9 percent (see Table 28).

Table 28: Unemployment Rate, Imperial County and California, 2018-2022

Year	Imperial County	California
2018	18.8%	4.3%
2019	20.9%	4.2%
2020	22.5%	10.1%
2021	17.3%	7.3%
2022	14.7%	4.2%

Source: Bureau of Labor Statistics, 2018 to 2022

In 2018–2022, the highest unemployment rate in Imperial County was among young adults ages 18–39 (15.7%), a decrease from 2013–2017 for this age group (19.2%) (see Table 29).

Table 29: Unemployment Rate by Age Groups, Imperial County and California, 2013-2022

Age	2013–2017	2018–2022	Percentage Point Change
Total population	16.0%	13.2%	-2.8%
Young adults (18–39 years)	19.2%	15.7%	-3.5%
Middle-aged adults (40–64 years)	11.3%	9.3%	-2.0%
Seniors (65+ years)	7.6%	7.6%	0.0%

Source: American Community Survey, 5-Year Estimate, Tables B23025, B23001, and C23002

Transportation

Having reliable transportation, whether one's own vehicle or public transportation, is crucial to being able to access healthcare and other factors that influence health, such as healthy food or work. This is particularly true in Imperial County, which is known for its rural and often remote areas. Public transportation options are limited in parts of the county. Having a vehicle provides essential mobility for daily activities like grocery shopping, commuting, and accessing healthcare. In 2018–2022, 6.3 percent of Imperial County households had no vehicle available to them. In some areas, like Winterhaven (35.9%), Niland (15.3%), and Westmorland (11.1%), the number of households without cars was double the county average (see Table 30).

Table 30: Households with No Vehicles by City or Town, Imperial County, 2018-2022

City or Town	Percent
Winterhaven	35.8*
Niland	15.3*
Westmorland	11.1
Brawley	9.0
Calipatria	8.2
Calexico	8.0
Holtville	6.5
Bombay Beach	6.3*
El Centro	6.2
Desert Shores	5.6*
Seeley	5.0
Heber	1.9
Imperial	1.5
Salton City	0.4

**Interpret with caution due to large margin of errors (>10) Source: American Community Survey, 5-Year Estimate, 2018-2022, Table B25044.*

In 1994, in response to the Americans with Disabilities Act (ADA), Imperial Valley Transit (IVT) ACCESS was created to offer transportation services for people with physical or cognitive disabilities and cannot use the regular, fixed-route bus system. IVT ACCESS offers security and independence through an advanced reservation curb-to-curb transportation service with wheelchair lifts for people who have mobility challenges and have completed a certification and eligibility process. Eligibility is based on three factors: an individual's ability to get to and from a fixed-route bus stop, an individual's ability to board/exit the bus, and an individual's ability to navigate the fixed-route system.

As Table 31 shows, the predominant means of transportation to work for Imperial County residents by car, truck, or van (89.1%). Only 0.7 percent of Imperial County residents reported using public transportation as their means of transportation to and from work, compared with 3.6 percent of California residents. A significantly higher percentage of Californians (13.6%) work from home compared with Imperial County residents (5.9%). Across all modes of transportation, it takes an average of 22.7 minutes to get to work in Imperial County, which is lower than the rest of California (29.2 minutes).

Table 31: Means of Transportation to Work, Imperial County and California, 2018-2022

Transportation Type	Imperial County	California
Car, truck, or van	88.3%	78.0%
Workers per car, truck, or van	1.06	1.07
Drove alone	79.6%	68.4%
Carpooled	8.7%	9.5%
Public transportation (excluding taxi)	0.7%	3.6%
Walked	3.0%	2.4%
Bicycle	0.3%	0.7%
Taxi, motorcycle, or other means	1.9%	1.7%
Worked from home	5.9%	13.6%
Mean travel time to work (minutes)	22.7	29.2

Source: American Community Survey, 5-year estimates, 2018-2022, Table S0801.

Most (89.9%) employed county residents work in Imperial County, which was higher than for other California locations (84.2%). Employed Imperial County residents were significantly more likely to work across state lines (2.3%) than people who lived elsewhere in California (0.4%) and were less likely to work at home (5.9% in Imperial County versus 13.6% in California) (see Table 32).

Table 32: Local Residents Place of Work, Imperial County and California, 2018–2022

Place of Work	Imperial County	California
Worked across state lines	2.3%	0.4%
Worked across county lines	10.1%	15.8%
Work at home	5.9%	13.6%

Source: American Community Survey, 5-year estimates, 2018-2022, Table S0801

Access to Food and Nutrition

Access to food and nutrition is a critical SDOH and economic indicator. It signifies an individual's ability to secure nutritious food, which is fundamental to overall well-being. Adequate nutrition is pivotal not only for physical health but also for cognitive development and productivity. In the broader context, a population's access to food and nutrition serves as a vital economic indicator, as it reflects the stability and productivity of a society. A well-fed community is more likely to be healthy and capable of contributing to a nation's economic growth and stability, making food security and nutrition essential components of public health and economic well-being.

Free and Reduced Priced Lunch

The Free and Reduced Price Meals (FRPM) program is a federal initiative in the United States designed to provide nutritional support to students from low-income families. In California, children eligible for FRPM include:

- Children living in households that meet income guidelines. Students with household incomes less than 130 percent of the federal poverty level are eligible for free meals, and

those in households with incomes between 130 percent and 185 percent of the poverty line qualify for reduced-price meals

- Children in household that receive SNAP, TANF, WIC, or the food distribution program on Indian reservations (FDPIR)
- Foster children who are the legal responsibility of a foster care agency or court are eligible for free meals
- Children enrolled in the Head Start program
- Children who meet the definition of homeless, runaway, or migrant

In school year 2022/2023, an average of 59.9 percent of students in California qualified for free and reduced-price meals. In Imperial County, the rate was higher, at 76.0 percent of students (27,561). The percentage of students eligible for free and reduced-priced meals in Imperial County ranged from a low of 12.8 percent (16 students) in Magnolia Elementary School District to a high of 94.8 percent (328 students) in Seeley Union Elementary School District. The largest number of students eligible for free and reduced priced meals was in Calexico Unified, at 7,156 students or 85.7 percent of students (see Table 33).

Table 33: Students Eligible for Free and Reduced Priced Meals by School District, Imperial County, 2022

School Districts	Number and Percent of Eligible Students	Total Number of Students
Brawley Elementary	3,267 (84.5%)	3,868
Brawley Union High	1,483 (72.2%)	2,055
Calexico Unified	7,156 (85.7%)	8,353
Calipatria Unified	1,024 (87.4%)	1,172
Central Union High	3,137 (76.6%)	4,093
El Centro Elementary	4,331 (78.8%)	5,494
Heber Elementary	831 (70.1%)	1,186
Holtville Unified	1,243 (79.0%)	1,573
Imperial County Office of Education	635 (73.8%)	860
Imperial Unified	2,578 (56.8%)	4,540
Magnolia Union Elementary	16 (12.8%)	125
McCabe Union Elementary	467 (38.6%)	1,209
Meadows Union Elementary	323 (84.1%)	384
Mulberry Elementary	26 (40.0%)	65
San Pasqual Valley Unified	402 (68.0%)	591
Seeley Union Elementary	328 (94.8%)	346
Westmorland Union Elementary	314 (93.7%)	335

Source: California Department of Education, DataQuest, Free and Reduced Price Meals, 2022–2023.

Food Insecurity

Food insecurity means sometimes having too little nutritious food to eat. It can happen when people have too little money, are unemployed, or have difficulty getting to grocery stores. When food is scarce, people skip meals, eat less, or choose unhealthy, cheaper options. As a result,

people in these situations develop health issues because they are consuming products that have low nutritional value.

The food insecurity rate in Imperial County was 17.0 percent (30,630 people) in 2021. Among these individuals, 15.4 percent were ineligible for SNAP. Food insecurity among children (younger than 18 years old) living in Imperial County was higher (24.5%) than the overall percentage of food insecure individuals. As Table 34 shows, 31.0 percent of these children were likely ineligible for federal nutrition programs because they lived in households with incomes that exceeded 185 percent of the poverty level ($47,767 for a family of three).

Table 34: Food Insecurity Rates, Selected Demographic Characteristics Experiencing Food Insecurity, and Ineligible for Federal Nutrition Programs, Imperial County, 2021

Demographic Characteristic	Percent Food Insecure	Percent Ineligible for Federal Nutrition Programs
All individuals	17.0%	15.4%
Children (younger than 18 years old)	24.5%	31.0%
Latino/Hispanic	18.0%	Not Available
White, Non-Hispanic	8.0%	Not Available

Source: Feeding America, retrieved on October 24, 2023.

Food insecurity rates worsened during 2017 to 2021 from 14.2 percent of Imperial County residents in 2017 to 17.0 percent in 2021. During the same timeframe, child food insecurity rates declined overall in the county from 30.3 percent in 2017 (15,660 children) to 24.5 percent (12,710 children) in 2021. Of both groups that were considered food insecure, the estimated program eligibility of both children and all ages in Imperial County also decreased from 72% (2017) to 69% (2021) for children, and 97% (2017) to 85% (2021) for all ages. This decrease of both food insecurity and estimated eligibility for nutrition assistance, is possibly due to different contributing factors, such as the COVID-19 pandemic (2020), and many the day-to-day changes that occurred as a result of the pandemic (sheltering in place, lockdown of communities, closing of schools, businesses, services, etc.; decreased access to services, increase in drive-thru nutrition program assistance pick up for school breakfast/lunch, etc.; increase of receipt of COVID-19 specific nutrition assistance, to name a few) (see Table 35).

Table 35: Food Insecurity among Children and All Ages, Imperial County, 2017-2021

Year	Children				All Ages		
	Food Insecurity Rate: Percent of Children	Number of Children	Estimated Program Eligibility for Federal Nutrition Assistance Programs*		Food Insecurity Rate: Percent of All Ages	Number of All Persons in Imperial County	Estimated Program Eligibility for Federal Nutrition Assistance Programs**
2017	30.3%	15,660	72%		14.2%	25,480	97%
2018	31.4%	16,230	82%		19.2%	34,600	97%
2019	31.0%	16,060	80%		19.1%	34,580	92%
2020	32.7%	16,930	78%		19.0%	34,270	85%
2021	24.5%	12,710	69%		17.0%	30,630	85%

*Source: Feeding America, retrieved on October 29, 2024. *Estimated Program Eligibility Among Food Insecure Children in Imperial County, California. Income eligible for federal nutrition programs (incomes at or below 185% of poverty). **Estimated Program Eligibility Among Food Insecure People in Imperial County, California. The percentage of the estimated food-insecure population by income category, according to the eligibility of major federal nutrition assistance programs, including SNAP and other programs such as WIC.*

Food Affordability

Five-year estimates (2018–2022) suggest that SNAP enrollment was significantly higher in Imperial County (25.1%) than in California (10.3%). The percent of households living in poverty but not receiving SNAP was nearly half (50.4%) in Imperial County during 2018 to 2022, which was lower than in California at 68.1 percent. Access to SNAP among in Imperial County, decreasing from 55.4 percent of households living in poverty but not receiving SNAP in 2008–2012 to 50.4 percent in 2018–2022 (see Table 36).

Table 36: SNAP Enrollment, Enrolled Households Receiving SNAP Benefits, and Households Self-Reporting in Poverty Not Receiving Benefits, Imperial County and California, 2008-2022

Year	Households Receiving Food Stamps/SNAP		Households in Poverty Not Receiving Food Stamps/SNAP	
	Imperial County	California	Imperial County	California
2008–2012	17.2	7.2	55.4	72.1
2013–2017	21.3	9.3	47.5	68.2
2018–2022	25.1	10.3	50.4	68.1
Percentage Point Change	+7.9	+3.1	-5.1	-4.0

Source: American Community Survey, 5-year estimates, 2008 to 2022, Tables B22003, B22005, and S2201.

Proximity to Healthy Foods

Imperial County's 2022 PRC assessment identified that approximately one in three adults (33.9%) found it very or somewhat difficult to access affordable fresh fruits and vegetables.[13] This percentage was significantly higher than the national average of 21.1 percent. Access to affordable fresh fruits and vegetables was more often reported to be very or somewhat difficult

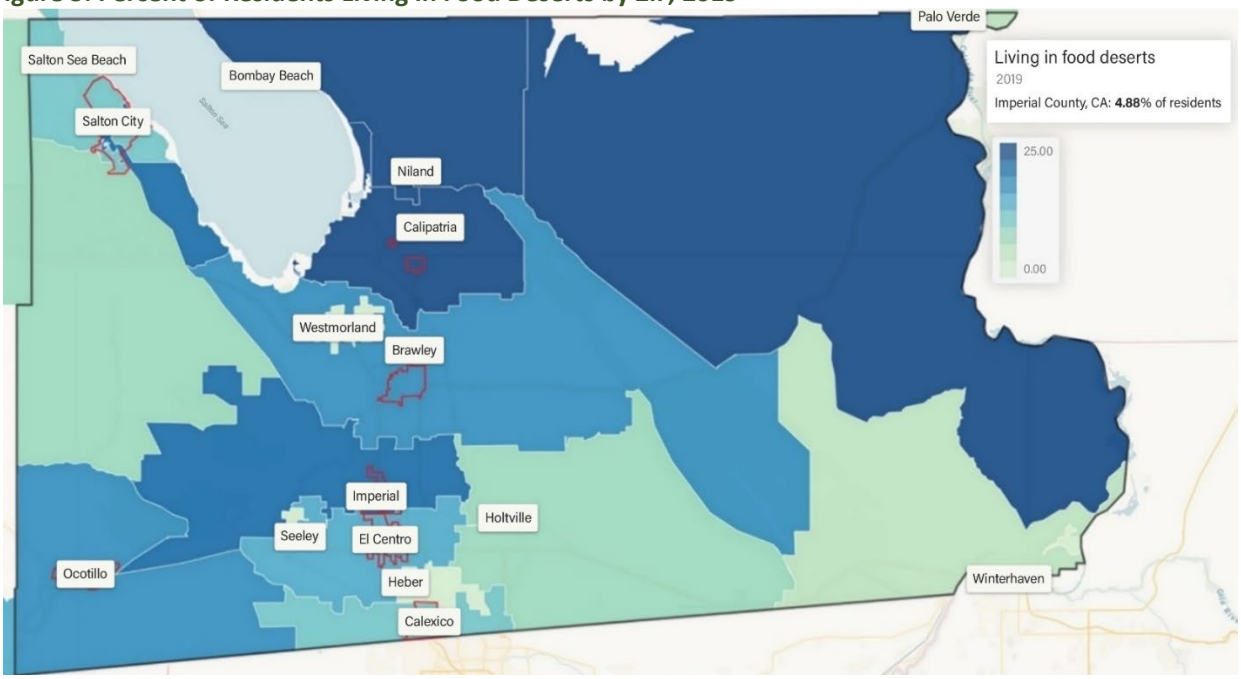
[13] 2022 PRC CHNA for Imperial County.

among residents with lower incomes (51%), Hispanic respondents (35.3%), and respondents of diverse races (43.4%).

The Food Environment Index (FEI) describes factors that contribute to a healthy food environment, with zero representing the least healthy conditions and 10 representing the healthiest. The County Health Rankings measure of the food environment includes both proximity to healthy foods and cost. In 2019 and 2021, Imperial County scored 6.4 out of a possible 10 on the food environment index, which includes access to healthy foods and food insecurity.[14] The median value nationally for counties was 7.7, with counties ranging from a low of 6.2 to 9.4 out of 10.

Consistent with the FEI, Imperial County residents were less likely to have adequate access to food than people living elsewhere in California.[15] Approximately half (51.4%) had limited access to food, defined solely by distance in 2019.[16] Residents who lived in a food desert, defined as being low-income and further than one mile (urban) or 20 miles (rural) from a supermarket, were 4.9 percent (8,732) residents in 2019. As Figure 3 illustrates, twice as many residents lived in a food desert, including Palo Verde (25.0%), Bombay Beach (21.0%), and Calipatria (11.0%).

Figure 3: Percent of Residents Living in Food Deserts by ZIP, 2019



Source: USDA Food Environment Atlas; Map the Meal Gap from Feeding America

[14] US Department of Agriculture, A Food Environment Atlas, and Feeding America, Map the Meal Gap.

[15] Originally, the low access designation applied to the entire US Census tract if more than 33 percent of residents or 500 people had limited access. This definition is continuously changing to allow for closer examination, but broadly speaking, areas with more than 33 percent of households experiencing low food access are officially designated as such. This designation measures only physical access to food; residents cannot necessarily afford it.

[16] The US Department of Agriculture Food Access Research Atlas, defines living as food desert as living more than a 1/2 mile from the nearest supermarket in an urban area or further than 10 miles in a rural area.

ACCESS TO QUALITY EDUCATION

photo source: Imperial County Public Health Department

Education Access and Quality

People with higher levels of education are more likely to lead healthier and longer lives; therefore, educational attainment and access to quality educational opportunities are important SDOH.

Imperial County suffers from a shortage of individuals with bachelor and graduate degrees and struggles to retain talented students, who often leave the area to attain higher education, as it lacks universities that offer four-year degree programs and graduate education options. The following indicators related to education are examined in this section:

- Preschool enrollment, including childcare and preschool affordability.
- Public school enrollment and absenteeism.
- Graduation rates.
- Educational achievement.

Preschool Enrollment

Preschool enrollment is a meaningful measure of community health because it reflects a community's commitment to early childhood development, educational readiness, reduced disparities, and the long-term well-being of its residents. It is an investment in the future that can lead to positive social, economic, and health outcomes for the community.

Preschool enrollment among toddlers (3–4 years old) was 37 percent in Imperial County in 2018–2022, lower than the average for California children (44.7%).[17] The preschool enrollment rate significantly increased in Imperial County from 2012 to 2016, when it was 33.3 percent of infants and toddlers from birth to four years old. This rate remained stable in California. The rate was reflected in Imperial County's rate, which caught up with the rest of the state (see Table 37).

Table 37: Preschool Enrollment Rates, Children Ages 3-4 Years Old, Imperial County and California, 2018-2022

Year	Imperial County	California
2013–2017	48.8%	48.7%
2018–2022	37.1%	44.7%

Source: American Community Survey, 5-Year estimate, 2013 to 2022, Table B14003.

Childcare and Preschool Proximity and Affordability

In 2018–2022, 14,826 households in Imperial County included children younger than 18 years old. Among these households, 15.5 percent had children younger than six years old (2,298 households).[18] Among these households, 63.8 percent had all parents in the labor force. Approximately 35 percent of infants and children up to 12 years old with parents in the labor force had access to licensed childcare—a six percent increase from 2019, when it was 29 percent.[19]

[17] The American Community Survey, 5-Year Estimate, 2018-2022, Table B14003, includes children who are home schooled and in licensed private preschools, as well as four year olds in kindergarten (which usually begins at age 5).

[18] American Community Survey, 5-Year Estimate, 2018-2022, Table S1101.

[19] Imperial County. Family and Child Care Data.

The number of children in subsidized childcare was 3,364 in 2021, an increase of 0.3 percent since 2019, when it was 3,354 children.[20] Eight in 10 families (83%) seek childcare for employment reasons, followed by parents in school or training (9%) and parents seeking employment (9%).

In 2010–2022, Imperial County had fewer childcare centers (5.9 for every 1,000 children younger than age five) than average in California (8.6 for every 1,000 children younger than age five). Imperial County had 64 childcare centers, 76.5 percent of which were center-based childcare centers, followed by Head Start Programs (20.3%) and faith-based school programs (3.1%)[21] (see Table 38).

Table 38: Childcare Centers Availability, Number of Facilities by Type, Imperial County, 2024

Childcare Centers	Percent of Childcare Centers
Center Based	
Day Care Center	43
Infant Center	5
School-Age Day Care Center	1
Religious Facility	
Day Care Center	1
School-Age Day Care Center	1
Head Start Programs	
Day Care Center	13

Source: Homeland Infrastructure Foundation-Level Data (HIFLD) Open Data Site. Retrieved in April 2024.

More than one-third (37.5%) were in El Centro, followed by Brawley (17.2%) and Calexico (17.2%) (see Table 39).

Table 19: Childcare Centers by City/Town, Imperial County, 2024

City/Town	Count	Percent
El Centro	24	37.5%
Brawley	11	17.2%
Calexico	11	17.2%
Imperial	6	9.4%
Heber	2	3.1%
Westmorland	2	3.1%
Holtville	2	3.1%
Calipatria	2	3.1%
Seeley	1	1.6%
Winterhaven	1	1.6%
Niland	1	1.6%
Salton City	1	1.6%
Total	**64**	**100.0%**

Source: Homeland Infrastructure Foundation-Level Data (HIFLD) Open Data Site. Retrieved in April 2024.

[20] California Department of Education. CDD-801 Report Schedule. Available at: https://www.cde.ca.gov/sp/cd/ci/archived.asp.

[21] US Department of Homeland Security. Homeland Infrastructure Foundation-Level Data. Geospatial Management Office. Available at: https://hifld-geoplatform.hub.arcgis.com/.

Chronic Absenteeism

School attendance influences academic achievement for kindergarten through grade 12 students. Chronic absenteeism is associated with several negative consequences for students, including lower academic achievement and increased risk of dropping out.[22] Chronic absenteeism in California is defined as a student missing 10 percent or more of the school year for any reason. It considers both excused and unexcused absences, which translates to students typically missing 18 days or more in a school year. Students in Imperial County had higher rates of chronic absenteeism than students elsewhere in California since school year (SY) 2021/2022, but Imperial County students had lower rates of chronic absenteeism than those elsewhere in California during SY 2018/2019 and SY 2020/2021. In SY 2022/2023, 28.2 percent (10,444) of kindergarten through grade 12 students were chronically absent in Imperial County, higher than the 24.9 percent of students in California. However, it also represents a decrease from approximately 36.5 percent in SY 2021/2022 (see Table 40).

Table 40: Student Chronic Absenteeism Rates, Imperial County and California, 2018-2023

Year	Imperial County Rate	Number of Imperial County Students	California Rate
2018-2019	11.1%	4,277	12.1%
2019-2020	Not Available	Not Available	Not Available
2020-2021	12.3%	4,588	14.3%
2021-2022	36.5%	13,568	30.0%
2022-2023	28.2%	10,444	24.9%

Source: California Department of Education, DataQuest.

Chronic absenteeism, a longstanding educational concern, took on new dimensions during the pandemic. COVID-19 exacerbated chronic absenteeism as lockdowns, health concerns, and digital learning challenges disrupted regular attendance. Remote learning, though necessary for safety, posed barriers for students in households without proper technology or a conducive learning environment. As a result, many students struggled to consistently attend virtual classes, leading to the rise in chronic absenteeism rates in Imperial County and throughout California.

Post COVID-19, schools are working to reengage students who may have fallen behind academically because of disrupted learning routines. Nonetheless, the pandemic's effects on mental health, economic stability, and access to technology have exacerbated chronic absenteeism, particularly in marginalized communities. For example:

- Students experiencing homelessness (insecure housing) and students with disabilities had higher rates of chronic absenteeism in 2022/2023 (38.2% and 38.5%, respectively).
- Native American/Alaska Native students in Imperial County had the highest rate (41.8%) of students experiencing chronic absenteeism in 2022/2023.

[22] Balfanz R, Byrnes V. *The Importance of Being in School: A Report on Absenteeism in the Nation's Public Schools*. Baltimore: Johns Hopkins University Center for Social Organization of Schools. May 2012. Available at: https://ies.ed.gov/ncee/edlabs/regions/west/relwestFiles/pdf/508_ChronicAbsenteeism_NatlSummary_Balfanz_Byrnes_2012.pdf.

- Among the different racial and ethnic groups, Hispanic/Latino students and Black/African American students experienced a greater change in the percentage of students experiencing chronic absenteeism than Imperial County from SY 2018/2019 to SY 2022/2023.
- Among at-risk student groups, socioeconomically disadvantaged students, English learners, migrant students, and students with disabilities all experienced a greater increase in chronic absenteeism between 2018/2019 and 2022/2023 than Imperial County as a whole.
- Kindergarteners experienced a greater increase in chronic absenteeism in 2018/2019 and 2022/2023 than any other group, with a 26.3 percent increase and reaching a high of 50.5 percent in 2021/2022 (see Table 41).

Table 41: Chronic Absenteeism Rates by Student Demographic Characteristics, Imperial County and California, 2018-2023

		2018-19	2020-21	2021-22	2022-23	Percentage Point Change (2018-19 to 2022-23)
	All students	**11.1%**	**12.3%**	**36.5%**	**28.2%**	**+17.1%**
Race and Ethnicity	**Native American/Alaska Native**	**22.5%**	**1.7%**	**36.4%**	**41.8%**	**+19.7%**
	Asian	3.7%	2.8%	13.1%	11.4%	+7.7%
	Black/African American	**11.5%**	**18.3%**	**41.2%**	**31.7%**	**+20.2%**
	Multi-racial	10.3%	6.0%	24.6%	23.2%	+12.9%
	Native Hawaiian/Pacific Islander	18.2%	--	45.5%	--	--
	White	6.2%	6.7%	25.3%	20.9%	+14.7%
	Hispanic/Latino	**11.2%**	**12.7%**	**37.1%**	**28.4%**	**+17.2%**
At-Risk Student Groups	**Socioeconomically Disadvantaged**	**12.5%**	**14.6%**	**40.8%**	**31.2%**	**+18.7%**
	English Learners	**14.3%**	**16.9%**	**45.5%**	**33.8%**	**+19.5%**
	Foster Care	20.7%	20.3%	45.2%	29.8%	+9.1%
	Homeless	23.3%	20.3%	51.6%	38.2%	+14.9%
	Migrant	**11.2%**	**15.6%**	**41.0%**	29.7%	**+18.5%**
	Military Connected					
	Students with Disabilities	**17.5%**	**18.2%**	**46.0%**	**38.5%**	**+21.0%**
	Talented and Gifted					
Grade Level	**Kindergarten**	**14.9%**	**17.8%**	**50.5%**	**41.2%**	**+26.3%**
	Grades 1-3	**11.6%**	**13.9%**	**40.9%**	**30.3%**	**+18.7%**
	Grades 4-6	8.9%	12.3%	36.7%	25.4%	+16.5%
	Grades 7-8	**7.1%**	**9.1%**	**31.1%**	**26.1%**	**+19.0%**
	Grades K-8	**10.1%**	**12.7%**	**38.4%**	**29.1%**	**+18.0%**
	Grades 9-12	13.2%	11.5%	31.9%	26.5%	+13.3%

*Note: **Bold** indicates a student group that experienced a greater change in rate between SY 2018/2019 and 2022/2023 than all students (17.1%). Source: California Department of Education*

High School Completion

A high school diploma affects health and well-being because it may lead to better job opportunities and higher income, making it easier to afford essentials, such as healthcare and nutritious food, while reducing financial stress. Education also helps improve critical thinking and decision-making, which are essential to a healthy lifestyle. High school can provide a support network for building positive relationships and reducing the risk of loneliness, which contributes to better mental health and emotional well-being. For high school completion, the assessment looks at two measures: the annual dropout/pushout rate and the four-year cohort graduation rate.

- The four-year cohort graduation rate provides information about a particular group of students followed throughout high school (i.e., the number and percent of the students who started grade nine together and graduated within four years).
- The annual dropout/pushout rate provides information about one school year and all students enrolled in high school at that time. It represents the number and percentage of high school students who dropped out or were pushed out of school and did not return by October 1 of the following school year.

Four-Year Cohort Graduation Rate

In 2018/2019, the percentage of grade nine cohort students who graduated in four years was 85.9 percent, higher than in California at 84.5 percent;[23] however, Imperial County had a decreased four-year cohort graduation rate in 2021/2022 for all students and each analyzed subpopulation, except for female students with a four-year cohort graduation rate that was 0.6 percent higher. This is a stark contrast to the percentage point change in California, where the four-year cohort graduation rate increased for all students and every subpopulation analyzed.

The Imperial County graduation rate has declined, while California's has grown over the past four years. Since SY 2018/2019, Imperial County's rate has dropped from 85.9 percent to 85.4 percent (−0.5 percentage points), whereas California's rose to 87 percent from 85.4 percent (+1.3 percentage points).

Furthermore, disparities in graduation outcomes are apparent among students of different sexes, economic statuses, races and ethnicities, and abilities. For example:

- Native American/Alaska Native students and students experiencing housing insecurity or in foster care experienced the greatest decrease in four-year cohort graduation rates in Imperial County, falling by 14.3, 5.8, and 5.0 percentage points, respectively.
- Native American/Alaska Native students and students experiencing housing insecurity, in foster care, and with disabilities all had lower graduation rates than other students in Imperial County—60.7 percent, 70.3 percent, 77.8 percent, and 78.5 percent, respectively.
- Female students were slightly more likely to graduate than males (+7.1%). With a +0.6 percentage point improvement, females were also the only Imperial County student demographic to improve their graduation rates from 2018/2019 to 2021/2022.

Although Imperial County's four-year cohort graduation rates declined across the board from 2018/2019 to 2021/2022, as Table 42 indicates, in 2021/22, Imperial County had higher graduation rates than California for Hispanic/Latino students (+0.7%), multiracial students (+2.9%), students with disabilities (+4.7%), and students in foster care (+16.4 percentage points) (see Table 42).

[23] Four-year cohort graduation rate, which is the rate tracks a cohort of students from grades nine through 12 and represents the percentage of the cohort that graduates within four years.

Table 42: Four-Year Cohort Graduation Rates by Student Demographic Characteristics by School Year, Imperial County and California, 2018-2019 and 2021-2022

	California		Percentage Point Change (2018-19 to 2021-22)	Imperial County		Percentage Point Change (2018-19 to 2021-22)
Student Demographics	**2018/19**	**2021/22**	**California**	**2018/19**	**2021/22**	**Imperial County**
All students	84.5	87.0	+2.5	85.9	85.4	(0.5)
Female	87.5	89.8	+2.3	88.4	89.0	+0.6
Male	81.5	84.5	+3.0	83.5	81.9	(1.6)
Homeless students	70.0	72.9	+2.9	76.1	70.3	(5.8)
Foster care	56.0	61.4	+5.4	82.8	77.8	(5.0)
Students with disabilities	67.7	73.8	+6.1	80.6	78.5	(2.1)
White	88.4	90.6	+2.2	87.8	88.5	(0.7)
Multiracial	88.5	89.4	+0.9	94.4	92.3	(2.1)
Native American/ Alaska Native	74.8	78.8	+4.0	75.0	60.7	(14.3)
Hispanic/Latino	82.1	84.7	+2.6	86.0	85.4	(0.6)

Source: California Department of Education

High School Dropout

In 2023, Imperial County had a higher percentage of students who did not graduate (11.8%) than California (8.2%).[24] The dropout rate was largely stagnant between 2018/2019 and 2020/2021, remaining between 10.4 percent and 10.6 percent. After a slight dip to 9.4 percent in 2021/2022, 98 students dropped out in 2022/2023. Despite California's dropout rate declining by 0.8 from 2018/2019 to 2022/2023, Imperial County experienced an increase of 1.4 over the same period (see Table 43).

Table 43: High School Dropout Rates by School Year, Imperial County and California, 2018-2023

School Year	Imperial County	California	Number of Students in Imperial County Who Dropped Out
2018/19	10.4%	9.0%	326
2019/20	10.6%	8.9%	323
2020/21	10.6%	9.4%	325
2021/22	9.4%	7.8%	282
2022/23	11.8%	8.2%	380

Note: Those cohort students who (1) do not graduate with a regular high school diploma, (2) do not otherwise complete high school, or (3) are not still enrolled as a "fifth year senior" are considered dropouts. Source: California Department of Education

In 2022/2023, disparities existed among students who were homeless or in foster care, with high school noncompletion rates of 22.7 percent and 34.4 percent, respectively. Rates among students experiencing homelessness or in foster care were higher than the 11.8 percent rate among all

[24] Dropouts/pushouts are students who left school between July 1 and June 30 of a given year and did not return, graduate, or pass the general educational development (GED) exam by the following October 1. The US Department of Education developed this measure, and it has been reported since 1993.

students. In 2022/2023, Imperial County had a lower high school noncompletion rate than California among students with disabilities (9.1% versus 11.5%) (see Table 44).

Table 44: High School Dropouts Rates by Student Demographic Characteristics, Imperial County and California, 2022-2023

Program Subgroup	Imperial County	California
All students	11.8%	8.2%
Homeless	22.7%	17.0%
Foster care	34.4%	24.4%
Socioeconomically disadvantaged	13.2%	9.9%
Students with disabilities	9.1%	11.5%

Note: Percents will not add up to 100 percent because students can be assigned to more than one subgroup. Those cohort students who did not graduate with a regular high school diploma, did not otherwise complete high school, or are not enrolled as a fifth-year senior are considered dropouts. Source: California Department of Education

Educational Attainment

The connection between a high school diploma and higher education and better health outcomes is widely recognized. More years of formal education are strongly associated with enhanced job prospects, decreased psychological stress, and healthier lifestyles.[25]

The percentage of adults ages 25 and older with a high school diploma or equivalent was significantly lower in Imperial County than in California, at 71.27 percent compared with 84.41 percent. Non-Hispanic Black Imperial County residents also had a significantly lower rate of high school graduation (78.31% versus 90.65% in California). Non-Hispanic White, Asian, American Indian/Native American, and Hispanic/Latino residents had similar graduation rates in both Imperial County and California, with no gap greater than 2.98 percent. This rate increased slightly from 2012 to 2016 when it was 89.1 percent.

In 2018−2022, only 67.33 percent of Hispanic/Latino residents ages 25 and older in Imperial County had a high school diploma or equivalent, a lower rate than the total population of Imperial County. Notably, 85.4 percent of Imperial County residents are Hispanic/Latino (see Table 45).

[25] Egerter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R, Dekker M. Education Matters for Health. Issue Brief 6. Princeton, NJ: Robert Wood Johnson Foundation Commission to Build a Healthier America. September 2009. Available at: http://www.commissiononhealth.org/PDF/c270deb3-ba42-4fbd-baeb-2cd65956f00e/Issue%20Brief%206%20Sept%2009%20-%20Education%20and%20Health.pdf.

Table 45: High School Graduation Rates (Including GED) of Current Residents by Race and Ethnicity, Adults 25 and Older, Imperial County and California 2018-2022

Race/Ethnicity	Imperial County	California
Total Population*	**71.27%**	**84.41%**
Non-Hispanic White	92.37%	95.35%
Non-Hispanic Black	78.31%	90.65%
Asian	88.39%	88.70%
Hispanic or Latino	67.33%	67.71%
American Indian/Native American	74.39%	73.78%

**Significantly different rate in Imperial County compared with California. Source: American Community Survey, 5-year estimates, 2018-2022, Table B15002.*

Adults in Imperial County were less likely than other California adults to have some postsecondary education. Fewer than half (46.0%) of adults in Imperial County have some higher education compared with 64 percent of California adults. In 2018–2022, Native American/Alaska Native and Hispanic/Latino Imperial County residents (50.9% and 43.1%, respectively) were more likely to have some postsecondary education than their peers living elsewhere in California (47.8% and 41.2%, respectively). Nonetheless, non-Hispanic White and non-Hispanic Black Imperial County residents were significantly less likely to have any higher education (61.9% and 46.7%, respectively) than their peers living elsewhere in California (77.5% and 66.8%) (see Table 46).

County and California, 2018-2022

Race/Ethnicity	Imperial County	California
Full population*	46.0%	64.0%
Non-Hispanic White*	61.9%	77.5%
Non-Hispanic Black*	46.7%	66.8%
Asian	72.6%	75.4%
Hispanic or Latino	43.1%	41.2%
Native American/Alaska Native	50.9%	47.8%

Significantly different rate in Imperial County compared with California. Source: American Community Survey, 5-year estimates, 2018-2022, Table B15002.

NEIGHBORHOOD AND BUILT ENVIRONMENT

photo source: Imperial County Public Health Department

Neighborhoods and the Built Environment

Neighborhoods and the built environment refer to the places where people are born, live, learn, work, play, worship, and age. They have a major impact on health and well-being.[26] A neighborhood's physical, social, economic, and environmental characteristics all play a role in shaping the quality of life for its community members. The interplay of these factors may result in varying living conditions and experiences, making the neighborhood an essential determinant of well-being and life satisfaction.

More than half (54%) of CTSA survey respondents agreed that their neighborhood was a good place to raise children, 52 percent agreed that it was a safe place to live, and the fewest (44%) agreed that it was a good place to grow old.

When people feel secure in their surroundings, they are more likely to engage in physical activity, social interactions, and outdoor activities, all of which promote better health. Moreover, a safe neighborhood is defined by lower crime rates, reducing the risk of injury or trauma and allowing for a more conducive environment for a healthier, more fulfilling lifestyle. This level of agreement was similar across the four regions within the county.

When asked to rate how safe survey respondents felt their neighborhood was, more than half (56%) rated their neighborhoods as safe or very safe. This rating was similar across the four regions of the county.

The following indicators related to neighborhood and built environment are examined in this section:

- Housing, including housing security, housing conditions, and housing affordability
- Crime and safety
- Walkability
- Environmental Quality
- Access to broadband internet

Housing

Rental housing conditions, affordability, and stability can affect an individual's physical and mental well-being. Poor housing conditions, such as mold, pests, or inadequate ventilation, can lead to health problems. The financial strain of renting, especially in expensive markets, can limit access to healthcare and nutritious food. Furthermore, frequent moves because of rent instability can cause stress and disrupt social connections. Overall, being a renter is closely connected with health and wellness, and the quality of rental housing and the stability it provides may significantly affect a person's overall health.

The percentage of rental units in Imperial County was lower than in the rest of the state. In 2018–2022, 42.3 percent of housing units were renter-occupied in Imperial County compared

[26] Social Determinants of Health (SDOH).

with 44.4 percent elsewhere in California. The percentage of renter-occupied housing units had decreased between 2013−2017 and 2018−2022, thereby increasing the proportion of owner-occupied housing units. Non-White people were more likely to be renters in both California and Imperial County (see Table 47).

Table 47: Rental Housing Status, Renter Occupied Housing Units by Race and Ethnicity, Imperial County and California, 2013-2022

	Imperial County			California		
	2013-2017	**2018-2022**	**% Point Change**	**2013-2017**	**2018-2022**	**% Point Change**
Total population	43.6%	42.3%	-1.3%	45.5%	44.4%	-1.1%
Non-Hispanic White	24.1%	27.4%	3.3%	36.7%	36.2%	-0.5%
Non-Hispanic Black	59.6%	60.6%	1.0%	65.8%	64.4%	-1.4%
Asian	38.8%	31.6%	-7.3%	41.5%	39.3%	-2.3%
Hispanic or Latino	47.7%	45.1%	-2.6%	56.9%	54.3%	-2.6%
Native American		37.1%			51.8%	

**Significant change in the percent of renter-occupied housing units. Source: American Community Survey, Five-Year Estimates, Table B25003*

Housing Security

Housing insecurity refers to a situation in which individuals or families lack stable, safe, and reliable housing. It typically involves housing that is temporary, inadequate, or poses risks to the well-being of its occupants. Insecure housing can take various forms, including homelessness, substandard, or overcrowded living conditions, and frequent changes in housing because of eviction, affordability, unstable living arrangements, and so on. People experiencing housing insecurity face challenges related to physical safety, access to basic amenities, and overall housing stability, which can negatively affect their physical and mental health, as well as overall quality of life.

A 2023 housing analysis conducted by the California Housing Partnership showed an acute shortage of affordable housing in Imperial County, which could worsen as the population continues to grow. The study showed that 4,493 low-income renter households cannot access affordable housing, and 69 percent of extremely low-income households are paying more than half of their income on housing costs, compared with 0 percent of moderate-income households.[27]

Unhoused

Each year, the federal government requires communities to spend time in late January gathering information about people experiencing homelessness, including unsheltered and sheltered individuals. This annual survey, known as the point-in-time count, is done in collaboration with local and private agencies that collect data by going out into the community and conducting

[27] California Housing Partnership. Imperial County 2023 Affordable Housing Needs Report. Available at: https://chpc.net/wp-content/uploads/2023/05/Imperial-County_Housing-Report_2023.pdf.

surveys. Once the data are gathered, the US Department of Housing and Urban Development reviews survey findings to determine the amount of federal assistance needed to aid community programs for unhoused people.

The 2023 point-in-time survey identified 1,303 people in Imperial County who were experiencing homelessness, approximately 65 percent of whom were considered chronically homeless. Since 2017, a concerning trend shows more people are experiencing episodes of homelessness. Homeless shelters, even temporary ones, are rather uncommon throughout the county. The 2022 Imperial County Homeless Strategic Plan states that "the number of people experiencing unsheltered homelessness in Imperial County has increased by 47 percent since 2017."[28] Some of the increase may be attributable to better counting practices, but certainly not all. This is problematic given the small number of shelter services available within the county.

Youth Experiencing Housing Insecurity and Homelessness

The number of Imperial County School District students who were insecurely housed decreased from an estimated 1,888 (unduplicated) students in 2019−2020 to 1,545 students in 2022−2023. The decrease in cumulative enrollment was not solely responsible for the decrease in the number of insecure students, with the ratio of 49 students per 1,000 students experiencing insecure housing in 2019−2020 to 41 students per 1,000 students in 2022−2023 (see Table 48).

Table 48: Housing Insecurity in Students, Imperial County, 2019-2023

	2019-2020	2020-2021	2021-2022	2022-2023
Cumulative Student Enrollment [1]	38,666	37,706	37,681	37,637
Number of Students with Insecure Housing [2]	1,888	1,701	1,557	1,545
Percent of Students with Insecure Housing	4.8%	4.5%	4.1%	4.1%
Number of students with Insecure Housing per 1,000 Students	49	45	41	41

[1] Cumulative enrollment is the total number of unduplicated primary and short-term enrollments at a selected entity with an enrollment start and/or end date that falls within the academic year (July 1 to June 30), regardless of whether the student is enrolled multiple times within a school or district. [2] Homeless student enrollment consists of the total unduplicated number of cumulatively enrolled students who experienced homelessness at any point in time during the academic year at the selected reporting level (e.g., state, county, district, or school). The number of students with insecure housing also is underestimated, as the district totals used in this assessment did not account for student counts in districts with one to five students because of the suppression of counts less than five. Source: California Department of Education has developed the DataQuest Homeless Student Enrollment by Dwelling Type report.

Housing insecurity includes four types of housing:[29]

- Doubled-up: Sharing housing with other people, whether relatives or friends, because of loss of housing, economic hardship, domestic violence, or a similar reason
- Hotel/motel: Temporary commercial accommodations because of loss of housing, economic hardship, or a similar reason

[28] US Department of Housing and Urban Development. HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Available at: https://files.hudexchange.info/reports/published/CoC_PopSub_State_CA_2023.pdf.

[29] California Department of Education (CDE). Information about the Homeless Student Enrollment. Available at: https://www.cde.ca.gov/ds/ad/hseinfo.asp

- Shelter: Public or private accommodation intended for use by homeless individuals and families
- Unsheltered: Living in cars, trailers, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings not designed as regular sleeping quarters
- Missing/unknown: No dwelling type was reported for the homeless student. In the report, data in this column represent the percentage/number of homeless students living in a dwelling type that was unreported or unknown.

Though the estimated unduplicated count of students in Imperial County has decreased between SY 2019/2020 and 2022/2023, the type of insecure housing has changed and shifted more toward doubling up. By SY 2022/2023, nine in 10 students with insecure housing were doubling up. The percentage relying on hotels/motels decreased from 4.3 percent in SY 2019/2020 to 4.1 percent in SY 2022/2023. Unsheltered students were approximately 1 percent of students with insecure housing (see Table 49).

Table 49: Housing Hardship, Students Experiencing Housing Insecurity by Type of Housing, Imperial County and California,

School Year	Doubled-Up	Motel/ Hotel	Shelter	Unsheltered	Missing/Unknown
2019/20	89.4% (1,688)	4.3% (81)	5.0% (95)	1.0% (19)	0.3% (5)
2020/21	92.2% (1,568)	3.0% (51)	3.5% (59)	1.4% (23)	0.0% (0)
2021/22	91.0% (1,417)	3.5% (55)	4.6% (71)	0.9% (14)	0.0% (0)
2022/23	90.6% (1,400)	4.1% (63)	4.7% (72)	0.6% (10)	0.0% (0)

Source: California Department of Education (CDE) has developed the DataQuest Homeless Student Enrollment by Dwelling Type report.

Healthy Housing

Healthy housing refers to living environments that promote and support good physical and mental health. Such housing is designed and maintained in ways that minimize health hazards, ensuring clean air, safe drinking water, adequate ventilation, and freedom from toxins like mold, lead, and pests. It also includes elements like proper lighting, safety features, and accessibility to support residents' well-being.

In 2016−2020, the percentage of households with at least one of four housing problems—high housing costs, overcrowding, lack of kitchen facilities, or lack of plumbing facilities—in Imperial County was roughly the same as in California (26%). The percentage of households with one or more issues decreased slightly in the county from 2011−2015, when it was 28 percent (see Table 50).

Table 50: Housing Hardships, Households Experiencing Housing Difficulties, Imperial County and California, 2011-2020

Location	Imperial County	California
2011–2015	28%	27%
2016–2020	26%	26%

Source: American Community Survey, 5-Year Estimates, Via County Health Rankings

Affordable Housing

Affordable housing refers to housing that is reasonably priced in relation to income, ensuring that housing costs do not consume a disproportionate share of a person's financial resources. Affordable housing is a crucial SDOH, as it addresses not only the basic need for shelter, but also plays a pivotal role in reducing stress, promoting physical health, and fostering a sense of belonging in the community.

Approximately three in 10 (30.1%) of CTSA respondents indicated they were unable to afford rent/mortgage at least sometimes (three to four times per year). The 2022 PRC survey showed that a considerable share of respondents (47.1%) was sometimes, usually, or always worried or stressed about having enough money to pay their rent or mortgage in the past year. [30] This rate was much higher than for rest of Americans (32.2%). It also was most often reported among women ages 18–39, residents with low and very low incomes, Hispanic residents, and LGBTQIA+ respondents (see Table 51).

Table 51: Frequency of Worry or Stress to Pay Mortgage/Rent by Demographic Characteristics in the Past Year, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**47.1%**	**Very low income**	72.2%	**Hispanic**	51.2%
Women	53.7%	**Low income**	58.0%	**White**	28.5%
Men	40.6%	**Mid/High Income**	30.3%	**Diverse Races**	40.8%
18 to 39	54.4%	**LGBTQIA+**	58.9%		
40 to 64	43.6%				
65+	35.8%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 66]. Asked of all respondents.

Survey respondents in the Far Northern region (59.8%) were more likely to report feeling worried or stressed about having enough money to pay their rent or mortgage in the past year, followed by people in the Southern (48.8%) region (see Table 52).

[30] 2022 PRC Community Health Survey, PRC, Inc. [Item 66]. Asked of all respondents.

Table 52: Frequency of Worry or Stress to Pay Mortgage/Rent by Region in the Past Year, Imperial County, 2022

Region	Always	Usually	Sometimes	Rarely	Never	Always/Usually/Sometimes
Central (n=756)	10.2%	8.1%	24.8%	16.4%	40.5%	43.1%
Far North (n=197)	13.9%	10.0%	36.3%	10.9%	28.9%	60.2%
North (n=332)	9.6%	8.6%	27.1%	12.0%	42.7%	45.3%
South (n=440)	12.4%	10.6%	26.6%	17.5%	32.9%	49.6%
Imperial County (N=1,726)	**11.1%**	**9.1%**	**27.0%**	**15.2%**	**37.6%**	**47.1%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 66]. Asked of all respondents.

Affordable housing is becoming more difficult to find in Imperial County. As reported in the Economic Stability section of this report, the median household income decreased 0.6 percent from $49,667.25 in 2013–2017 to $49,373.59 in 2018–2022. Meanwhile, the median home value increased substantially (20.8%) to $234,732 in 2018–2022 from $186,007 in 2013–2017. Median rent decreased by 1.3 percent, from $893 to $881, over the same period (see Table 53).

Table 53: Affordable Housing Attainment, Median Household Incomes, Home Value and Rent, Imperial County

Year	Median Household Income	Median Home Value	Median Rent
2013–2017	$49,667.25	$186,007	$893
2018–2022	$49,373.59	$234,732	$881
Percent Increase	(0.6%)	20.8%	(1.3%)

Source: American Community Survey, Table B19013, B25064, and B25077.

Mortgage and rent burden is defined as spending more than 30 percent of household income on mortgage or rent payments. Severe mortgage and rent burden is defined as spending more than 50 percent of household income on those payments.[31] Between 2013–2017 and 2018–2022, the average percentage of individuals who were cost-burdened and severely cost-burdened declined slightly. Between 2013–2017 and 2018–2022, the average percentage of individuals who were rent-burdened decreased slightly; however, the average percentage of individuals who were severely rent-burdened increased (see Table 54).

Table 54: Housing Cost Burden, Imperial County, 2013-2022

	Percent of Households in Imperial County		
	2013–2017	**2018–2022**	**Percentage Point Change**
Housing cost-burdened	37.8%	37.2%	-0.60%
Severely housing cost-burdened	17.8%	17.6%	-0.20%
Rent burdened	50.6%	50.6%	0.00%
Severely rent burdened	25.8%	25.9%	+0.10%

Source: American Community Survey, Five-Year Estimates, Tables B25070/B25091.

The percentage of households experiencing a housing cost burden ranged from a low of 18.1 percent in Ocotillo to a high of 78 percent in Niland. Additional towns with significantly higher

[31] US Census Bureau. Housing Costs a Big Burden on Renters in Largest U.S. Counties. Available at: https://www.census.gov/library/stories/2022/12/housing-costs-burden.html.

housing burden than the county overall included El Centro (73.5%), Palo Verde (52.8%), and Bombay Beach (50.5%). The minimum wage in Imperial County was $15.50, the same as in California. The federal minimum wage as of November 2023 was $7.25.[32] Meanwhile, the housing wage needed to afford a studio apartment in Imperial County was $14.85 in 2023 (see Table 55).

Table 55: Income Needs to Affordable Housing, Minimum Household Earnings Estimate for Hourly Wages and Median Household Income by Housing Type, Imperial County, 2024

	Housing Wage	Annual Income Need to Afford a House
Number of Bedrooms	**$ 15.50 (Minimum Wage)**	**$ 49,373.59 (Median Household Income)**
Studio Bedroom	$ 14.85	$ 30,880
One-bedroom	$ 17.38	$ 36,160
Two Bedroom	$ 22.21	$ 46,200
Three Bedroom	$ 30.88	$ 64,240
Four Bedroom	$ 37.54	$ 78,080

Source: National Low Income Housing Coalition. Out of Reach. California State Report. Retrieved on April 9, 2024, from https://nlihc.org/oor/state/ca

Adverse Childhood Experiences and Life Experiences

Adverse childhood experiences (ACEs) are incidents that cause trauma or toxic stress. ACEs include one-time experiences, such as a car accident, or ongoing events such as abuse, living in poverty, racism, and personal or familial incarceration. These experiences, especially when they happen to a child, can have a lifelong effect on health. These experiences are also linked with things such as substance misuse, suicide, and cancer.[33]

The original ACEs scale, used to assess how much exposure people had to potentially traumatic events in their childhood, looked at experiences of abuse, neglect, and household dysfunction like household substance abuse or mental illness, parental divorce, familial incarceration, and exposure to domestic violence. Today, some ACE scales include experiences that occur across the lifespan, such as historical trauma, discrimination, community violence or war, being a refugee, school violence and bullying, or poverty, hunger, and homelessness.

In California, the ACEs Aware program promotes universal screening for ACEs across the Medi-Cal population and trains healthcare teams to prevent, identify, screen, and respond to childhood adversity and toxic stress.

As Table 56 indicates, between January 1, 2020, and March 31, 2023, Medi-Cal clinicians conducted more than 2,326,360 ACE screenings of 1,529,390 unique Medi-Cal members.[34] In

[32] US General Services Administration. Minimum Wage. Available at: https://www.usa.gov/minimum-wage#:~:text=The%20federal%20minimum%20wage%20is,applies%20to%20covered%20nonexempt%20workers.

[33] Center for Disease Control and Prevention. Adverse Childhood Experiences (ACEs). Available at: https://www.cdc.gov/violenceprevention/aces/index.html.

[34] Based on Medi-Cal claims data from most recent report (February 2024).

Imperial County, 10.9 percent (5,497 members) of Medi-Cal members 0 to 20 years old were screened. The county screening rate was lower than in California at 18.9 percent of Medi-Cal-enrolled children and youth in this age group. The percent of screened Medi-Cal members ages 0 to 20 with an ACE score of four or higher in Imperial County was 3.3 percent (181 members), which was lower than in California at 5.4 percent. Fewer members ages 21 to 64 were screened in both Imperial County and California. In Imperial County, 0.3 percent of members ages 21 to 64 were screened, which was lower than in California at 3.0 percent. The percentage of screened Medi-Cal members ages 21 to 64 with an ACE score of four or more was 2.5 percent (198 members), which was lower than California at 15.5 percent.

Table 56: Adverse Childhood Experiences (ACEs) in Medi-Cal Recipients by Age Group, Imperial County and California, 2020-2023

	Imperial County			California	
	Percent of Medi-Cal Members Screened for ACEs	**Percent with 4 or More ACEs**	**Number of Screened Medi-Cal Members with 4 or More ACEs**	**Percent of Medi-Cal Members Who Have Been Screened for ACEs**	**Percent with 4 or more ACEs**
Ages 0-20 years	10.9%	3.3%	5,497	18.9%	5.4%
Ages 21-64 years	0.3%	2.5%	198	3.0%	15.0%

Note: Californians enrolled in Medi-Cal were identified as people who were enrolled in a Medi-Cal plan for any continuous 12-month period between January 2020 and March 2023 and were not dually eligible for Medi-Cal and Medicare. Claims data may be incomplete until 12 months after an ACE screening occurs, given the flexible timing of submitting Medi-Cal claims for payment. The percentage of members screened based on claims data may underestimate the true percentage of people screened, as it reflects only claims accepted, not those rejected. Age groups 0–20 and 21–64 reflect the age ranges available in the data collected and processed by the California Department of Health Care Services (DHCS). Source: DHCS Management Information System/Decision Support System Data Warehouse, January 2020 through March 2023.

Walkability

Walkability and community health are closely related. Walkable communities come in various sizes and styles depending upon location, whether they are in a city, suburb, or small town, and whether pedestrians can access public transit. They encompass factors such as the presence of safe and functional sidewalks, crosswalks, pedestrian-friendly infrastructure, and proximity to essential destinations like schools, parks, grocery stores, and public transportation.

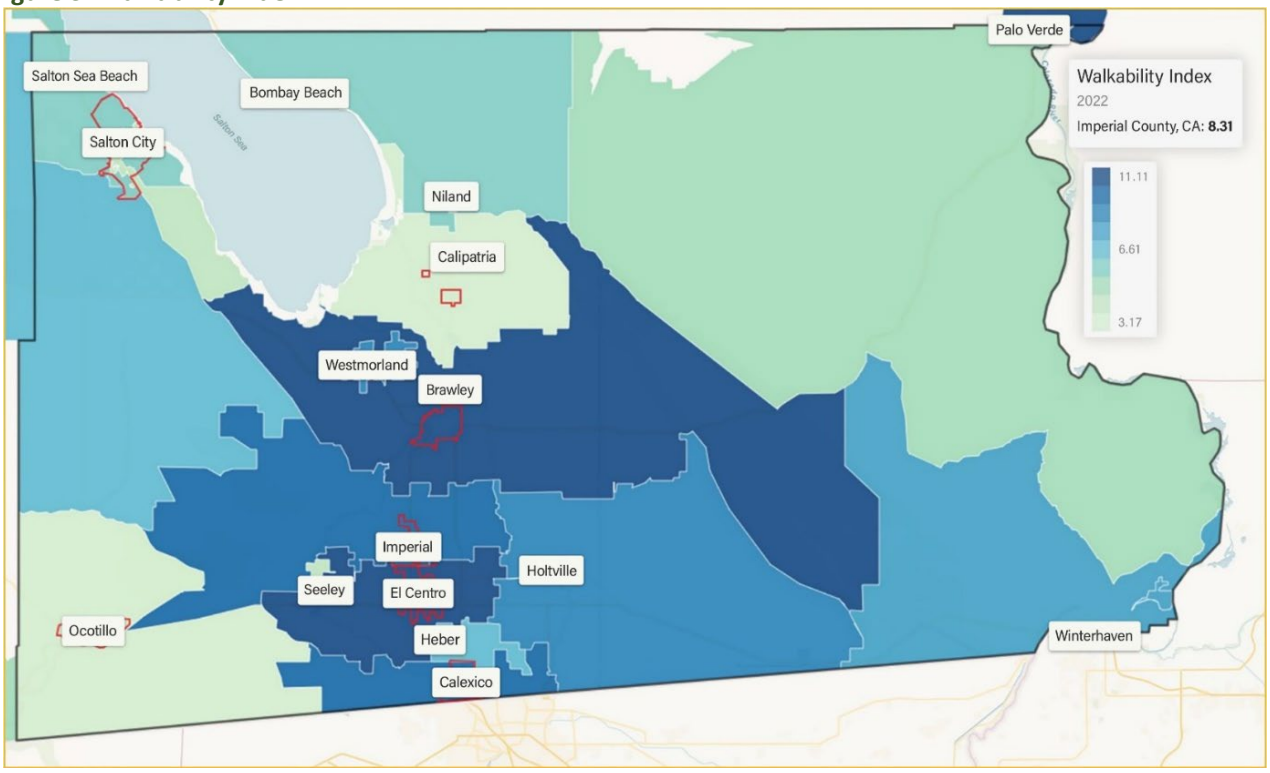
Walkable communities create easy access to essential destinations and promote physical activities that contribute to better individual health, which leads to collectively improved community health, such as lower rates of chronic diseases like obesity and diabetes.[35] Opting for walking, cycling, or public transportation over driving also reduces vehicle emissions, which benefits individual and community health and the environment by lowering pollution levels.[36]

[35] Glazier RH, Creatore MI, Weyman JT et al. Density, Destinations or Both? A Comparison of Measures of Walkability in Relation to Transportation Behaviors, Obesity and Diabetes in Toronto, Canada. *PLoS One*. 2014;9(1):e85295. doi: 10.1371/journal.pone.0085295.

[36] Younger M, Morrow-Almeida HR, Vindigni SM, Dannenberg AL. The Built Environment, Climate Change, and Health: Opportunities for Co-Benefits. *Am J Prev Med*. 2008;35(1):517-526. doi: 10.1016/j.amepre.2008.08.017.

The walkability index measures intersection density, proximity to transit, diversity of businesses, and housing density.[37] The values range from one to 20, with 20 being the most walkable. Figure 3 is a map of the walkability index in Imperial County by ZIP code. Light blue represents the lowest walkability index, and dark blue represents the highest walkability index. As of 2022, Imperial County has an average walkability index of 8.3, compared with California at 12.1. The highest walkability value ZIP code was located in El Centro (11.7), and the lowest walkability values were estimated at 3.2 (Ocotillo) and 3.9 (Calipatria).

Figure 3: Walkability Index



Source: Agency for Toxic Substances and Disease Registry - Environmental Justice Index. Centers for Disease Control and Prevention.

Proximity to Green Space

The proportion of Imperial County's geography within one mile of green space was 22.1 percent in 2022. This was lower than in California, which was 45.1 percent.

Environmental Quality

The environmental burden index is a composite score of a place's exposure to harmful environmental factors related to air quality, pollution, and built environment.[38] Higher values

[37] The National Walkability Index is a nationwide geographic data resource that ranks block groups according to their relative walkability. The national dataset includes walkability scores for all block groups as well as the underlying attributes that are used to rank the block groups. The National Walkability Index User Guide and Methodology describes how to use the index and the methodology used to derive the index and ranked scores for its inputs.

[38] Centers for Disease Control and Prevention. Environmental Justice Index. Agency for Toxic Substances and Disease Registry. Last Reviewed March 15, 2024. Available at: https://www.atsdr.cdc.gov/placeandhealth/eji/index.html.

indicate a larger burden. In Imperial County, the environmental burden index was 61.1 compared with 50.7 in California.

Toxic Substance Exposure

Accidental releases of toxic substances and incidents involving fires and explosions can result from the production, use, or transport of industrial materials. Evacuations, injuries, and deaths have resulted in some cases. One component of this burden is vulnerability to potential chemical accidents.[39] Between 2015 and 2022, Imperial County's percentile of the vulnerable population to a potential chemical accident was higher than in California. However, in 2023, it dropped from a high of being in the 49th percentile of counties to 21.5th percentile, as highlighted in Table 57.

Table 57: Risk to Potential Chemical Accidents by Year, Imperial County and California, 2015-2023

Year	Imperial County	California
2015	28.1	23.5
2016	27.1	22.9
2017	38.5	21.6
2018	32.3	15.5
2019	30.9	14.1
2020	30.0	15.6
2021	34.1	15.1
2022	49.0	22.9
2023	21.5	23.1

Note: Weighted index of vulnerability to potential chemical accidents. Measures proximity to potential accident sites, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure and 100 = highest exposure. Weighting by the vulnerability of residents can provide a better estimate of the disproportionate impact of environmental hazards. Source: EPA, Environmental Justice Screening.

Air Pollution

Air pollution particulate matter (PM 2.5) is the average daily density of fine particulate matter in micrograms per cubic meter. Some particles, such as dust, dirt, soot, or smoke, are large or dark enough to be seen with the naked eye. Some particles are so small that they can be inhaled deep into the lungs, potentially causing various health problems. Health effects associated with exposure to PM 2.5 include elevated risk of premature mortality from cardiovascular diseases or lung cancer and increased chronic conditions such as asthma.[40]

The average PM for 2023 in Imperial County was 7.0. In the state, it was at 5.9, meaning the air quality in Imperial County was slightly worse than in California overall. Air pollution decreased in Imperial County and California between 2019 and 2023 (see Table 58).

[39] Weighted index of vulnerability to potential chemical accidents. Measures proximity to potential accident sites, weighted by population vulnerability and reported as a percentile nationally, where 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents may provide a better estimate of the disproportionate impact of environmental hazards.

[40] Environmental Protection Agency. Health and Environmental Effects of Particulate Matter (PM). Available at: https://www.epa.gov/pm-pollution/health-and-environmental-effects-particulate-matter-pm.

Table 58: Air Pollution Status by Year, Indicator of Air Quality Measured by the Average Daily Density of Particulate Matter (PM 2.5), Imperial County and California, 2019-2023

	2019	2020	2021	2022	2023
Imperial County	7.9	7.9	8.0	8.0	7.0
California	6.9	7.8	9.0	9.0	5.9

Source: EPA, Environmental Justice Screening, 2023.

The lifetime inhalation cancer risk was lower in Imperial County than in California and the United States. This rate is the estimated lifetime risk of developing cancer because of inhaling carcinogenic compounds in the environment. In 2023, the rate in Imperial County was among the lower 12.1 percentile of counties nationally, compared to California, which is in the 36.8 percentile.[41] Though the county overall may have a lower risk than California and other US counties, Calexico ranks in the 33.8 percentile of cities nationwide.

Extreme Heat

Many serious illnesses result from extreme heat exposure. Over the last 30 years, extreme heat has been the leading weather-related cause of death in the United States.[42] The Imperial County Public Health Department (ICPHD) has collected data from El Centro Regional Medical Center and Pioneers Memorial Hospital on heat-related illnesses and deaths from environmental heat exposure.[43] According to ICPHD, between May 1 and August 17, 2023, local hospitals reported a total of 123 cases of heat-related illnesses. In July 2023, the number of heat-related cases increased, and 18 heat-related deaths were reported in 2023. Calexico and Winterhaven had the highest percentage of heat-related deaths at 21 percent. Other cities that reported heat-related deaths were Brawley, Palo Verde, Niland, El Centro, Bombay Beach, and Ocotillo.

Atmospheric Ozone Exposure

Toxicological and epidemiological studies have established an association between exposure to ambient ozone and a variety of health outcomes, including reduction in lung function, increased inflammation, and increased hospital admissions and mortality. Ozone (O_3) rarely is emitted directly into the air. Still, it is created at ground level by a chemical reaction between oxides of nitrogen (NOx) and volatile organic compounds (VOCs) in the presence of sunlight. These ozone precursors are emitted by motor vehicles, industrial facilities, power plants, and natural sources.

Several subpopulations may experience susceptibility to ozone-induced health effects, including older adults, children, individuals with preexisting pulmonary disease, and people with higher exposure levels, such as outdoor workers. A recent review of studies identifying subgroups susceptible to ozone found the strongest evidence for greater sensitivity among aging and

[41] The weighted index of vulnerability to lifetime inhalation cancer risk measures exposure to airborne carcinogens, weighted by population vulnerability and reported as a percentile nationally, with 0 = lowest exposure, and 100 = highest exposure. Weighting by the vulnerability of residents may provide a better estimate of the disproportionate impact of environmental hazards.

[42] SCAG. *Extreme Heat and Public Health Report*. September 2020. Available at: https://scag.ca.gov/sites/main/files/file-attachments/extremeheatpublichealthreportfinal_09302020.pdf?1634674354

[43] Aguilera J. (2023, August 31). Heat-related deaths in Imperial County rise over the summer. KYMA.com. August 31, 2023. Available at: https://kyma.com/news/imperial-county/2023/08/31/heat-related-deaths-in-imperial-county-rise-over-the-summer/.

unemployed people.[44] In Imperial County in 2022, the atmospheric ozone levels were 44 parts per billion (ppb), ranging from a low of 39 ppb in Calipatria to 49 ppb in Heber, Calexico, and El Centro. Atmospheric ozone levels were lower in Imperial County than in the state at 52 ppb.[45]

Broadband Internet

Research suggests a correlation between access to broadband internet and improved health outcomes. Broadband makes it easier for people to access health information, research conditions, and treatment options, as well as to find qualified healthcare providers. Additionally, broadband enables telehealth appointments and remote consultations with doctors and specialists, which is particularly beneficial in underserved areas and for people with mobility limitations.

Broadband access also empowers individuals to manage their health better by using Wi-Fi-enabled devices to track vitals, participate in online health programs, and receive medication reminders. Access to broadband internet also influences other, more traditional SDOH, such as education and employment, making it an important consideration when addressing barriers to health and well-being in Imperial County.[46]

A total of 14,978 people in Imperial County were without any internet access in 2018–2022.[47] The percentage of the population in Imperial County with computer and broadband access was 91.2 percent (156,353 people), two percent lower than all Californians (93.4%).[48] In Imperial County, of the 14,978 people without any internet access, a total of 8,212 people (4.8%) had a computer but no internet provider, and 6,766 people (3.9%) had no computer.

Imperial County, adults ages 18–64 were most likely to lack internet access. More than half (50.5%) of the people with a computer but no internet provider were ages 18–64, compared with 29.2 percent of people ages 65 and older and 20.8 percent of people younger than 18 years old. These data are comparable with those for the rest of California, where 58.1 percent of people 18–64 years old have a computer but no internet access, and 21.9 percent among people 65 years of age and older (see Table 59).

[44] Bell ML, Zanobetti A, Dominici F. Who is more affected by ozone pollution? A systematic review and meta-analysis. Am J Epidemiol. 2014 Jul 1;180(1):15-28. doi: 10.1093/aje/kwu115. Epub 2014 May 28. PMID: 24872350; PMCID: PMC4070938.

[45] US Department of Environmental Protection Agency. EJSCREEN Environmental Justice Screening Tool. Available at: https://www.epa.gov/sites/default/files/2014-10/documents/ejscreen_102914.pdf.

[46] County Health Rankings and Roadmaps. Broadband: A Super Determinant of Health. December 14, 2021. Available at: https://www.countyhealthrankings.org/online-and-on-air/webinars/broadband-a-super-determinant-of-health.

[47] American Community Survey, Five-Year Estimate, 2018-2022, Table B28002.

[48] Ibid.

Table 59: Internet Access and Computer Availability by Age Group, Imperial County and California, 2018-2022

	Imperial County				California	
	With a Computer and No Internet Subscription		No Computer		With a Computer and No Internet Subscription	No Computer
	Number	Percent	Number	Percent	Percent	Percent
Total population	8,212	4.8%	6,766	3.9%	4.1%	2.4%
Under 18 years	1,712	20.8%	815	12.0%	20.1%	9.4%
18 to 64 years	4,106	50.0%	2,212	32.7%	58.1%	39.0%
65 years and over	2,394	29.2%	3,739	55.3%	21.9%	51.6%

Source: American Community Survey, Five-Year Estimate, 2018-2022, Table S2802.

The cities and towns in Imperial County with the highest percentage of households with no internet were Winterhaven (73.58%) and Desert Shores (42.13%) (see Table 60).

Table 60: Internet Access by City of Residence, Households Without Internet, Imperial County, 2018-2022

City or Town	Percent of Households
Winterhaven	73.58%
Niland	7.67%
Westmorland	10.68%
Brawley	11.21%
Calipatria	19.11%
Calexico	10.46%
Holtville	17.00%
Bombay Beach	26.13%
El Centro	7.34%
Desert Shores	42.13%
Seeley	5.01%
Heber	6.76%
Imperial	3.85%
Salton City	16.72%

Source: American Community Survey, Five-Year Estimate, 2018-2022, Table B28002.

HEALTHCARE ACCESS

photo source: Imperial County Sheriff's Office

Access to Health and Wellness

Access to health and wellness refers to the ability of individuals to obtain necessary healthcare services when needed. Ensuring access to care is essential to promoting good health and addressing medical needs within a community.

The CTSA survey asked community members if they are satisfied with the healthcare available to them and their families and to consider access, cost, availability, quality, and options to see a provider who understands their culture, race, sexual orientation, gender identity, or disability as it relates to their healthcare needs, respondents were equally split between disagree/agree/neutral. However, when asked about the availability of affordable healthcare services, most respondents (49%) disagreed (see Table 61).

Table 61: Perceived Healthcare Access by Household Income Level, Imperial County, 2024

Household Income	Percent of CTSA Respondents who Reported Disagreement
I prefer not to say	45.7%
Below $50,000/year	44.8%
$50,000 - $74,999	44.3%
$75,000 – 124,999	56.7%
$125,000 and above	60.5%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Question 51]. About one-third of CTSA survey respondents (36%) indicated that, on average, it takes 15–30 minutes to travel to see a doctor or other healthcare provider (nurse, nurse practitioner, physician assistant); however, a larger percentage (37%) of survey respondents who live in the far northern region indicate they travel 30–45 minutes to see a provider.

This section examines the following indicators related to access to healthcare and wellness:

- Barriers to seeking or receiving healthcare
- Health insurance coverage
- Provider-to-population ratio
- Availability of services

Barriers to Seeking or Receiving Healthcare

The CTSA survey asked whether people experience barriers when accessing healthcare services and, if so, what barriers they experience in getting services to support their health and wellness. Survey respondents were presented with a variety of options, including high out-of-pocket costs, appointment availability, challenges navigating healthcare forms, and a lack of providers who understand or undervalue their cultural or language needs.

Slightly more than one-third (38%) of survey respondents reported that high out-of-pocket costs are the biggest barrier, followed by a lack of available appointments or appointments that were unavailable in a reasonable amount of time (31%). The lack of evening and weekend hours and needed services in their area (29% and 28%, respectively) were the next most cited barriers (see Table 62).

Table 62: Barriers to Accessing Healthcare Services, Imperial County, 2024

Barriers to Care (n=578)	Percent of Respondents Who Experienced Barriers to Care	
	Number	Percent
High out-of-pocket-costs/it costs too much money	224	38.75%
No appointments were available, or I couldn't get an appointment in a reasonable amount of time	181	31.31%
Needed service not offered in my area	168	29.07%
Needed evening and/or weekend hours of service	165	28.55%
Forms were too complicated	104	17.99%
Forms were too complicated (Medicaid, health insurance, doctor's office/hospital forms etc.)	87	15.05%
I felt embarrassed about asking for help and/or getting services	82	14.19%
I was not eligible for services	70	12.11%
I could not find providers or services that understand, value, and respect my culture	55	9.52%
I did not know what services and resources were available	48	8.30%
I did not have health insurance	38	6.57%
I did not feel safe	21	3.63%
Not easy to travel	21	3.63%
I could not find providers who looked like me or who spoke my language	19	3.29%
Poor physical access	14	3.29%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Question 26].

Health insurance coverage plays a vital role in whether people can receive healthcare services. Without insurance, people are less likely to have a primary care provider, get recommended healthcare services, and have access to necessary medications. In Imperial County, 6.83 percent of the people are uninsured (11,731 people), and in California, it was similar at 7.08 percent. The uninsured rates in California and Imperial County had significantly improved between 2013−2017 and 2018−2022, decreasing to from 10.50 and 11.83 percent, respectively.

Among adults, 5.81 percent were uninsured in Imperial County compared with 6.25 percent in California. Among children (0−17 years old), 0.75 percent were uninsured in Imperial County, similar to California at 0.80 percent. Young adults, ages 18−39, had the highest rate of uninsurance in Imperial County (10.97%), similar to California (11.06%). The rates have remained stable by age group in 2013−2017 and 2018−2022 (see Table 63).

Table 63: Uninsured Rate for Healthcare Coverage by Age Group, Imperial County and California, 2018-2022

Age	Imperial County	California
Full population	6.83	7.08
Infants/toddlers (0–4 years old)	1.78	2.52
Juveniles (5–17 years old)	2.77	3.69
Young adults (18–39 years old)	10.97	11.06
Middle-aged adults (40–64 years old)	10.75	8.43
Seniors (age 65 and older)	0.65	1.10

Source: American Community Survey, Five-year estimates 2018-2022, Tables B27001/C27001.

Uninsured rates vary by race and ethnicity, but given Imperial County's small population size, it is difficult to understand the extent of disparities. Though non-Hispanic Black, Native American/Alaska Native, and Asian residents had higher uninsurance rates than non-Hispanic White, Hispanic/Latino residents, the estimates were unstable (see Table 64).

Table 64: Uninsured Rate for Healthcare Coverage by Race and Ethnicity, Imperial County and California, 2018-2022

Race/Ethnicity	Imperial County	California
Full population	6.83%	7.08%
Non-Hispanic White	5.58%	3.69%
Non-Hispanic Black*	10.51%	5.75%
Asian*	9.29%	4.13%
Hispanic/Latino	6.89%	11.60%
Native American/Alaska Native	15.38%	11.74%
Pacific Islander/Native Hawaiian*	---	7.35%

**Estimate should be interpreted with caution because of unstable estimates given the small number of people and wide confidence intervals. Source: American Community Survey, Five-year estimates 2018-2022, Tables B27001/C27001.*

Among residents with insurance, 57.1 percent have public health insurance (98,052 people) compared with 38.5 percent in California, followed by 41.8 percent (63.8% in California) with private health insurance coverage. Slightly more than a third of Imperial County residents rely on employer-based health insurance (38.5%), well below the rate of California residents who rely on employer-based health insurance (52.5%). Further, 8.3 percent of Imperial County residents rely on direct-purchase health insurance and 0.9 percent on Tricare/military. Medicaid is the primary public insurer for Imperial County residents, with 83,165 residents insured through Medi-Cal (48.4%), followed by Medicare (29.9%). The percentage of people in Imperial County who rely on healthcare through the Veteran's Administration (VA), 1.1 percent, differed little from the percentage of people in California who rely on the VA (1.5%) (see Table 65).

Table 65: Healthcare Coverage by Insurance Type, Imperial County and California, 2018-2022

Insurance Type	Imperial County		California
	Number	Percent	Percent
Private Insurance	**72,000**	**41.8%**	**63.8%**
Employer-based health insurance alone or in combination	61,725	35.8%	52.5%
Direct-purchase health insurance alone or in combination	14,349	8.3%	13.1%
Tricare/military health insurance alone or in combination	1,595	0.9%	1.7%
Public Insurance	**98,052**	**57.1%**	**38.5%**
Medicare coverage alone or in combination with other/supplemental	26,522	15.4%	15.7%
Medicaid	83,165	48.4%	26.1%
VA Health Care	1,931	1.1%	1.5%

Source: American Community Survey, Five-year estimates 2018-2022, Tables S2703 and S2704.

The Ratio of Providers to Population

Provider network adequacy influences a community's health and well-being because it directly affects individuals' access to care, the quality of care they receive, the cost of care, and their ability to make informed healthcare choices. It ensures that residents have access to a sufficient number and variety of healthcare providers within their health insurance plan, enabling them to receive timely and appropriate medical care when needed. Inadequate networks can lead to limited choices, longer wait times, and potential barriers to quality healthcare, affecting the overall well-being of policyholders.

The ratio of population to providers was generally lower in Imperial County than in the state.

- The primary care provider-to-patient ratio in Imperial County was worse than in California and the United States overall. In 2020, one primary care physician was available per 1,550 people in Imperial County (72 providers). In California, one primary physician was available for every 1,060 people. Between 2010 and 2020, Imperial County experienced no significant change in trend.[49]
- In 2022, Imperial County had one mental health provider per 280 people, a higher ratio than in California, where there was one mental health provider per 160 people.[50]
- In 2021, Imperial County had one dentist per 1,260 people, whereas California had one dentist for every 1,190 people. The dentist per population ratio for Imperial County was improving in 2010–2021.[51]

[49] Primary care physicians include practicing non-federal physicians (MDs and DOs) younger than age 75 who specialize in general practice medicine, family medicine, internal medicine, and pediatrics. Health Resources and Services Administration Area Health Resource File/American Medical Association county health rankings.

[50] Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers who treat alcohol and other substance abuse, and advanced practice nurses specializing in mental healthcare.

[51] Registered dentists with a National Provider Identifier (NPI) are counted. Dentists are classified by county, but those on the edge of counties or who practice in multiple locations may see patients who live in surrounding counties. These data are from the NPI downloadable file, which has some limitations. Providers who transmit electronic health records must obtain an NPI, providers with very small practices may abstain from obtaining a number. Though providers have the option of deactivating their identification number, some dentists in this list may have stopped practicing or accepting new patients.

Understanding the extent to which Imperial County residents can access reported provider networks is crucial. Lists of providers and facilities exist, and they have been used in this assessment to understand proximity to providers, the continuum of providers, and network adequacy. Studies suggest widespread inaccuracies in provider directories, with growing concerns about "phantom networks," in which participating providers turn away patients for various reasons.[52] This finding suggests that provider networks may not be meeting network adequacy because they potentially include providers who hold active licenses but are clinically inactive, have moved, or have closed their panels to new patients.

[52] Zhu JM, Charlesworth CJ, Polsky D, and McConnell KJ. Phantom Networks: Discrepancies Between Reported and Realized Mental Health Care Access in California Medicaid: Study Examines Phantom Networks of Mental Health Care Providers in California Medicaid. *Health Affairs*. 2022;41(7):1013-1022.

SOCIAL AND COMMUNITY CONTEXT

photo source: Imperial County Public Health Department

Social and Community Context

Social and community context refers to the relationships and interactions people have with family, friends, coworkers, and fellow community members. Having strong social support and connections can protect people from forces and events outside of their control, like living in an unsafe neighborhood, experiencing poverty, and facing health challenges.

Social and community connectedness influences community health because it fosters a sense of belonging, support, and shared responsibility. Strong social ties and a sense of belonging can lead to improved mental and emotional well-being, reduced stress, and increased resilience. Moreover, community connectedness promotes collaboration and resource sharing, which can lead to better access to healthcare, education, and social services, ultimately contributing to healthier, more sustainable communities.

Imperial County CTSA survey respondents described a strong sense of social and community connectedness:

- Five in 10 respondents (56%) agreed that "every person and group has the opportunity to contribute to improving the quality of life in my neighborhood."
- Four in 10 respondents (42%) agreed that "there are networks of support for me and my family during times of stress and need," with residents living in the far northern region having a significantly higher percentage (56%) of survey respondents reporting these sentiments.

Opportunities to improve social and community connectedness center on the extent to which trust and respect are thought to be increasing, and communities can come together to achieve shared goals. Among CTSA respondents, 41 percent were neutral regarding this statement and 32 percent agreed; however, a higher percentage of respondents living in the far northern region (65%) were more likely to agree that trust and respect are increasing, and communities can come together to achieve shared goals.

The least amount of agreement throughout the county was in response to the statement that “there is an active sense of civic responsibility and engagement and pride in our community;” 43 percent of CTSA respondents were neutral, followed by 31 percent in agreement, and 26 percent in disagreement. Residents in the far northern region (59%) feel there is an active sense of civic responsibility and engagement and pride in their community. In comparison, 44 percent of residents in the southern region expressed disagreement.

The following indicators related to social and community context are examined in this section:

1. Adult connectedness among youth
2. Bullying
3. Voting

Adult Connectedness Among Youth

The California Healthy Kids Survey asks students in grades 7th, 9th, and 11th whether they have at least one teacher or another adult in their school who really cares about them. In 2020/2021, the percentage of students who reported having at least one teacher or other adult at school who really cares about them decreased for both Imperial County and California, with the exception of grade 7 students in California.

In Imperial County, in 2020-2021, rates among grades 7th, 9th, and 11th students reporting these beliefs were 59 percent, 51 percent, and 54 percent, respectively. All rates dropped in 2014/2015, when they were 60 percent, 55 percent, and 58 percent, respectively.

In both Imperial County and California, the likelihood of having at least one teacher or other adult in their school who really cares about them decreased as students progressed from grade 7th to 11th. In 2021/2022, 59 percent of Imperial County 7th graders reported it was pretty or very much true they have at least one teacher or other adult in their school who really cares about them versus 54 percent of 11th grade students. California trends were similar (see Table 66).

Table 66: Perceived School Connectedness Among 7th, 9th, and 11th Grade Students, Imperial and California

	Imperial County			California		
	Grade 7	**Grade 9**	**Grade 11**	**Grade 7**	**Grade 9**	**Grade 11**
2015	60%	55%	58%	60%	56%	63%
2017	60%	55%	57%	65%	57%	61%
2019	60%	54%	58%	61%	56%	60%
2021	59%	51%	54%	63%	55%	60%
Percentage point change, 2015–2021	**–1%**	**–4%**	**–4**	**+3%**	**–1%**	**–3%**

Percent "pretty much true" or "very much true." Source: California Healthy Kids Survey via Cal-SCHLS

Bullying

The California Student Health Survey asks students in grades 7th, 9th, and 11th whether they have ever been afraid of being beaten up on school property. In 2019, approximately one in five 7th grade students in Imperial County and California (19 percent and 21 percent, respectively) had been afraid of being beaten up on school property one or more time(s) in the past 12 months (see Table 67).

Table 67: 7th, 9th, and 11th Grade Students Afraid of Being Beaten Up (One or More Times in the past 12 months), Imperial County and California

	Imperial County			California		
	Grade 7	**Grade 9**	**Grade 11**	**Grade 7**	**Grade 9**	**Grade 11**
2015	18%	14%	13%	20%	15%	10%
2017	17%	13%	9%	20%	14%	8%
2019	19%	13%	8%	21%	14%	8%
Percentage point change, 2015–2019	**+1**	**–1**	**–5**	**+1**	**–1**	**–2**

Source: California Healthy Kids Survey via CalCHLS

Notably, the percentage of students who report being cyberbullied one or more time(s) in the past 12 months was higher than the percentage of students who report being afraid of being beaten up. Students in 7th grade were more likely to report being cyberbullied compared with 9th and 11th grade students. Specifically, in 2020 to 2021, 23 percent of 7th grade students experienced cyberbullying, which was slightly higher than the overall California rate of 11.6 percent for these students (see Table 68).

Table 68: Cyberbullying of Students in Grades 7th, 9th, and 11th, Imperial County and California

	Imperial County			California		
	Grade 7	**Grade 9**	**Grade 11**	**Grade 7**	**Grade 9**	**Grade 11**
2015	17%	23%	23%	19%	20%	19%
2017	21%	22%	22%	19%	21%	18%
2019	27%	23%	22%	27%	24%	22%
2021	23%	22%	18%	24%	22%	20%
Percentage point change, 2015–2021	**+6%**	**–1%**	**–5%**	**+5%**	**+2%**	**+1%**

Source: California Healthy Kids Survey via CalCHLS

Voting

Voting can create a sense of connection to one's community by providing the opportunity to contribute to decision making. In 2018–2022, 128,529 people ages 18 and older lived in Imperial County, 80.9 percent of whom (103,945) are citizens and may vote.[53]

The total number of votes cast for president, as a percentage of voting-age citizens, was significantly lower in Imperial County than in California during the 2008, 2016, and 2020 presidential elections, with Imperial County never rising above 44.4 percent. California never fell below 54.9 percent in any year. Imperial County's voter participation rate in the 2012 presidential election (27.7%) was far below California's (54.9%) (see Table 69).

Table 69: Voter Participation Rate in Presidential Elections by Presidential Election Year, Imperial County and California, 2008, 2012, 2016, and 2020

Presidential Election	Imperial County	California
2008	44.4%	60.6%
2012	27.7%	54.9%
2016	40.3%	56.5%
2020	44.0%	57.8%

Note: The actual voter participation rate is slightly higher because some ballots are cast without votes for president (not adjusted to exclude people who are ineligible to vote for reasons of criminal history or other violations. Source: American Community Survey, One-Year Estimates, Table B05003

[53] American Community Survey, 5-Year Estimate, 2018-2022, Table DP05.

HEALTH BEHAVIORS

photo source: Imperial County Public Health Department

Health Behaviors

Health behaviors are lifestyle practices that affect people's health, such as eating habits, physical activity, smoking, and use of alcohol and other substances. Many of the leading causes of death and disease are attributed to unhealthy behaviors. For example, poor nutrition and a lack of physical activity are associated with a higher risk of cardiovascular disease, type 2 diabetes, and obesity. Tobacco use is associated with heart disease, cancer, and poor birth outcomes. Excessive alcohol use is associated with certain types of cancers, injuries, and cirrhosis, among other things.

This section looks at the following health behaviors:

- Physical activity
- Healthy eating and nutrition
- Weight status
- Alcohol, tobacco, and other drug use
- Immunizations
- Preventive healthcare utilization
- Oral health
- Sexual and reproductive health

It is important to note that many of the estimates provided in this section are self-reported and, therefore, subject to recall bias. People may underreport or overreport health behavior. The accuracy of the data depends on the survey methodology and the willingness of respondents to disclose their habits truthfully.

Adult Physical Activity

Adults should do 2 hours and 30 minutes of moderate-intensity exercise (such as walking) per week, 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do muscle-strengthening activities such as push-ups, sit-ups, or activities using resistance bands or weights, which involve all major muscle groups, and should be done on two or more days per week.[54]

In 2020, nearly 50 percent of adults nationwide were getting the recommended amounts of aerobic activity, and about 30 percent were engaging in the recommended amount of muscle-strengthening activity.[55] A total of 19.6 percent of surveyed Imperial County adults regularly participated in adequate levels of both aerobic and strengthening activities, thereby meeting physical activity recommendations. In 2022, an assessment of people living in Imperial County found that adults aged 65+ (12.9%) and those with lower incomes (very low income at 14.5%

[54] U.S. Department of Health & Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2030 Initiative. Available at: https://health.gov/healthypeople.

[55] 2020 PRC National Health Survey, PRC, Inc.

and low income at 16.8%) were less likely to report having met the recommendations (see Table 70).

Table 70: Physical Activity Recommendations Met in Adults by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**19.6%**	**Very Low Income**	14.5%	**Hispanic**	19.3%
Women	17.7%	**Low Income**	16.8%	**White**	23.4%
Men	21.6%	**Mid/High Income**	24.7%	**Diverse Races**	16.6%
18 to 39	22.4%	**LGBTQIA+**	27.4%		
40 to 64	19.0%				
65+	12.9%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 126]. Asked of all respondents.

The percentage of adults surveyed who met both aerobic and muscle strengthening guidelines was 18.9 percent, with 39.1 percent responding that they met neither. The Far North region had the highest percentage of surveyed adults who met one or both physical activity guidelines, followed by South, Central, and North (see Table 71).

Table 71: Physical Activity in Adults by Region, Aerobic and/or Muscle-Strengthening Exercise Recommendations Met for Optimal Health, Imperial County, 2022

Region	Meets Aerobic Guideline	Meets Both	Meets Muscle-Strengthening Guideline	Meets Neither	No Response
Central (n=763)	24.8%	20.7%	11.3%	40.3%	2.9%
Far North (n=199)	38.1%	16.4%	11.3%	32.4%	1.8%
North (n=338)	26.2%	17.3%	11.0%	43.3%	2.1%
South (n=199)	23.8%	18.2%	14.0%	37.0%	7.1%
Imperial County	**26.3%**	**19.6%**	**11.9%**	**39.1%**	**3.7%**

Source: 2022 PRC Community Health Survey, PRC, Inc.

Youth Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.[56] Among Imperial County children aged 2 to 17 in surveyed households, 30.9 percent were reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).[57] Parents of girls (27.5%) and adolescents (17.6%) were less likely to report they get the recommended level of activity when compared to parents of boys (34.2%), young children aged 2 to 4 (65.1%), and youth aged 5 to 12 (29.9%).

[56] 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

[57] 2022 PRC Community Health Survey, PRC, Inc. [Item 109]

Proximity to Recreation/Fitness Facilities

In 2020, there were 7.2 recreation/fitness facilities for every 100,000 people in Imperial County. By 2021, this number had decreased to 6.68 recreation/fitness facilities per 100,000 people.[58]

Healthy Eating and Nutrition

Many people in the United States do not eat a healthy diet. People who eat too many unhealthy foods, including foods high in saturated fat and added sugars, are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions that help people choose healthy foods can reduce their risk of chronic diseases and improve their overall health. Some people don't have the information they need to choose healthy foods, while others do not have access to or can't afford them. Public health interventions that focus on helping everyone gain access to healthy foods are key in reducing food insecurity and hunger, and in improving health.[59]

A total of 27 percent of surveyed Imperial County adults reported eating five or more servings of fruits and/or vegetables per day, which was less favorable than the 32.7 percent of adults across the United States.[60] The 2022 PRC assessment identified that 35.6 percent of adults younger than 65 were less likely to report eating fruits and vegetables. Access to food and/or food insecurity data is provided in the Economy Stability section of this assessment.

Weight Status

A person's body mass index (BMI) is widely used to determine whether they are overweight or obese. It is calculated by dividing a person's weight in kilograms by the square of their height in meters. BMI values are categorized as follows[61]:

- Underweight: BMI less than 18.5
- Normal weight: BMI 18.5 to 24.9
- Overweight: BMI 25 to 29.9
- Obesity: BMI 30 or greater

While related, being overweight and being obese are distinct health conditions. Overweight individuals have excess body weight, which may or may not be related to excess body fat. On the other hand, obesity specifically refers to the presence of excess body fat. By examining both

[58] US Census Bureau, County Business Patterns. Additional data analysis by CARES. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org). Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

[59] Healthy People 2030 (https://health.gov/healthypeople) as cited in 2022 PRC CNHA report.

[60] 2022 PRC Community Health Survey, PRC, Inc. [Item 125]

[61] Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

weight and obesity rates, the assessor can get a more comprehensive understanding of the prevalence of these conditions and the associated health risks. Being overweight or obese is associated with a range of health conditions, including heart disease, diabetes, certain types of cancer, and musculoskeletal issues. Overweight individuals are at risk for these health issues, albeit to a lesser extent than individuals who are obese.

The assessment examines rates of adults and youth who are overweight and/or obese, as identified in the 2022 PRC survey. Three in four surveyed adults (74.6%) were classified as overweight or obese (BMI >25.0). This was considerably higher than the rate of overweight and obese people statewide (64.0%) and nationally (61.9%).[62]

The prevalence of overweight people outlined above includes 46.6 percent of surveyed Imperial County adults who are classified as obese. This was more often reported among adults aged 40 to 64 (53.2%), Hispanic respondents (48.1%), and respondents of diverse races (52.0%) (see Table 72).

Table 72: Obesity Prevalence by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**46.6%**	**Very Low Income**	49.3%	**Hispanic**	48.1%
Women	45.7%	**Low Income**	47.8%	**White**	36.1%
Men	47.6%	**Mid/High Income**	43.1%	**Diverse Races**	52.0%
18 to 39	44.0%	**LGBTQIA+**	53.3%		
40 to 64	53.2%				
65+	37.1%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 128]. Based on reported heights and weights, asked of all respondents.

Regionally, the Far North (78.8%) and North (79.5%) regions of the county had higher rates of overweight or obese adults when compared to the South (72.1%) and Central (72.8%) regions (see Table 73).

Table 73: Body Mass Index (BMI) in Adults by Region, Imperial County, 2022

Region	Healthy Weight (BMI 18.5-24.9)	Overweight (BMI 25.0-29.9)	Obese (BMI >30)	Overweight or Obese (BMI >25.0)
Central (n=763)	19.1%	34.6%	38.2%	72.8%
Far North (n=199)	17.7%	17.8%	61.0%	78.8%
North (n=338)	16.4%	26.6%	53.0%	79.5%
South (n=199)	17.7%	33.4%	38.7%	72.1%
Imperial County (n=1,747)	**18.1%**	**30.8%**	**46.6%**	**77.4%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 128]

[62] 2022 PRC Community Health Survey, PRC, Inc. [Items 128]. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 California data. 2020 PRC National Health Survey, PRC, Inc.

Weight Status in Children and Teens

In children and teens, BMI is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:[63]

- Underweight: <5th percentile
- Healthy Weight: ≥5th and <85th percentile
- Overweight: ≥85th and <95th percentile
- Obese: ≥95th percentile

Based on the heights/weights reported by surveyed parents, 46.5 percent of Imperial County children aged 5 to 17 are overweight or obese (≥85th percentile), which was much higher than the United States at 32.3 percent.[64] The childhood obesity prevalence includes 32.2 percent of represented area children aged 5 to 17 who were obese (≥95th percentile).[65] This was two times the national percentage at 16.0 percent and was found to be higher among boys (36.1%) than girls (25.2%) and children aged 5 to 12 years (36.4%) compared to adolescents ages 13 to 17 years (27.5%).

Regionally, Far North (47.4%) had the highest prevalence of children and youth with a healthy weight, followed by North and Central at 41.5% and South (35.0%) (see Table 74).

Table 74: Body Mass Index (BMI) in Children Ages 5-17 by Region, Imperial County, 2022

Region	Healthy Weight (5th-84th Percentile)	Underweight (Under 5th Percentile)	Overweight (85th-94th Percentile)	Obese (95th Percentile)	Unhealthy Weight
Central (n=219)	41.5%	15.6%	17.7%	25.1%	58.5%
Far North (n=54)	47.4%	0.0%	6.9%	45.8%	52.6%
North (n=76)	41.5%	11.3%	8.1%	39.0%	58.5%
South (n=109)	35.0%	15.1%	15.3%	34.7%	65.0%
Imperial County (n=458)	**40.6%**	**13.0%**	**14.3%**	**32.2%**	**59.4%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 131]. Asked of all respondents with children aged 5-17 at home.

Alcohol, Tobacco, and Other Drug Use

The use of alcohol, tobacco, and other drugs (ATOD) is associated with a wide range of health issues, including addiction, chronic diseases, mental health problems, and injuries. Assessing ATOD use allows communities to understand the scope of these challenges and their effects on

[63] Centers for Disease Control and Prevention

[64] 2022 PRC Community Health Survey, PRC, Inc. [Item 131]. 2020 PRC National Health Survey, PRC, Inc

[65] 2022 PRC Community Health Survey, PRC, Inc. [Item 131] 2020 PRC National Health Survey, PRC, Inc. US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

the population. It guides resource allocation, policy development, educational programs, and treatment services.

Understanding drug use relies on a combination of data sources, including surveys, toxicology screens, treatment center data, prescription records, emergency department admissions, mortality data, and law enforcement statistics.

The ATOD estimates in this section rely on the 2022 PRC Community Health Survey, which collected self-reported data from individuals about their drug use. The survey provides information on the prevalence of drug use, frequency, age of initiation, and trends over time. Other data in this assessment contribute to understanding the story of ATOD use in Imperial County specifically, including data regarding unintentional injuries, accidental injuries, or mortality rates from drug overdoses.

Alcohol

Binge drinking is defined as having five or more drinks (males) or four or more drinks (females) on at least one occasion in the past 30 days. Heavy drinking refers to two or more alcoholic drinks per day (males) and one or more alcoholic drink per day (females) in the previous month. Both binge drinking and heavy drinking are considered excessive drinking. In 2022, a total of 23.8 percent of surveyed adults were classified as excessive drinkers (heavy and/or binge drinkers). This was found to be higher than in California at 18.0 percent. Excessive drinking in Imperial County was more often reported among adults younger than 65 and those with higher incomes (see Table 75).

Table 75: Excessive Alcohol Drinking in Adults Ages 19 and Older by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**23.8%**	**Very Low Income**	23.1%	**Hispanic**	24.2%
Women	21.1%	**Low Income**	22.1%	**White**	22.4%
Men	26.5%	**Mid/High Income**	27.6%	**Diverse Races**	24.7%
18 to 39	29.8%	**LGBTQIA+**	17.9%		
40 to 64	22.4%				
65+	10.7%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 136]. Asked of all respondents.

As highlighted in Table 76, the prevalence of excessive drinking was highest in the Central (25.5%) and North (24.7%) regions.

Table 76: Excessive Alcohol Drinking in Adults 18 and Older by Region, Imperial County, 2022

	Yes
Central (n=763)	25.5%
Far North (n=199)	18.0%
North (n=338)	24.7%
South (n=199)	20.3%
Imperial County (n=1,747)	**23.8%**

2022 PRC Community Health Survey, PRC, Inc. [Item 136]. Asked of all respondents.

Alcohol and Youth

In 2015 and 2021, self-reported binge drinking in the past 30 days was low (<3%) among students in 7th and 9th grades and higher among 11th grade students (7%), in both Imperial County and California as a whole. Students in 11th grade had higher rates of binge drinking than in 7th grade, increasing from 1 percent of 7th graders to 7 percent of 11th graders in 2021 (see Table 77).

Table 77: Alcohol Use* in 7th, 9th, and 11th Graders by Year, Imperial County and California

		Imperial County			California		
		Grade 7	**Grade 9**	**Grade 11**	**Grade 7**	**Grade 9**	**Grade 11**
Current 30-day binge drinking	2015	3%	10%	21%	3%	9%	16%
	2021	1%	2%	7%	1%	3%	7%
Percentage point change (2015–2021)		-2	-8	-14	-2	-6	-9
Heavy drinking or high 7 or more times	2015	2%	6%	16%	2%	9%	18%
	2021	0%	2%	8%	1%	4%	11%
Percentage point change (2015–2021)		-2	-4	-8	-1	-5	-7

*Source: California Health Kids Survey via CalSCHLS. *Meaning of alcohol use: heavy or binge drinking.*

Tobacco Use

Tobacco use, particularly smoking, is a major risk factor for a range of serious health conditions including heart disease, cancer, respiratory diseases, and stroke. It is a leading cause of preventable death and illness. Tobacco-related health problems impose substantial economic burdens on communities, including high healthcare costs, lost productivity, and increased insurance premiums. Moreover, secondhand smoke exposure can harm non-smokers, and is associated with various health issues, especially in children and individuals with preexisting health conditions.

A total of 12.2 percent of Imperial County adults surveyed currently smoke cigarettes, either regularly (every day) or occasionally (on some days). An assessment conducted in 2022 found the active smoker rate to be higher than the statewide percentage but lower than the national percentage. Male respondents, adults younger than 65, White residents, and LGBTQIA+ respondents were more likely to report smoking cigarettes (see Table 78).

Table 78: Current Smokers by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**12.2%**	**Very Low Income**	15.2%	**Hispanic**	10.2%
Women	9.1%	**Low Income**	12.1%	**White**	20.7%
Men	15.3%	**Mid/High Income**	10.4%	**Diverse Races**	15.1%
18 to 39	11.7%	**LGBTQIA+**	24.4%		
40 to 64	15.4%				
65+	5.9%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 40] Asked of all respondents. Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Most Imperial County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products. However, 6.7 percent of respondents currently use vaping products either regularly (every day) or occasionally (on some days). This rate is lower than the national rate of 8.9 percent.[66] Use of vaping products is especially high among younger adults (11.6%), residents of diverse races (16.3%), and LGBTQIA+ (13.3%) respondents (see Table 79).

Table 79: Current Use of Vaping Products by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**6.7%**	**Very Low Income**	6.4%	**Hispanic**	5.8%
Women	6.1%	**Low Income**	6.7%	**White**	7.0%
Men	7.5%	**Mid/High Income**	7.3%	**Diverse Races**	16.3%
18 to 39	11.6%	**LGBTQIA+**	13.3%		
40 to 64	4.0%				
65+	0.3%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

Tobacco Use and Youth

Self-reported 30-day cigarette use in 2015 and 2021 was low (<2%) among students in grades seven, nine, and eleven, in both Imperial County and California. However, past 30-day electronic cigarette use was higher, particularly among grade nine and eleven students, in both Imperial County and California. Self-reported electronic cigarette use rose as students progressed through school levels. Students in grade eleven had higher rates than in grade seven, increasing from 2 percent of grade seven students to 7 percent of grade eleven students in 2021. Electronic cigarette use among ninth-grade and eleventh-grade students decreased more so in Imperial County than in California; however, rates remained higher overall in Imperial County when compared to California (see Table 80).

[66] 2022 PRC Community Health Survey, PRC, Inc. [Item 135]

Table 80: Cigarette and Electronic Cigarette Use in 7th, 9th, and 11th Graders, Imperial County and California

		Imperial County			California		
		Grade 7	Grade 9	Grade 11	Grade 7	Grade 9	Grade 11
Current 30-day cigarette use	2015	2%	6%	13%	2%	4%	7%
	2021	1%	1%	2%	1%	1%	2%
Percentage point change (2015–2021)		-1	-5	-11	-1	-3	-5
Past 30-day electronic cigarette use	2015	7%	15%	17%	7%	13%	14%
	2021	2%	4%	7%	2%	6%	10%
Percentage point change (2015–2021)		-5	-11	-10	-5	-7	-4

Source: California Health Kids Survey via CalSCHLS. Illicit Drug Use

As seen in Table 81 below, a total of 3.3 percent of PRC survey respondents acknowledge using an illicit drug in the past month. Illicit drug use was most often reported among adults aged 18 to 39 (5.4%), those with very low incomes (6.0%), and LGBTQIA+ (10.0%) respondents.

Table 81: Illicit Drug Use in the Past Month by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**3.3%**	**Very Low Income**	6.0%	**Hispanic**	3.1%
Women	3.2%	**Low Income**	3.2%	**White**	4.4%
Men	3.2%	**Mid/High Income**	2.5%	**Diverse Races**	4.8%
18 to 39	5.4%	**LGBTQIA+**	10.0%		
40 to 64	1.9%				
65+	1.0%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 49]. Asked of all respondents.

Use of Prescription Opioids

A total of 11.3 percent of Imperial County respondents report using a prescription opioid drug in the past year. Use of prescription opioids was more often reported among adults age 40+ (30.8%), residents with very low incomes (13.9%), and especially White respondents (21.3%) and respondents of diverse races (28.1%) (see Table 82).

Table 82: Prescription Opioid Use by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**11.3%**	**Very Low Income**	13.9%	**Hispanic**	8.2%
Women	10.2%	**Low Income**	8.5%	**White**	21.3%
Men	11.9%	**Mid/High Income**	11.2%	**Diverse Races**	28.1%
18 to 39	6.5%	**LGBTQIA+**	10.8%		
40 to 64	14.9%				
65+	15.9%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 50]. Asked of all respondents.

By region, North and Central Imperial County had the highest percent of respondents using a prescription opioid drug in the past year at 13.5 percent and 12.7 percent, respectively. The Far North region had the lowest at 6.1 percent (see Table 83).

Table 83: Prescription Opioid Use by Region, Imperial County, 2022

Region	No	Yes
Central (n=763)	**86.8%**	**12.7%**
Far North (n=199)	**93.9%**	**6.1%**
North (n=338)	**86.5%**	**13.5%**
South (n=199)	**90.0%**	**9.5%**
Imperial County (n=1,747)	**88.4%**	**11.3%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 50]. Asked of all respondents.

Alcohol and Drug Treatment

A total of 3.7 percent of Imperial County respondents reported seeking professional help for an alcohol or drug problem at some point in their lives, which was lower than the United States average of 5.4 percent. The percentage of respondents who reported using substances was greater than the percentage of adults who sought professional help. While most Imperial County respondents' lives have not been negatively affected by substance use (either their own or someone else's), approximately one in three (34.1%) respondents indicated some level of personal impact. Adults younger than 65 (72.1%), White residents (43.6%), and LGBTQIA+ (53.5%) respondents were more inclined to report being affected by substance use (see Table 84).

Table 84: Life Has Been Negatively Affected by Substance Use (By Self or Someone Else)

	Percent		Percent		Percent
Imperial County	**34.1%**	**Very Low Income**	35.7%	**Hispanic**	32.8%
Women	34.4%	**Low Income**	37.3%	**White**	43.6%
Men	34.2%	**Mid/High Income**	34.8%	**Diverse Races**	30.1%
18 to 39	38.3%	**LGBTQIA+**	53.5%		
40 to 64	33.8%				
65+	23.0%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 52]. Asked of all respondents.

By region, the Far North (13.1%) and North (13.4%) respondents were more likely than respondents from other regions to indicate having some personal impact from substance use (by self or someone else) (see Table 85).

Table 85: Life Has Been Negatively Affected by Substance Use (Self or Others), Imperial County, 2022

Region	Not at all	A little	Somewhat	A great deal
Central (n=763)	**66.4%**	**12.3%**	**11.8%**	**8.9%**
Far North (n=199)	**55.9%**	**21.5%**	**9.3%**	**13.1%**
North (n=338)	**60.3%**	**10.5%**	**15.4%**	**13.4%**
South (n=199)	**72.3%**	**12.7%**	**7.5%**	**7.6%**
Imperial County (n=1,747)	**65.5%**	**13.1%**	**11.1%**	**9.9%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 52]. Asked of all respondents.

Immunization Rates

Immunizations are important in preventing the spread of infectious diseases, protecting vulnerable populations, reducing healthcare costs, and contributing to overall community health. Immunization rates are a valuable tool for public health officials and community members to better understand a community's overall health and vulnerability to preventable diseases. Tracking trends in immunization rates helps officials assess the effectiveness of public health initiatives and identify areas for improvement.

The immunization rates within a community are a window into its disease risk. High immunization rates indicate a lower risk of outbreaks of vaccine-preventable diseases like measles, mumps, and whooping cough. Conversely, low immunization rates mean that certain populations who cannot be vaccinated (due to age or medical conditions) are at risk due to lack of herd immunity in the communities they live in. Low vaccination rates can also be a sign of vaccine hesitancy, mistrust in medical science, or a lack of access to healthcare. Disparities in vaccination rates between different populations within a community can reveal health inequities, issues with access to healthcare, or misaligned outreach efforts.

Influenza Vaccinations

In Imperial County in 2021, 30.8 percent of adults (individuals aged 18 and up) received the influenza vaccination.[67] This percentage was comparable to the rate in 2018, which was 29.1 percent, indicating no significant change over this period (see Table 86).

Table 86: Adults Who Received an Influenza Vaccination, 2018-2021

	Imperial County
2018	29.1% (27.8-30.7%)
2019	33.8% (31.7-35.9%)
2020	35.7% (33.3-38.4%)
2021	30.8% (23.3-39.3%)

Source: BRFSS, 2018-2021 via CDC Flu Vax View Dashboard.

COVID-19 Vaccination

As of December 2023, 14.1 percent of people had up-to-date COVID-19 vaccination status in California.[68] The up-to-date vaccination rate in Imperial County was lower, at 9.1 percent. Among people 65 years and older, the COVID-19 vaccination rate was higher, at 26.4 percent (see Table 87).

[67] BRFSS, 2021 via CDC Flue Vax View Dashboard.

[68] Up-to-date is defined using the Centers for Disease Control and Prevention recommendations located on the CDC website.

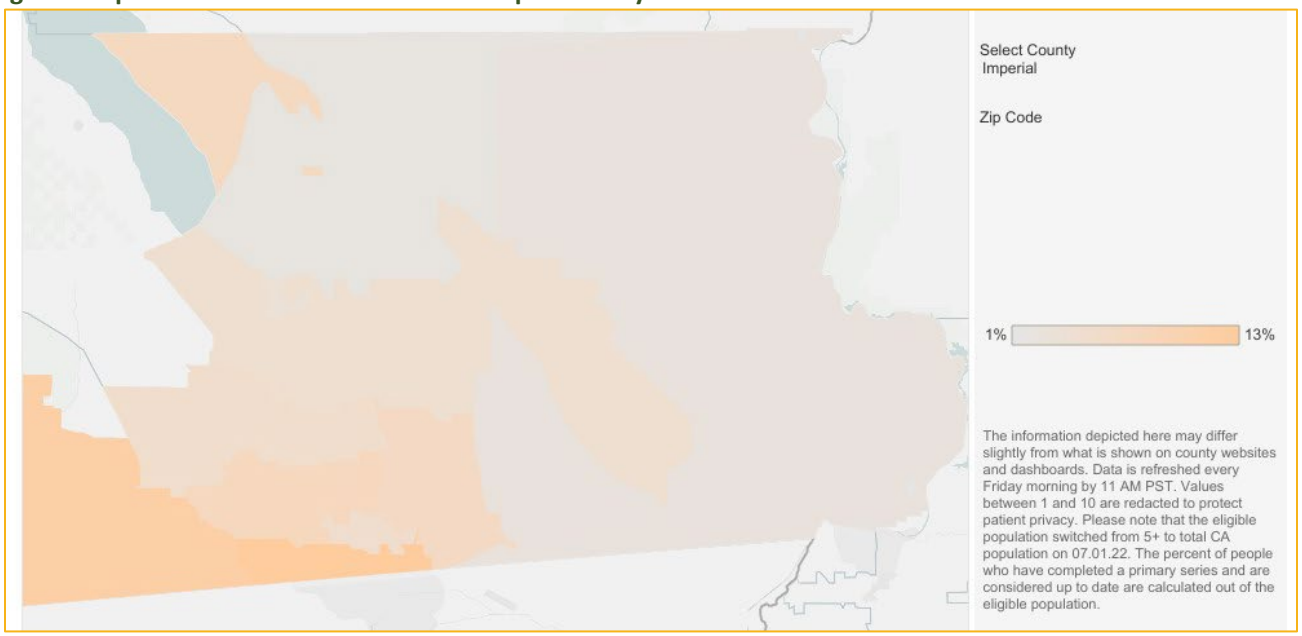
Table 87: Up-To-Date COVID-19 Vaccinations, Imperial County and California, 2023

	Imperial County	California
All	**9.1%**	**14.1%**
Under 5	4.0%	3.5%
5-11 Years	4.0%	5.4%
12-17 Years	4.9%	6.3%
18-49 Years	4.7%	9.3%
50-64 Years	14.0%	17.8%
65+ Years	26.4%	35.0%

Source: CDPH. Division of Communicable Disease Control. Statewide Vaccination Data. Updated as of 4/1/2024.

ZIP code immunization data revealed that a higher percentage of Imperial County's population living near the border of San Diego County are likely to be up-to-date on their COVID-19 vaccinations. ZIP codes within Imperial County range from a low of 1.0 percent of the population to a high of 13.0 percent of the population with up-to-date COVID-19 vaccinations (see Figure 4).

Figure 4: Up-To-Date COVID-19 Vaccinated Population by ZIP Code



Source: CDPH. Division of Communicable Disease Control. Statewide Vaccination Data. Updated as of 2/2/2024.

Kindergarten Immunization

Immunization requirements for school entry help protect children and communities from vaccine-preventable diseases. Schools in California are required to report student immunization status to the California Department of Public Health (CDPH) every year. The number of counties reporting students with all required immunizations decreased between 2021 and 2022 and 2019 and 2020. In 2021 and 2022 13 of the 58 counties in California (22%) reported that 93.2 percent of kindergarten-age children had all required immunizations. In 2019 and 2020, 11

counties (19%) reported that 95.7 percent of kindergarten age children had received all required immunizations.[69]

Statewide in 2021-2022, 92.8 percent of kindergarten students had received all school-required vaccines. The kindergarten immunization rate was higher in Imperial County, at 93.2 percent in that same timeframe. Immunization rates decreased in both Imperial County and California between 2019-2020 and 2021-2022, with a decrease of 2.5 percent points in Imperial County (down to 93.2%) compared to a 1.5 percentage point decrease in California (down to 92.8%) (see Table 88).

Table 88: Kindergarten Immunization Rate, 2019-2020 and 2021-2022

	Imperial County			California		
	2019-2020	2021-2022	Difference	2019-2020	2021-2022	Difference
Total Students	3,117	2,762	-11.4%	554,250	485,538	-12.4%
Students with All Required Immunizations	95.7%	93.2%	-2.5	94.3%	92.8%	-1.5
Conditional Entrants	2.5%	1.4%	-1.1	1.7%	0.8%	-0.9
Students with Permanent Medical Exemption	0.2%	0.0%	-0.2	1.0%	0.6%	-0.4
Others Lacking Required Immunizations	0.4%	0.7%	+0.3	1.6%	1.7%	+0.1
Overdue	1.2%	4.7%	+3.5	1.5%	4.0%	+2.5

Source: CDPH, 2021-22 Kindergarten Summary Report.

In Imperial County, the Measles, Mumps, and Rubella two or more (MMR 2+) vaccination rate was the lowest among the vaccines, at 94.8 percent. This was the only immunization rate lower than California as a whole (95.1%) in 2021-2022. The MMR 2+ vaccine rate decreased the most between 2019-2020 and 2021-2022, by 3.2 percent, down from 98.0 percent of kindergarten students in 2019-2020 (see Table 89).

Table 89: Kindergarten Immunization Rate by Series, 2019-2020 and 2021-2022

	Imperial County			California		
	2019-2020	2021-2022	Difference	2019-2020	2021-2022	Difference
Total Students	3,117	2,762	-11.4%	554,250	485,538	-12.4%
DTP 4+	97.9%	95.4%	-2.5	96.2%	94.7%	-1.5
Polio 3+	98.8%	97.1%	-1.7	96.5%	95.2%	-1.3
MMR 2+	98.0%	94.8%	-3.2	96.5%	95.1%	-1.4
HepB 3+	≥99.0%	98.3%	0.7	97.4%	97.0%	-0.4
Var 2+	97.9%	96.1%	-1.8	96.0%	94.8%	-1.2

Source: CDPH, 2021-22 Kindergarten Summary Report.

[69] CDPH, 2021-22 Kindergarten Summary Report.

Preventive Health Care Utilization

The percentage of adults who had a routine checkup in the past year was similar in both Imperial County and the state of California. In 2021, 60.6 percent of Imperial County adults (18+ years of age) had attended a routine checkup in the past year. The rate was similar statewide throughout California, at 62.1 percent.

Routine checkups were becoming increasingly common in both Imperial County and California between 2018 and 2019. In Imperial County, the rate decreased 6.9 percentage points from 67.5 percent of adults in 2018 to 60.6 percent of adults in 2021. In California, the rate decreased by 8.2 percentage points, from 70.3 percent in 2018 to 62.1 percent in 2021 (see Table 90).

Table 90: Doctor Visit for Routine Checkup, 2018-2021

Year	Adults aged 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year. Imperial County	California
2018	67.5	70.3
2019	68.0	70.1
2020	66.2	65.6
2021	60.6	62.1
Percentage Point Difference Between 2018 and 2021	**-6.9**	**-8.2**

Source: Centers for Disease Control and Prevention (CDC) via Metopio.

Of all the regions in Imperial County, the Far North had the highest rate of adults who had received a routine checkup in the past year (65.1%), followed by the South (62.0%), Central (61.7%), and North (59.9%) regions. Among surveyed parents in the 2022 PRC survey, 82.5 percent reported that their child had attended a routine checkup in the past year, which was higher than the United States average of 77.4 percent.[70] Regionally, the Far North had the highest rate of children who had a routine checkup in the past year (86.3%), followed by the Central (84.3%), South (81.3%), and North (76.3%) regions, in that order (see Table 91).

Table 91: Doctor Visit for Routine Checkup by Region, Imperial County, 2018-2021

Region	Adults visit a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.	Child Has Visited a Physician for a Routine Checkup in the Past Year
Central	61.7%	84.3%
Far North	65.1%	86.3%
North	59.9%	76.3%
South	62.0%	81.3%
Imperial County	**60.6%**	**82.5%**

Source: CDC, Sub-county data (zip codes, tracts) via Metopio.

Eighty-one percent of adults (18+ years old) in Imperial County had received cholesterol screening, with older adults less likely to engage in a core set of clinical preventive services. In Imperial County, 27.2

[70] 2022 PRC Community Health Survey, PRC, Inc. [Item 105]. 2020 PRC National Health Survey, PRC, Inc. Asked of all respondents with children 0 to 17 in the household.

percent of older adult men (65+ years old) and 24.9 percent of older adult women (65+ years old) were current on a core set of clinical preventive services in 2020. The core set of preventive services are those that have been shown to be effective in preventing disease and improving health outcomes. These services include vaccinations, adult physical exams, and cancer screenings (see Table 92).

Table 92: Percentage of Imperial County Adults Who Used Other Preventive Services, 2020 and 2021

	Imperial County (Crude prevalence)
Taking medicine for high blood pressure control among adults aged ≥18 years with high blood pressure (2021)	72.3%
Cholesterol screening among adults aged ≥18 years (2021)	81.0%
Older adult men aged ≥65 years who are up to date on a core set of clinical preventive services: Flu shot in the past year, PPV shot ever, colorectal cancer screening (2020)	27.2%
Older adult women aged ≥65 years who are up to date on a core set of clinical preventive services: Flu shot past year, PPV shot ever, colorectal cancer screening, and mammogram past two years (2020)	24.9%

Source: CDC Places, BRFSS, 2020 and 2021 (2023 release).

Oral Health

Oral health is about more than just the cosmetic appearance of a person's smile; it is interconnected with their general health and well-being. Poor oral health can lead to a range of systemic health issues. Bacteria in the mouth can enter the bloodstream and contribute to various health problems including heart disease, stroke, diabetes, and even respiratory infections. Oral health problems can significantly impact a person's quality of life. Poor oral health can lead to toothaches, gum disease, and even tooth loss. The pain and discomfort from these issues can make it difficult to eat, speak, and sleep, which takes a toll on overall well-being. Poor oral health can also impact a person's mental health, since missing or damaged teeth can affect self-esteem and confidence and restrict social interactions, leading to social isolation. Maintaining good oral health through preventive care can help avoid expensive dental procedures and other healthcare problems.

Child and Youth Oral Health

A total of 67.2 percent of PRC survey respondents reported that their child (aged between 2 and 17) went to a dentist or dental clinic within the past year, which is lower than the national rate for the United States (57.2%).[71] Children aged two to four were less likely to have received dental care at 48.9 percent, followed by children aged between 13 and 17 years old (69.3%) and children aged between 5 and 12 years old (71.8%).

Adult Dental Care

Among PRC survey respondents, 70.9 percent of adults have dental insurance that covers all or part of their dental care costs.[72] A total of 46.6 percent of respondents visited a dentist or dental clinic (for any reason) in the past year. This rate was less than in the state of California (64.7%) and the United States as

[71] 2022 PRC Community Health Survey, PRC, Inc. [Item 108]. 2020 PRC National Health Survey, PRC, Inc. US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov. Asked of all respondents with children ages 2 through 17.
[72] 2022 PRC Community Health Survey, PRC, Inc. [Item 21]

a whole (62.0%). Men (41.1%), adults with lower incomes (34.2%), Hispanic respondents (44.1%), and those without dental insurance (37.2%) were less likely to report receiving dental care (see Table 93).

Table 93: Dentist or Dental Visit by Demographic Characteristics, Imperial County 2022

	Percent		Percent		Percent
Imperial County	**46.6%**	**Very Low Income**	41.0%	**Hispanic**	44.1%
Women	50.5%	**Low Income**	34.2%	**White**	56.5%
Men	41.1%	**Mid/High Income**	57.1%	**Diverse Races**	59.5%
18 to 39	44.0%	**LGBTQIA+**	48.4%		
40 to 64	47.8%				
65+	50.6%				
No Dental Insurance	37.2%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 20]. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 California data. 2020 PRC National Health Survey, PRC, Inc. US Department of Health and Human Services. Healthy People 2030. August 2020. Asked of all respondents.

Sexual and Reproductive Health

Sexually transmitted infections (STIs), also known as sexually transmitted diseases (STDs), are infections that are passed from one person to another through sexual contact. The most common STIs are chlamydia, gonorrhea, genital herpes, human papillomavirus (HPV), Hepatitis B and C, syphilis, and HIV/AIDS. STIs can significantly affect community health. High rates of STIs can lead to increased healthcare costs, strained healthcare systems, and public health burden.

STIs cause serious health problems for individuals, including chronic pain, infertility, complications during pregnancy, and an increased risk of acquiring or transmitting other infections. Certain populations, such as adolescents, LGBTQIA+ individuals, and marginalized communities, may face higher rates of STIs due to limited access to healthcare, stigma, or discrimination. Medically accurate sex education is essential for addressing STIs and is crucial when promoting health equity within communities.

Because STI rates vary from year to year, prevalence rates are reported over two-year periods in order to provide a more stable picture of the overall trend. Monitoring these trends allows assessment of the community's overall health by identifying at-risk populations and SDOH effects on access to care.

Chlamydia and Gonorrhea

In 2023, the chlamydia incidence rate in Imperial County was 407.7 cases per 100,000 population (n=733). Among individuals aged 15 to 29 years old, the rate was significantly higher at 1,225.15 new cases per 100,000 population (n=514).[73] The Imperial County gonorrhea incidence rate in 2023 was 129.66 new cases per 100,000 population among males aged 15 to 44 years, and 165.89 new cases per 100,000 among females in the age range of 15 to 44 years old.

[73] Imperial County Public Health Department, 2023.

Hepatitis

The rate of new Hepatitis C cases in Imperial County decreased between 2018-2020 and 2021-2023, specifically chronic Hepatitis C. In 2021-2023, the chronic Hepatitis C rate was 21.99 new cases per 100,000, which was significantly lower than in 2018-2020, when it was 60.4 new cases per 100,000 (see Table 94).

Table 94: Hepatitis C New Cases per 100,000 People, 2018-2020 and 2021-2023

New Cases per 100,000 People						
	Hepatitis C - Acute		Hepatitis C - Perinatal		Hepatitis C - Chronic	
	2018-2020	2021-2023	2018-2020	2021-2023	2018-2020	2021-2023
Imperial County	1.84	0.56	0.18	0.19	60.4 (N=328)	21.99* (n=119)
ZIP 92227 (Brawley)					8.43	2.37*
ZIP 92231 (Calexico)					5.54	2.50
ZIP 92243 (El Centro)					8.06	3.30*
Other ZIPs					4.12	1.26*

**Significantly lower in 2021-2021 compared to 2018-2020. Source: CalREDIE via the Imperial County Public Health Department, 2023.*

HIV

As Table 95 displays below, in Imperial County in 2021, there were 274.9 HIV cases per 100,000 population. This rate had increased since 2015, when it was 176.4 per 100,000 population. This rate was considerably lower than found in 2020 across the state of California (406.0) and the United States (379.7).

Table 95: HIV Prevalence Rate per 100,000 People, Imperial County, 2015, 2020, and 2021

Year	HIV Prevalence
2015	176.4 (251)
2020	258.9 (370)
2021	274.9 (394)

Notes: This indicator is relevant because HIV is a life-threatening infectious disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices. Source: CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved April 2024 via SparkMap (sparkmap.org).

HEALTH OUTCOMES

photo source: Imperial County Agricultural Commissioner

Health Outcomes

By looking at measures indicating the length and quality of life, the health outcomes assessment provides information needed to understand how well health improvement programs in Imperial County are working, and whether new or different efforts are needed. These health outcomes represent the physical and mental well-being of residents in Imperial County.

It is important to look at differences in health outcomes based on the presence of various health factors and demographics, allowing identification of disparities within the communities. Understanding where disparities exist informs changes in health improvement efforts to meet the needs of those experiencing inequality.

Thus far, this assessment has described many factors that influence health, including access to and availability of healthcare, good jobs, clean water, and affordable housing, as well as the behavioral choices individuals make that influence their health. This section describes the following health outcomes:

- Physical and mental health status
- Length of life, including life expectancy and causes of death
- Injury (intentional and unintentional) and violence
- Morbidity, including chronic disease, cancer incidence, and infectious diseases
- Maternal health and pregnancy, including fertility rate, teen birth rate, and infant mortality rate

Individual Health Status

Individual health status refers to the overall well-being and physical, mental, and social health of a single person. It encompasses factors such as nutrition, physical fitness, access to healthcare, lifestyle choices, and genetics. Self-reported health status (SRH) is a subjective measure of how individuals perceive their health. Understanding how individuals perceive their health is essential because it strongly predicts morbidity, mortality, and other negative health outcomes.[74] According to research, people who report their health as poor or fair are at an increased risk of death, even after adjusting for other factors such as age, sex, and socioeconomic status.[75] Poor self-reported health is often a sign of underlying health conditions like heart disease, diabetes, cancer, or other acute illnesses or infections. In addition, people who report poor health may have difficulty accessing healthcare services because of financial constraints, lack of transportation, or limited access to healthcare services which prevent them from getting the preventive care and treatment they need to stay healthy. The individual health status of each person in Imperial County contributes to their overall health and resilience.

2024 CTSA Community Survey

To better understand how the people in Imperial County view health, the 2024 CTSA community survey asked respondents to rate their personal overall health (self-reported health status) and the overall health of their community. The reason for asking participants to rank both was to identify optimism bias. Optimism bias is a cognitive bias that leads people to believe that they are less likely to experience

[74] Lorem G, Cook S, Leon DA, et al. Self-Reported Health as a Predictor of Mortality: A Cohort Study of Its Relation to Other Health Measurements and Observation Time. *Sci Rep*. 2020;10:4886. doi: 10.1038/s41598-020-61603-0

[75] Caramenti M, Castiglioni I. Determinants of Self-Perceived Health: The Importance of Physical Well-Being but Also of Mental Health and Cognitive Functioning. *Behavioral Sciences* (Basel, Switzerland). 12(12):498. doi: 10.3390/bs12120498

negative events and more likely to experience positive events compared to reality. It's a mental shortcut that allows the unconscious mind to overestimate the likelihood of good things happening and underestimate the likelihood of bad things happening, which can lead to an underestimation of personal health risks. However, more survey respondents rank their own health (78%) and the wider community's health (55%) as somewhat healthy to very unhealthy.

Overall, survey respondents rated the community's overall health as:

- 3 percent, very healthy
- 19 percent, healthy
- 40 percent, somewhat healthy
- 30 percent, unhealthy
- 8 percent, very unhealthy

Conversely, survey respondents rated their personal overall health as:

- 5 percent, very healthy
- 40 percent, healthy
- 43 percent, somewhat healthy
- 10 percent, unhealthy
- 2 percent, very Unhealthy

Adult Physical Health Status

In the 2022 PRC survey, most respondents rated their overall health favorably, responding to the questions with either "excellent", "very good", or "good".[76] However, 21.7 percent of survey respondents believed that their overall health was "fair" or "poor." This rate was higher than California-wide (17.8%)[77] and nationwide results (12.6%)[78].

Adults with very low incomes (24.3%), Hispanic respondents (22.7%), and male respondents (22.7%) were more likely to report being in "fair" or "poor" health. As adults aged, dissatisfaction with their overall health increased from 12.5 percent among respondents aged 18 to 39 years to 35.6 percent among respondents aged 65 or more years (see Table 96).

Table 96: Experience "Fair" or "Poor" Overall Health Status Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**21.7%**	**Very Low Income**	24.3%	**Hispanic**	22.7%
Women	20.6%	**Low Income**	21.9%	**White**	17.6%
Men	22.7%	**Mid/High Income**	15.5%	**Diverse Races**	14.0%
18 to 39	12.5%	**LGBTQIA+**	20.4%		
40 to 64	26.2%				
65+	35.6%				

[76] 2022 PRC Community Health Survey, PRC, Inc. [Item 5]. Asked of all respondents.

[77] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 California data.

[78] 2020 PRC National Health Survey, PRC, Inc.

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 5]. Asked of all respondents.

Respondents from the Far Northern region were more likely to indicate dissatisfaction with their health (33.6%) percent, followed by the Southern (27.4%), the Northern (20.2%), and Central (15.3%) regions of the county (see Table 97).

Table 97: Health Status by Region, Imperial County, 2022

Region	Excellent	Very Good	Good	Fair	Poor	Fair/Poor
Central (n=763)	11.0%	32.9%	39.8%	12.7%	2.5%	**15.3%**
Far North (n=199)	6.5%	24.2%	31.4%	25.0%	8.7%	**33.6%**
North (n=338)	16.1%	26.3%	36.7%	17.0%	3.2%	**20.2%**
South (n=447)	9.5%	24.8%	38.3%	22.6%	4.9%	**27.4%**
Imperial County (N=1,747)	**11.2%**	**28.9%**	**38.3%**	**17.7%**	**4.0%**	**21.7%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 5]. Asked of all respondents.

Adult Mental Health Status

Individual mental health status refers to a person's emotional, psychological, and social well-being. It encompasses factors such as emotional stability, coping mechanisms, stress management, and the absence of mental health disorders. Good mental health is vital for an individual's quality of life, productivity, and overall life satisfaction. The mental health of community members collectively influences community health overall. Communities with a higher prevalence of mental health issues, including depression or anxiety, may experience higher healthcare costs, lower workforce productivity, and higher crime rates. On the other hand, communities with mentally healthy individuals tend to be more resilient, productive, and supportive of one another.

In the 2022 PRC survey, most respondents rated their overall mental health favorably, selecting that it was “excellent”, “very good”, or “good”, at 65.8 percent.[79] However, 28.8 percent indicated that their overall mental health was “fair” or “poor”; more than two times the national percentage of 13.4 percent [80] (see Table 98).

Table 98: Mental Health Status by Region, Imperial County, 2022

Region	Excellent	Very Good	Good	Fair	Poor	Fair/Poor
Central (n=763)	16.6%	24.2%	34.9%	18.7%	4.2%	22.9%
Far North (n=199)	14.4%	20.7%	23.9%	34.7%	6.4%	41.1%
North (n=338)	15.5%	22.8%	32.5%	18.6%	10.0%	28.6%
South (n=447)	15.3%	20.5%	30.1%	25.3%	7.3%	32.6%
Imperial County (N=1,747)	**16.0%**	**22.9%**	**32.3%**	**22.4%**	**6.4%**	**28.8%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 90]. Asked of all respondents.

[79] 2022 PRC Community Health Survey, PRC, Inc. [Item 90]. Asked of all respondents.
[80] 2020 PRC National Health Survey, PRC, Inc.

Depression

One in four (24.3%) surveyed Imperial County adults have been diagnosed by a physician, nurse, or other health professional as having a depressive disorder such as depression, major depression, dysthymia, or minor depression.[81] This rate was higher than California (18.3%)[82] and the United States (20.6%).[83] Nearly half (46.1%) of respondents have had two or more years in their lives when they felt depressed or sad on most days (symptoms of chronic depression). However, they may have felt okay sometimes.[84] This rate was much higher than in the United States as a whole (30.3%).[85] Depression was most often reported among women (53.0%), adults aged 18 to 39 (52.0%), those with lower incomes (very low income, 60%; low income 52.0%), Hispanic residents (38.3%), and those of diverse races (49.3%).

Lastly, about three in four (77.2%) LGBTQIA+ respondents have experienced symptoms of chronic depression (see Table 99).

Table 99: Chronic Depression Symptoms by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**46.1%**	**Very Low Income**	60.0%	**Hispanic**	48.3%
Women	53.0%	**Low Income**	52.0%	**White**	34.5%
Men	39.1%	**Mid/High Income**	33.8%	**Diverse Races**	49.3%
18 to 39	52%	**LGBTQIA+**	77.2%		
40 to 64	42.1%				
65+	39.4%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 91]. Asked of all respondents.

Stress

Stress and depression are closely linked. When someone experiences prolonged stress, it can disrupt their brain chemistry and thereby increase their risk of depression. Stress triggers the release of cortisol, which – when constantly elevated – negatively affects mood regulation and leads to depressive symptoms. Additionally, chronic stress can weaken coping mechanisms and resilience, making individuals more vulnerable to developing depression. In essence, prolonged exposure to stress can contribute to the onset or exacerbation of depression.[86]

As displayed in Table 100 below, among surveyed adults, 17.3 percent felt that most days are “very” or “extremely” stressful for them.[87] This was more often reported among adults younger than 65, especially those aged 18 to 39 (25.2%). It was also reported among respondents with very low incomes (22.9%), Hispanic residents (17.7%), and residents of diverse races (24.5%).

[81] 2022 PRC Community Health Survey, PRC, Inc. [Item 93].

[82] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2022 California data.

[83] 2020 PRC National Health Survey, PRC, Inc.

[84] 2022 PRC Community Health Survey, PRC, Inc. [Item 91]. Asked of all respondents.

[85] 2020 PRC National Health Survey, PRC, Inc.

[86] CDC, Emotional well-being.

[87] 2022 PRC Community Health Survey, PRC, Inc. [Item 92]. Asked of all respondents.

Table 100: Most Days with Feelings of Being "Very" or "Extremely" Stressful by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**17.3%**	**Very Low Income**	22.9%	**Hispanic**	17.7%
Women	17.9%	**Low Income**	16.1%	**White**	12.1%
Men	16.9%	**Mid/High Income**	15.2%	**Diverse Races**	24.5%
18 to 39	25.2%	**LGBTQIA+**	21.0%		
40 to 64	13.5%				
65+	4.3%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 92]. Asked of all respondents.

Regionally, with increased rates of chronic depression, there were also higher rates of the perception that most days are "extremely" or "very" stressful. In the Far North region, more than half (56.8%) of surveyed adults have experienced symptoms of chronic depression, with 20.2 percent reporting a perception that most days were "extremely" or "very" stressful (see Table 101).

Table 101: Feelings Chronic Depression and Stress by Region, Imperial County, 2022

	Have Experienced Symptoms of Chronic Depression	Perceive Most Days as "Extremely" or "Very" Stressful
Central (n=763)	39.4%	15.9%
Far North (n=199)	56.8%	20.2%
North (n=338)	47.7%	19.5%
South (n=447)	49.2%	15.5%
Imperial County (N=1,747)	46.1%	17.3%

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 92] (Stress); 2022 PRC Community Health Survey, PRC, Inc. [Item 91](Depression). Asked of all respondents.

Youth Emotional Health

According to California Student Health Survey results, students in Imperial County had higher rates of depression than other California students.[88] In Imperial County in 2021, the prevalence of students claiming to have felt sad or hopeless almost every day for two weeks or more in a row increased to more than half of the grade eleven students (56%), compared with 41 percent of the grade seven students. Between 2015 and 2021, the prevalence of depression increased in both Imperial County and wider California, with the greatest increase occurring among grade eleven students in Imperial County (see Table 102).

[88] Depression is defined as students who reported ever feeling so sad or hopeless for almost every day for two or more consecutive weeks in the past year that they stopped doing some usual activities.

Table 102: Every Day for Two or More Consecutive Weeks That 7th, 9th, and 11th Grade Students Stopped Doing some Usual Activities, Imperial County and California, 2015-2021

	Imperial County			California		
	Grade 7	Grade 9	Grade 11	Grade 7	Grade 9	Grade 11
2015	27%	36%	34%	25%	31%	33%
2016	29%	31%	35%	24%	30%	32%
2017	29%	31%	35%	24%	30%	32%
2018	31%	37%	37%	30%	33%	37%
2019	31%	37%	37%	30%	33%	37%
2020	41%	54%	56%	32%	37%	42%
2021	41%	54%	56%	32%	37%	42%
Percentage Point Change from 2015 to 2021	+14	+18	+22	+7	+6	+9

Source: California Healthy Kids Survey via CalCHLS

Suicide and Suicidality

Suicidality refers to the risk of suicide; in other words, the risk of death caused by self-directed injurious behavior with intent to die. It encompasses thoughts, feelings, or behaviors which signal that someone is considering ending their own life. Suicidality can manifest in various ways, including suicidal ideation, suicidal intent, suicide gestures, and suicide attempts. Suicidal ideation is thoughts of suicide, which can range from fleeting wishes to die through to well-developed plans to accomplish that end. Suicidal intent is a stronger desire to act on suicidal thoughts. Suicide gestures are indirect actions that communicate suicidal distress, and suicide attempts are actions a person takes to harm themselves with the intent of dying.

In 2020-2022, the suicide rate in California was 10.1 suicide deaths per 100,000 population, which was nearly twice as high as the rate in Imperial County (5.5 per 100,000 population, or 18 suicide deaths).[89] The suicide rate since 2002-2004 in Imperial County was trending down, from 6.9 per 100,000 in 2002-2004 to 5.5 per 100,000 in 2020-2022 (see Table 103).

[89] The total number of suicides listed for California 2018–2020 has been updated as of 6/10/22. Sources: California Department of Public Health (CDPH) Vital Statistics Death Files (2018–2020); Department of Finance P-3 Population Projection File (2010–2060)

Table 103: Age-Adjusted Suicide Mortality Rate, Imperial County and California

	Imperial County (Number of Deaths, Mean Age)	California (Mean Age)
2002-2004	6.9 (27 deaths, 48.9 years)	9.7 (47.8 years)
2005-2007	7.8 (35 deaths, 46.9 years)	9.3 (47.9 years)
2008-2010	5.5 (27 deaths, 52.6 years)	10.1 (48.8 years)
2011-2013	7.7 (40 deaths, 49.2 years)	10.1 (48.8 years)
2014-2016	8.3 (38 deaths, 47.3 years)	10.5 (49.1 years)
2017-2019	7.0 (31 deaths, 41.8 years)	10.7 (48.3 years)
2020-2022	5.5 (18 deaths, 45.5 years)	10.1 (48.1 years)
Percent Change 2002-2004 to 2020-2022	-20.2%	+4.0%

Data for 2022 are not yet final. The number of deaths are likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Youth

In 2021, the percentage of youth who seriously considered attempting suicide was between 12 percent of 7th grade students and 17 percent of 11th grade students. Rates in 2021 were slightly higher than in California, which ranged from 14 percent of 7th and 11th grade students to 15 percent of 9th grade students. Suicidality among students showed little change between 2015 and 2021 in Imperial County (see Table 104).

Table 104: Percentage of 7th, 9th, and 11th Grade Students Who Seriously Considered Suicide, 2015-2021

	Imperial County			California		
	Grade 7	Grade 9	Grade 11	Grade 7	Grade 9	Grade 11
2015	N/A	20%	17%	N/A	19%	26%
2016	N/A	14%	14%	N/A	16%	12%
2017	N/A	14%	14%	N/A	16%	12%
2018	14%	16%	15%	15%	16%	17%
2019	14%	16%	15%	15%	16%	17%
2020	12%	18%	17%	14%	15%	14%
2021	12%	18%	17%	14%	15%	14%
Percentage Point Change from 2015 to 2021	-2%	-2%	0	-1	-4	-12

Source: California Healthy Kids Survey via CalCHLS

Mental Health Treatment

Mental health treatment encompasses a wide range of approaches to improving a person's emotional, psychological, and social well-being. There is no “one-size-fits-all” solution when it comes to mental health, and the most effective treatment plan is often a combination of different therapies or medications, dependent on the specific needs of the individual. Types of mental health treatment include psychotherapy (often referred to as talk therapy), psychiatric medications, support groups, lifestyle changes, and complementary integrative approaches.

Mental Health Providers

A mental health provider is a qualified professional who offers assessment, diagnosis, and treatment for mental health conditions and emotional challenges. They play a crucial role in helping people improve their mental and emotional well-being. There are various types of mental health providers, each with their own area of expertise and qualifications. Some of the most common providers include:

- Psychiatrists: These are medical doctors (MDs) who specialize in diagnosing and treating mental health conditions. They can prescribe medication, perform psychotherapy, and order medical tests when necessary.
- Psychologists: Psychologists hold a PhD in psychology and focus on evaluating and treating mental health conditions through psychotherapy and other techniques. They typically cannot prescribe medication unless they have additional training.
- Licensed Therapists: Therapists come from various backgrounds and hold a master's degree in a mental health field such as social work, marriage and family therapy, or mental health counseling. They provide psychotherapy and counseling services.
- Clinical Social Workers: Licensed clinical social workers (LCSWs) have a master's degree in social work and specialize in mental health. They provide psychotherapy, counseling, and case management services, often focusing on social and environmental factors impacting mental health.
- Psychiatric or Mental Health Nurse Practitioners (PMHNPs): These specialists are advanced practice nurses with a Master of Science degree in nursing with an emphasis on mental health. They can diagnose mental health conditions, provide psychotherapy, and prescribe medication in some states.

In Imperial County in 2022, there were 69 mental health providers for every 100,000 population, which was much lower than in California (158.9 per 100,000) and the United States overall (140.1 per 100,000).[90] By region, Central Imperial County has the most mental health providers per 100,000 (156.3), followed by the South (86.9) and the North (24.1) regions. There are no mental health providers in the Far North region. Cities and towns with the most access to mental health providers based on per capita estimates were El Centro (619), followed by Winterhaven (178.1) and City of Imperial (66.8) (see Table 105).

[90] University of Wisconsin Population Health Institute, County Health Rankings. Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2022 via SparkMap (sparkmap.org). Notes: This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. Here, “mental health providers” includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this is providers practicing in Imperial County and residents in Imperial County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

Table 105: Mental Health Providers per 100,000 by Region, Imperial County,2021

Region	Mental Health Providers Per 100,000	City/Town
Central	156.3	El Centro: 619.0 Imperial: 66.8 Seeley: 49.8 Holtville: 46.2
Far North	-	-
North	24.1	Brawley: 58.8 Calipatria: 13.3 Westmorland: 0
South	86.9	Winterhaven: 178.1 Calexico: 69.9 Heber: 12.7

Number of mental health providers per 100,000 residents, such as psychiatrists, psychologists, and specialists in addiction medicine, counseling, therapy, and behavioral health. Includes advanced practice nurses and nurse practitioners. Source: Centers for Medicare & Medicaid Services (CMS), National Provider Identifier Files (NPI).

A total of 14.6 percent of 2022 PRC survey respondents indicated that they are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for a mental health condition or emotional problem.[91]

Difficulty Accessing Mental Health Services

A total of 10.3 percent of surveyed adults reported a time in the past year when they needed mental health services but were not able to access them, signifying more difficulty than reported in the wider United States at 7.8 percent.[92] An inability to access needed mental health services in the prior year was more often reported among female respondents (12.5%), adults younger than 65 (23%), and respondents with incomes categorized as "very low" (17.3%) (see Table 106).

Table 106: Difficulty Accessing Mental Health Services by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**10.3%**	**Very Low Income**	17.3%	**Hispanic**	10.2%
Women	12.5%	**Low Income**	11.8%	**White**	10.0%
Men	7.8%	**Mid/High Income**	7.8%	**Diverse Races**	14.4%
18 to 39	12.2%	**LGBTQIA+**	16.9%		
40 to 64	10.8%				
65+	4.1%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 95]. Asked of all respondents.

[91] 2022 PRC Community Health Survey, PRC, Inc. [Items 94]. Asked of all respondents.
[92] 2022 PRC Community Health Survey, PRC, Inc. [Items 95]. 2020 PRC National Health Survey, PRC, Inc.

By region, PRC survey respondents were less likely to report being unable to get mental health services when needed in the past year when living in the Central (11.1%) and South (10.9%) regions of Imperial County. However, survey respondents in these regions were also more likely to be currently taking medications or participating in mental health treatment (see Table 107).

Table 107: Mental Health Treatment and Services by Region, Imperial County, 2022

	Unable to Get Mental Health Services When Needed in the Past Year	Currently Taking Medication or Otherwise Receiving Treatment
Central (n=763)	11.1%	14.4%
Far North (n=199)	8.3%	13.3%
North (n=338)	8.6%	13.9%
South (n=447)	10.9%	15.5%
Imperial County (N=1,747)	10.3%	14.6%

Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 95] [94]. Asked of all respondents.

Longevity (Life Expectancy)

Life expectancy is a statistical measure that estimates the average remaining years of life at a given age. Life expectancy represents the average life span and is frequently analyzed to understand community health outcomes. Many factors can shorten life expectancy, including hunger, injury, disease, environment, and chronically poor health. Conversely, improvements in health and welfare increase life expectancy. Historically, Imperial County has had a significantly higher life expectancy than the rest of California. However, in 2020, the life expectancy decreased significantly (to 76.04 years from 84.38 years) in 2019, which was lower than California's at 80.13 years. The decrease in life expectancy in Imperial County and California was largely attributable to the COVID-19 pandemic. Since then, the life expectancy in both Imperial County and California has been rebounding, significantly increasing in 2022 to 80.72 years in Imperial County and 81.13 years in California (see Table 108).

Table 108: Life Expectancy, Imperial County and California, 2011, 2019-2022

	2011	2019	2020	2021	2022
Imperial County	82.41*	84.38	76.04*+	78.81*+	80.72+
California	81.24	82.17	80.13+	79.76+	81.13+

*+Significant changing trend compared to the previous year by region. *Significantly different rate in Imperial County compared to California. Source: CDPH, Community Burden of Disease Engine.*

In 2021, non-Hispanic Imperial County residents had a similar life expectancy (77.86 years) to Hispanic residents (77.71 years) as depicted in Table 109.

Table 109: Life Expectancy by Race and Ethnicity, Imperial County, 2011, 2019-2022

	2011	2019	2020	2021
Hispanic	83.46	79.91	78.60	77.71
White Non-Hispanic	77.79*	78.40	77.92	77.86

**Significantly different rate. Source: CDPH, Community Burden of Disease Engine.*

Mortality data provide a snapshot of current health problems, suggest persistent patterns of risk in specific communities, and show trends in specific causes of death over time. Many causes of death are preventable or treatable and therefore warrant the attention of prevention efforts. The age-adjusted death rate was significantly higher in Imperial County in 2020-2022 at 794.5 per 100,000 when compared with California at 669.2 per 100,000.[93] Also in 2020-2022, the age-adjusted death rate per 100,000 decreased for Imperial County by 11.7 percent, from 810.2 in 2002-2004 to 794.5 per 100,000. However, the death rate had decreased by 38.5 percent to a low of 573.6 per 100,000 in 2017-2019, until the COVID-19 pandemic worsened the death rate. A similar trend was seen statewide between 2017-2019 and 2020-2022 (see Table 110).

Table 110: Age-Adjusted Death Rate per 100,000, Imperial County and California

Three Year Estimates	Imperial County	California
2002-2004	810.2	758.1
2005-2007	713.4	712.9
2008-2010	631.4	655.9
2011-2013	610.2	634.0
2014-2016	605.6	615.9
2017-2019	573.6	602.7
2020-2022	794.5	669.2
Percent change between 2002-2004 and 2020-2022	-11.7%	-1.9%

Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Death, Disease, and Chronic Conditions

Leading Causes of Death

Since 2002-2004, other chronic conditions have increasingly been a cause of death, increasing 13 percent from 186.2 per 100,000 in 2002-2004 to 209.9 per 100,000 in 2020-2022. Communicable, maternal, perinatal, and nutritional conditions have increased from 41.8 per 100,000 in 2002-2004 to 207.0 per 100,000 in 2020-2022. All other causes of death have decreased, including cardiovascular disease, cancer/malignant neoplasms, perinatal conditions, and injury-related mortality (see Table 111).

[93] CDPH. California Community Burden of Disease Engine. Retrieved in April 2024. Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause of death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends.

Table 111: Leading Causes of Death Imperial County

	Age Adjusted Rate per 100,000						
Three Year Estimates	Other Chronic	Communicable Maternal, Perinatal, and Nutritional Conditions	Cardiovascular Diseases	Cancer/ Malignant Neoplasms	Injuries	Unknown/ Missing Value	Perinatal Conditions
2002-2004	186.2	41.8	303.2	176.7	74.2	24.6	3.6
2005-2007	189.1	36.2	248.7	163.9	69.5	3.8	2.4
2008-2010	174.3	31.8	215.2	139.9	52.5	15.1	2.7
2011-2013	160.7	38.4	219.4	126.7	54.9	8.1	2.1
2014-2016	164.5	54.6	188.8	123.6	64.6	7.1	2.4
2017-2019	170.8	43.5	174.3	114.1	66.6	1.7	2.6
2020-2022	209.9	207.0	176.1	105.1	71.9	22.6	1.8
Percent Change 2002-04 2020-22	12.73%	395.22%	-41.92%	40.52%	-3.10%	-8.13%	-50.0%
Percent Change 2017-19 2020-22	22.89%	375.86%	1.03%	7.89%	7.96%	1229.41%	-30.77%

Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

In 2022, COVID-19, heart disease, and Alzheimer's disease were the top three causes of death for Imperial County and California residents (see Table 112). They made up 31.4 percent of causes of death, followed by cardiovascular diseases (24.2%) and communicable, maternal, perinatal, and nutritional conditions (17.5%) (see Table 11).

Table 112: Top 10 Causes of Death, Imperial County, 2022

	Age-Adjusted Rate per 100,000 People, 2022		
	Imperial County	California	Number of Deaths in Imperial County
COVID-19	70.5	34.5	152
Ischemic Heart Disease	56.0	73.1	125
Alzheimer's Disease	43.7	57.6	104
Kidney Disease	32.0	18.4	73
Hypertensive Heart Disease	31.3	30.9	67
Ill-defined	28.5		53
Diabetes Mellitus	27.6	14.7	62
Stroke	27.4	35.9	61
Prostate Cancer	20.7	17.7	19
Congestive Heart Failure	19.9	34.5	43

Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024. Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause of death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends.

Table 113: Leading Causes of Death, Imperial County and California, 2022

Cause of Death	Imperial		California	
	Number of Deaths	Percent	Number of Deaths	Percent
Other chronic disease	460	31.4%	90,165	28.8%
Cardiovascular diseases	355	24.2%	94,057	30.0%
Communicable, maternal, perinatal, and nutritional conditions	256	17.5%	29,353	9.4%
Cancer/malignant neoplasms	203	13.8%	60,609	19.3%
Injuries	133	9.1%	35,237	11.2%
Unknown/missing Value	60	4.1%	2,790	0.9%
Perinatal conditions	*	0.0%	1,020	0.3%
Total	1,467	100.0%	313,231	100%

** All measures associated with counts < 11, as well as necessary complementary counts/measures are excluded for data de-identification purposes. Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.*

By Age

In Imperial County in 2020-2022, the leading causes of death among youth aged one to 24 were road injury accidents and neonatal conditions. Among adults aged 25 to 34, the leading causes of death were drug overdose and road injury. For adults aged 35 years old and older, the leading cause of death was COVID-19. Drug overdose and alcohol-related deaths were the second and third leading cause of death for adults aged 45 to 54 years old (see Table 114).

Table 114: Leading Causes of Death Across the Life Course, 2020-2022

Perinatal	Injury	Cardiovascular	Cancer	Communicable	Other Chronic

Ranking	Ages 0 to 4	Ages 5 to 14	Ages 15 to 24	Ages 25 to 34	Ages 35 to 44	Ages 45 to 54
1	Neonatal Conditions -- 11	--	Road Injury -- 11	Drug Overdose -- 24	COVID-19 -- 38	COVID-19 -- 62
2	--	--	--	Road Injury -- 12	Drug Overdose -- 27	Drug Overdose -- 35
3	--	--	--	--	--	Alcohol-Related -- 16
4	--	--	--	--	--	Road Injury -- 15
5	--	--	--	--	--	Diabetes Mellitus -- 11
6	--	--	--	--	--	Liver Cirrhosis (non-alcohol) -- 11
7	There were no additional data.					

Ranking	Ages 55 to 64	Ages 65 to 74	Ages 75 to 84	Ages 85+
1	COVID-19 -- 184	COVID-19 -- 260	COVID-19 -- 243	Alzheimer's Disease -- 244
2	Ischemic Heart Disease -- 62	Ischemic Heart Disease -- 125	Ischemic Heart Disease -- 116	COVID-19 -- 228
3	Hypertensive Heart Disease -- 29	Hypertensive Heart Disease -- 51	Alzheimer's Disease -- 75	Ischemic Heart Disease -- 132
4	Kidney Diseases -- 28	Diabetes Mellitus -- 46	Kidney Diseases -- 49	Hypertensive Heart Disease -- 78
5	Breast Cancer -- 14	Kidney Diseases -- 41	Hypertensive Heart Disease -- 47	Kidney Diseases -- 73
6	Stroke -- 25	Prostate Cancer -- 16	Diabetes Mellitus -- 47	Stroke -- 65
7	Drug Overdose -- 25	Stroke -- 34	COPD -- 44	Congestive Heart Failure -- 43
8	Lung Cancer -- 24	Alzheimer's Disease -- 28	Stroke -- 41	Diabetes Mellitus -- 42
9	Diabetes Mellitus -- 23	Lung Cancer -- 27	Lung Cancer -- 33	COPD -- 40
10	Colon and Rectum Cancers -- 21	Breast Cancer -- 14	Other Malignant Neoplasms -- 32	Prostate Cancer -- 13

Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Years of life lost (YLL) estimates the years of potential life lost due to premature deaths.[94] YLL can be used in public health planning to compare the relative importance of different causes of premature deaths within a given population, to set priorities for prevention, and to compare the premature mortality experience between populations. The number of years lost across the number of deaths that occurred in 2022 was highest due to COVID-19, with YLL of 540.7 years, followed by drug overdose at 522.4 years, and road injury at 421.8 years (see Table 115).

Table 115: Years of Life Lost, Imperial County, 2022

	Years of Life Lost, 2022
COVID-19	530.7
Drug Overdose	522.4
Road Injury	421.8
Ischemic Heart Disease	274.1
Homicide	223.4
Alcohol-related	216.6
Hypertensive Heart Disease	207.3
Other Unintentional Injuries	198.5
Stroke	190.2
Congestive Heart Failure	130.6

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

[94] YLL takes into account the age at which deaths occur, giving greater weight to deaths at a younger age and lower weight to deaths at older age.

Cancer

The number of cancer-related deaths has continually declined in Imperial County, with a decrease from 176.7 deaths per 100,000 in 2002-2004 to 105.1 deaths per 100,000 in 2020–2022. Lung cancer is the leading cause of cancer-related death at 33.4 deaths per 100,000 people in 2020-2022. However, deaths due to lung cancer improved the most, decreasing 62 percent from 88.1 per 100,000 people in 2002-2004. Additionally, deaths due to prostate, breast, and colorectal cancers also decreased during this period (see Table 116).

Table 116: Leading Types of Cancer Deaths, Imperial County

	Age-Adjusted Cancer Deaths per 100,000 by Type					
Three Year Estimates	Cancer/ Malignant Neoplasms	Lung Cancer	Prostate Cancer	Breast Cancer	Colorectal Cancer	Melanoma
2002-2004	176.7	88.1	32.2	23.2	15.5	*
2005-2007	163.9	71.2	18.8	20.0	16.6	2.8
2008-2010	139.9	60.8	25.6	17.9	11.1	2.5
2011-2013	126.7	49.7	22.9	17.0	11.5	*
2014-2016	123.6	45.2	19.0	12.4	10.2	2.6
2017-2019	114.1	33.3	13.7	14.1	12.6	1.9
2020-2022	105.1	33.4	17.2	14.9	10.2	1.7
Percent Change 2002-2004 to 2020-2022	-40%	-62%	-46%	-36%	-34%	N/A

*Source: * All measures associated with counts < 11, as well as necessary complementary counts/measures are excluded for data de-identification purposes. Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.*

Cancer Prevalence

A total of 6.9 percent of surveyed adults reported having ever been diagnosed with cancer. The most common types included breast cancer at 23.1 percent, skin cancer at 21.6 percent, and prostate cancer at 14.6 percent. This rate was lower than the findings of the entire state of California (9.8%) and the nation (10%). Cancer prevalence was most often reported among White respondents (20.6%) and increased substantially with the age of the surveyed adults (see Table 117).

Table 117: Prevalence of Cancer by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**6.9%**	**Very low income**	4.3%	**Hispanic**	4.6%
Women	7.5%	**Low income**	8.3%	**White**	20.6%
Men	6.3%	**Middle/high Income**	7.5%	**Diverse Races**	5.7%
18 to 39	1.2%	**LGBTQIA+**	3.6%		
40 to 64	7.4%				
65+	21.5%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 25]. Asked of all respondents.

Regionally, Central Imperial County had the highest prevalence of cancer at 8.0 percent of surveyed adults. The Far North region had the lowest cancer prevalence among surveyed adults at 2.8 percent, as depicted in Table 118 below.

Table 118: Prevalence of Cancer by Region, Imperial County, 2022

	Cancer
Central (n=763)	8.0%
Far North (n=199)	2.8%
North (n=338)	6.6%
South (n=447)	6.8%
Imperial County (n=1,747)	**6.9%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 25]. Asked of all respondents.

Cancer Screening and Prevention

The American Cancer Society recommends that both men and women are screened for cancer during regular checkups with a doctor. This should include examinations for cancers of the thyroid, testicles, ovaries, lymph nodes, mouth, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC survey relative to three cancers: female breast cancer (mammography), cervical cancer (pap smear/HPV testing), and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

- Female Breast Cancer Screening: Among surveyed women aged 50-74, 70.2 percent had a mammogram within the past two years. This rate was lower than California at 76.3 percent.
- Cervical Cancer Screening: Among surveyed women aged 21-65, 74.3 percent had been screened for cervical cancer. This rate was lower than California at 79.3 percent.
- Colorectal Cancer Screening: Among all surveyed adults aged 50-75, 66.4 percent had been screened for colorectal cancer. This rate was higher than California's at 69.5 percent, but lower than the nationwide percentage of 77.4 percent (see Table 119).

Table 119: Cancer Screening Rates, Imperial County, California and United States, 2022

	Imperial County	California	United States
Breast Cancer Screening	70.2%	76.3%	76.1%
Cervical Cancer Screening	74.3%	79.3%	63.8%
Colorectal Cancer Screening	66.4%	59.5%	77.4%

Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]. Each indicator is shown among the gender and/or age group specified.

By Region:

- Female Breast Cancer Screening: The lowest rates of breast cancer screening occurred in the North (67.9%) and Central (68%) regions, below the Imperial County overall rate.
- Cervical Cancer Screening: The lowest rate of cervical cancer screening occurred in the Far North region (62.7%), also below the Imperial County overall rate.
- Colorectal Cancer Screening: The lowest rates of colorectal cancer screening occurred in the South (61.6%) and Far North (57%) regions, below the Imperial County overall rate (see Table 120).

Table 120: Cancer Screening Rates by Region, Imperial County, 2022

	Breast Cancer Screening (Females Aged 50-74)	Cervical Cancer Screening (Females Aged 21-65)	Colorectal Cancer Screening (Males Aged 50-75)
Central	68.0% (n=109)	78.0% (n=248)	69.0% (n=254)
Far North	73.7% (n=13)	62.7% (n=64)	57.0% (n=32)
North	67.9% (n=51)	74.7% (n=100)	69.3% (n=109)
South	74.0% (n=84)	72.7% (n=150)	61.6% (n=140)
Imperial County	**70.2% (N=257)**	**74.3% (N=561)**	**66.4% (N=535)**

Number of survey respondents per age group. Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 116-118]. Each indicator is shown among the gender and/or age group specified.

Injury and Violence

Improving community health requires counting injury and violence among preventable public health issues, then taking a comprehensive approach to mitigating their impact. Similar to infectious diseases, injuries, and violence are preventable through interventions and community-based measures. Tracking and analyzing data on injuries and violence helps identify patterns, risk factors, and areas with high burdens. Additionally, examining individual, social, and environmental factors that contribute to injury and violence risk helps develop targeted prevention and intervention efforts.

Injuries can be broadly placed into one of two intent-based categories:

- **Unintentional injuries.** These occur without any deliberate intent to harm oneself or others. These injuries often result from unforeseen or accidental circumstances and include motor vehicle accidents (e.g., car crashes, pedestrian accidents, and bicycle accidents), falls (e.g., slips, trips, and falls at home, at work, or in public places), burns, poisoning (e.g., accidental ingestion or exposure to toxic substances, including drug overdoses), drowning, or choking.
- **Intentional injuries (violent injuries).** These result from deliberate acts with the intent to harm oneself or others. These injuries are often associated with violence and aggression. Some common examples include assault, homicide, suicide, child abuse, domestic violence, sexual assault, workplace violence, gang violence, or terrorism.

It is important to note that some injuries fall into the gray area between unintentional and intentional, such as incidents resulting from reckless or negligent behavior that does not necessarily involve direct intent to harm, but rather a disregard for safety. Efforts to prevent and address unintentional and intentional injuries may differ, as they often require distinct strategies and interventions. Public health measures often focus on preventing unintentional injuries through education, safety regulations, and awareness campaigns, whereas addressing intentional injuries involves law enforcement, social services, and mental health support.

Injury by Intent and Type

In 2020-2022, the age-adjusted injury death rate of 71.9 per 100,000 people (397 deaths) was lower in Imperial County than in California, where it was 81.7 deaths per 100,000 people. Imperial County experienced a decreasing trend in injuries between 2002-2004 and 2020-2022, while the injury-related death rate increased statewide. In Imperial County, the rate decreased by 3 percent, from 74.2 deaths per 100,000 people in 2002-2004 (282 deaths) to 71.9 deaths per 100,000 people in 2020-2022. In California, the rate increased 35 percent, from 60.9 deaths per 100,000 in 2002-2004 to 81.7 deaths per 100,000 people in 2020-2022. While there was a decreasing trend in Imperial County during this period,

there was an increase of 8.0 percent in injury deaths between 2017-2019 and 2020-2022, from 66.6 deaths to 71.9 deaths per 100,000 (i.e., 369 deaths to 397 deaths).

The suicide rate in Imperial County decreased in 2022 and was lower when compared to California. In 2022, the suicide rate in Imperial County was 5.5 deaths per 100,00 people (31 deaths) compared to a rate of 10.1 deaths per 100,000 people in California.

From 2020-2022, the homicide death rate was 6.4 per 100,000 people (35 deaths), which was similar to the 6.5 deaths per 100,000 people in California in that same period. The rate in Imperial County increased 26 percent between 2002-2004 and 2020-2022, and decreased in California, from 7.0 deaths per 100,000 people in 2002-2004 to 6.5 deaths per 100,000 people in 2020-2022 (see Table 121).

Table 121: Injury Death by Intent and Year, Imperial County and California

	Age-Adjusted Rate per 100,000					
Year	**Imperial County**			**California**		
	All Injuries	**Suicide**	**Homicide**	**All Injuries**	**Suicide**	**Homicide**
2002-2004	74.2	6.9	5.1	60.9	9.7	7.0
2005-2007	69.5	7.8	3.8	60.9	9.3	6.9
2008-2010	52.5	5.5	2.9	56.0	10.1	5.7
2011-2013	54.9	7.7	2.6	55.1	10.1	5.2
2014-2016	64.6	8.3	2.1	59.7	10.5	5.3
2017-2019	66.6	7.0	5.8	63.9	10.7	5.1
2020-2022	71.9	5.5	6.4	81.7	10.1	6.5
% Change 2002-04 to 2020-22	-3.0%	-20.0%	26%	+34.0%	+4%	-8%
% Change 2017-19 to 2020-22	+8.0%	-21.5%	-8%	+28.0%	-6.0%	+25.7%

Source: Source: Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Drug overdose was the lead cause of unintentional injury in both Imperial County and California in 2020-2022. Drug overdoses were responsible for 125 deaths in Imperial County at a rate of 23.8 deaths per 100,000, comparable to California at 25.6 deaths per 100,000. An examination revealed that the higher rate can be partly attributed to higher rates of injury due to fire, heat and hot substances, drowning, exposure to mechanical forces, and/or deaths caused by natural disasters. In 2020-2022 in Imperial County, the age-adjusted death rate per 100,000 people for these kinds of injuries was 8.6 (50 deaths) compared to 5 deaths per 100,000 people throughout the state of California (see Table 122).

Table 122: Leading Causes of Unintentional Injury Deaths, Imperial County and California, 2020-2022

Death by Type	Age Adjusted Rate per 100,000	
	Imperial County	California
Drug overdose	23.8 (125 deaths)	25.6
Road injury	13.1 (72 deaths)	12.4
Alcohol-related	9.3 (51 deaths)	15.2
Other unintentional injuries [1]	8.6 (50 deaths)	5.0
Falls	4.4 (28 deaths)	6.0

[1] Includes fire, heat and hot substances, downing, exposure to mechanical forces, and natural disaster causes of death. Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

While the overall injury death rate in Imperial County decreased slightly between 2002-2004 and 2020-2022, there were increases in deaths due to drug overdose, homicide, and alcohol-related injuries.

- Drug overdose: 6.2 deaths per 100,000 in 2002-2004 to 23.8 deaths per 100,000 in 2020-2022 (125 deaths)
- Homicide: 5.1 deaths per 100,000 in 2002-2004 to 6.4 deaths per 100,000 in 2020-2022 (35 deaths)
- Alcohol-related: 8.7 deaths per 100,000 in 2002-2004 to 9.3 deaths per 100,000 in 2020-2022 (51 deaths)

During this same period, there were improvements in deaths due to falls, suicide, road injury, and other unintentional injuries (e.g., fire, heat, hot substances, drowning, exposure to mechanical forces, and injuries caused by natural disasters) (see Table 123).

Table 123: Injury Deaths by Cause, Imperial County

	Age Adjusted Rate per 100,000		
	2002-2004	2020-2022	Percent Change
Injuries	74.2	71.9	-3.1%
Drug Overdose	6.2	23.8	283.9%
Homicide	5.1	6.4	25.5%
Alcohol-related	8.7	9.3	6.9%
Falls	4.8	4.4	-8.3%
Suicide	6.9	5.5	-20.3%
Road Injury	22.3	13.1	-41.3%
Other Unintentional Injuries	19.2	8.6	-55.2%

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Drug-Overdose Death

Drug overdose death rates increased in Imperial County between 2002 and 2022, from 6.2 deaths per 100,000 people in 2002-2004 to 23.8 deaths per 100,000 people in 2020-2022.[95] The following tables break down drug-overdose deaths in Imperial County by gender, race, ethnicity, and age from 2002-2004 through 2020 – 20222 (see Table 124).

Table 124: Age-Adjusted Death Rate per 100,000 for Drug Overdose by Gender and Year, Imperial County

	Male (# of deaths; Mean age)	Female (# of deaths; Mean age)	Percent of Deaths (Male)
2002-2004	*	*	*
2005-2007	*	*	*
2008-2010	*	*	*
2011-2013	18.4 (49 deaths, 44.6 years)	8.2 (20 deaths, 50.8 years)	71.0%
2014-2016	27.6 (70 deaths, 44.7 years)	12.0 (31 deaths, 52.0 years)	69.3%
2017-2019	28.0 (72 deaths, 47.2 years)	11.4 (28 deaths, 46.5 years)	72.0%
2020-2022	40.7 (109 deaths, 45.7 years)	6.4 (16 deaths, 47.5 years)	87.2%

** All measures associated with counts < 11, as well as necessary complementary counts/measures, are excluded for data de-identification purposes. Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.*

The rate of drug overdose deaths was higher among White Imperial County residents when compared to Hispanic residents, with this trend remaining consistent since 2002-2004. However, the number of deaths is greater among Hispanic residents. Hispanic residents represented more than half of the drug overdose deaths in Imperial County between 2008-2010 and 2017-2019. At 40 to 46 years of age, the mean age at the time of death was younger among Hispanic residents, with drug overdose as the cause of death between 2002-2004 and 2020-2022. The mean age among White residents was older, ranging from 44 to 54 years old (see Table 125).

Table 125: Age-Adjusted Death Rate per 100,000 for Drug Overdose by Race/Ethnicity, Imperial County

	Hispanic (Rate and # of deaths; Mean age)	White (Rate and # of Deaths; Mean Age)	Percent of Deaths (Hispanic)
2002-2004	4.9 (15 deaths, 41 years)	*	100.0%*
2005-2007	8.5 (29 deaths, 40 years)	*	100.0%*
2008-2010	7.1 (26 deaths, 43 years)	17.7 (13 deaths, 44 years)	66.7%
2011-2013	10.1 (41 deaths, 41 years)	26.5 (23 deaths, 54 years)	64.1%
2014-2016	15.7 (61 deaths, 44 years)	36.8 (29 deaths, 52 years)	67.8%
2017-2019	15.1 (61 deaths, 46 years)	47.9 (33 deaths, 49 years)	64.9%
2020-2022	20.1 (86 deaths, 43 years)	*	100.0%*

** All measures associated with counts < 11, as well as necessary complementary counts/measures, are excluded for data de-identification purposes. Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.*

[95] The "Drug overdose (poisoning/substance use disorders)" condition includes "accidental poisonings by drugs" codes (X40-X44) and "substance use disorder codes" (F11-F16, F18, F19), but not alcohol use disorder (F10) which is included in the separate detailed level "Alcohol use disorders" condition, which includes "newborn (suspected to be) affected by maternal use of drugs of addiction" (P044).

According to the data, people who are between 25 and 64 years of age have the highest burden of drug overdose deaths (see Table 126).

Table 126: Crude Adjusted Death Rate per 100,000 for Substance Use by Age, Imperial County

	Imperial County		
Age	**2002-2004**	**2017-2019**	**2020-2022**
0 - 4	*	*	*
15 - 24	*	*	*
25 - 34	*	13.9 (11 deaths)	28.5 (24 deaths)
35 - 44	16.2 (11 deaths)	42.5 (28 deaths)	41.0 (27 deaths)
45 - 54	*	42.9 (27 deaths)	57.7 (35 deaths)
55 - 64	*	34.7 (21 deaths)	42.0 (25 deaths)
65 - 74	*	*	*
75 - 84	*	*	*
85+	*	*	*

** All measures associated with counts < 11, as well as necessary complementary counts/measures, are excluded for data de-identification purposes. Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.*

Violent Crime

Crime and neighborhood safety play a crucial role in community health as they have far-reaching effects on the well-being of residents. Safer neighborhoods with lower crime rates promote better mental and physical health outcomes. Reduced exposure to violence and crime-related stressors inevitably lead to lower levels of anxiety and trauma among community members, contributing to improved mental health. Additionally, a safer environment encourages outdoor activities, exercise, and social interactions, which are key components of physical well-being. Moreover, lower crime rates can foster a sense of trust and social cohesion within a community, which in turn can positively influence social support networks and access to resources like healthcare and education. Crime and neighborhood safety are integral to the overall health and vitality of a community, impacting not only physical safety but also mental and social well-being.

The number of reported crimes decreased between 2013 and 2022, from 6,215 crimes to 3,509 reported crimes, respectively. However, the proportion of reported crimes that were considered violent increased. In 2022, 15 percent of reported crimes were violent compared to 8.3 percent of crimes in 2013 (see Table 127).

Table 127: Type of Crime Reported, Imperial County, 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Crimes	6,215	6,119	6,762	5,871	5,464	4,938	4,065	3,966	3,768	3,509
Violent Crimes	8.3%	9.5%	10.7%	11.5%	11.5%	13.1%	14.5%	14.7%	14.9%	15.0%
Property Crimes	91.7%	90.5%	89.3%	88.5%	88.5%	86.9%	85.5%	85.3%	85.1%	85.0%

Source: California Department of Justice, Openjustice.doj.ca.gov. Retrieved in April 2024.

In the last 10 years, approximately three out of every four reported violent crimes were aggravated assaults. Additionally, the proportion of reported rape and homicide increased (see Table 128).

Table 128: Type of Violent Crime Reported, Imperial County, 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Total Violent Crimes Report	517	583	723	676	628	645	589	582	560	527
Aggravated Assault	74.3%	74.4%	79.0%	77.1%	77.9%	80.0%	80.5%	79.6%	77.9%	75.5%
Robbery	19.7%	19.4%	17.0%	17.5%	13.9%	12.9%	13.6%	13.7%	15.5%	13.1%
Rape	5.6%	5.7%	3.7%	5.0%	7.2%	6.2%	4.8%	5.5%	4.1%	9.3%
Homicide	0.4%	0.5%	0.3%	0.4%	1.1%	0.9%	1.2%	1.2%	2.5%	2.1%

Source: California Department of Justice, Openjustice.doj.ca.gov. Retrieved in April 2024.

The 10-year violent crime rate in Imperial County increased 15.2 percent in 2022, from 254.2 crimes per 100,000 people in 2011 to 292.9 crimes per 100,000 people. The violent crime rate also increased statewide across California, going from 411.2 crimes per 100,000 in 2011 to 499.5 crimes per 100,000 in 2022 – an increase of 21.5 percent (see Table 129).

Table 129: Violent Crime Rate per 100,000, Imperial County, California and United States, 2011-2022

	Imperial County	California	United States
2011	254.2	411.2	387.1
2012	276.1	423.5	387.8
2013	290.1	402.6	369.1
2014	327.1	396.4	361.6
2015	405.7	428.0	373.7
2016	379.3	444.8	397.5
2017	352.4	453.3	394.9
2018	361.9	447.5	383.4
2019	330.5	442.1	380.8
2020	326.6	442.0	398.5
2021	n/a	481.2	387.0
2022	292.9	499.5	380.7
Percent Change 2011 to 2022	**15.2%**	**21.5%**	**-1.6%**

Note: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery. Source: Federal Bureau of Investigation, Crime Data Explorer.

Arrests

Between 2018 and 2022, there were a total of 1,987 violent crime arrests and 988 property crime arrests. Hispanic residents in Imperial County represent three out of every four violent and property crime arrests (see Table 130).

Table 130: Arrests Based on Type by Race and Ethnicity, Imperial County, 2018-2022

	Black		Hispanic		Other		White	
	Percentage of Arrests	Percentage of Non-Hispanic Black Population	Percentage of Arrests	Percentage of Population	Percentage of Arrests	Percentage of Population	Percentage of Arrests	Percentage of Non-Hispanic White Population
Violent Crime	5.5%	2.3%	74.3%	85.4%	4.7%		15.6%	9.6%
Property Crime	5.4%		73.7%		2.4%		18.5	

Note: Crimes related to violence (yearly rate). Includes homicide, criminal sexual assault, robbery, aggravated assault, and aggravated battery. Source: Federal Bureau of Investigation, Crime Data Explorer.

Community Violence

A total of 4.2 percent of surveyed Imperial County adults acknowledge being the victim of a violent crime in the past five years, which was lower than found nationally at 6.2 percent. Being the victim of a violent crime was more often reported among adults younger than 65, particularly those aged 18 to 39 (6.1%), as well as LGBTQIA+ respondents (12.5%) (see Table 131).

Table 131: Demographic Characteristics of Victims Who Experienced Violent Crime in the Past 5 Years, Imperial County

	Percentage		Percentage		Percentage
Imperial County	**4.2%**	**Very Low Income**	6.2%	**Hispanic**	3.8%
Women	5.0%	**Low Income**	2.9%	**White**	2.8%
Men	3.3%	**Mid/High Income**	3.2%	**Diverse Races**	8.3%
18 to 39	6.1%	**LGBTQIA+**	12.5%		
40 to 64	3.5%				
65+	1.0%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 38]. Asked of all respondents.

Imperial County residents living in the Far North region were most likely to report being a victim of a violent crime in the past five years (11.6%); nearly three times higher than the average Imperial County rate (4.2%) (see Table 132).

Table 132: Victims Who Experienced Violent Crime in the Past Five Years

Region	Yes
Central (n=763)	4.1%
Far North (n=199)	11.6%
North (n=338)	2.8%
South (n=447)	2.2%
Imperial County (N=1,747)	**4.2%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 38]. Asked of all respondents.

Intimate Partner Violence

A total of 13.7 percent of Imperial County PRC survey respondents acknowledge that they have been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner, which is similar to the national percentage.[96] Domestic Violence-Related Calls for Assistance are reported by various law enforcement agencies throughout California monthly.[97] Between 2018-2022, there were approximately 560 DVRCA calls per year, or 3.1 calls per 1,000 residents. By city/town, the number of DVRCA per 1,000 residents ranged from a low of 0.6 DVRCA per 1,000 by the Imperial County Sheriff's Department to a high of 9.0 DCRCAs per 1,000 residents in Westmorland (see Table 133).

Table 133: Domestic Violence-Related Calls for Assistance per 1,000, 2018-2022

Region	DVRCA per 1,000	Average Annual Number of DVRCA (2018-2022)	2018-2022 Population
Westmorland	9.0	18	2,010
El Centro	5.0	219	44,184
Brawley	4.2	111	26,509
Calexico	2.1	83	38,599
Holtville	1.9	11	5,620
Imperial	1.0	20	20,430
Imperial County Sheriff's Department	0.6	105	179,578
Imperial County	**3.1**	**560**	**179,578**

Source: California Department of Justice, Openjustice.doj.ca.gov. Retrieved in April 2024.

Chronic Conditions

Chronic diseases are defined broadly as conditions that last at least one year and require ongoing medical attention, limit activities of daily living, or both.

The percentage of adults ages 18 and older in Imperial County who have one or more chronic conditions, including lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression, was notably higher than the statewide rate in California. In 2022, 84 percent of adults in Imperial County had

[96] Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner." 2022 PRC Community Health Survey, PRC, Inc. [Item 39]. 2020 PRC National Health Survey, PRC, Inc. Asked of all respondents.

[97] The DVRCA data set provides summary statistical data on the total number of domestic violence related calls for assistance received by the LEAs, the number of cases involving weapons, and the type of weapon used during the reported incident.

at least one chronic condition,[98] with 40.2 percent of respondents reporting three or more chronic conditions, which was higher than the nationwide rate of 32.5 percent. These chronic conditions were reported by 50.6 percent of White respondents and 56.7 percent of respondents of diverse races. There was a strong correlation with age, with two in three older adults (66.6%) reporting three or more chronic conditions, compared to one in four (25.3%) adults between 18 and 39 years of age (see Table 134).

Table 134: Demographic Characteristics of Individuals with Three or More Chronic Conditions, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**40.2%**	**Very Low Income**	42.7%	**Hispanic**	37.2%
Women	37.8%	**Low Income**	39.2%	**White**	50.6%
Men	42.3%	**Mid/High Income**	38.6%	**Diverse Races**	56.7%
18 to 39	25.3%	**LGBTQIA+**	38.6%		
40 to 64	46.6%				
65+	66.6%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 123]. Asked of all respondents.

Adult survey respondents in the Far North (46.9%) of Imperial County reported three or more chronic conditions, followed by the North (42.5%), the South (41.3%), and the Central (36.9%) regions (see Table 135).

Table 135: Individuals with Three or More Chronic Conditions by Region, Imperial County, 2022

Region	None	One	Two	Three/More
Central (n=763)	18.7%	27.4%	17.1%	36.9%
Far North (n=199)	17.9%	23.2%	12.0%	46.9%
North (n=338)	10.7%	25.5%	21.3%	42.5%
South (n=447)	14.6%	23.7%	20.4%	41.3%
Imperial County (N=1,747)	**16.0%**	**25.6%**	**18.2%**	**40.2%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 123]. Asked of all respondents.

Cardiovascular Disease

Heart disease and stroke can result in poor quality of life, disability, and death. Heart disease is the leading cause of death in the United States, with stroke as the fifth leading cause. Though both diseases are common, they can often be prevented by controlling risk factors such as high blood pressure and high cholesterol through treatment. In addition, making sure that people who experience a cardiovascular emergency (stroke, heart attack, or cardiac arrest) receive timely recommended treatment can reduce their risk for long-term disability and mortality. Teaching people to recognize symptoms is key in helping more people get the treatment they need.[99]

Cardiovascular disease, as previously reported in Table 111, decreased from 303.2 deaths per 100,000 people in 2002-2004 to 176.1 deaths per 100,000 people in 2020-2022. Hispanic Imperial County residents were significantly less likely to die from cardiovascular diseases at 159 deaths per 100,000,

[98] 2022 PRC Community Health Survey, PRC, Inc. [Item 123]. Asked of all respondents. In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

[99] Healthy People 2030 (https://health.gov/healthypeople)

compared to Black residents at 314.4 deaths per 100,000, and White residents at 224.8 deaths per 100,000 in the same county.

Heart Disease Deaths

Heart disease refers to any problem affecting the heart, such as coronary artery disease, arrhythmia, and heart failure. In Imperial County, the age-adjusted hypertensive heart disease death rate as a result of chronic blood pressure elevation was 34.4 deaths per 100,000 in 2020-2022, an increase of 62.2 percent from 21.2 deaths per 100,000 in 2002-2004. The rate of ischemic heart disease, a condition in which blood flow and oxygen is restricted or reduced in a part of the body, decreased 56.3 percent during this same time, from 159.8 deaths per 100,000 to 69.9 deaths per 100,000. The mean age at the time of death due to heart disease was younger in Imperial County (75 to 76 years of age) when compared to California (77 years to 78 years of age) (see Table 136).

Table 136: Age-Adjusted Heart Disease Death Rates, Imperial County and California

	Imperial County (# of Deaths; Mean Age)		California (Mean Age)	
	Hypertensive Heart Disease	Ischemic Heart Disease	Hypertensive Heart Disease	Ischemic Heart Disease
2002-2004	21.2 (68 deaths, 75.5 years)	159.8 (509 deaths, 77.1 years)	23.1 (76.0 years)	166.8 (78.7 years)
2005-2007	20.9 (76 deaths, 73.0 years)	133.7 (491 deaths, 75.8 years)	23.9 (76.9 years)	140.0 (78.6 years)
2008-2010	30.4 (129 deaths, 74.2 years)	93.8 (398 deaths, 75.6 years)	23.3 (77.2 years)	114.9 (78.6 years)
2011-2013	29.8 (145 deaths, 78.2 years)	111.6 (533 deaths, 77.0 years)	24.7 (78.3 years)	102.5 (78.7 years)
2014-2016	34.0 (187 deaths, 72.9 years)	88.4 (474 deaths, 76.1 years)	25.6 (78.1 years)	90.3 (78.2 years)
2017-2019	38.2 (232 deaths, 74.9 years)	68.3 (405 deaths, 75.7 years)	27.9 (78.7 years)	82.3 (78.0 years)
2020-2022	34.4 (222 deaths, 76.4 years)	69.9 (452 deaths, 76.3 years)	30.6 (78.5 years)	77.2 (77.3 years)
Percent change	**+62.2%**	**-56.3%**	**+32.5%**	**-53.7%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Stroke

Between 2020 and 2022, the age-adjusted stroke death rate in Imperial County was 27.3 deaths per 100,000 people. This rate was lower than that of California, at 37.0 deaths per 100,000 people. Since 2002-2004, the stroke death rate has decreased in both Imperial County specifically and California as a whole, with the larger decrease (58.7%) in Imperial County, going from 66.0 deaths per 100,000 in 2002-2004 to 27.3 deaths per 100,000 in 2020-2022. The decrease in California was 35.6 percent, from 57.5 deaths per 100,000 in 2002-2004. Adults in Imperial County died at a younger age of 76.8 years compared to wider California, with a mean age of 79.6 years between 2002-2004 and 2020-2022 (see Table 137).

Table 137: Age-Adjusted Stroke Death Rates, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	66.0 (200 deaths, 79.4 years)	57.5 (79.5 years)
2005-2007	43.2 (158 deaths, 75.6 years)	45.5 (78.8 years)
2008-2010	45.1 (186 deaths, 78.3 years)	38.7 (78.9 years)
2011-2013	35.3 (168 deaths, 76.3 years)	35.4 (79.3 years)
2014-2016	29.5 (157 deaths, 77.8 years)	35.9 (79.9 years)
2017-2019	28.2 (165 deaths, 76.4 years)	37.0 (80.3 years)
2020-2022	27.3 (177 deaths, 75.8 years)	37.0 (80.1 years)
Percent change	**-58.7%**	**-35.6%**

Source: Data for 2022 are not yet final. Number of deaths are likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

The prevalence of heart disease and stroke among PRC survey respondents was as follows:

- A total of 6 percent of surveyed adults reported that they currently suffered from or had been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack. This rate increased sharply with age, with 16.9 percent of respondents 65 years of age and older having been diagnosed with heart disease, compared to 7 percent of adults aged 40 to 64 years and 1.2 percent of adults aged 18 to 39 years.[100]
- A total of 3.5 percent of surveyed adults reported that they currently suffered from or had been diagnosed with cerebrovascular disease (a stroke). This rate also increased sharply with age, with 7.7 percent of respondents 65 years of age and older having been diagnosed with cerebrovascular disease, compared to 4.6 percent of adults aged 40 to 64 years and 1.1 percent of adults aged 18 to 39 years.[101]

The South region of Imperial County had the most surveyed adults who reported having been diagnosed with heart disease (7.4%) and who reported having been diagnosed with stroke (5.2%) (see Table 138).

Table 138: Prevalence of Heart Disease and Stroke by Region, Imperial County, 2022

Region	Prevalence of Heart Disease (Heart Attack/Angina/Coronary Disease)	Prevalence of Stroke
Central (n=763)	6.1%	3.6%
Far North (n=199)	5.2%	4.1%
North (n=338)	4.2%	0.6%
South (n=447)	7.4%	5.2%
Imperial County (N=1,747)	**6.0%**	**3.5%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 29][Item 114].

[100] 2022 PRC Community Health Survey, PRC, Inc. [Item 114]. Asked of all respondents.
[101] 2022 PRC Community Health Survey, PRC, Inc. [Item 29]. Asked of all respondents.

Cardiovascular Risk Factors

In 2022, a total of 42 percent of PRC survey respondents had been told by a health professional at some point that their blood pressure was high. This rate was higher in Imperial County when compared to California (27.8%) and the United States (36.9%). A total of 36.8 percent of respondents had been told by a health professional that their cholesterol level was high, which was higher than the wider United States, at 32.7 percent.[102]

Total cardiovascular risk reflects the individual-level risk factors that put a person at increased risk for cardiovascular disease, including:

- High blood pressure
- High blood cholesterol
- Cigarette smoking
- Physical inactivity
- Being overweight/obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical for preventing and controlling cardiovascular disease. In 2022, a total of 92.3 percent of surveyed Imperial County adults reported one or more of the cardiovascular risk factors listed above. This rate was worse than the wider United States (84.6%).[103] Cardiovascular risk factors were more often reported among men, adults aged 40 and older, those with low incomes, and respondents of diverse races (see Table 1394

Table 139: Presence of One or More Cardiovascular Risks or Behaviors by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**92.3%**	**Very Low Income**	92.4%	**Hispanic**	92.3%
Women	89.8%	**Low Income**	95.0%	**White**	91.0%
Men	95.2%	**Mid/High Income**	91.2%	**Diverse Races**	96.9%
18 to 39	88.1%	**LGBTQIA+**	90.8%		
40 to 64	94.2%				
65+	99.2%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 115]. Asked of all respondents.

At 93.7 percent and 93.8 percent respectively, the Far North and North regions of Imperial County were slightly above the countywide rate of 92.3 percent (see Table 140).

[102] 2022 PRC Community Health Survey, PRC, Inc. [Items 35-36]. Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 California data.2020 PRC National Health Survey, PRC, Inc. US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

[103] 2022 PRC Community Health Survey, PRC, Inc. [Item 115]. 2020 PRC National Health Survey, PRC, Inc. Asked of all respondents.

Table 140: Presence of One or More Cardiovascular Risks or Behaviors by Region, Imperial County, 2022

Region	One or More Cardiovascular Risks or Behaviors
Central (n=763)	92.2%
Far North (n=199)	93.7%
North (n=338)	93.8%
South (n=447)	90.7%
Imperial County (N=1,747)	**92.3%**

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 115]. Asked of all respondents.

Alzheimer's and Dementia

In 2020-2022, the age-adjusted Alzheimer's disease deaths per 100,000 was lower in Imperial County (at 50.6 deaths per 100,000) than in California (at 58.2 deaths per 100,000). This rate in Imperial County had increased by 160 percent from 19.4 deaths per 100,000 in 2002-2004, which was faster than in California at an 86 percent increase from 31.2 deaths per 100,000. Adults with Alzheimer's disease in Imperial County were living one year less than adults statewide, with a mean age at the time of death of 85.8 years old, compared to 86.9 years old in California (see Table 141).

Table 141: Age-Adjusted Alzheimer's Disease Deaths, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	19.4 (55 deaths, 83.4 years)	31.2 (86.1 years)
2005-2007	22.6 (73 deaths, 85.1 years)	40.1 (86.6 years)
2008-2010	28.4 (111 deaths, 85.1 years)	47.7 (86.9 years)
2011-2013	27.5 (128 deaths, 84.9 years)	54.3 (87.3 years)
2014-2016	24.3 (132 deaths, 86.2 years)	56.1 (87.6 years)
2017-2019	32.0 (198 deaths, 87.9 years)	56.5 (87.6 years)
2020-2022	50.6 (352 deaths, 87.0 years)	58.2 (87.4 years)
Percent change	**+160%**	**+86%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

In 2020-2022, Hispanic/Latino Imperial County residents, at a rate of 55.8 deaths per 100,000, were more likely to die from Alzheimer's disease and other dementias when compared to White Imperial County residents, at a rate of 40.1 deaths per 100,000.

Respiratory Disease

Respiratory diseases affect millions of people in the United States. More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and ensure that people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a prevalent cause of death. Strategies to prevent the disease, such as reducing air pollution and helping people quit smoking, are key to reducing deaths from COPD. Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases, including pneumonia in older adults. Increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.[104]

[104] Healthy People 2030 (https://health.gov/healthypeople).

Age-Adjusted Respiratory Disease Deaths

Between 2020 and 2022, Imperial County reported an age-adjusted pneumonia mortality rate of 37.6 deaths per 100,000 population. The average age-adjusted pneumonia mortality rate decreased 29.5 percent between 2002-2004 and 2020-2022 in Imperial County, which was not as much of a change as in California, which showed a decrease of 61.6 percent, from 79.6 deaths to 30.6 deaths per 100,000 people. The average age at the time of death was 78 years old in Imperial County, which was similar to California's rate at 78.5 years old (see Table 142).

Table 142: Pneumonia Age Adjusted Deaths, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	53.3 (108 deaths, 78.2 years)	79.6 (81.3 years)
2005-2007	37.9 (90 deaths, 76.4 years)	67.2 (81.5 years)
2008-2010	39.8 (110 deaths. 73.4 years)	52.6 (80.9 years)
2011-2013	37.2 (116 deaths, 77.1 years)	47.9 (81.0 years)
2014-2016	75.8 (266 deaths, 80.4 years)	41.8 (80.3 years)
2017-2019	54.9 (214 deaths, 80.5 years)	37.4 (79.9 years)
2020-2022	37.6 (154 deaths, 76.6 years)	30.6 (78.3 years)
Percent change	**-29.5%**	**-61.6%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

Prevalence of Respiratory Disease

In 2022, a total of 14.9 percent of PRC survey respondents reported having from asthma, which was higher in Imperial County than in California, where the rate was 9.3%.[105] Asthma was more prevalent among adults younger than 65 years old, those with low incomes, White residents, and residents of diverse races (see Table 143).

Table 143: Asthma Prevalence by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**14.9%**	**Very Low Income**	17.6%	**Hispanic**	13.1%
Women	16.4%	**Low Income**	18.7%	**White**	20.7%
Men	13.7%	**Mid/High Income**	13.7%	**Diverse Races**	24.6%
18 to 39	14.7%	**LGBTQIA+**	16.9%		
40 to 64	17.2%				
65+	9.4%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 119].

Asthma Among Children

In 2022, among Imperial County children under the age of 18 in surveyed households, 16.4 percent currently had asthma. This rate was more than two times the rate nationwide across the United States (7.8%), and more prevalent among boys (20.7%) and adolescents (27.3%).

[105] 2022 PRC Community Health Survey, PRC, Inc. [Item 119]. 2020 PRC National Health Survey, PRC, Inc. Asked of all respondents.

COVID-19

Between 2020 and 2022, Imperial County reported an annual average age-adjusted COVID-19 mortality rate of 164.9 deaths per 100,000 population. This rate was higher than California's statewide COVID-19 mortality rate of 64.1 deaths per 100,000. American Indian/Alaskan natives had a high mortality rate of 311.6 deaths per 100,000 (15 deaths), followed by Hispanic residents at 198.7 deaths per 100,000 (907 deaths), and White residents at 69.8 per 100,000 (88 deaths).

Chronic Obstructive Pulmonary Disease (COPD)

In 2020-2022, the age-adjusted death rate for COPD in Imperial County was 18.8 deaths per 100,000. In California statewide, the age-adjusted death rate was 23.4 deaths per 100,000. Deaths due to COPD decreased in both Imperial County and California, from 38.9 and 40.7 deaths per 100,000, respectively, from 2002-2004. The mean age at the time of COPD death was 78.5 years old in Imperial County (see Table 144).

Table 144: Age-Adjusted Chronic Obstructive Pulmonary Disease Deaths, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	38.9 (127 deaths, 77.2 years)	40.7 (77.7 years)
2005-2007	31.5 *115 deaths, 77.2 years)	38.4 (78.0 years)
2008-2010	24.3 (103 deaths, 76.8 years)	36.4 (78.5 years)
2011-2013	19.3 (91 deaths, 77.2 years)	34.0 (78.9 years)
2014-2016	21.2 *113 deaths, 79.1 years)	31.3 (78.9 years)
2017-2019	19.3 (116 deaths, 80.3 years)	29.0 (79.3 years)
2020-2022	18.8 (120 deaths, 79.3 years)	23.4 (79.2 years)
Percent change	**-42.5%**	**-51.6%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

In 2022, a total of 5.5 percent of Imperial County PRC respondents were suffering from chronic obstructive pulmonary disease, including emphysema and bronchitis. This rate was similar to California at 5.4 percent and the United States at 6.4 percent.[106]

Diabetes

More than 30 million people in the United States have diabetes. It is the seventh leading cause of death for Americans. Some racial/ethnic minorities are more likely to have diabetes, and many people with diabetes are not aware that they have it. Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage, among other complications. However, interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.[107]

[106] 2022 PRC Community Health Survey, PRC, Inc. [Item 23] Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 California data. 2020 PRC National Health Survey, PRC, Inc. Asked of all respondents.

[107] Healthy People 2030 (https://health.gov/healthypeople).

Between 2020-2022, there was an annual average age-adjusted diabetes mortality rate of 27.4 deaths per 100,000 population in Imperial County. This included a total of 173 deaths, with a mean age of death of 73.9 years old. This rate trend was higher than in California between 2002-2004 and 2020-2022.

Between 2002-2004 and 2017-2019, the age-adjusted diabetes death rate decreased, as did the rate in California. However, in 2020-2022, there was a small increase from 22.0 deaths per 100,000 (130 deaths) to 27.4 deaths per 1000,000 (173 deaths). Since 2002-2004, the mean age has been increasing, suggesting that people with diabetes are living longer. In 2002-2004, the mean age at the time of a diabetes death was 72.9 years old. By 2017-2019, the mean age had increased to 76 years old (see Table 145).

Table 145: Age-Adjusted Diabetes Deaths, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	31.9 (109 deaths, 72.5 years)	22.1 (71.2 years)
2005-2007	34.5 (131 deaths, 72.9 years)	21.8 (72.2 years)
2008-2010	28.0 (122 deaths, 72.9 years)	18.5 (72.4 years)
2011-2013	21.7 105 deaths, 74.7 years)	14.0 (72.8 years)
2014-2016	21.5 (114 deaths, 76.6 years)	13.2 (72.1 years)
2017-2019	22.0 (130 deaths, 76.0 years)	13.4 (72.1 years)
2020-2022	27.4 (173 deaths, 73.9 years)	15.2 (71.5 years)
Percent change	**-14.1%**	**-31.2%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.gghygu

Diabetes affects Hispanic residents of Imperial County more so than White and diverse race residents. This trend persisted between 2002-2004 and 2020-2022. Approximately three in four diabetes deaths were among Hispanic Imperial County residents, followed by White and other diverse race residents (see Table 146).

Table 146: Diabetes Deaths by Race and Ethnicity, Imperial County

	Hispanic	White	Other	Number of Diabetes Deaths
2002-2004	70.6%	22.9%	6.4%	109
2005-2007	74.8%	19.1%	6.1%	131
2008-2010	66.4%	27.0%	6.6%	122
2011-2013	70.5%	21.0%	8.6%	105
2014-2016	67.5%	24.6%	7.9%	114
2017-2019	80.8%	13.1%	6.2%	130
2020-2022	72.3%	19.7%	8.1%	173

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

A total of 14.8 percent of survey respondents reported having been diagnosed with diabetes.[108] This rate was higher than in California, which was 9.8 percent. Another 15.9 percent of adults had been diagnosed with "pre-diabetes" or "borderline" diabetes. The prevalence of diabetes increased with age, with 66.6

[108] 2022 PRC Community Health Survey, PRC, Inc. [Item 121].

percent of survey respondents 65 years and older reporting having been diagnosed with diabetes. Note that among adults who had not been diagnosed with diabetes, 47.3 percent reported having had their blood sugar level evaluated within the past three years (see Table 147).

Table 147: Prevalence of Diabetes by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**40.2%**	**Very Low Income**	42.7%	**Hispanic**	37.2%
Women	37.8%	**Low Income**	39.2%	**White**	50.6%
Men	42.3%	**Mid/High Income**	38.6%	**Diverse Races**	56.7%
18 to 39	25.3%	**LGBTQIA+**	38.6%		
40 to 64	46.6%				
65+	66.6%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]. Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

One in five (20.4%) survey respondents in the South region of Imperial County reported having been diagnosed with diabetes, followed by the Far North region (17.2%). The North region had the highest prevalence among survey respondents of being diagnosed with "pre-diabetes" or "borderline" diabetes (see Table 148).

Table 148: Prevalence of Diabetes by Region, Imperial County, 2022

	Diabetes Prevalence	Borderline/Pre-Diabetic
Central (n=763)	12.2%	16.6%
Far North (n=199)	17.2%	12.8%
North (n=338)	11.9%	17.8%
South (n=447)	20.4%	14.6%
Imperial County (N=1,747)	14.8%	15.9%

Source: 2022 PRC Community Health Survey, PRC, Inc. [Items 33, 121]. Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Kidney Disease

Between 2020 and 2022, there was an annual average age-adjusted kidney disease mortality rate of 31.8 deaths per 100,000 population in Imperial County. This rate was lower than in California, with 18.4 deaths per 100,000. The rate has increased nearly three times since 2002-2004, when it was 8 deaths per 100,000 in Imperial County and 8.6 deaths per 100,000 in California (see Table 149).

Table 149: Age-Adjusted Kidney Disease Deaths, Imperial County and California

	Imperial County (# of Deaths; Mean Age)	California (Mean Age)
2002-2004	8.0 (26 deaths, 77.3 years	8.6 (74.7 years)
2005-2007	14.9 (55 deaths, 73.4 years)	9.4 (74.7 years)
2008-2010	16.9 (77.8 years, 71 deaths)	10.5 (76.0 years)
2011-2013	15.8 (76.0 years, 76 deaths)	14.0 (75.3 years)
2014-2016	24.1 (73.1 years, 129 deaths)	16.3 (74.9 years)
2017-2019	27.6 (74. 3 years, 161 deaths)	17.0 (74.9 years)
2020-2022	31.8 (76.9 years, 205 deaths)	18.4 (74.8 years)
Percent Change	**+296%**	**+115%**

Source: Data for 2022 are not yet final. The number of deaths is likely to increase slightly. Some cause-of-death codes will become more
accurate. These changes are not expected to significantly impact the interpretation of any observed noteworthy patterns or trends. Source: CDPH. California Community Burden of Disease Engine. Retrieved in April 2024.

In 2020-2022, Latino Imperial County residents, at a rate of 34.8 deaths per 100,000, were more likely to die from kidney disease when compared to White Imperial County residents at 21.4 deaths per 100,000.

A total of 4.8 percent of survey respondents reported having been diagnosed with kidney disease. This rate was higher than California at 2.8 percent. Survey respondents with very low incomes and respondents of diverse races most often reported having been diagnosed with kidney disease, at a rate of 7.6 percent and 14.2 percent, respectively. There was an increase in the prevalence of kidney disease with age, with 12.8 percent of older adult survey respondents reporting having been diagnosed with kidney disease (see Table 150).

Table 150: Kidney Disease Prevalence by Demographic Characteristics, Imperial County, 2022

	Percent		Percent		Percent
Imperial County	**4.8%**	**Very Low Income**	7.6%	**Hispanic**	4.2%
Women	3.7%	**Low Income**	2.1%	**White**	4.2%
Men	5.1%	**Mid/High Income**	3.2%	**Diverse Races**	14.2%
18 to 39	2.0%	**LGBTQIA+**	7.3%		
40 to 64	4.9%				
65+	12.8%				

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 24]. Asked of all respondents.

The South region of Imperial County had the highest prevalence of kidney disease, at 9.2 percent of survey respondents, which was nearly twice as high as the countywide prevalence rate (see Table 151).

Table 151: Kidney Disease Prevalence by Region, Imperial County, 2022

	Kidney Disease Prevalence
Central (n=763)	3.1%
Far North (n=199)	4.8%
North (n=338)	2.9%
South (n=447)	9.2%
Imperial County (N=1,747)	4.8%

Source: 2022 PRC Community Health Survey, PRC, Inc. [Item 24]. Asked of all respondents.

Maternal Health and Pregnancy

Improving the well-being of women of childbearing age, their infants, and their children is an important public health goal. It leads to healthier families and communities, reduces healthcare costs, and fosters economic productivity. It determines the health of the next generation. It can help predict future public health challenges for families, communities, and the healthcare system. Health outcomes for birthing people, infants, and children are related to social, environmental, and physical factors, including race and ethnicity, age, and socioeconomic status. Ensuring that a pregnant person receives appropriate prenatal care is one opportunity to positively influence their health and the health of their baby, systematically improving long-term outcomes and quality of life.

In Imperial County, 7,526 births occurred between 2020-2022, among which 867 (91.3%) infants were born to Hispanic people (see Table 152).

Table 152: Births, Imperial County

Year	Number of Births	Percent Hispanic Births
2008-2010	9,438	90.2%
2011-2013	9,184	89.7%
2014-2016	9,477	90.9%
2017-2019	8,165	91.9%
2020-2022	7,526	91.3%

Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.

In this section, data are shared on:

- Fertility rate
- Birth rate (including teen birth rate)
- Birth outcomes (including low weight birth, preterm births, and access to prenatal care)
- Payment methods for delivery

Fertility Rate

The fertility rate is an important driver of population change. The average number of people (ages 15–44 years) that would give birth during their lifetime was decreasing in both Imperial County and California between 2008-2010 and 2020–2022. In 2020-2022, the birth rate was 74.2 children per 1,000 people in Imperial County, which was significantly lower than the rate in 2008-2010 at 91.7 children per 1,000 people. The fertility rate significantly decreased during this same period for Black, non-Hispanic, and Hispanic Imperial County residents. All other races and ethnicities remained stable (see Table 153).

Table 153: Number of Births per 1,000 Women Ages 15–44 by Race and Ethnicity, Imperial County

	2008-2010	2011-2013	2014-2016	2017-2019	2020-2022
Total	91.7	86.8	88.9	76.4	74.2*
American Indian and Alaskan Natives	63.7	67.1	66.7	39.6	50.1
Asian	47.6	67.9	62.5	62.3	27.7
Black	66.9	78.9	64.9	34.7	23.4*
Hispanic	96	89.3	92.4	80.1	75.3*
Multi-Race	42.5	32.8	26.1	33.8	39.9
White	63.4	64.8	60.1	42.1	57.9

**Significantly changing trend between 2008-2010 and 2020-2022. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

The fertility rate among women 25 to 39 years of age was trending significantly upward between 2008–2010 and 2020–2022, in both Imperial County and California. Births to people ages less than 24 years significantly decreased in Imperial County and California as a whole (see Table 154).

Table 154: Fertility Rate per 1,000 Women by Age Group, Imperial County and California

	Imperial County		California	
Age Group	**2008-2010**	**2020-2022**	**2008-2010**	**2020-2022**
<20 years	15.3	5.4^{+}	9.1	3.1^{+}
20-24 years	29.0	21.7^{+}	21.7	14.1^{+}
25-29 years	28.6	33.0^{+}	26.8	25.1^{+}
30-34 years	19.5	28.1^{+}	24.7	32.1^{+}
35-39 years	9.6	13.7^{+}	14.2	20.5^{+}
40+ years	2.2	2.9	3.8	5.5^{+}

$^{+}$Significantly changing trend. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.

Access to insurance coverage can significantly affect the quality of care and health outcomes for birthing people and their babies, as well as contribute to addressing health disparities within communities. Compared with California, publicly insured births (Medi-Cal) or self-pay births were significantly higher in Imperial County. In 2020-2022, among the 7,526 births, nearly two in three births (64.2%) in Imperial County were paid for through Medi-Cal, compared with two in five births (40.1%) in California (see Table 155).

Table 155: Live Births by Payer Type, Imperial County and California

	Medi-Cal		Other		Private		Self-Pay	
	Imperial County	California	Imperial County	California	Imperial County	California	Imperial County	California
2008-2010	54.9%*	47.5%	0.8%*	4.4	32.0%*	46.1%	12.2%*	2.0%
2020-2022	64.2%*	40.1%	0.5%*	4.3	25.6%*	53.%	9.7%*	2.2%
Percentage point change (2008-2010 to 2020-2022)	+9.3^{+}	-7.4^{+}	-0.3	-0.1^{+}	-6.4^{+}	+7.4^{+}	-2.5^{+}	+0.2

**Significantly different rate in Imperial County compared to California. ⁺ Significantly changing trend. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides federal grants to states for supplemental foods, healthcare referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum people, as well as infants and children up to age five who are found to be at nutritional risk. WIC enrollment among births significantly decreased between 2008-2010 and 2020-2022 in both Imperial County and California. WIC enrollment among women was higher in Imperial County than in California. In 2020–2022, the WIC enrollment rate was 34.9 percent of births, lower than in 2008-2010 when more than half (57.5%) of infants were born to WIC enrollees. WIC enrollment in Imperial County started to drop in 2014-2016, with a steeper decline between 2017-2019 and 2020-2022 (see Table 156).

Table 156: Live Births with Women Enrolled in WIC, One to Nine Months of Pregnancy, Imperial County and California

	Imperial County	California
2008-2010	57.5%*	53.7%
2011-2013	67.4%*	53.4%
2014-2016	56.2%*	48.6%
2017-2019	50.4%*	41.9%
2020-2022	34.9%*	36.2%
Percentage Point Change between 2008-2010 and 2020-2022	-22.6^{+}	-17.5^{+}

**Imperial County's rate was significantly different compared to California. ⁺Significantly decreasing trend between 2008-2010 and 2020-2022. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

Teen Birth Rate

In 2010-2012, 2,110 babies were born to teenaged/young adult birthing people (ages 10-21). This number dropped to 913 births in 2019-2021. Imperial County had a significantly higher teen birth rate when compared to California between 2010-2012 and 2019-2021. The teen birth rate has decreased significantly in both Imperial County and California (see Table 157).

Table 157: Teen and Young Adult Births per 1,000 People, Imperial County and California

	Imperial County		California	
	2010-2012	2019-2021	2010-2012	2019-2021
10 to 17	10.9 (371 births)*	2.6 (87 births)+*	5.9	1.7+
18 to 21	103.7 (1,739 births)*	52.0 (831 births)+*	57.3	26.2+

**Imperial County's rate was significantly higher compared to California. +Significantly decreasing trend between 2010-2012 and 2019-2021. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

Prenatal Care

Prenatal care plays a crucial role in birth outcomes for both the woman and the baby. Not only that, but so does other factors, including socioeconomic status, age, underlying health conditions, and lifestyle choices. Furthermore, prenatal care mitigates risk and enhances the likelihood of positive outcomes. Access to timely and quality prenatal care is recommended to reduce the risk of adverse birth outcomes and improve health and well-being.

Imperial County's prenatal care use rates were significantly lower when compared to California's overall. In 2020-2022, 94 percent of births had adequate prenatal care in Imperial County, compared to California at 99.1 percent. The percentage of births with no prenatal care significantly increased between 2010-2012 and 2020-2022 in both Imperial County and California.

More birthing people sought prenatal care starting in the second trimester in 2020-2022 than in 2010-2012. Starting prenatal care early in pregnancy is essential for optimal birth outcomes. The first trimester is the ideal time to begin prenatal care to monitor the health of the woman and the developing fetus. In 2020-2022, 54.3 percent of births had care that was considered adequate or "adequate plus". More than one-third of births (35.5%) had inadequate prenatal care. The percentage of births with inadequate or no prenatal care changed significantly between 2010−2012 and 2020−2022 in both Imperial County and California (see Table 158).

Table 158: Prenatal Care Utilization, Imperial County and California

Percent of Births for which Birth Risk Factor Is Present				
	Imperial County		California	
Adequacy of Prenatal Care	**2010-2012**	**2020-2022**	**2010-2012**	**2020-2022**
Adequate Plus Care (110+ or more of recommended visits)	26.9%	22.9%⁺	36.6%	31.5%⁺
Adequate Care (80-109% of recommended visits)	29.3%	31.4%	44.2%	41.9%⁺
Intermediate care (50-79% of recommended visits)	12.4%	10.2%⁺	9.5%	18.0%⁺
Inadequate (Began after the fourth month of pregnancy, as well as prenatal care that included less than 50% of the recommended number of visits)	31.3%	35.5%⁺	9.7%	8.6%⁺
Prenatal Care by Trimester	**2010-2012**	**2020-2022**	**2010-2012**	**2020-2022**
No Prenatal Care	4.1%*	6.0%*⁺	0.5%	0.9%⁺
Prenatal Care Began in 1st Trimester	55.7%*	48.6%*⁺	83.6%	87.6%⁺
Prenatal Care Began in 2nd Trimester	31.7%*	37.8%*⁺	13.2%	9.5%⁺
Prenatal Care Began in 3rd Trimester	8.5%*	7.6%*	2.7%	2.1%⁺

**Imperial County was significantly different than California. ⁺Significantly changing trend. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

Among the births with adequate prenatal care in 2019−2021, birthing people aged between 35 and 39 years old represented the highest proportion of births with adequate prenatal care (59.3%), followed by birthing people ages 40+ years (56.7%), and ages 30 to 34 years (57.1%). Younger age groups (24 years old or younger) were the least likely to have adequate prenatal care. Among these same birthing people who received adequate prenatal care in 2019−2021, White non-Hispanic people had the highest proportion of births at 66.2 percent, followed by multi-racial births at 61.9 percent, and Asian births at 58.1 percent (see Table 159).

Table 159: Adequate Prenatal Care by Demographic Characteristics, Imperial County, 2019-2021

Adequate Prenatal Care, 2019-2021			
Age Group	**Percent of Births**	**Race and Ethnicity**	**Percent of Births**
<20	41.9%	American Indian/Alaska Native	54.0%
20 to 24	53.4%	Asian	58.1%
25 to 29	55.1%	Black	51.6%
30 to 34	57.1%	Hispanic	54.1%
35 to 39	59.3%	Pacific Islander	n/a*
40+	56.7%	Multiracial	61.9%
		White	66.2%

*Note: *Rates and percentages based on 10 or fewer events are unreliable. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.*

Birth Outcomes

This assessment examines two birth outcomes: preterm birth and low-weight birth. Preterm birth refers to the delivery of a baby before 37 weeks of gestation, rather than birth at the completion of a typical 40-week pregnancy. Various factors influence preterm birth, including the woman's age, multiple pregnancies (e.g., twins or triplets), infections, chronic health conditions, smoking, substance use, and inadequate prenatal care.

Low weight birth (LWB) is typically defined as a birth weight of less than 2,500 grams/5.5 pounds, regardless of gestational age. Factors contributing to LBW include preterm birth, poor nutrition, smoking, substance use, health conditions (e.g., hypertension, diabetes), and inadequate prenatal care.

Preterm birth and LWB infants are at higher risk of various health issues, including respiratory distress syndrome, developmental delays, and long-term health problems. They may require specialized care in a neonatal intensive care unit. In Imperial County in 2020−2022, 8.7 percent of births (653 births) were preterm, which was similar to California's statewide rate of 9 percent of births. Though no significant change in trend was spotted in Imperial County between 2008-2010 and 2020−2022, there was a slight increase in preterm births in California in 2020-2022, going from 8.8 percent of births in 2008-2010 to 9 percent of births. LWB prevalence was significantly lower in Imperial County compared to California. In 2020−2022, 6.5 percent (488 births) of births were LWB compared with 7.2 percent of LWB births in California (see Table 160).

Table 160: Birth Outcomes, Imperial County and California

	Percent of Live Births by Birth Outcome			
	Imperial County		California	
	2008-2010	2020-2022	2008-2010	2020-2022
Preterm Birth (<37 weeks)	8.8	8.7	8.8	9.0⁺
Low Weight Birth (< 2500 grams)	6.3	6.5*	6.8	7.2⁺

⁺Significantly changing trend. Source: CDPH, Maternal, Child, and Adolescent Health Division, California Birth Statistical Master File, 2000–2017 and Comprehensive Master Birth File, 2018–2022.

Infant Mortality Rate

Imperial County and California had similar infant mortality rates in 2009-2011. However, infant mortality rates significantly decreased in Imperial County and California between 2009−2011 and 2018−2020 and Imperial County's rate infant mortality rate is significantly better than California's rate (see Table 161).

Table 161: Infant Mortality, Imperial County and California

	Rate per 1,000 Births		
	Imperial County	California	Number of Deaths in Imperial County
2009-2011	4.5	4.9	42
2018−2020	3.4	4.2⁺	26

⁺Significantly changing trend. Source: California Department of Public Health, Birth Cohort File, 2007–2020: Compiled from both birth and death certificates.

COMMUNITY CONTEXT

photo source: Imperial County Public Health Department

Community Context Assessment

Understanding community context comes from exploring the strengths, assets, lived experiences, and forces of change within a community, using qualitative methods. By collecting the insights, expertise, and views of people and communities affected by social systems, those systems, and their impact can be improved. Instead of relying on perceived community needs, this assessment centers on the people and communities within Imperial County, California.

Community Strengths and Assets

An important component of the Community Context Assessment is an exploration of community strengths and assets. As evidenced in the focus group discussion with community members, people in Imperial County have a deep sense of community awareness and compassion. This is an essential starting point for addressing social issues. As an example of feedback received, one focus group participant shared that they were happy with the Senior Center and Food Pantry services in Westmoreland, which are well-known and used by many. Additionally, as a result of the information collected through the distribution of the Community Partner Assessment Survey to local agencies and organizations

Quality of Life

Quality of life matters for community health because it reflects the overall well-being and satisfaction of individuals within a community. A high quality of life encompasses factors such as sound physical and mental health, access to education, employment opportunities, safe living environments, and social connections. When these elements are present and flourishing in a community, they contribute to better health outcomes, lower stress levels, reduced healthcare costs, and a higher sense of contentment among residents. Improving the quality of life within a community is a fundamental goal in promoting and sustaining community health.

Less than half of survey respondents (44.98%) agreed that they were satisfied with the quality of life in their neighborhood. This level of agreement was higher in the Far North, North, and Central regions of the county (see Table 162).

Table 162: Quality of Life in Neighborhood Satisfaction by Region, Imperial County, 2024

	All Respondents (n=260)	Far North County (n=14)	North County (n=56)	Central County (n=118)	South County (n=46)
I am satisfied with the quality of life in my neighborhood.	44.98%	40.00%	34.57%	51.75%	42.59%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 6, 32]

Community Resources

Access to community resources correlates with community health because it ensures that individuals have the support and services needed to meet their basic needs and maintain their overall well-being. These resources include healthcare facilities, educational opportunities, and social services, among others. When people have easy access to these resources, it can lead to better physical and mental health outcomes, reduced health disparities, and improved overall quality of life within a community. Access to resources plays a crucial role in addressing and preventing health issues, promoting equitable healthcare, and enhancing the overall health and vitality of a community.

Easy access to healthcare services is vital for preventive care, early intervention, and the management of health conditions. At 34 percent, Community Themes and Strengths Assessment (CTSA) survey respondents reported that they disagree that they have access to a broad variety of affordable healthcare services. At 37 percent, slightly more survey respondents were dissatisfied with the healthcare available to them and their families.

Regionally, Central Imperial County (41%) and South Imperial County (43%) survey respondents had higher rates of dissatisfaction compared to all respondents when asked about the availability of affordable healthcare services and their satisfaction with their healthcare options.

Communities with job opportunities and workforce development programs can reduce unemployment rates and financial stress, which is linked to better mental and physical health. Four in 10 respondents (41%) disagreed that they and their families had access to drivers of economic stability, such as locally owned and operated businesses, jobs with career growth, access to job training/higher education, affordable housing, and reasonable commutes.

However, slightly more than half (56%) of survey respondents living in the Far North County agreed that there was economic opportunity, which was a significantly higher percentage than for all respondents.

Having access to social services such as housing assistance, mental health support, and substance abuse treatment helps address underlying SDOH and reduce disparities in health outcomes. Almost half (48%) of all survey respondents disagreed that their communities offered sufficient social services to meet the needs of residents. Survey respondents living in the South and Central regions of Imperial County were more likely to report that there are not enough social services to meet the needs of their residents, with 57 percent in South Imperial County and 54 percent in Central Imperial County claiming this**.**

Racism, Discrimination, and Health Equity

National research documents the impact of racism and discrimination on a person's health. However, less information is known about the effects of racism or discrimination on the health of the people of Imperial County specifically.

Undervaluing and minimizing the lived experiences of various people contributes to ongoing health disparities. To begin to understand this impact, the CTSA survey asked questions about community members' day-to-day experiences of racism and discrimination. The survey posed questions about how respondents and others like them are treated, and how they typically react in response. The CTSA survey included questions created by Dr. David R. Williams, who is the Florence Sprague Norman and Laura Smart Norman professor of public health, and chair of the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health.

We must acknowledge that collecting this data is an important tool to develop a plan for achieving health equity. Without metrics, we cannot determine whether the interventions deployed in Imperial County are meaningfully reducing health disparities. Fifty-four percent of survey respondents were more likely to say that they sometimes/often felt that some racial/ethnic groups, such as African Americans, Latinos, and Asians, are discriminated against, while 44% report that they had personally experienced discrimination because of their race, ethnicity, or skin color.

CTSA respondents were asked if they had ever experienced discrimination, been prevented from doing something, had been hassled, or had been made to feel like they were not good enough in a variety of situations. The most common situation where CTSA respondents said they experienced racism or discrimination was getting hired for a job (57%), followed by on the street or in a public setting (55%), and at work (53%)[109] (see Table 163).

Table 163: Racism and/or Discrimination by Setting, Imperial County, 2024

	Percent of Respondents who Reported One or more Times
Getting hired or getting a job (n=570)	57%
On the street or in a public setting? (n=568)	55%
At work (n=570)	53%
At school (n=574)	53%
Getting service in a store or restaurant? (n=569)	52%
Getting medical care (n=569)	35%
Getting housing (n=568)	35%
From the police, other law enforcement, or in the courts? (n=538)	33%
Getting credit, bank loans, or a mortgage? (n=539)	31%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Question 13]

When asked if they usually accept it as a fact of life or try to do something about it when they've been treated unfairly, survey respondents were equally split. Among the people who reported unfair treatment, more than two in three said that they talked to other people about it, and one in four reported that they kept it to themselves. When comparing experiences of discrimination by setting, survey respondents who identified as gay men expressed higher instances of discriminatory experiences from police, other law enforcement, or the court, as well as on the street or in a public setting (40%) and when getting medical care (30%) (see Table 164).

Table 164: Racism and/or Discrimination by Demographic Characteristics, Imperial County, 2024

	Never	2-3 Times
Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel like you were not good enough when getting medical care?		
All respondents (n=568)	66%	14%
Respondents who identified as a person of color	56%	22%
Respondents who identified as gay or man who has sex with other men	44%	33%
Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel like you were not good enough by the police, other law enforcement, or the courts?		
All respondents (n-568)	67%	15%
Respondents who identified as a person of color	58%	19%
Respondents who identified as gay or man who has sex with other men	33%	33%

[109] These values include once, 2-3, and 4 or more times.

Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel like you were not good enough on the street or in a public setting? (n=568)		
All respondents	45%	24%
Respondents who identified as a person of color	33%	36%
Respondents who identified as gay or man who has sex with other men	22%	44%

Source: 2024 CTSA Survey (Imperial County Community Survey), [Questions 13, 35, 38]

Health Literacy

Healthcare providers and insurers must make information easy to find and understand so people can make informed decisions for themselves and their loved ones.

The PRC survey posed a set of questions designed to reveal community members' experiences in locating, understanding, and using information from the Imperial County healthcare system. These questions were intended to help determine whether community members get the information they need to make healthcare decisions.

Understanding Health Forms and Questionnaires

Medical debt is a significant burden for many Americans, impacting their health, finances, and overall well-being. Studies have shown that a fear of high costs can lead people to delay or forgo necessary medical care, screenings, or treatments. This can worsen existing health conditions and lead to more serious health problems down the line. To this end, understanding forms from your doctor or health insurance company is critical. These forms often contain important information about a person's diagnosis, treatment options, and the potential costs. This knowledge empowers individuals to make informed choices about their healthcare, putting them in control of their health journey. Some forms also contain details about billing and insurance coverage. Understanding insurance coverage makes unexpected charges less likely.

When asked about their confidence in filling out health forms from their health insurance company, doctor's office, or other healthcare providers, most PRC respondents (57%) indicated extreme confidence. Similarly, when asked if health information is spoken in a way that is easy to understand, most PRC respondents indicated that it is nearly always or always comprehensible (62%).

Finding Health Information

PRC survey respondents were asked where they get most of their healthcare information. Most respondents (36%) claimed to receive information from their family physician, followed by the Internet (20%), and friends and relatives (6%). However, compared to the overall group, respondents aged 65 years or older were more likely to receive information from their family physician (66%), and individuals aged 35 to 44 were more likely (28%) to receive their information from the Internet.

Understanding Health Information from Your Healthcare Provider

PRC survey respondents were asked if they ask friends, family, caregivers, doctors, nurses, or other health professionals for help with reading their health information. Overall, most respondents (64%) indicated that they seldom or never ask for help. Respondents who identified as 65 years of age or older were more likely to ask for help (24%) compared to all survey respondents who always or nearly always (13%) ask for help.

Community Partner Assessment

The Community Partner Assessment (CPA) is an assessment tool developed for MAPP 2.0 that replaces the Local Public Health Systems Assessment (LPHSA). The CPA allows insight into the systems, processes, and capacities of individual organizations and the collective capacity to address health inequities identified through the Community Health Assessment (CHA).

According to the Community Partner Assessment Handbook, the CPA has five goals:

1. Understand why community partnerships are critical to community health improvement and how to build or strengthen relationships with community partners and organizations
2. Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems
3. Assess each partner's capacities, skills, and strengths to improve community health and health equity and advance health improvement goals
4. Document the landscape of community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement
5. Identify others to get involved and ways to improve community partnerships, engagement, and power110"

CPA Survey

The CPA Survey provided by NACCHO was reviewed, slightly revised for local context, and programmed in Qualtrics. Then, using the existing stakeholder lists from previous health assessment and improvement planning efforts, staff prepared a master distribution list for the CPA survey. Next, staff prepared a presentation to explain the purpose and shared value of the CPA survey, which was presented during an in-person stakeholder meeting. Attendees were given a broad overview of the survey, including the approximate length of time required for the survey, how the survey would be distributed (electronically) to all community partner organizations, the timeframe during which the survey would be available, and how to access technical assistance when completing the survey.

Following the stakeholder meeting, the survey was sent via email to the broader stakeholder email list. The invitation included:

- A PDF copy of the survey
- Instructions for completing the survey
- Contact information for technical assistance

CPA Survey Response

Steering Committee members and stakeholder groups participated in the CPA survey. All groups, organizations, and associations in the county were invited to participate. Additionally, no question in the survey was marked as required, so each question received a unique, voluntary answer. Seventeen individuals responded to the CPA survey, representing the following organizations:

- Alzheimer's Association San Diego/Imperial Chapter
- California Health & Wellness/Health Net
- Campesinos Unidos, Inc.

[110] Community Partner Assessment, Partner Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0

- Community Health Plan of Imperial Valley
- Desert Pharmacy
- Imperial County Behavioral Health Services
- Imperial County Office of Education
- Imperial County Public Health Department
- Imperial Valley Coalition for Sustainable Healthcare Facilities
- Imperial Valley LGBT Resource Center
- Imperial Valley Wellness Foundation
- Planned Parenthood of the Pacific Southwest
- San Diego State University (SDSU)
- Westmorland Community Food Pantry

Sector Representation

The organizations participating in the CPA survey represent a wide variety of sectors, including public health, healthcare, behavioral health, social services, education, and non-profit foundations. Incorporating these sectors and stakeholders into community health planning ensures a well-rounded and informed approach that considers the complex interplay of factors influencing health. It also helps in the development of strategies that are not only effective but also sustainable, equitable, and sensitive to the unique needs of the community.

Of the survey respondents, 12 indicated that they have participated in community health improvement processes, while two had not, and three were unsure. Similarly, when asked about their participation in community-led decision-making, most respondents had some experience (Figure 5). Survey respondents were also asked to identify their top three interests in joining the Imperial County community health improvement partnership. Different organizations bring complementary strengths to the collective. Understanding motivations helps identify potential areas for collaboration and resource sharing, and organizations with similar motivations are more likely to invest in the collective's long-term success. This fosters a more sustainable environment for collaboration and resource exchange. The top reasons to join the collaborative are outlined in Table 165, while Table 166 highlights organizational capacities as it related to the 10 Essential Public Health Services.

Figure 5: Community-Led Decision Making

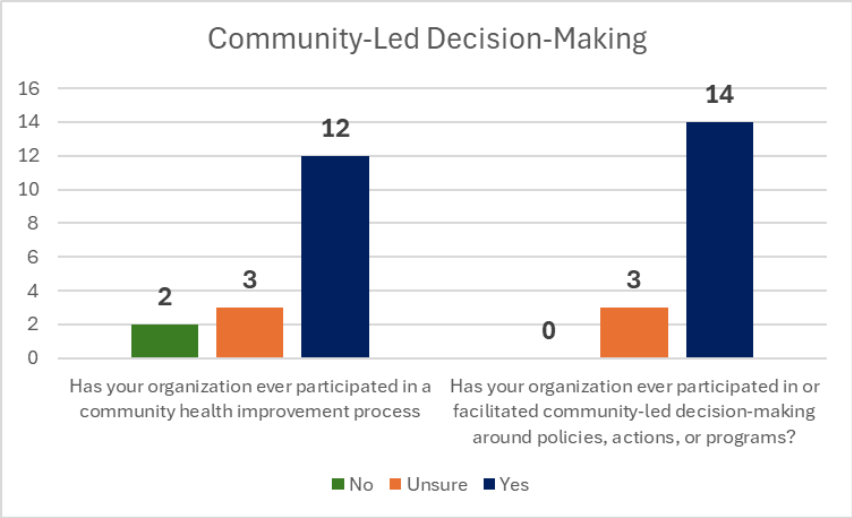


Table 165: Top Three Interests to Join the Community Health Partnership as Identified by Community Partner Assessment Respondents

Top Three Interests in CHI	Total Responses
To create long-term permanent social and systemic change	12
To deliver programs effectively and efficiently and avoid duplicating efforts	7
To increase communication among and within groups	7
To plan and launch community-wide initiatives	7
To improve lines of communication from communities to government decision-making	4
To build networks and friendships	3
To obtain or provide services	3
To develop and use political power to gain services or other benefits for the community	2
To improve lines of communication from government to communities	2
To break down stereotypes	1
To connect and invigorate groups who are trying to do too much alone	1
To pool resources	1

Table 166: Organizational Resources Related to the 10 Essential Public Health Services as Identified by Community Partner Assessment Respondents

Organizational Capacities Related to the 10 Essential Public Health Services	Total Responses
Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services	7
Assessment: My organization conducts assessments of living and working conditions and community needs and assets	9
Communication and Education: My organization communicates effectively to inform and educate people about health or well-being factors influencing well-being and how to improve it	10
Community Engagement and Partnerships: My organization strengthens supports and mobilizes communities and partnerships to improve health and well-being	12
Evaluation and Research: My organization conducts evaluation research and continuous quality improvement and can help improve or innovate functions	8
Evaluation and Research: My organization provides support groups	1
Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting a population or the community	5
Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being	3
Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being	6
Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being and provides community building	1
Policies Plans Laws: My organization works to create champion and apply policies, plans, and laws that impact health and well-being	7
Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce	7

Organizations that aim to enhance the well-being of individuals, families, and communities by improving housing, education, childcare, workforce development, and other conditions significantly impact public health. The collective capacity to improve health in Imperial County begins with the activities that each organization or individual performs regularly. Survey respondents were asked to select all the activities that they participated in. The most common response was community engagement and partnership; working to strengthen, support, and mobilize communities and partnerships to improve health and well-being (see Table 167).

Following community engagement and partnerships, most respondents reported that they strive to communicate and educate effectively to inform and educate people about health or well-being, factors that influence well-being, and how to improve them. Conducting evaluation and research and continuous quality improvement to help improve or innovate, and assessments of living and working conditions and community needs and assets were also listed. These efforts collectively contribute to community health improvement planning by creating a foundation of community engagement, data-driven decision-making, effective communication, and collaboration. This approach allows for a comprehensive and community-driven strategy to improve health and well-being, addressing not only medical care but also the broader SDOH.

Additionally, survey respondents report engaging in activities that are important to a health improvement planning process, from championing and applying policies, plans, and laws that impact health and well-being, to supporting workforce development to build and support a diverse, skilled workforce. These activities help to build and maintain a strong organizational infrastructure for health and well-being. However, only three organizations reported conducting legal and regulatory authority activities. When there is little capacity for legal and regulatory authority to protect health and well-being, there may be limited ability to create or enforce laws and regulations that directly affect health and well-being.

Resources

Part of assessing each partner's capacities, skills, and strengths to improve community health, health equity, and advance health improvement goals is understanding the resources that organizations have that can contribute to the process. To that end, the survey asked respondents to identify what resources their organization might contribute to support the health improvement initiative. It was made clear that identifying resources did not commit the organization to support. Table 167 provides the number of organizations that indicated that they could provide resources to the health improvement initiative. Of those listed, staff time to participate in meetings was the number one resource identified (n=10), followed by staff time to support community engagement and involvement (n=8) (see Table 167).

Table 167: Organizational Resources to Contribute to Community Health Improvement Plan Implementation as Identified by Community Partner Assessment Respondents

Resources to Contribute	Count
Staff time to participate in meetings and activities	10
Staff time to support community engagement and involvement	8
Staff time to help implement action plans for the identified priorities	8
Physical space to hold meetings	7
Staff time to support relationship-building between participating organizations (e.g., initial introductions or facilitating meet-and-greet events)	7
Policy and advocacy skills	6
Social media capacities	4
Staff time to support focus group facilitation or interviews	4
Staff time to help facilitate meetings and activities	4
Staff time to help analyze quantitative data	3
Staff time to help analyze qualitative data	3
Staff time to help plan meetings and activities	3
Funding to support community engagement (e.g., stipends, gift cards)	2
Media connections	2
Technology to support virtual meetings	2
Funding to support assessment activities (e.g., data collection, analysis)	1
Food for community meetings	1
Coordination with tribal government	1
Staff time to support interpretation and translation	1
Lending interpretation equipment for use during meetings	1
Note-taking support during qualitative data collection	1
Staff time to transcribe meeting recordings	1
Childcare for community meetings	0

Community Strengths, Assets, and Potential Barriers

The CPA survey is a tool to help identify community strengths, assets, and potential barriers to the health improvement initiative. For example, the survey includes the following questions: "Does your organization have sufficient capacity to meet the needs of your clients/ members? For example, do you have enough staff/funding/support to do your work?". Respondents were equally split between having enough resources and not having enough.

CPA respondents described other community strengths and resources that can be mobilized to address health challenges, namely: funding availability, broad and cross-cutting partnerships that cover physical, social and behavioral health focus areas, leadership skills, emergency utility assistance, home energy efficiency services, no-cost income tax preparation services, academic partnerships that support community needs through new and existing programs to support higher education attainment, availability of LGBTQIA+ services, access and connections to subject matter experts in rural healthcare throughout the country, comprehensive sex education curriculum, local governance and leadership connections with Medi-Cal health system, senior-specific resources, including educational programs, support groups, caregiver respite services for Alzheimer's and Dementia. Additional resources include local agencies and organizations ensuring cultural sensitivity by hiring individuals that mirror those they

serve, ensuring communication through the availability of translation, and interpretation services as well as business/agencies being physically located in the neighborhoods/communities they serve.

It should be noted that there is still much work to be done locally when looking to strengthen and/or enhance existing resources and assets. With people and organizations rallying around and engaging in health improvement initiative processes, community involvement, and input can improve, which would lead to a better representation of the community's diverse needs and viewpoints. Continuing to engage community partners in the CPA survey will help clarify what resources are needed for the health improvement initiative in Imperial County. In an effort to overcome these challenges, Imperial County stakeholder members could explore various strategies, such as seeking external funding, forming additional partnerships, prioritizing critical health issues, and finding innovative ways to involve the community in the planning process (See Appendix G for Resources Available to Address the Significant Health Needs).

Partner Inventory

The CPA survey captures a variety of information to assist in a community's health improvement efforts, including:

- Communities that organizations work with and/or support, including priority communities
- Organizations' definition of equity and commitment to create equity for disenfranchised populations
- Staffing abilities related to language, language interpretation, data collection, and data analysis
- Organizations' area(s) of focus and expertise

This information is available in Appendix D.

Forces of Change

The Community Context Assessment also measures forces of change. Forces of change focus on answering questions such as: "What is occurring or what might occur that affects the health of our community or the local public health system?" and "What specific threats or opportunities are generated by these occurrences?" These are forces that are (or will be) influencing the health and quality of life of the community, as well as the community's efforts to improve health outcomes. These forces include:

- Social: Changes in demographics, family structures, or social norms
- Economic: Fluctuations in the economy, employment rates, or access to healthcare
- Political/Legal: New legislation, policy changes, or government funding shifts
- Technological: Advances in healthcare technology, communication tools, or environmental monitoring
- Environmental: Climate change, air, and water quality concerns, or natural disasters

These forces can be grouped into the following categories:

- Trends: Consistent patterns and changes that occur over time, like shifts in population resulting from people moving in and out of a community or a growing sense of dissatisfaction with government actions

- Factors: Distinct components or characteristics that influence a situation, such as being in a rural setting or being close to a United States border
- Events: Singular incidents or happenings that are not ongoing, such as the closure of a hospital, a natural disaster, or the enactment of new legislation

Throughout the community's engagement efforts (stakeholder meetings, steering committee meetings, and focus groups), community members described issues they think their community can rectify, and the challenges and opportunities for improving some of these issues. This information should be considered when identifying priority health issues. It is important to note that this is not a static or exhaustive list, and forces of change can and should be constantly monitored and refined throughout the community health improvement planning and implementation process.

Trends

- Concerns regarding the ongoing lack of economic opportunity across the county
- Concerns about the growing lack of healthcare services, particularly specialty care, within the county
- Concerns about the growing pool of unaffordable housing and inflation, particularly if wages do not align with housing costs
- Concerns about the growing prevalence of mental health issues, substance misuse, and substance abuse in youth and adults, especially in light of the high levels of overdoses seen in the data
- Concerns about the ongoing impact of environmental factors on the health of individuals and communities

Factors

Imperial County encompasses a vast area of 4,175.5 square miles of land, bordering Mexico to the south and Arizona to the east. Its large, rural nature poses challenges related to limited resources and accessibility to services across the county. Several significant challenges were identified:

- Transportation barriers, especially for individuals residing in more rural areas of the county with limited resources
- Concerns were raised about the shortage of options and resources for young individuals, especially teenagers, within the community (community members observed that other areas like San Diego offer more opportunities and resources for youth, and the lack of government and business investment in spaces and activities that promote positive youth engagement is leading to poor mental health among youth)
- Many residents are not able to derive comfort and revitalization from spending time in natural settings because of the lack of parks and other community spaces that can be accessed during the summer months when the heat index prevents outdoor activity

Conclusion and Next Steps

The CHA report is available as a resource to community partners interested in improving the health of the community. It is anticipated that, in this way, the CHA will advance communitywide health improvement efforts. Ultimately, the purpose of the 2022-2024 CHA process was to develop and document key information regarding the health and well-being of Imperial County residents. Though progress is being made and important community assets exist, the data show that Imperial County struggles to prevent and treat certain chronic diseases and behavioral health-related issues (including both mental health and substance use disorder) and struggles to ensure adequate access to effective healthcare and preventive services that address risky health behaviors and chronic disease, including access to culturally and linguistically responsive care. In Imperial County, these issues are negatively exacerbated by residents' economic insecurity, environmental factors, and a lack of health-related infrastructure.

The information in this assessment is intended to drive discussions, support data-driven decision-making at the community level, and align strategies and resources to achieve wellness in Imperial County. It is anticipated that organizations, residents, business, and government sectors will become galvanized and commit to collective action in addressing priority health issues, advancing equity-centered population health solutions, and encouraging ongoing community conversations, thus collectively implementing the county's Community Health Improvement Plan.

APPENDIX A
Accronyms and Terms of Reference

Acronyms

ACE – Adverse Childhood Experiences

ACS – American Community Survey

ADA – Americans with Disabilities Act

AIDS – Acquired Immunodeficiency Syndrome

ATOD – Alcohol, Tobacco, and Other Drug

BMI – Body Mass Index

CCA – Community Context Assessment

CDC – Center for Disease Control and Prevention

CDE – California Department of Education

CDPH – California Department of Public Health

CHA – Community Health Assessment

CHIP – Community Health Improvement Plan

COPD – Chronic Obstructive Pulmonary Disease

CPA – Community Partner Assessment

CSA – Community Status Assessment

CTSA – Community Themes and Strengths Assessment

DTP 4+ -- Diphtheria, Tetanus, and Acellular Pertussis

EPA – Environmental Protection Agency

FDPIR – Food Distribution Program on Indian Reservations

FEI – Food Environment Index

FRPM – Free and Reduced Price Meals program

HepB – Hepatitis B

HIFLD – Homeland Infrastructure Foundation-Level Data

HIV – Human Immunodeficiency Virus

HMA – Health Management Associates

HPV – Human Papillomavirus

ICPHD – Imperial County Public Health Department

IVT – Imperial Valley Transit

LCSW – Licensed Clinical Social Worker

LEP – Limited English Proficiency

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Plus

LPHSA – Local Public Health Systems Assessment

LWB -- Low Weight Birth

MAPP – Mobilizing for Action through Planning and Partnerships

MD – Medical Doctor

Medi-Cal – California's Medicaid health care program

MMR 2+ -- Measles, Mumps, and Rubella Vaccine

MS – Master of Science

NACCHO – National Association of County and City Health Officials

PM – Particulate Matter

PMHNP – Psychiatric or Mental Health Nurse Practitioner

POC – Person (or People) of Color

ppb – Parts Per Billion

PRC – Professional Research Consultants, Inc.

SDOH – Social Determinants of Health

SNAP – Supplemental Nutrition Assistance Program

STD – Sexually Transmitted Disease

STI – Sexually Transmitted Infection

SY – School Year

TANF – Temporary Assistance for Needy Families

Var 2+ --Varicella (Chickenpox) Vaccine

VOC – Volatile Organic Compound

WIC – Special Supplemental Nutrition Program for Women, Infants, and Children

YLL – Years of Life Lost

Terms of Reference

The following definitions are a summary of common definitions from a variety of sources rather than academic citations.

Race, Ethnicity, and Sexual Orientation

Race is a social construct to classify people based on their physical appearance. Ethnicity, on the other hand, is a broader concept associated with a particular country or region and refers to a person's cultural identity, language, religion, customs, and traditions. Sexual orientation is a complex and multifaceted concept encompassing patterns of emotional, romantic, and sexual attraction to others that play a significant role in shaping an individual's identity and experiences. These concepts are further discussed in the Community Themes and Strengths Assessment (CTSA) section regarding the demographics of CTSA survey respondents.

Sex and Gender

While often used interchangeably, sex and gender are two distinct concepts. Sex is based on the biological attributes of males and females (e.g., chromosomes, anatomy, and hormones). At the same time, gender is a social construction whereby a society or culture assigns certain tendencies or behaviors to the concepts of masculinity and femininity. Terms such as "transgender," "non-binary," and "gender nonconforming" all refer to gender, not sex. This assessment relies on the terminology used by the data source. For example, when referring to gender in American Community Survey data, it is capturing current sex as there are no questions about gender, sexual orientation, or sex at birth. Respondents are asked to respond either "male" or "female" based on how they currently identify their sex.

Social Determinants of Health

The shift in language from "Social Determinants of Health" to "Social Drivers of Health" reflects an evolving perspective on the factors that influence an individual's health and well-being. The term "Social Drivers of Health" places a stronger emphasis on the active role individuals play in shaping their health outcomes. It suggests that individuals can actively drive their health by making choices and decisions based on their social and environmental circumstances.

The term "Social Determinants of Health" is associated with a more deterministic view, implying that one's health is solely determined by external factors. This perspective can sometimes overlook the agency and choices individuals make in response to their social circumstances. Social Drivers promotes empowerment, reduces determinism, and underscores the complex interplay of social and environmental factors in health outcomes. It reflects an evolving understanding of health and aims to encourage a holistic and less stigmatizing approach to addressing health disparities. This CHA continues to use Social Determinants of Health to align with the California Department of Public Health (CDPH).

APPENDIX B

Community Themes and Strengths Assessment

Imperial County Community Survey

Start of Block: Introduction Block

Q1 This survey is a chance for you to tell us firsthand about the issues you, your family, and your community are experiencing that lead to health problems, share your opinions about community health issues, and hear about the factors impacting your quality of life.

Although we do ask for some basic demographic information to help us understand the different experiences in the various communities in our county, this survey is anonymous. No one will know what your answers are.

We value your time and input. If you answer all the questions, you will be offered an opportunity to enter yourself into a drawing to win a $100.00 Amazon or Visa Gift Card.

Thank you for your time and interest in helping us identify our county's most critical problems! If you have any questions regarding the survey please contact Dr. Amy Binggeli-Vallarta RD, Imperial County Public Health Department at Tele: 442-265-1335 or AmyBinggeli@co.imperial.ca.us

End of Block: Introduction Block

Start of Block: Top 3 Block

Q2 Introduction The American Planning Association (APA) defines "healthy communities" as places where all individuals have access to a healthy built, social, economic, and natural environment that gives them the opportunity to live up to their fullest potential, regardless of their race, ethnicity, gender identity, income, age, abilities, sexual orientation, or other socially defined circumstance. For the survey, “community” is defined by the ZIP code in which you live.

Q3 Please review the factors and behaviors that contribute to a person's health. What **three things** are most needed in your community to improve your health?

- ☐ Access to dental care
- ☐ Access to healthcare providers (e.g., family doctors, pediatricians)
- ☐ Access to mental health services (e.g., counselors, psychiatrists)
- ☐ Access to treatment services for substance use or misuse (e.g. alcohol, methamphetamine, opioids, etc.)
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Business friendly environment
- ☐ Clean water and environment
- ☐ Fair and equitable treatment of people and groups no matter their race, gender identity, age, or sexual orientation
- ☐ Good jobs and a healthy economy
- ☐ Healthy food and grocery stores nearby
- ☐ Lower crime and safe neighborhoods
- ☐ Lower rates of death and disease
- ☐ Lower rates of infant deaths
- ☐ Parks and recreation
- ☐ Reliable transportation
- ☐ Religious or spiritual supports
- ☐ Safe, stable, and nurturing relationships within the family and community
- ☐ Services for children and youth with special healthcare needs (e.g. asthma, diabetes, autism, muscular dystrophy, etc.)
- ☐ Services for people experiencing violence within the home, including child abuse and intimate partner violence
- ☐ Social support and connections

Q4 Please review the factors and behaviors that make a community unhealthy. What **three things** do you think are the most damaging to the health of your community?

- ☐ Bullying and cyberbullying
- ☐ Cancer (all types)
- ☐ Car accidents related to driver behaviors (texting/aggressive, distracted, or impaired driving)
- ☐ Community violence (i.e., assault, gang activity, homicide)
- ☐ Diabetes
- ☐ Drugs or alcohol
- ☐ Environmental problems (i.e. air and water pollution, excessive heat, severe storms, etc.)
- ☐ Firearm-related injuries
- ☐ Heart disease and high blood pressure
- ☐ HIV and AIDS
- ☐ Homelessness
- ☐ Immigration
- ☐ Infant death, child abuse and neglect
- ☐ Infectious Diseases (Hepatitis, TB, Measles, etc.)
- ☐ Intimate partner violence and domestic violence
- ☐ Lack of healthy food and grocery stores
- ☐ Mental health problems
- ☐ No affordable dental care
- ☐ No specialty medical care (genetics, pediatric neurology, psychiatry, developmental-behavioral, gynecology etc.)
- ☐ Overuse or inappropriate use of technology (i.e. too much screen time, social media)
- ☐ Problems related to aging (i.e.. hearing/vision loss, limited mobility, memory & cognitive issues, etc.)
- ☐ Rape and sexual assault
- ☐ Risk of future pandemics
- ☐ Sex trafficking and human trafficking
- ☐ Sexually Transmitted Diseases & Infections (i.e syphilis, gonorrhea, chlamydia, etc.)
- ☐ Social isolation and loneliness
- ☐ Suicide
- ☐ Teenage pregnancy
- ☐ Under-employment and low-paying jobs
- ☐ Unintentional injuries (i.e., motor vehicle accidents, drowning)
- ☐ Vaccine-preventable diseases (i.e., polio, measles, COVID)

Q5 Please review the factors and behaviors that make people unhealthy. What **three things** do you think are the most damaging to the health of people in your community?

- ☐ Alcohol misuse or abuse
- ☐ Being overweight
- ☐ Bullying or cyber bullying
- ☐ Dropping out of school
- ☐ Lack of exercise
- ☐ Marijuana misuse or abuse
- ☐ Methamphetamine or other stimulants misuse or abuse
- ☐ Not following public health recommendations for community safety (wearing masks, getting vaccinated etc.)
- ☐ Not getting prenatal and maternity care
- ☐ Not getting regular health screenings (i.e. yearly check-ups, breast exams, gynecological exams, colonoscopies etc.)
- ☐ Not getting vaccinated (childhood vaccines, Influenza, COVID-19 etc.)
- ☐ Not using seat belts or child safety seats
- ☐ Opioid misuse or abuse (including Fentanyl or other synthetic opioids)
- ☐ Poor eating habits (i.e. regularly eating fast food, not eating fresh fruit or vegetables etc.)
- ☐ Sugary drinks
- ☐ Tobacco use
- ☐ Unfair treatment because of gender or gender identity
- ☐ Unfair treatment because of race and ethnicity
- ☐ Unfair treatment because of sexual orientation
- ☐ Unsafe driving behaviors (texting, aggressive, distracted, impaired)
- ☐ Unsafe sex
- ☐ Unsecured firearms
- ☐ Untreated anxiety
- ☐ Untreated depression
- ☐ Untreated mental illnesses (bipolar disorder, schizophrenia, etc.)
- ☐ Vaping

End of Block: Top 3 Block

Start of Block: Community Connectedness

Imperial County Community Survey

Q6 Feeling like you belong is one of the main drivers of health and quality of life. Following are statements about the quality of life in your County.

Please think about each statement from the neighborhood where you live and tell us if you agree, are neutral, or disagree with each statement.	Agree	Neutral	Disagree
I am satisfied with the quality of life in my neighborhood. (Consider your sense of safety, wellbeing, participation in community life and associations, etc.)	☐	☐	☐
I am satisfied with the healthcare available to me (and my family). (Consider access, cost, availability, quality, and options to see a provider who understands my culture, race, sexual orientation, gender identity, or disability as it relates to health care)	☐	☐	☐
My neighborhood is a good place to raise children. (Consider school quality, day care, after school programs, recreation, etc.)	☐	☐	☐
My neighborhood is a good place to grow old. (Consider elder-friendly housing, transportation to medical services, churches, shopping; elder day care, social support for the elderly living alone, meals on wheels, etc.)	☐	☐	☐
There is economic opportunity for me (and my family).. (Consider locally owned and operated businesses, jobs with career growth, job training/higher education opportunities, affordable housing, reasonable commute, etc.)	☐	☐	☐
My neighborhood is a safe place to live. (Consider residents' perceptions of safety in the home, the workplace, schools, playgrounds, parks, and the mall. Do neighbors know and trust one another? Do they look out for one another?)	☐	☐	☐
There are networks of support for me and my family during times of stress and need. (Neighbors, support groups, faith community outreach, agencies, organizations)	☐	☐	☐
Every person and group has the opportunity to contribute to improving the quality of life in my neighborhood.	☐	☐	☐
All residents in my neighborhood feel that they — individually and together— can make the neighborhood a better place to live.	☐	☐	☐
There is a broad variety of affordable healthcare services.	☐	☐	☐
There is a sufficient amount of social services to meet the needs of our residents.	☐	☐	☐
Trust and respect are increasing in my neighborhood and we come together to achieve shared community goals.	☐	☐	☐
There is an active sense of civic responsibility and engagement, and pride in the community.	☐	☐	☐

Q7 Please rate how safe of a place your neighborhood is to live. Consider the safety in your home, workplace, schools, playgrounds, parks, and public places. Also consider how well neighbors know and trust one another and whether they look out for one another.

- ☐ Not safe at all
- ☐ Somewhat safe
- ☐ Safe
- ☐ Very safe

Start of Block: Discrimination Block

Q8 **Racism, Discrimination & Health Equity** National research documents the impact of racism and discrimination on a person's health. However, we do not know much about **how** racism or discrimination impacts the health of the people of Imperial County.

Organizations across Imperial County are working to promote health and end racism and discrimination and we want to learn more about your experiences of racism and discrimination. Following are questions about your day-to-day experiences.

The questions will take about **4-5 minutes** to complete.

The questions in this section are going to ask about how you and others like you are treated, and how you usually react.

Q10 Please answer the following.	Never	Rarely	Sometimes	Often
How often do you feel that racial/ethnic groups who are not white, such as African Americans, Latinos and Asians, are discriminated against?	☐	☐	☐	☐
How often do you feel that you have been discriminated against because of your race, ethnicity, or skin color?	☐	☐	☐	☐

Q11 If you feel you have been treated unfairly, do you usually: (please select the best response)

- ☐ Accept it as a fact of life
- ☐ Try to do something about it

Q12 If you have been treated unfairly, do you usually: (please select the best response)

- ☐ Talk to other people about it
- ☐ Keep it to yourself

Q13 Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel like you were not good enough in any of the following situations:	Never	Once	2-3 Times	4 or More Times
At school?	☐	☐	☐	☐
Getting hired or getting a job?	☐	☐	☐	☐
At work?	☐	☐	☐	☐
Getting housing?	☐	☐	☐	☐
Getting medical care?	☐	☐	☐	☐
Getting service in a store or restaurant?	☐	☐	☐	☐
Getting credit, bank loans, or a mortgage?	☐	☐	☐	☐
On the street or in a public setting?	☐	☐	☐	☐
From the police, other law enforcement, or in the courts?	☐	☐	☐	☐

Q14 Please select the reasons why you believe you experienced discrimination in these situations:

- ☐ Ancestry or National Origin
- ☐ Gender
- ☐ Race
- ☐ Age
- ☐ Religion
- ☐ Height or Weight
- ☐ Shade of Skin Color
- ☐ Sexual Orientation
- ☐ Education Level
- ☐ Income Level
- ☐ I have a physical disability
- ☐ I have a mental illness
- ☐ I have a substance use disorder
- ☐ Tribal affiliation
- ☐ Something not on this list

Q15 Childhood worries.	I have experienced this	I have never experienced this
When you were a child or teenager, you worried about people **in your family and your circle of friends** experiencing unfair treatment because of their race, ethnicity, or skin color.	☐	☐
When you were a child or teenager, you worried about experiencing unfair treatment because of **your race, ethnicity, or skin color.**	☐	☐

Q16 Recent worries.	I have experienced this	I have never experienced this
In the last year, you worried about people **in your family and your circle of friends** experiencing unfair treatment because of their race, ethnicity, or skin color.	☐	☐
In the last year, you worried about experiencing unfair treatment because of **your race, ethnicity, or skin color**.	☐	☐

Q17 Please review the following list of types of unfair treatment. As you review the list think about which types of unfair treatment that have happened to you **more than once**:

- ☐ You have been treated with less courtesy than other people
- ☐ You have been treated with less respect than other people
- ☐ You have been followed around in stores
- ☐ You have received poorer service than other people at restaurants or stores
- ☐ People have acted as if they are better than you are
- ☐ People have acted as if they think you are not smart
- ☐ People have acted as if they are afraid of you
- ☐ People have acted as if they think you are dishonest
- ☐ You have been called names or insulted
- ☐ You have been threatened or harassed
- ☐ You have been unfairly stopped, searched, questioned, physically threatened or abused by law enforcement
- ☐ You live (or have lived) in a neighborhood where neighbors made life difficult for you or your family

Survey Respondent or Facilitator:

On the next two pages this list is repeated. Next to each type of unfair treatment are possible reasons for the treatment (same as Q49).

Find the types of unfair treatment that have happened to you **THEN**, select the **NUMBER ONE (#1)** reason you think motivated people to treat you unfairly.

Remember, select **ONLY ONE** reason for each type of unfair treatment you've experienced.

Experiences of discrimination:	Ancestry or National Origins	Gender	Race	Age	Religion	Height or Weight	Shade of Skin Color	Sexual Orientation	Education Level	Income Level	You have a physical disability	You have a mental illness	You have a substance use disorder	Other
You have been treated with less courtesy than other people	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have been treated with less respect than other people	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have been followed around in stores	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have received poorer service than other people at restaurants or stores	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
People have acted as if they are better than you are	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
People have acted as if they think you are not smart	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
People have acted as if they are afraid of you	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Imperial County Community Survey

Experiences of discrimination:	Ancestry or National Origins	Gender	Race	Age	Religion	Height or Weight	Shade of Skin Color	Sexual Orientation	Education Level	Income Level	You have a physical disability	You have a mental illness	You have a substance use disorder	Other
People have acted as if they think you are dishonest	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have been called names or insulted	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have been threatened or harassed	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You have been unfairly stopped, searched, questioned, physically threatened or abused by law enforcement	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
You live (or have lived) in a neighborhood where neighbors made life difficult for you or your family	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Start of Block: Access to Care & Services

Q19 Access to care and services means you can get healthcare and other services when you need them. It also means you have a usual source of care and get regular screening and prevention services so you can stay healthy.

There are many reasons why people do not have access to care and services. The questions in this section of the survey will help us understand your experience with getting care from a doctor's office, clinic, or other organizations where you live.

Q20 How often is the ZIP code you live in also where you get healthcare or other services and resources?

- ☐ Always
- ☐ Usually
- ☐ About half the time that I need something
- ☐ Seldom
- ☐ Never
- ☐ I don't know what this question is asking
- ☐ Prefer not to say

Q21 Please answer the following:	Yes	No	I prefer not to say
Are you deaf or do you have serious difficulty hearing?	☐	☐	☐
Are you blind or do you have serious difficulty seeing, even wearing glasses?	☐	☐	☐
Do you have serious difficulty walking or climbing stairs?	☐	☐	☐
Do you have any chronic health conditions such as asthma, diabetes, COPD, or cancer?	☐	☐	☐

Page Break

Q22 On average, how much time does it take you to travel to see a doctor or other health care provider (nurse, nurse practitioner, physician assistant)?

- ☐ 15 min or less
- ☐ 15 - 30 minutes
- ☐ 30 - 45 minutes
- ☐ Longer than 45 minutes
- ☐ I do not travel to my appointments because I use telehealth services

Q23 When did you last see the following:	Within the last year	More than one year ago	I don't remember the last time	Never
Doctor or other physical health provider (nurse, nurse practitioner, physician assistant)	☐	☐	☐	☐
Oral or dental care provider (dentist, dental hygienist, etc)	☐	☐	☐	☐
Mental health provider (counselor, psychiatrist, etc.)	☐	☐	☐	☐

Q24 Please choose the statement that best fits your life:

- ☐ I drive myself to places that I need to go
- ☐ I have a license but decided not to drive
- ☐ I don't drive because I choose not to have a license
- ☐ I don't drive because my license was suspended or revoked
- ☐ I don't drive because of a medical/physical problem
- ☐ I don't drive because I can't afford a car or car insurance or gas
- ☐ I don't drive because I can't afford my car insurance or gas

Q25 How do you usually get to your medical appointments (physical health, mental health, oral health, etc.)?

- ☐ I drive myself
- ☐ Spouse/Partner/Relative
- ☐ Friend or Neighbor
- ☐ Public transportation
- ☐ Cab/Uber/Lyft not covered by my health insurance
- ☐ Transportation provided my health insurance
- ☐ Transportation provided by a community group
- ☐ I use telehealth services

Q26 Some people may experience barriers when accessing healthcare services. For example, long-distance travel can make it hard to get healthcare services.

What barrier(s) have you experienced in getting services to support your healthcare and wellness? Select **all** that apply.

- ☐ Forms were too complicated (Medicaid, Health Insurance or doctor's office/hospital forms etc.)
- ☐ High out-of-pocket-costs/it costs too much money
- ☐ I was not eligible for services
- ☐ I could not find providers or services that understand, value and respect my culture
- ☐ I could not find providers that looked like me or that speak my language
- ☐ I did not feel safe
- ☐ I did not have health insurance
- ☐ I did not know what services and resources were available
- ☐ I do not have internet access or a device to use telehealth services
- ☐ I felt embarrassed about asking for help and/or getting services
- ☐ Needed evening and/or weekend hours of service
- ☐ Needed service not offered in my area
- ☐ No appointments were available, or I couldn't get an appointment in a reasonable amount of time
- ☐ Not easy to travel to / I don’t have transportation
- ☐ Poor physical access (i.e., handicap accessibility)
- ☐ I have not experienced any barriers.
- ☐ I don’t understand this question
- ☐ I don't want to answer

Page Break

Q27 Many factors influence health, including the ability to meet basic needs. Please tell us how often you are lacking enough money to pay for the following essentials:

	Never	Sometimes (3 -4 times per year)	Every month
Food	☐	☐	☐
Rent/Mortgage	☐	☐	☐
Gas for a car or other transportation costs	☐	☐	☐
Utilities (electricity, water)	☐	☐	☐
Internet Service	☐	☐	☐
Phone/Cell phone service	☐	☐	☐
Clothing	☐	☐	☐
Medicine, prescriptions or medical supplies	☐	☐	☐

Q28 Please rate your overall health and your community's overall health.

	Very unhealthy	Unhealthy	Somewhat healthy	Healthy	Very healthy
My overall health	☐	☐	☐	☐	☐
My community's overall health	☐	☐	☐	☐	☐

Start of Block: Demographics Block

Q29 **Tell Us About You Tell Us About You** The questions below ask for demographic information, such as your age, marital status, employment, and more.

Why do we ask these questions? Your answers will help us understand the issues you have experienced and provide the County with information about where we need to find solutions to improve them.

Your answers are anonymous, and no one will know who responded. Please know that your privacy is important to us and will remain confidential.

Q30 Please choose from the following:

- ☐ I live in Imperial County full time
- ☐ I live in Imperial County less than full-time
- ☐ I do not live in Imperial County, but I work there

Q32 Please choose the ZIP code or region where you live right now:

- ☐ 92222
- ☐ 92227
- ☐ 92231
- ☐ 92233
- ☐ 92243
- ☐ 92249
- ☐ 92250
- ☐ 92251
- ☐ 92257
- ☐ 92259
- ☐ 92266
- ☐ 92275
- ☐ 92273
- ☐ 92281
- ☐ 92283
- ☐ Mexicali, Mexico
- ☐ San Luis, Mexico
- ☐ Valle de Mexicali
- ☐ Yuma, Arizona
- ☐ Other _____

Q33 How old are you?

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 or older
- ☐ Prefer not to say

Q34 Gender identity is how someone feels about their own gender. There are many ways a person can describe their gender identity and many labels a person can use.

Which of the following terms best describes your current gender identity?

- ☐ Female
- ☐ Male
- ☐ Gender nonconforming
- ☐ Transgender man
- ☐ Transgender woman
- ☐ Two spirit or other Native identity
- ☐ Questioning or unsure
- ☐ Other _____
- ☐ Prefer not to say

Q35 Sexual orientation is a person's emotional, romantic, and/or sexual attractions to another person.

There are many ways a person can describe their sexual orientation and many labels a person can use. Which of these options best describes your sexual orientation?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or Man who has sex with other men
- ☐ Lesbian or Woman who has sex with other women
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning or unsure
- ☐ Straight or heterosexual
- ☐ Other _____
- ☐ Prefer not to say

Q36 Do you identify as a member of the LGBTQIA+ community?

- ☐ Yes
- ☐ No

Q37 What is your relationship status?

- ☐ Divorced
- ☐ In a long-term relationship
- ☐ Married
- ☐ Single
- ☐ Widowed
- ☐ I prefer not to say

Q38 Do you identify as a person of color?

- ☐ Yes
- ☐ No

Q39 Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ American Indian and Alaska Native
- ☐ Asian
- ☐ Black and African American
- ☐ Hispanic and Latino/a
- ☐ Middle Eastern/North African
- ☐ Native Hawaiian and Pacific Islander
- ☐ White
- ☐ Other
- ☐ I prefer not to say

Answer this question ONLY if you selected American Indian and Alaska Native in Q39

Q40 American Indian and Alaska Native
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Cherokee
- ☐ Chippewa
- ☐ Navajo
- ☐ Sioux
- ☐ Other

Answer this question ONLY if you selected Asian in Q39

Q41 Asian
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Other

Answer this question ONLY if you selected Black and African American in Q39

Q42 Black or African American
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Somali
- ☐ Other

Answer this question ONLY if you selected Hispanic and Latino/a in Q39

Q43 Hispanic and Latino/a
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other

Answer this question ONLY if you selected Middle Eastern/North African in Q39

Q44 Middle Eastern/North African
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Middle Eastern
- ☐ North African
- ☐ Other

Answer this question ONLY if you selected Native Hawaiian and Pacific Islander in Q39

Q45 Native Hawaiian and Pacific Islander
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Chamoru (Chamorro)
- ☐ Communities of the Micronesian Region
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Other

Answer this question ONLY if you selected White in Q39

Q46 White
Which of the following describes your racial or ethnic identity? Please check ALL that apply.

- ☐ Eastern European
- ☐ Slavic
- ☐ Western European
- ☐ Other

Q47 How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ I prefer not to say

Q48 What language do you mainly speak at home?

- ☐ Spanish
- ☐ English
- ☐ Native American language
- ☐ Other
- ☐ I prefer not to say

Q49 What is your highest level of education?

- ☐ Less than high school degree
- ☐ High school graduate (high school diploma or equivalent including GED)
- ☐ Some college but no degree
- ☐ Associate degree in college (2-year)
- ☐ Bachelor's degree in college (4-year)
- ☐ Master's degree
- ☐ Doctoral degree
- ☐ Professional degree (JD, MD)
- ☐ I prefer not to say

Q50 What is your employment status? Please select the most appropriate response(s). If, for example, you are retired and work part-time, then choose both. If you work more than one job, select "Working multiple jobs."

- ☐ Working full time
- ☐ Working part time
- ☐ Working multiple jobs
- ☐ Unable to work due to a disability
- ☐ Unemployed
- ☐ Retired
- ☐ I prefer not to say

Q51 Which category best describes your household's income? If living with a partner/spouse, please consider the income of both individuals.

- ☐ Less than $20,000
- ☐ $20,000 to $29,999
- ☐ $30,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $124,999
- ☐ $125,000 and above
- ☐ I prefer not to say

Q52 Where do you get health insurance? Please select all that apply.

- ☐ Employer (yours or your partner/spouse)
- ☐ Medicare
- ☐ MediCal
- ☐ Health Insurance bought directly by you
- ☐ Health Insurance Marketplace
- ☐ Veterans' Administration
- ☐ Indian Health Services
- ☐ I do not have health insurance
- ☐ I prefer not to say

Q53 How or where did you get this survey?

- ☐ Church
- ☐ Community Meeting
- ☐ Community Organization or Program
- ☐ Email
- ☐ Social Media (Facebook, Instagram, Twitter, Next Door, etc.)
- ☐ Grocery Store
- ☐ Healthcare Provider
- ☐ Library
- ☐ Newspaper
- ☐ Community Newsletter or Bulletin
- ☐ Friend
- ☐ School
- ☐ Workplace
- ☐ Other _____

End of Block: Demographics Block

Q54 Thank you for participating in the 2023 - 2024 Imperial County Community Health Survey. Please choose from the following:

- ☐ Yes, I would like to be entered into a raffle to win a $100 gift card.
- ☐ No, I would not like to be entered into a raffle to win a $100 gift card.

The gift card will be delivered virtually, so you must provide a valid email address to receive it. HMA will not use your email address for any purpose other than delivering the gift card should you win the lottery.

If you do not have a valid email address please provide a valid phone number that can receive calls and text messages. HMA will work with you to make arrangements to mail or deliver your gift card

First and last name _____

Email address _____

Phone number _____

Encuesta Comunitaria del Condado de Imperial

Inicio del bloque: Introducción

Q1 Bienvenido a la Encuesta de Salud Comunitaria del Condado de Imperial 2023 - 2024. Esta encuesta tiene como objetivo de obtener sus opiniones sobre problemas de salud de la comunidad y conocer las experiencias que afectan su calidad de vida en el condado de Imperial, California.

Aunque solicitamos información demográfica básica para ayudarnos a comprender las diferentes experiencias en las distintas comunidades de nuestro condado, esta encuesta es anónima. Nadie sabrá cuáles son tus respuestas. Valoramos su tiempo y opiniones. Si responde a todas las preguntas, se le ofrecerá la oportunidad de participar en un sorteo para ganar una tarjeta de regalo Visa o Amazon de $100.00.

¡Gracias por su tiempo e interés en ayudarnos a identificar los problemas más críticos de nuestro condado!

Inicio del bloque: Top 3

Q2 Introducción La Asociación Estadounidense de Planificación (APA) define "comunidades saludables" como lugares donde todos los individuos tienen acceso a un ambiente construido, social, económico y naturalmente saludable para que les brinde la oportunidad de vivir a la altura de su máximo potencial, independientemente de su raza, etnia. , identidad de género, ingresos, edad, habilidades, orientación sexual u otra circunstancia socialmente definida. Para la encuesta, "comunidad" se define por el código postal en el que vive.

Q3 Revise la siguiente lista. Seleccione los **tres** factores más importantes para una "comunidad saludable". Elija aquellos factores que crea que son las **características más importantes** de una comunidad feliz, saludable y próspera.

- ☐ Acceso a atención dental
- ☐ Acceso a proveedores de atención médica (p. ej., médicos de familia, pediatras)
- ☐ Acceso a servicios de salud mental (p. ej., consejeros, psiquiatras)
- ☐ Acceso a servicios de tratamiento por uso o abuso de sustancias (por ejemplo, alcohol, metanfetamina, opioides, etc.)
- ☐ Vivienda accesible
- ☐ Eventos artísticos y culturales.
- ☐ Ambiente favorable a los negocios
- ☐ Agua limpia y medio ambiente
- ☐ Trato justo y equitativo a personas y grupos sin importar su raza, identidad de género, edad u orientación sexual.
- ☐ Buenos empleos y una economía sana
- ☐ Tiendas de alimentos y comestibles saludables cercanas.
- ☐ Menor criminalidad y vecindades seguros
- ☐ Tasas más bajas de muerte y enfermedad.
- ☐ Tasas más bajas de muertes infantiles
- ☐ Parques y Recreación
- ☐ Transporte confiable
- ☐ Apoyos religiosos o espirituales
- ☐ Relaciones seguras, estables y enriquecedoras dentro de la familia y la comunidad.
- ☐ Servicios para niños y jóvenes con necesidades especiales de atención médica (por ejemplo, asma, diabetes, autismo, distrofia muscular, etc.)
- ☐ Servicios para personas que sufren violencia dentro del hogar, incluido el abuso infantil y la violencia de pareja íntima.
- ☐ Apoyo social y conexiones.

Q4 Revise la siguiente lista. Seleccione los tres peores "problemas de salud" de la comunidad. Elija aquellos problemas que tengan el mayor impacto en la salud general de su comunidad. En otras palabras, ¿qué tres cosas son las más dañinas para la salud de su comunidad?
Intimidación

- ☐ Cáncer (todos los tipos)
- ☐ Accidentes vehiculares relacionados con el comportamiento del conductor (enviar mensajes de texto / conducción agresiva, distraída o con problemas)
- ☐ Violencia comunitaria (es decir, violencia de pandillas, homicidio)
- ☐ Diabetes
- ☐ Uso indebido de sustancias / drogas
- ☐ Problemas de envejecimiento (por ejemplo, pérdida de audición / visión, movilidad limitada, etc.)
- ☐ Heridas relacionadas con armas de fuego
- ☐ Abuso / negligencia infantil
- ☐ VIH / SIDA
- ☐ Desamparo
- ☐ Inmigración
- ☐ Muerte infantil
- ☐ Enfermedades infecciosas (hepatitis, tuberculosis, etc.)
- ☐ Violencia de pareja íntima / violencia doméstica
- ☐ Falta de alimentos saludables y tiendas de abarrotes.
- ☐ Problemas de salud mental
- ☐ Acceso a atención dental accesible
- ☐ Alta presión sanguínea
- ☐ Uso excesivo de tecnología / tiempo de pantalla excesivo
- ☐ Redes sociales: uso excesivo y / o inadecuado
- ☐ Violación / agresión sexual
- ☐ Riesgo de pandemias futuras
- ☐ Sexo / trata de personas
- ☐ Infecciones de transmisión sexual (ITS)
- ☐ Aislamiento social
- ☐ Suicidio
- ☐ Embarazo en la adolescencia
- ☐ Subempleo y empleos mal remunerados
- ☐ Lesiones no intencionales (es decir, accidentes automovilísticos, ahogamiento)
- ☐ Enfermedades que se pueden prevenir con vacunas (es decir, sarampión, influenza, paperas, etc.)

Q5 Revise la siguiente lista. Seleccione los **tres** comportamientos más peligrosos y / o dañinos que ocurren en la comunidad. Elija los comportamientos que usted cree que tienen **un impacto más negativo** en la salud general de la comunidad.

- ☐ Uso indebido / abuso de alcohol
- ☐ Tener sobrepeso
- ☐ Bullying y / o cyberbullying
- ☐ Abandonar la escuela
- ☐ Falta de ejercicio
- ☐ Mal uso / abuso de la marihuana
- ☐ Uso indebido / abuso de metanfetamina
- ☐ No seguir las recomendaciones de salud pública para la seguridad de la comunidad (usar máscaras, vacunarse, etc.)
- ☐ No recibir atención prenatal o de maternidad
- ☐ No hacerse exámenes de salud regulares
- ☐ No vacunarse contra COVID-19
- ☐ No usar cinturones de seguridad y / o asientos de seguridad para niños
- ☐ Uso indebido / abuso de opioides (incluido el fentanilo)
- ☐ Los malos hábitos alimenticios
- ☐ Bebidas azucaradas
- ☐ El consumo de tabaco
- ☐ Trato injusto por género / identidad de género
- ☐ Trato injusto por motivos de raza y / o etnia
- ☐ Trato injusto por orientación sexual
- ☐ Conductas de conducción inseguras (enviar mensajes de texto, agresivo, distraído, alterado)
- ☐ Sexo inseguro
- ☐ Armas de fuego no aseguradas
- ☐ Sin máscara
- ☐ Depresión no tratada
- ☐ Enfermedades mentales no tratadas (trastorno bipolar, esquizofrenia, etc.)
- ☐ Vapear

Inicio del bloque: Conexiones Comunitarias

Q6 Sentir que pertenece es uno de los principales impulsores de la salud y la calidad de vida. Las siguientes son declaraciones sobre la calidad de vida en el condado de Condado Imperial.

Por favor, piense en cada declaración del vecindario donde vive y díganos si está de acuerdo, es neutral o no está de acuerdo con cada declaración.	**De acuerdo**	**Neutral**	**Desacuerdo**
Estoy satisfecho con la calidad de vida en mi vecindario. (Considere su sentido de seguridad, bienestar, participación en la vida comunitaria y asociaciones, etc.)	☐	☐	☐
Estoy satisfecho con la atención médica disponible para mí (y mi familia). (Considere el acceso, el costo, la disponibilidad, la calidad y las opciones para ver a un proveedor que entienda mi cultura, raza, orientación sexual, identidad de género o discapacidad en relación con la atención médica)	☐	☐	☐
Mi vecindario es un buen lugar para criar hijos. (Considere la calidad de la escuela, la guardería, los programas después de la escuela, la recreación, etc.)	☐	☐	☐
Mi vecindario es un buen lugar para envejecer. (Considere la vivienda amigable para los ancianos, el transporte a servicios médicos, iglesias, compras; cuidado de dia para ancianos, apoyo social para los ancianos que viven solos, comidas sobre ruedas, etc.)	☐	☐	☐
Hay una oportunidad económica para mí (y mi familia). (Considere negocios de propiedad y operación local, empleos con crecimiento profesional, capacitación laboral / oportunidades de educación superior, vivienda accesible, viaje razonable, etc.)	☐	☐	☐
Mi vecindario es un lugar seguro para vivir. (Considere las percepciones de los residentes sobre la seguridad en el hogar, el lugar de trabajo, las escuelas, los patios de recreo, los parques y el centro comercial. ¿Los vecinos se conocen y confían unos en otros? ¿Se cuidan unos a otros?)	☐	☐	☐
Hay redes de apoyo para mí y mi familia en momentos de estrés y necesidad. (Vecinos, grupos de apoyo, alcance comunitario religioso, agencias, organizaciones)	☐	☐	☐
Cada persona y grupo tiene la oportunidad de contribuir a mejorar la calidad de vida en mi barrio.	☐	☐	☐
Todos los residentes de mi vecindario sienten que, individualmente y juntos, podemos hacer del vecindario un mejor lugar para vivir.	☐	☐	☐
Existe una amplia variedad de servicios de atención médica accesibles.	☐	☐	☐
Hay una cantidad suficiente para servicios sociales para satisfacer las necesidades de nuestros residentes.	☐	☐	☐
La confianza y el respeto están aumentando en mi vecindario y nos unimos para lograr objetivos comunitarios compartidos.	☐	☐	☐
Hay un sentido activo de responsabilidad cívica y compromiso, y orgullo cívico en la comunidad.	☐	☐	☐

Q7 Por favor, califique qué tan seguro es el lugar donde vive en su vecindario. Considere la seguridad en su hogar, lugar de trabajo, escuelas, patios de recreo, parques y lugares públicos. También considere qué tan bien los vecinos se conocen y confían entre sí y si se cuidan unos a otros.

- ☐ No es seguro en absoluto
- ☐ Algo seguro
- ☐ Seguro
- ☐ Muy seguro

Inicio del Bloque: Bloque de Discriminación

Q8 Racismo, discriminación y equidad en salud
La investigación nacional documenta el impacto del racismo y la discriminación en la salud de una persona. Sin embargo, no sabemos mucho sobre cómo el racismo o la discriminación afectan la salud de la gente del condado de Imperial.

Organizaciones en todo el Condado de Imperial están trabajando para promover la salud y poner fin al racismo y la discriminación y queremos aprender más sobre sus experiencias de racismo y discriminación. A continuación encontrará preguntas sobre sus experiencias del día a día. Las preguntas tardarán entre 4 y 5 minutos para completar.

Q9 Las preguntas en esta sección van a hacer acerca de cómo usted y otras personas como usted son tratados, y cómo reaccionan normalmente.

Q10 Por favor, responda lo siguiente.	Nunca	Raramente	A veces	Frecuentemente
¿Con qué frecuencia siente que los grupos raciales / étnicos que no son blancos, como los afroamericanos, latinos y asiáticos, son discriminados?	☐	☐	☐	☐
¿Con qué frecuencia siente que usted, personalmente, ha sido discriminado debido a su raza, etnia o color de piel?	☐	☐	☐	☐

Q11 Si siente que ha sido tratado injustamente, ¿por lo general: (seleccione la mejor respuesta)

- ☐ Se acépta como un hecho de la vida
- ☐ Intento hacer algo al respecto

Q12 Si ha sido tratado injustamente, ¿por lo general: (seleccione la mejor respuesta)

- ☐ Hablar con otras personas al respecto
- ☐ Guárdalo para mi mismo

Q13 ¿Alguna vez ha experimentado discriminación, se le ha impedido hacer algo, o ha sido molestado o hecho sentir que no era lo suficientemente bueno en cualquiera de las siguientes situaciones debido a su raza, etnia o color de piel	**Nunca**	**Una vez**	**2-3 veces**	**4 o más veces**
¿En la escuela?	☐	☐	☐	☐
¿Conseguir un contrato o conseguir un trabajo?	☐	☐	☐	☐
¿En el trabajo?	☐	☐	☐	☐
¿Conseguir vivienda?	☐	☐	☐	☐
¿Recibir atención médica?	☐	☐	☐	☐
¿Recibir servicio en una tienda o restaurante?	☐	☐	☐	☐
¿Obtener crédito, préstamos bancarios o un préstamo?	☐	☐	☐	☐
¿En la calle o en un lugar público?	☐	☐	☐	☐
¿De la policía, de otras fuerzas del orden o de los tribunales?	☐	☐	☐	☐

Q14 Seleccione la razón por la que cree que experimentó discriminación en estas situaciones:

- ☐ Ascendencia u origen nacional
- ☐ Género
- ☐ Carrera
- ☐ Edad
- ☐ Religión
- ☐ Altura o peso
- ☐ Tono de color de piel
- ☐ Orientación sexual
- ☐ Nivel de Educación
- ☐ Nivel de ingresos
- ☐ tengo una discapacidad fisica
- ☐ tengo una enfermedad mental
- ☐ Tengo un trastorno por uso de sustancias.
- ☐ Afiliación tribal
- ☐ Algo que no está en esta lista

Q15 Preocupaciones infantiles.	**He experimentado esto**	**Nunca he experimentado esto**
Cuando eras niño o adolescente, te preocupaba que las personas de tu **familia y tu círculo de amigos** recibieran un trato injusto debido a su raza, etnia o color de piel.	☐	☐
Cuando eras niño o adolescente, te preocupaba experimentar un trato injusto debido a **tu raza, etnia o color de piel.**	☐	☐

Q16 Preocupaciones recientes.	He experimentado esto	Nunca he experimentado esto
En el último año, te preocupaba que las personas de tu **familia y tu círculo de amigos** experimentaran un trato injusto debido a su raza, etnia o color de piel.	☐	☐
En el último año, le preocupaba experimentar un trato injusto debido a **su raza, etnia o color de piel**.	☐	☐

Q17 De la siguiente lista, seleccione todos los tipos de trato injusto que le hayan sucedido **más de una vez**:

- ☐ Has sido tratado con menos cortesía que otras personas
- ☐ Has sido tratado con menos respeto que otras personas
- ☐ Te han seguido en las tiendas
- ☐ Ha recibido un servicio más pobre que otras personas en restaurantes o tiendas
- ☐ Las personas han actuado como si fueran mejores que tú
- ☐ La gente ha actuado como si pensaran que no es inteligente
- ☐ La gente ha actuado como si le tuviera miedo
- ☐ La gente ha actuado como si pensaran que eres deshonesto
- ☐ Te han llamado de nombres o insultado
- ☐ Ha sido amenazado o acosado
- ☐ Ha sido injustamente detenido, registrado, interrogado, amenazado físicamente o abusado por la policía
- ☐ Vive (o ha vivido) en un vecindario donde los vecinos le hicieron la vida difícil a usted o a su familia

Encuestado o facilitador de la encuesta:

En las dos páginas siguientes se repite esta lista. Junto a cada tipo de trato injusto se encuentran las posibles razones del trato (igual que la pregunta 49).

Encuentre los tipos de trato injusto que le han sucedido. ENTONCES, seleccione la razón NÚMERO UNO (#1) que cree que motivó a las personas a tratarlo injustamente.

Recuerde, seleccione SÓLO UN motivo para cada tipo de trato injusto que haya experimentado.

Para cada experiencia	Ascendencia u orígenes nacionales	Género	Raza	Edad	Religión	Estatura o peso	Tono de color de piel	Orientación sexual	Nivel de educación	Nivel de ingresos	Tiene una discapacidad física	Tiene una enfermedad mental	Tiene un trastorno por consumo de sustancias	Otro
Has sido tratado con menos cortesía que otras personas	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Has sido tratado con menos respeto que otras personas	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Lo han seguido en las tiendas	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ha recibido un servicio más pobre que otras personas en restaurantes o tiendas	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Las personas han actuado como si fueran mejores que tú	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
La gente ha actuado como si pensaran que no es inteligente	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
La gente ha actuado como si le tuvieran miedo	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
La gente ha actuado como si pensaran que es deshonesto	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Le han llamado de nombres o insultado	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Ha sido amenazado o acosado	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Para cada experiencia	Ascendencia u orígenes nacionales	Género	Raza	Edad	Religión	Estatura o peso	Tono de color de piel	Orientación sexual	Nivel de educación	Nivel de ingresos	Tiene una discapacidad física	Tiene una enfermedad mental	Tiene un trastorno por consumo de sustancias	Otro
Ha sido injustamente detenido, registrado, interrogado, amenazado físicamente o abusado por la policía	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Vive (o ha vivido) en un vecindario donde los vecinos le hicieron la vida difícil a usted o a su familia	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

Inicio del bloque: acceso a atención y servicios

Q19 El acceso a la atención significa que puede obtener servicios de atención médica cuando los necesite. También significa que tiene una fuente de atención habitual y recibe servicios de prevención y detección regulares para que la comunidad pueda mantenerse saludable. Hay muchas razones por las que las personas no tienen acceso a la atención. Las preguntas de esta sección de la encuesta nos ayudarán a comprender su experiencia al recibir atención en el consultorio de un médico o clínica donde vive.

Q20 ¿Con qué frecuencia el código postal en el que vive también es el lugar donde obtiene servicios y recursos?

- ☐ Siempre
- ☐ Generalmente
- ☐ Aproximadamente la mitad del tiempo que necesito algo
- ☐ Rara vez
- ☐ Nunca
- ☐ No se que es lo que pregunta esta pregunta
- ☐ Prefiero no decirlo

Q21 Responda las siguientes preguntas:	**Sí**	**No**	**Prefiero no responder**
¿Es sordo(a) o tiene serias dificultades para oír?	☐	☐	☐
¿Es ciego(a) o tiene serias dificultades para ver, incluso cuando usa anteojos?	☐	☐	☐
¿Tiene serias dificultades para caminar o subir escaleras?	☐	☐	☐
¿Tiene alguna condición de salud crónica como asma, diabetes, COPD o cáncer?	☐	☐	☐

Q22 En promedio, ¿cuánto tiempo le toma viajar para ver a un médico u otro proveedor de atención médica (enfermero, enfermero practicante, asistente médico)?

- ☐ 15 min o menos
- ☐ 15-30 minutos
- ☐ 30 - 45 minutos
- ☐ Más de 45 minutos
- ☐ No viajo a mis citas porque uso servicios de telesalud

Q23 ¿Cuándo vio por última vez lo siguiente?	Dentro del último año	Hace más de un (1) año	No recuerdo la ultima vez	Nunca
Médico u otro proveedor de salud física (enfermero, enfermero practicante, asistente médico)	☐	☐	☐	☐
Proveedor de atención bucal o dental (dentista, higienista dental, etc.)	☐	☐	☐	☐
Proveedor de salud mental (consejero, psiquiatra, etc.)	☐	☐	☐	☐

Q24 Díganos por qué no conduce.

- ☐ Conduzco a lugares a los que necesito ir
- ☐ Tengo licencia pero decidí no conducir.
- ☐ No conduzco porque elijo no tener licencia
- ☐ No conduzco porque mi licencia fue suspendida o revocada
- ☐ No conduzco por un problema médico/físico.
- ☐ No conduzco porque no puedo pagar un automóvil, ni un seguro de automóvil ni gasolina.
- ☐ No conduzco porque no puedo pagar el seguro del auto ni la gasolina.

Q25 ¿Cómo ejercer usted a acudir a sus citas médicas (salud física, salud mental, salud bucal, etc.)?

- ☐ yo conduzco yo mismo
- ☐ Cónyuge/pareja/pariente
- ☐ amigo o vecino
- ☐ Transporte público
- ☐ Taxi/Uber/Lyft no están cubiertos por mi seguro médico
- ☐ Transporte proporcionado por mi seguro médico.
- ☐ Transporte proporcionado por un grupo comunitario.
- ☐ Utilizo servicios de telesalud

Q26 Algunas personas pueden experimentar barreras al acceder a los servicios de atención médica. Por ejemplo, los viajes de larga distancia pueden dificultar la obtención de servicios de atención médica.

☐ ¿Qué barrera(s) ha experimentado al obtener servicios para apoyar su atención médica y bienestar? Seleccione todas las opciones que correspondan.
☐ Los formularios eran demasiado complicados (MediCal, seguro de salud o formularios de consultorio médico / hospital, etc.)
☐ Altos costos de bolsillo / cuesta demasiado dinero
☐ No era elegible para los servicios
☐ No pude encontrar proveedores o servicios que entiendan, valoren y respeten mi cultura
☐ No pude encontrar proveedores que se parecieran a mí o que hablaran mi idioma
☐ No me sentía seguro
☐ No tenía seguro médico
☐ No sabía qué servicios y recursos estaban disponibles
☐ No tengo acceso a Internet o disposición para usar los servicios de telesalud
☐ Me sentí avergonzado de pedir ayuda y/o recibir servicios
☐ Ocupaba horas de servicio por la noche y / o los fines de semana
☐ Servicio necesario no ofrecido en mi área
☐ No había citas disponibles, o no pude obtener una cita en un tiempo razonable
☐ No es fácil viajar / No tengo transporte
☐ Acceso físico deficiente (es decir, accesibilidad para discapacitados)
☐ No he experimentado ninguna barrera.
☐ No entiendo esta pregunta
☐ No quiero responder

Q27 Muchos factores influyen en la salud, incluida la capacidad de satisfacer las necesidades básicas. Por favor, díganos con qué frecuencia le falta suficiente dinero para pagar los siguientes elementos esenciales:	**Nunca**	**A veces (3 -4 veces al año)**	**Cada mes**
Comida	☐	☐	☐
Alquiler/Hipoteca	☐	☐	☐
Gasolina para un automóvil u otros costos de transporte	☐	☐	☐
Servicios públicos (electricidad, agua)	☐	☐	☐
Servicio de Internet	☐	☐	☐
Servicio telefónico/celular	☐	☐	☐
Ropa	☐	☐	☐
Medicamentos/recetas médicas o suministros médicos	☐	☐	☐

Q28 Califique su salud general y la salud general de su comunidad.	**muy poco saludable**	**Insalubre**	**algo saludable**	**Saludable**	**Muy saludable**
mi salud general					
La salud general de mi comunidad.					

Inicio del bloque: Bloque demográfico

Q29 **Cuéntanos sobre ti** Las siguientes preguntas solicitan información demográfica, como su edad, estado civil, empleo y más. **¿Por qué hacemos estas preguntas**? Sus respuestas nos ayudarán a comprender los problemas que ha experimentado y proporcionar al condado información sobre dónde necesitamos encontrar soluciones para mejorarlos. **Sus respuestas son anónimas, y nadie sabrá quién respondió.** Tenga en cuenta que su privacidad es muy importante para nosotros y permanecerá confidencial. Estas preguntas no son obligatorias; Sin embargo, le pedimos que por favor responda si puede.

Q30 Por favor elija entre lo siguiente:

- ☐ Vivo en el condado de Imperial a tiempo completo.
- ☐ Vivo en el Condado de Imperial menos de tiempo completo (la mitad del año, meses de invierno, etc.)
- ☐ No vivo en el condado de Imperial, pero trabajo allí.

Q32 Por favor, elija su vecindad/región:

- ☐ 92222
- ☐ 92227
- ☐ 92231
- ☐ 92233
- ☐ 92243
- ☐ 92249
- ☐ 92250
- ☐ 92251
- ☐ 92257
- ☐ 92259
- ☐ 92266
- ☐ 92275
- ☐ 92273
- ☐ 92281
- ☐ 92283
- ☐ Mexicali, México
- ☐ San Luis, México
- ☐ Valle de mexicali
- ☐ Yuma, Arizona

Otro _____

Q33 ¿Cuántos año tienes?

- ☐ 18 - 24
- ☐ 25 - 34
- ☐ 35 - 44
- ☐ 45 - 54
- ☐ 55 - 64
- ☐ 65 años o más
- ☐ Prefiero no decirlo

Q34 ¿Cuál es tu identidad de género?

- ☐ Mujer o mujer cisgénero
- ☐ Hombre u hombre cisgénero
- ☐ Género expansivo (que incluye género fluido, género neutral, género queer, género no conforme y no binario)
- ☐ Hombre transgénero
- ☐ Mujer transgénero
- ☐ Dos espíritus u otra identidad nativa
- ☐ Cuestionando o inseguro
- ☐ Otro _____
- ☐ Prefiero no decirlo

Q35 La orientación sexual es la atracción emocional, romántica y/o sexual de una persona hacia otra persona.

Hay muchas formas en que una persona puede describir su orientación sexual y muchas etiquetas que puede usar. ¿Cuál de estas opciones describe mejor tu orientación sexual?

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay u Hombre que tiene relaciones sexuales con otros hombres
- ☐ Lesbiana o Mujer que tiene relaciones sexuales con otras mujeres
- ☐ Pansexual
- ☐ Queer
- ☐ Cuestionando o inseguro
- ☐ Heterosexual o heterosexual
- ☐ Otro _____
- ☐ Prefiero no decirlo

Q36 ¿Te identificas como miembro de la comunidad LGBTQIA+?

- ☐ Sí
- ☐ No

Q37 ¿Cuál es tu estado civil?

- ☐ Divorciado
- ☐ En una relación a largo plazo
- ☐ Casado
- ☐ Soltero
- ☐ Viudo
- ☐ Prefiero no decirlo

Q38 ¿Se identifica como una persona de color?

- ☐ Sí
- ☐ No

Q39 ¿Cuál es su origen étnico?

- ☐ Indio americano y nativo de Alaska
- ☐ Asiático
- ☐ Negro y afroamericano
- ☐ Hispano y Latino/a
- ☐ Medio Oriente/Norte de África
- ☐ Nativo de Hawái y de las islas del Pacífico
- ☐ Blanco
- ☐ Otro
- ☐ Prefiero no decirlo

Responda esta pregunta SÓLO si seleccionó Indio americano y nativo de Alaska en Q39

Q40 ¿Cuál es su origen étnico?

- ☐ Cherokee
- ☐ Chippewa
- ☐ Navajo
- ☐ Siux
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Asiático en Q39

Q41 ¿Cuál es su origen étnico?

- ☐ Indio asiático
- ☐ Chino
- ☐ Filipino
- ☐ Japonés
- ☐ Coreano
- ☐ Vietnamita
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Negro y afroamericano en Q39

Q42 ¿Cuál es su origen étnico?

- ☐ Afroamericano
- ☐ Afrocaribeño
- ☐ Etíope
- ☐ Somalí
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Hispano y Latino/a en Q39

Q43 ¿Cuál es su origen étnico?

- ☐ America Central
- ☐ Mexicano
- ☐ Sudamericano
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Medio Oriente/Norte de África en Q39

Q44 ¿Cuál es su origen étnico?

- ☐ Medio este
- ☐ Norteafricano
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Nativo de Hawái y de las islas del Pacífico en Q39

Q45 ¿Cuál es su origen étnico?

- ☐ Chamoru (Chamorro)
- ☐ Comunidades de la región de Micronesia
- ☐ Marshalés
- ☐ Nativo hawaiano
- ☐ Samoano
- ☐ Otro

Responda esta pregunta SÓLO si seleccionó Blanco en Q39

Q46 ¿Cuál es su origen étnico?

- ☐ Europa del Este
- ☐ eslavo
- ☐ Europeo occidental
- ☐ Otro

Q47 ¿Que tan bien hablas ingles?

- ☐ Muy bien
- ☐ Bien
- ☐ Mal
- ☐ De nada
- ☐ prefiero no decirlo

Q48 ¿Qué idioma hablas principalmente en casa?

- ☐ Español
- ☐ Inglés
- ☐ Lengua materna
- ☐ Otro
- ☐ prefiero no decirlo

Q49 ¿Cuál es su nivel más alto de educación?

- ☐ Menos de título de escuela secundaria
- ☐ Graduado de escuela secundaria (diploma de escuela secundaria o equivalente, incluido GED)
- ☐ Algo de universidad pero sin título
- ☐ Título asociado en la universidad (2 años)
- ☐ Licenciatura en la universidad (4 años)
- ☐ Maestría
- ☐ Doctorado
- ☐ Título profesional (JD, MD)
- ☐ prefiero no decirlo

Q50 ¿Cuál es su situación laboral? Seleccione la(s) respuesta(s) más apropiada(s). Si, por ejemplo, está jubilado y trabaja a tiempo parcial, elija ambos. Si trabajas en más de un trabajo, selecciona "Trabajar en varios trabajos".

- ☐ trabajando tiempo completo
- ☐ trabajando a tiempo parcial
- ☐ Trabajando en múltiples trabajos
- ☐ No poder trabajar debido a una discapacidad.
- ☐ Desempleados
- ☐ Jubilado
- ☐ prefiero no decirlo

Q51 ¿Qué categoría describe mejor los ingresos de su hogar? Si vive con una pareja / cónyuge, considere los ingresos de ambas personas.

- ☐ Menos de 20.000 dólares
- ☐ $20,000 a $29,999
- ☐ $30,000 a $49,999
- ☐ $50,000 a $74,999
- ☐ $75,000 a $124,999
- ☐ $125,000 y más
- ☐ prefiero no decirlo

Q52 ¿Dónde obtiene seguro médico? Seleccione todas las opciones que correspondan.

- ☐ Empleador (el suyo o el de su pareja/cónyuge)
- ☐ Medicare
- ☐ MediCal (Community Health Plan of Imperial Valley, HealthNet)
- ☐ Seguro médico comprado directamente por usted
- ☐ Mercado de seguros médicos
- ☐ administración de veteranos
- ☐ Servicios de salud indios
- ☐ no tengo seguro medico
- ☐ prefiero no decirlo

Q53 ¿Cómo o dónde obtuvo esta encuesta?

- ☐ Iglesia
- ☐ Reunión en la comunidad
- ☐ Organización comunitaria
- ☐ Correo electrónico
- ☐ Facebook (en inglés)
- ☐ Super mercado
- ☐ Proveedor de atención médica
- ☐ Biblioteca
- ☐ Periódico
- ☐ Boletín
- ☐ Contacto personal
- ☐ Escuela
- ☐ Lugar de trabajo
- ☐ Otro _____

Start of Block: Lottery Block

Q54 Gracias por participar en la Encuesta de Salud Comunitaria del Condado de Imperial 2023 - 2024. Elija entre lo siguiente:

- ☐ Sí, me gustaría participar en una lotería para ganar una tarjeta de regalo de $100.
- ☐ No, no me gustaría participar en una lotería para ganar una tarjeta de regalo de $100.

Q55 La tarjeta regalo se entregará de forma virtual, por lo que deberás proporcionar una dirección de correo electrónico válida para recibirla. HMA no utilizará su dirección de correo electrónico para ningún otro propósito que no sea entregar la tarjeta de regalo en caso de que gane la lotería.

Si no tiene una dirección de correo electrónico válida, proporcione un número de teléfono válido que pueda recibir llamadas y mensajes de texto. HMA trabajará con usted para hacer arreglos para enviar por correo o entregar su tarjeta de regalo.

Nombre y apellido _____

Dirección de correo electrónico _____

Número de teléfono _____

APPENDIX C
Focus Group Facilitation Guide and Highlights

Focus Group Facilitators Guide

Imperial County Focus Group Questions (modified language)

1. What do you think about the top 3 health concerns in the survey data?
    - What matches your experience?
    - What is most interesting to you?
    - What, if anything, is different in your community?
2. Imperial County wants you to be healthy as a whole person. This means your physical, social, and mental health. Because this is bigger than healthcare and medical health, we sometimes call this Health and Wellness.
    - What is your community doing well? What is a strength of your community?
    - What do you see people doing in your community to become healthier in all these areas?
    - What shows you that people care about health and wellness?
3. What kinds of support do you or your community need to be healthier?
    - Do you need any resources outside of health care like jobs, food, housing, etc.?
4. How easy is it for you to get information about health and wellness?
    - Where do you go for information?
    - What kinds of information do you wish you had?
5. There are a lot of service providers in Imperial County. Sometimes these providers don't know enough to meet the needs of the communities they want to serve.
    - What do you want the health providers and professionals to know about your community?
    - How can the different agencies and organizations better help you or your community?
    - What is keeping people in your community from using the services that already exist?
6. Is there anything else you think we need to know about to improve health in your community or in Imperial County?
    - Can you think of any specific community, social, or economic issues?

Community Member Focus Groups

Following the CTSA survey, five community member focus groups were convened. Because Imperial County is geographically large, the assessment team felt that requiring community members to travel long distances to participate in focus groups would have created barriers and inequitable representation. So, four focus groups were geographically organized to ensure voices from across the county were represented. Additionally, two population of interest focus groups were arranged to happen on Zoom. The two groups were the LGBTQIA+ community and single moms. The Imperial Valley LGBT Resource Center and First Five Imperial recruited individuals to participate. Unfortunately, only the LGBT Resource Center was able to recruit focus group participants.

Focus group participants raised several key issues, including challenges related to behavioral health, access to healthcare services, and the county's built environment. They emphasized the need for improved communication and outreach at the grassroots level, with a particular focus on children, youth, and families with children. They also stressed the importance of partnerships to advance access to health and well-being for community members, especially partnerships with schools (early identification and intervention, as well as health literacy) and local agencies with responsibility for behavioral health (to address growing mental health and substance use disorder issues) and parks and recreation (promotion of healthy lifestyles and access to positive youth development options).

Participants suggested specific actions to improve communication, including comprehensive community-based education and outreach prior to service delivery. They also advised that messaging about services should be clearer, and providers should explain a service's purpose up front. They highlighted the challenges of scheduling appointments and explaining health benefits in culturally responsive ways. Many participants indicated a desire for more targeted public awareness and social messaging to highlight a few key public health issues across multiple fronts and platforms, including physical marketing (billboards and bus stops) and electronic outreach (messaging and some social media).

Concerns regarding the lack of access to safe physical activity were expressed across the region. Focus group participants suggested that stakeholders interested in improving community health and well-being should look for opportunities to partner with local parks and recreation departments to expand access to welcoming recreational spaces, facilities, and programs that support healthy, active lifestyles. In addition, participants suggested that partnerships with the county's Behavioral Health Services Department should focus on efforts centered on the youth mental health crisis and substance use disorder (SUD) epidemic. Overall, participants agreed that stigma continues to be a leading factor in residents' unwillingness to engage in behavioral health services.

Making Information Available to the Community

A core commitment of the CHA and CHIP process is to make all information available to the public. To that end, links to documents, information, and/or CHA/CHIP-specific website will be available on the ICPHD website. CHIP information related to implementation and progress will be stored so that there is a clear roadmap for the next CHA & CHIP cycle.

Summary

While essential, achieving meaningful community engagement in a health assessment comes with a variety of challenges. The challenges experienced in this process include reaching diverse populations across Imperial County. Residents with low incomes, language barriers, transportation limitations, or distrust of institutions need help participating in the process. These community members have competing priorities, which means new and creative outreach strategies are needed. Additionally, navigating the power dynamics between researchers and residents is crucial to ensure all voices are heard and valued. The time investment required to build relationships and trust is at odds with the need for efficient data collection. Ultimately, the highest level of successful engagement requires flexibility, cultural sensitivity, and a commitment to overcoming these challenges to create a fuller picture of the community's health.

APPENDIX D
Community Partner Assessment Survey

Community Partner Assessment Survey - Imperial County CHA & CHIP

Introduction

Q1 **Introduction**
Note: Please submit only one completed survey per organization.

Welcome to the 2023 – 2024 Imperial County Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) initiative! We are excited to have you participating in this project to improve our community's health through this collaboration between our public health, healthcare, and government sectors; business and industry; education, transportation, and public safety agencies; and community- and faith-based organizations. Your organization—and you—are crucial to this effort.

This survey is part of our Community Partner Assessment (CPA), which helps us to collectively understand our community's strengths and opportunities. It will identify those organizations and groups whose efforts greatly impact our community's health, whom they serve, what they do, and their capacities and skills to support the community health improvement process. Ultimately, this survey is a way to collect information to help everyone:

- Understand why community partnerships are critical to community health improvement and how to build or strengthen relationships with community partners and organizations.
- Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities currently experiencing inequities.
- Assess each partner's capacities, skills, and strengths to improve community health, health equity, and advance health improvement goals.
- Document the landscape of community partners, including grassroots and community organizations, to summarize our strengths and opportunities for improvement.
- Identify others who should be involved in this process and ways to bolster community partnerships, engagement, and power-building.

The responses to this survey will be summarized in our CHA report, and the information collected will be made available as a resource for everyone.

Thanks for taking the Mobilizing for Action through Planning and Partnerships (MAPP) Community Partner Assessment (CPA) Survey.

Q2 **Things to Know Before Getting Started**

We respect your and your organization's privacy. Your responses will not be identifiable to you or your organization. They will be combined and summarized with all other responses in the CHA report.

Before you begin:

- Review the PDF of this survey to identify the individuals in your organization who can help answer the questions.
- Identify one person to complete the online survey.
    - Please submit only one completed survey per organization.
    - Plan to spend between 30–40 minutes entering your answers.
- You can stop and restart the survey as needed.
- You can backtrack as needed.

Lastly, please answer every question unless the question directs you to do otherwise.

Part I. About Your Organization

Q3 **About Your Organization**
This section asks about your organization, including type, interest in participating in MAPP, populations served, topic or focus areas, commitment to equity, and accountability.

Q4 What is the full name of your organization?

_____

Q5 Which best describes your position or role in your organization?

- Administrative staff
- Front line staff
- Supervisor (not senior management)
- Senior management level/unit or program lead
- Leadership team
- Community member
- Community leader
- Other: _____

Q6 Has your organization ever participated in a community health improvement process?

- Yes
- No
- Unsure

Q7 Has your organization ever participated in or facilitated community-led decision-making around policies, actions, or programs?

- Yes
- No
- Unsure

Q8 Which of the following best describe(s) your organization? (check all that apply)

- City health department
- County health department
- State health department
- Tribal health department
- Other city government agency
- Other county government agency
- Other state government agency
- Other Tribal government agency
- Private hospital

- Public hospital
- Private clinic
- Public clinic
- Emergency response
- Schools (PK–12)
- Community college
- University
- Library
- Non-profit organization
- Grassroots community organizing group/organization
- Tenants' association
- Social service provider
- Housing provider
- Mental health provider
- Neighborhood association
- Foundation/philanthropy
- For-profit organization or private business
- Faith-based organization
- Center for Independent Living
- Other _____

Q9 How many locations does your organization have?

- 1
- 2
- 3
- 4
- 5
- 6+

Q10 What is the address of your primary location?

- Name _____
- Address _____
- Address 2 _____
- City _____
- State _____
- Postal code _____
- Country/Region _____

Part II. Interest in Participating in and Supporting the IC CHA & CHIP

Q11 **Organizational Interest in Participating in and Supporting the Imperial County Community Health Assessment (CHA) and Community Health Improvement Planning (CHIP) Initiative.**

The questions in this section will help the collective understand your organization's interest in participating in and supporting the Imperial County CHA and CHIP initiatives. We understand that different people and groups have different abilities and skills to contribute to this process. Identifying our collective abilities and expectations allows us to align you or your organization to the activities you are most interested in.

Q12 What are your organization's top-three interests in joining a community health improvement partnership? Select all that apply.

- To deliver programs effectively and efficiently and avoid duplicating efforts
- To pool resources
- To increase communication among and within groups
- To break down stereotypes
- To build networks and friendships
- To connect and invigorate groups who are trying to do too much alone
- To plan and launch community-wide initiatives
- To develop and use political power to gain services or other benefits for the community
- To improve lines of communication from communities to government decision-making
- To improve lines of communication from government to communities
- To create long-term, permanent social and systemic change
- To obtain or provide services
- Other: _____

Q13 Please select the primary reason your organization is interested in participating in a community health assessment and health improvement planning initiative.

- Access to data
- Connections to communities with lived experience
- Connections to other organizations
- Connections to decision-makers
- Connections to potential funders
- Positive publicity (e.g., our organization supports community health)
- Helps achieve requirements for public health accreditation
- Helps achieve requirements for IRS non-profit tax status
- Helps achieve requirements for Federally Qualified Health Center (FQHC) status
- Helps achieve requirements set forth by the state of California

- Helps achieve other requirements
- Improving conditions for members/constituents
- Other: ___

Q14 What are your agency's 1–3 most valuable resources and strongest assets you would like other agencies to know? (i.e., what makes your organization great)?

_____

Q15 Please share any additional comments about your organization's interest in participating in the community health assessment and health improvement planning initiative.

_____

Q16 What resources might your organization contribute to support this initiative? (select all that apply). *Note: This question does not commit your organization to support; it only identifies ways your organization *might* be able to support.*

- I'm unsure
- Funding to support assessment activities (e.g., data collection, analysis)
- Funding to support community engagement (e.g., stipends, gift cards)
- Food for community meetings
- Childcare for community meetings
- Policy and advocacy skills
- Media connections
- Social media capacities
- Physical space to hold meetings
- Technology to support virtual meetings
- Coordination with tribal government
- Staff time to support community engagement and involvement
- Staff time to support interpretation and translation
- Lending interpretation equipment for use during meetings
- Staff time to support relationship-building between participating organizations (e.g., initial introductions or facilitating meet-and-greet events)
- Staff time to support focus group facilitation or interviews
- Staff time to help analyze quantitative data
- Staff time to help analyze qualitative data
- Staff time to participate in meetings and activities
- Staff time to help plan meetings and activities
- Staff time to help facilitate meetings and activities
- Staff time to help implement action plans for the identified priorities

- Note-taking support during qualitative data collection
- Staff time to transcribe meeting recordings
- Other: _____

Part III. Who Do You Serve?

Q17 **Demographics and Characteristics of the People and Community(ies) Served by Your Organization**

To understand whose voices are at the table, this section asks questions about the people served by your organization. This inventory will help the collective know if:

- Do the demographics of the people and organizations invited to the CHA & CHIP initiative reflect the demographics of our community?
- How are racial and ethnic minority communities, including Black, Indigenous, and other people of color, represented?
- How are queer, disabled, justice-system involved, poor/working class, undocumented, limited English speaking, immigrant, and other communities experiencing inequities represented?
- What power dynamics could exist related to funding, decision-making, gatekeeping, and politics?
- Which members from each organization might be appropriate to invite (e.g., someone with decision-making power, focused on engagement, familiar with public health, involved in past collaborations, respected by the community)?
  Source: Community Partner Assessment (CPA) Handbook, NACCHO

Q18 What racial or ethnic populations does your organization work with? (select all that apply)

- Black/African American
- African
- Native American/Indigenous
- Alaska Native
- Latino/Hispanic
- Asian
- Asian American
- Pacific Islander
- Native Hawaiian
- Middle Eastern
- North African
- White
- European
- Other:

Q19 Does your organization work with immigrants, refugees, asylum seekers, and other populations who speak English as a second language?

- Yes
- No
- Unsure

Q20 Does your organization have access to interpretation and translation services?

- Yes (please list languages offered)
- No
- Unsure
- Not applicable

Q21 Does your organization offer services for transgender, nonbinary, and other members of the LGBTQIA+ community?

- We provide services specifically for the LGBTQIA+ community
- We provide general services and LGBTQIA+ individuals can use those services
- LGBTQIA+ populations are not welcome
- Unsure

Q22 Does your organization offer services specifically for people with disabilities?

- We provide services specifically for people with disabilities
- We are wheelchair accessible and compliant with the American Disabilities Act but are not explicitly designed to serve people with disabilities
- Our organization is not specifically designed to serve people with disabilities
- Unsure

Q23 Does your organization work with other populations or groups who are not addressed in the previous questions? For example, groups identifiable by gender, socioeconomic status, education, disability, immigration status, religion, insurance status, housing status, occupation, age, neighborhood, and involvement in the criminal legal system

- Yes (please list these groups)
  _____
- No
- Unsure

Q24 How do you engage and work with your clientele or community? (select all that apply)

- We hire staff from specific racial and ethnic groups that mirror our target populations.
- We hire staff or interpreters who speak our target populations' language(s).
- Our organization is physically located in the neighborhoods of our target populations.
- We work closely with and receive referrals from other organizations who work with our target population(s).
- We engage in extensive outreach to our target populations
- Other: _____

Q25 Does your organization's leadership reflect the demographics of the community you serve?

- Yes
- No

- Unsure
- Not applicable

Q26 Does the management of your organization reflect the demographics of the community you serve?

- Yes
- No
- Unsure
- Not applicable

Q27 Do the administrative/frontline staff and others in your organization reflect the demographics of the community you serve?

- Yes
- No
- Unsure
- Not applicable

Q28 What languages do staff at your organization speak? (select all that apply)

- English
- Spanish
- Chinese (Mandarin, Cantonese, Hokkien, etc.)
- Tagalog (Filipino)
- Vietnamese
- French and French Creole
- Arabic
- Sign language
- Other: _____

Q29 In what language/s do you hold public meetings? (check all that apply)

- English
- Spanish
- Chinese (Mandarin, Cantonese, Hokkien, etc.)
- Tagalog (Filipino)
- Vietnamese
- French and French Creole
- Arabic
- Sign language
- Other: _____

Part IV. Topic Area Focus

Q30 Topic Area Focus According to the Centers for Disease Control and Prevention (CDC) Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems.

Healthy People, an initiative developed by the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion (ODPHP), sets forth measurable 10-year objectives for improving health and well-being nationwide. The Healthy People 2030 framework organizes the SDOH into the following five categories and urges public health organizations and their partners in sectors like education, transportation, and housing to take action to improve the conditions in people's environments.

Q31 Please tell us how much your organization focuses on each SDOH category:	A lot	A little	Not at all	Unsure
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and health. Economic stability includes poverty, employment, food security, and housing stability.				
Education Access and Services: The connection of education to health and well-being, including high-school graduation, educational attainment, language and literacy, and early childhood education and development.				
Healthcare Access and Quality: The connection between people's access to and understanding of health services and their health, including access to healthcare, access to primary care, health insurance coverage, and health literacy.				
Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being, including topics like the quality of housing, access to transportation, availability of healthy foods, air and water quality, and public safety.				
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being, including interconnection within a community, civic participation, discrimination, conditions in the workplace, violence, and incarceration.				

Q32 Which of the following categories does your organization work on or with? (select all that apply)

- Arts and culture
- Businesses and for-profit organizations
- Childcare
- Criminal legal system
- Disability
- Early childhood development
- Education
- Community economic development
- Economic security

- Environmental justice/climate change
- Faith communities
- Family well-being
- Financial institutions (e.g., banks, credit unions)
- Food access and affordability (e.g., food bank)
- Food service or restaurants
- Gender discrimination and equity
- Government accountability
- Healthcare access and utilization
- Housing
- Human services
- Immigration
- Independent living
- Jobs, labor conditions, or wages and income
- Land use planning and development
- LGBTQIA+ discrimination and equity
- Parks, recreation, and open space
- Public health
- Public safety
- Racial justice
- Seniors and elder care
- Transportation
- Utilities
- Veterans' issues
- Violence
- Youth development and leadership
- Other: _____

Q33 Which of the following health topics does your organization work on? (select all that apply)

- Cancer
- Chronic disease (e.g., asthma, diabetes/obesity, cardiovascular disease)
- Family and /maternal health
- Food stamps (Calfresh)
- Health equity
- Health insurance, /Medicare, /and Medicaid
- Healthcare access and /utilization
- HIV and /STD prevention

- Immunizations and screenings
- Infectious disease
- Injury and violence prevention
- Mental Health (Behavioral health (e.g., depression, PTSD, anxiety, trauma, etc.)
- None of the above/Not applicable
- Physical activity
- Substance use disorders
- Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Tobacco and substance use and prevention
- Other: _____

Part V. Organizational Commitment to Equity

Q34 Organizational Commitment to Equity Health equity is defined as "When everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health—such as poverty, discrimination, and deep power imbalances— and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare."
Source: NACCHO's MAPP 2.0 Glossary

Q35 If your organization has a shared definition of equity or health equity, please copy and paste it below. If there is no shared definition please skip this question.

_____

_____

_____

Q36 Please review the following statements and tell us if you:	Agree	Disagree	Unsure
We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally.			
We have at least one person in our organization dedicated to addressing inequities externally in our community.			
We have a team dedicated to advancing equity by addressing inequities in our organization.			
Advancing equity and addressing inequities is included in all or most staff job requirements.			

Q37 Please share any comments or questions about your organization's commitment to and practice of equity internally or in the community:

_____

_____

_____

Part VI. Organizational Accountability

Q38 Does your organization have an advisory board of community members, stakeholders, youth, or others who are impacted by your organization?

- Yes. If yes, what is that advisory board and what powers do they have? _____
- No
- Unsure

Q39 To whom is your organization accountable? By accountable, we mean whom your organization must report to because they determine or oversee your organization's funding, priorities, etc. In other words, who has power over your organization's decision-making? For example, city government agencies may be accountable to the mayor or city council; a business may be accountable to its shareholders; and an organizing group may be accountable to its members. (select all that apply)

- Mayor, governor, or other elected executive official
- City council, board of supervisors/commissioners, or other elected legislative officials
- State government
- Federal government
- Tribal government
- Foundation
- Community members
- Members of the organization/association
- Customers or clients
- Board of directors or trustees
- Shareholders
- Voters
- Voting members
- National or parent organization
- Other government agencies
- Other: _____

Part VII. Organizational Capacities

Q40 Organizational Capacities Related to the 10 Essential Public Health Services
One goal of this assessment is to help describe how each partner organization contributes to your local public health system. Your organization—and you—are vital to our community's local public health system, even if you do not work in public health or healthcare.

Public health is more than healthcare; health outcomes are shaped by behaviors, ability to access care, living and working conditions, and the institutions, policies, systems, cultural norms, social inequities, and environment that shape our community.

Organizations working to improve the well-being of individuals, families, and communities through improving housing, education, childcare, workforce development, or other conditions impact the public's health. One way to understand, assess, and improve our local public health system is to name how your organizational capacities and activities align with the 10 Essential Public Health Services (EPHS).

Q41 Please select whether your organization regularly does the following activities. (select all that apply)

- Assessment: My organization conducts assessments of living and working conditions and community needs and assets.
- Investigation of Hazards: My organization investigates, diagnoses, and addresses health problems and hazards affecting a population or the community.
- Communication and Education: My organization communicates effectively to inform and educate people about health or well-being, factors influencing well-being, and how to improve it.
- Community Engagement and Partnerships: My organization strengthens, supports, and mobilizes communities and partnerships to improve health and well-being.
- Policies, Plans, Laws: My organization works to create, champion, and apply policies, plans, and laws that impact health and well-being.
- Legal and Regulatory Authority: My organization has legal or regulatory authority to protect health and well-being and uses legal and regulatory actions to improve and protect the public's health and well-being.
- Access to Care: My organization provides healthcare and social services to individuals or works to ensure equitable access and an effective system of care and services.
- Workforce: My organization supports workforce development and can help build and support a diverse, skilled workforce.
- Evaluation And Research: My organization conducts evaluation, research, and continuous quality improvement and can help improve or innovate functions.
- Organizational Infrastructure: My organization is helping build and maintain a strong organizational infrastructure for health and well-being.
- Unsure

Q42 Are there any other core competencies or strengths not included on the list above that your organization does?

- Yes (please list these core competencies/strengths:)
  _____
- No
- Unsure

Q43 Does your organization have sufficient capacity to meet the needs of your clients/ members? For example, do you have enough staff/funding/support to do your work?

- Yes
- No
- Unsure

Q44 Which of the following strategies does your organization use to do your work? (select all that apply)

- Research and Policy Analysis: Gathering and analyzing data to create credibility and inform policies, projects, programs, or coalitions.
- Social and Health Services: Providing services that reach clients and meet their needs (including clinical and healthcare services).
- Organizing: Involving people in efforts to change their circumstances by changing the underlying structures, decision-making processes, policies, and priorities that produce inequities.
- Communications: Messaging that resonates with communities, connects them to an issue, or inspires them to act.
- Leadership Development: Equipping leaders with the skills, knowledge, and experiences to play a greater role within their organization or movement.
- Litigation: Using legal resources to reach outcomes that further long-term goals.
- Advocacy and Grassroots Lobbying: Targeting public officials either by speaking to them or mobilizing constituents to influence legislative or executive policy decisions.
- Alliance and Coalition-Building: Building collaboration among groups with shared values and interest.
- Arts and Culture: Nurturing the multiple skills of an individual through the arts and encouraging connection through shared experiences.
- Campaigns: Using organized actions that address a specific purpose, policy, or change.
- Healing: Addressing personal and community trauma and how they connect to larger social and economic inequalities.
- Inside-Outside Strategies: Coordinating support from organizations on the "outside" with a team of like-minded policymakers on the "inside" to achieve common goals.
- Integrated Voter Engagement: Connecting organizing and voter-engagement strategies to build a strong base over multiple election cycles.
- Movement-Building: Scaling from single organizations and issues to long-term initiatives, perspectives, and narratives seeking to change systems.

- Narrative Change: Harnessing arts and expression to replace dominant assumptions about a community or issue with dignified narratives and values.
- Other: _____

Q45 One goal of this initiative is to help build the collective capacity of our network and connect partners. What capacities would you like to grow as an organization?

_____

_____

_____

_____

_____

Part VIII. Capacity to Support Community Health Improvement

Q46 **Capacity to Support Community Health Improvement**
The following questions ask about your organization's experience collecting data, engaging community members, advocating for policy change, and communicating with the public. Please let us know if your organization does the following tasks and whether your organization could support MAPP by doing those tasks. Following the set of questions is space for comments or questions.

Q47 **Data Collection, Analysis, Access and Systems**
Does your organization conduct basic needs, community health, neighborhood or other types of assessments?

- Yes
- No
- Unsure

Display This Question: Q47 = Yes

Q48 What is the name of the assessment?

_____

Display This Question: Q47 = Yes

Q49 Is the assessment required or optional?

- Required
- Optional
- Unsure

Display This Question: If Is the assessment required or optional? = Required

Q50 Who requires the assessment? (Please select all that apply)

- The state of California
- The federal government
- Non-governmental funding organization
- Other _____

Display This Question: Q47 = Yes

Q51 Assessments of a community or population are usually intended to identify key needs and issues through systematic, comprehensive data collection and analysis. What types of data does your organization use for its asessment(s)? (Please select all that apply)

- US Census Data
- Health Conditions
- Health Outcomes
- Health Behaviors

- Mental Health
- Substance Use Disorders
- Maternal and Child Health
- Healthcare Utilization and Access
- Public Program Enrollment & Eligibility
- Physical Environment
- Economic Indicators
- Educational Attainment

Display This Question: Q47 = Yes

Q52 Can you share the assessments you described with the collaborative?

- Yes
- No
- Unsure
- Not applicable—My organization does not conduct assessments.

Q53 What data does your organization collect? (select all that apply)

- Demographic information about clients or members
- Access and utilization data about services provided and to whom
- Evaluation, performance management, or quality improvement information about services and programs offered
- Data about health status
- Data about health behaviors
- Data about conditions and social factors that impact such as housing, education, neighborhood conditions, etc.
- Data about systems of power, privilege, and oppression
- We don't collect data
- Other: _____

Q54 How does your organization collect data? (select all that apply)

- Surveys
- Focus groups
- Interviews
- Feedback forms
- Photovoice or other participatory research
- Notes from community meetings
- Videos

- Secondary data sources
- Electronic health records
- Data tracking systems
- Other: _____

Q55 Does your organization analyze data with a health equity lens or health equity in mind?

- Yes
- No
- Unsure

Q56 Can you share any of the data your organizations collects with the collaborative?

- We already share data with the collaborative
- Yes, we can share data with the collaborative
- No, we cannot share data with the collaborative
- I am unsure if we can share data with the collaborative

Q57 Please add comments about how your organization could support data collection and analysis in the community health assessment and health improvement planning initiative:

_____

_____

_____

Q58 Community-Engagement
Which of the following community engagement methods does your organization use most often? (select all that apply):

- Customer/patient satisfaction surveys
- Fact sheets
- Open houses
- Presentations
- Billboards
- Videos
- Public comment
- Focus groups
- Community forums and events
- Surveys
- Community organizing
- Advocacy

- House meetings
- Interactive workshops
- Polling
- Memorandums of understanding (MOUs) with community-based organizations
- Citizen advisory committees
- Open planning forums with citizen polling
- Community-driven planning
- Consensus building
- Participatory action research
- Participatory budgeting
- Social media
- Other: _____

Q59 When you host community meetings, do you offer: (select all that apply)

- Stipends or gift cards for participation
- Interpretation/translation to other languages, including sign language
- Meals or snacks
- Transportation vouchers
- Childcare
- Accessible materials for low literacy populations
- Virtual participation options
- Not applicable
- Other: _____

Q60 Please add comments about how your organization could support community engagement in the community health assessment and health improvement planning initiative:

_____

_____

_____

_____

_____

Q61 **Policy, Advocacy, and Communications**

What policy or advocacy work does your organization do? (select all that apply)

- Develop close relationships with elected officials
- Educate decision-makers and respond to their questions
- Respond to requests from decision-makers
- Use relationships to access decision-makers
- Write or develop policy
- Advocate for policy change
- Build the capacity of impacted individuals and communities to advocate for policy change
- Lobby for policy change
- Mobilize public opinion on policies via media/communications
- Contribute to political campaigns/political action committees (PACs)
- Voter outreach and education
- Legal advocacy
- Not applicable
- Unsure
- Other: _____

Q62 Please review the following statements and for each one, select Strongly agree, Agree, Disagree, Strongly disagree, or Unsure	Strongly agree	Agree	Disagree	Strongly disagree	Unsure
Our organization has a strong presence in local earned media (print/radio/TV).					
Our organization has strong communications infrastructure and capacity.					
Our organization has a clear communications strategy.					
Our organization has good relationships with other organizations that can help share information.					
Our organization has a clear equity lens for our external communications and engagement work.					

Q63 What communications work does your organization do most often? (check all that apply

- Internal newsletters to staff
- External newsletters to members or the public
- Ongoing and active relationships with local journalists and earned media organizations
- Media contact list for press advisories or releases
- Social media (e.g., on Facebook, Twitter, Instagram)
- Ethnicity-specific outreach in a non-English language
- Press releases and press conferences
- Data dashboard
- Meet to discuss narrative and messaging to the public
- Other: _____

Q64 If your organization has publicly available materials, are they translated into other languages?

- All publicly available materials are translated into other languages
- Most publicly available materials are translated into other languages (e.g., when conducting outreach to various populations or when hosting events for various populations)
- Few publicly available materials are translated into other languages (e.g., only when requested)
- No publicly available materials are translated into other languages
- Not applicable. We do not have publicly available materials.

Q65 Please tell us how your organization would like to be involved in or supporting the community health assessment and health improvement planning initiative:

- Policy development
- Advocacy
- Communications
- None of the above

Q66 Please add any questions, comments, or suggestions about the community health assessment and health improvement planning initiative to improve community health:

_____

_____

_____

_____

_____

APPENDIX E

Community Survey Instrument (PRC)

Imperial Valley Community Health Survey 2022-2027. Community Health Needs Assessment Imperial Valley, California.

The Imperial Valley Community Health Assessment Partnership, in coordination with Professional Research Consultants (PRC) is asking community members to take some time to complete this survey. The purpose of the survey is to obtain your input about community health problems and quality of life issues, as well as ways to improve the health of the community. The results of the survey will assist in identifying the most pressing concerns that can be addressed through community action over the next five years.

Please complete the survey only once. If you have recently participated in a phone survey or an on-line survey where you were asked about community health issues and needs, then there is no need to complete this one. The survey is voluntary. All information will be kept confidential. The survey will take approximately 12-15 minutes to complete.

Please read each question and select your desired response. Once you are finished, be sure to place it in the Survey Box. to make sure your responses are submitted.

Thank you for taking part in this communitywide survey!

1. Would you please tell me which ZIP Code area you live in?

   _____

2. Would you say that, in general, your health is:

   __ Excellent __Very Good
   __Good__Fair __Poor

3. And, how would you rate the overall health car services available to you? Would you say:

   __ Excellent __Very Good
   __Good__Fair __Poor

4. Was there a time in the past 12 months when you needed medical care, but had difficulty finding a doctor?

   __Yes __No

5. Was there a time during the past 12 months when you had difficulty getting an appointment to see a doctor?

   __Yes __No

6. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

   __Yes __No

7. Was there a time during the past 12 months when a lack of transportation made it difficult or prevented you from seeing a doctor or making a medical appointment?

   __Yes __No

8. Was there a time during the past 12 months when you were not able to see a doctor because the office hours were not convenient?

   __Yes __No

9. Was there a time in the last 12 months when you were not able to see a doctor due to language or cultural differences?

   __Yes __No

10. Was there a time in the past 12 months when you needed a prescription medicine, but did not get it because you could not afford it?

    __Yes __No

11. Was there a time in the past 12 months when you skipped doses or took smaller doses in order to make your prescriptions last longer and save costs?

    __Yes __No

12. Where do you go if you are sick or needed medical care? Do you go to:

    __ A Doctor's Office
    __ A Public Health Clinic or Community Health Center
    __ An Urgent Care/Walk-In Clinic
    __ A Hospital Emergency Room
    __ A Military or Other VA Healthcare Facility
    __ Or Some Other Place

13. When was the last time you had an eye exam in which the pupils were dilated? (This would have made you temporarily sensitive to bright light)

    __ Within the Past 2 Years (Less Than 2 Years Ago)
    __ 2 or More Years Ago
    __ Never

14. About how long has it been since you lasted visited a dentist or a dental clinic for any reason?

__ Within the Past Year (Less Than 1 Year Ago)

__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)

__ Withing the Past 5 Years (2 Years But Less Than 5 Years Ago)

__ 5 or More Years Ago

__ Never

15. Do you currently have any health insurance coverage that pays for at least part of your DENTAL care?

__Yes **__No**

Have you ever suffered from or been diagnosed with any of the following medical conditions:

16. COPD or Chronic Obstructive Pulmonary Disease, Including Chronic Bronchitis or Emphysema

__Yes **__No**

17. Kidney Disease

__Yes **__No**

18. Cancer

__Yes **__No**

If yes, which type of cancer were you diagnosed with _____

The next questions are about cardiovascular disease.

Has a doctor, nurse or other health professional EVER told you that you had any of the following?

19. A Heart Attack, Also Called a Myocardial Infarction

__Yes **__No**

20. Angina or Coronary Health Disease

__Yes **__No**

21. A Stroke

__Yes **__No**

22. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

__Yes **__No**

If yes, do you still have asthma?

__Yes **__No**

23. Have you ever been told by a doctor, nurse, or other health professional that you have diabetes, not counting diabetes only occurring during pregnancy?

__Yes **__No**

24. Have you had a test for high blood sugar or diabetes within the past three years?

__Yes **__No**

25. Other than during pregnancy, have you ever been told by a doctor, nurse, or other health professional that you have pre-diabetes or borderline diabetes?

__Yes **__No**

26. Have you every been told by a doctor, nurse, or other health professional that you had high blood pressure?

__Yes **__No**

27. Blood cholesterol is a fatty substance found in the blood. Have you every been told by a doctor, nurse, or other health professional that your blook cholesterol is high?

__Yes **__No**

The next question is about physical pain.

Over the past six months, how often did physical pain limit your life or work activities? Would you say:

__ Never **__ Some Days**

__ Most Days **__ Every Day**

28. And now thinking about your own personal safety, have you been the victim of a VIOLENT crime in your area in the past 5 years?

__Yes **__No**

The next question is about violence in relationships with an intimate partner. By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with, would also be considered an intimate partner. This information will help up to better understand the problem of violence in relationships. This is a sensitive topic. Remember, you do not have to answer any question you do not want to.

29. Has an intimate partner EVER hit, slapped, pushed, kicked, or hurt you in any way?

__Yes **__No**

30. Do you CURRENTLY smoke cigarettes "Every Day", Some Days", or " Not At All"?

__ Every Day **__ Some Days**
__ Not Al All

31. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

__Yes **__No**

32. In the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

__Yes **__No**

33. In the past 30 days, has anyone, including yourself, smoked cigarettes, cigars, pipes, or marijuana in your home on an average of four or more days per week?

__Yes **__No**

The next questions are about electronic "vaping" products, such as electronic cigarettes, also known as e-cigarettes. These are battery operated devices that simulate traditional cigarette smoking, but do not involve the burning of tobacco.

34. Have you ever used an electronic "vaping product", such as an e-cigarette, even just one time in your entire life?

__Yes **__No**

35. Do you NOW use electronic "vaping" products, such as e-cigarettes, "Every Day", "Some Days", or "Not At All"?

__ Every Day **__ Some Days**
__ Not Al All

The next few questions are about alcohol use. Keep in mind that one drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor.

36. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
Number: _____

37. On the day(s) when you drank about how many drinks did you have on the average? **_____**

38. Considering all types of alcoholic beverages, how many TIMES during the past 30 days did you have (4 for females/5 for males) drinks on an occasion? **Number: _____**

39. During the past 30 days, have you used an illegal drug or taken a prescription drug that was not prescribed to you?

__Yes __No

Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. (Common Brand Name Opiates are Vicodin, Dilaudid, Percocet, Oxycontin, and Demerol.)

40. In the PAST YEAR, have you used any of the prescription opiates?

__Yes __No

41. Have you every sought professional help for an alcohol or drug-related problem?

__Yes __No

42. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE's substance abuse issues, including alcohol, prescription, and other drugs? Would you say:

__ A Great Deal __ Somewhat
__ A Little __ Not at All

The next question is about the seasonal flu vaccine.

43. A flu vaccine is usually given in the fall and protects against influenza for the flu season. During the past 12 months, have you had a seasonal flu vaccine? (This vaccine may be injected in the arm or sprayed in the nose.)

__Yes __No

Next I'd like to ask you some general questions about yourself.

44. What is your age? _____

45. Are you of Hispanic or Latino origin, or is your family originally from a Spanish-speaking country?

__Yes __No

46. What is your race? Would you Say:

__ American Indian, Alaska Native

__ Native Hawaiian, Pacific Islander

__ Asian __ Black/African American

__ White __ Preferred Identify _____

The next questions are about sexual orientation and gender identify. We ask these questions in order to better understand the health and health care needs of people with different sexual orientations or gender identifies.

47. Do you consider yourself to be:

__ Straight or Heterosexual
__ Gay or Lesbian
__ Bisexual
__ Preferred Term

48. Would you please tell me what sex you were assigned at birth?
    __ Female __Male
    __ Intersex (Having Male and Female Sex Characteristics)
    __ I Was Not Assigned a Sex at Birth

49. Do you identify your gender as female, male, or do you prefer a different term?
    __ Female __ Male
    __ Preferred Term _____

50. Do you identify as transgender?
    __ Yes __ No

51. What is your marital status? Are you:

__ Married __ Divorced
__ Widowed __ Separated
__ Never Been Married
__ A Member of an Unmarried Couple
__ Domestic Partnership/Civil Union

52. What is the highest grade or year of school you have completed?
    __ Never Attended School or Kindergarten
    __ Only Grades 1 through 8 (Elementary)
    __ Grades 9-11 (Some High School)
    __ Grade 12 or GED (High School Graduate)
    __ College 1 Year to 3 Years (Some College or Technical School)
    __ Bachelor's Degree (College graduate)
    __ Postgraduate Degree (Master's, M.D. Ph.D., J.D.)

53. For employment, are you currently:

    __ Employed for Wages
    __ Self-Employed
    __ Out of Work for More Than 1 Year
    __ Out of Work for Less Than 1 Year
    __ A Homemaker
    __ A Student
    __ Retired
    __ or Unable to Work

54. Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?
    __ Yes __ No

55. Which of the following best describes your living situation? Do you:

    __ Own Your Own Home or Condo
    __ Rent a House
    __ Rent an Apartment
    __ Live in Subsidized Housing
    __ Live With Your Parents or Other Relative
    __ or Have Other Living Arrangements

56. Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?
    __ Yes __ No

57. In the past 12 months, how often were you worried or stressed about having enough money to pay your rent or mortgage? Would you say you were worried or stressed:

__ Always __ Rarely
__ Usually __ Never
__ Sometimes

58. Do you have any government-assisted health care coverage, such as:

__ Medicare
__ Medi-Cal or Another State-Sponsored Program
__ or VA or Military Benefits
__ [Both Medicare and Medi-Cal]
__ [Other Government-Sponsored Program]
__ [None]

59. Do you currently have;
__ Health insurance you get through your own or someone else's employer or union;
__ Health insurance you purchase yourself or get through a health insurance exchange website;
__ Or, you do NOT have health insurance and pay for health care entirely on your own?

Health Ins, Through Employer/Union
Health Ins, Self-Purchased
No Ins/Self-Pay
[Insured, Unknown Type]
[Government-Assisted Coverage Only]

60. Now I would like to ask, in general, where do you get most of your health care information?
__ Family Physician
__ Friends/Relatives
__ Hospital Publications
__ Insurance
__ Newspaper
__ Internet
__ [Don't Receive Any]
__ Other _____

<u>The next questions are about ANY type of health care information you may receive</u>

61. You can find WRITTEN health information on the internet, in newspapers and magazines, on medications, at the doctor's office in clinics, and many other places. How often is health information WRITTEN in a way that is easy for you to understand? Would you say:

__ Always __ Nearly Always
__ Sometimes __ Seldom __ or Never

62. People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information? Would you say:

__ Always __ Nearly Always
__ Sometimes __ Seldom __ or Never

63. How often is health information SPOKEN in a way that is easy for you to understand? Would you say:

__ Always __ Nearly Always
__ Sometimes __ Seldom __ or Never

64. Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself? Would you say:

__ Extremely Confident
__ Somewhat Confident
__ Not at All Confident

65. Do you currently have access to high-speed internet that is sufficient for your daily needs

__ Yes __ No

66. Now, I would like to ask, about how much do you weigh (in pounds) without shoes? **____pounds**

67. About how tall are you without shoes? **Feet: ____ Inches _____**

68. [If female] A mammogram is an x-ray of each breast to look for cancer. How long has it been since you had your last mammogram?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Within the Past 3 Years (2 Years But Less Than 3 Years
__ Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
__ 5 or More Years Ago
__ Never
__ Not Applicable

69. [If female] Have you ever had a hysterectomy? **__ Yes __ No**

70. [If female] A Pap test is a test for cancer of the cervix. How long has it been since you had your last Pap test?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Within the Past 3 Years (2 Years But Less Than 3 Years
__ Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
__ 5 or More Years Ago
__ Never
__ Not Applicable

71. [If female] HPV, or the human papillomavirus (pap-uh-loh-muh virus), is a common infection that can cause several types of cancer. When you received your last Pap test, were you screened for HPV?

__ Yes __ No

72. [If 50 years or older] Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since your last sigmoidoscopy or colonoscopy?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Within the Past 3 Years (2 Years But Less Than 3 Years
__ Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
__ 5 or More Years Ago
__ Never
__ Not Applicable

73. [If 50 years or older] A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Within the Past 3 Years (2 Years But Less Than 3 Years
__ Within the Past 5 Years (3 Years But Less Than 5 Years Ago)
__ 5 or More Years Ago
__ Never
__ Not Applicable

74. For the following questions, please think about the foods you ate or drank YESTERDAY. Include all the foods you ate, both at home and away from home. How many servings of fruit or fruit juices did you have yesterday?
_____ servings

75. How many servings of vegetables did you have yesterday?
_____ servings

76. How difficult is it for you to buy fresh product like fruits and vegetables at a price you can afford?

__ Very Difficult __ Somewhat Difficult
__ Not Too Difficult __ Not At All Difficult

Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True", "Sometimes True", or "Never True" for you in the past 12 months.

77. The first statement is: "I worried about whether our food would run out before we got money to buy more".

Was this a true statement:
__ Often True __ Sometimes True
__ Never True

78. The next statement is: "The food that we bought just did not last, and we did not have money to get more".

Was this a true statement:
__ Often True __ Sometimes True
__ Never True

79. The next statement is: "The food that we bought just did not last, and we did not have money to get more".

Was this a true statement:
__ Often True __ Sometimes True
__ Never True

The next questions are about physical activity.

80. During the past month, other than your regular job, did you participant in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

__ Yes __ No

81. During the past month, what type of physical activity or exercise did you spend the MOST time doing**?**
_____

82. And during the past month, how many TIMES per week or per month did you take part in this activity?

Times Per Week _____
or Times Per Month _____

83. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Minutes _____ or Hours _____

84. During the past month, what OTHER type of physical activity gave you the NEXT most exercise?

_____

85. And during the past month, how many TIMES per week or per month did you take part in this activity?

Times Per Week _____
or Times Per Month _____

86. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Minutes _____ or Hours _____

87. During the past month, how many TIMES per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? DO NOT count aerobic activities like walking, running, or bicycling. Please include activities using your own body weight, such as yoga, sit-ups or push-ups, and those using weight machines, free weights, or elastic bands.

Times Per Week _____
or Times Per Month _____

88. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, would you say that, in general your mental health is:

__ Excellent __Very Good
__Good __Fair __Poor

89. Have you had two years or more in your life when you felt depressed or say most days, even if you felt okay sometimes?

__ Yes __ No

90. Thinking about the amount of stress in your life, would you say that most days are:

__ Extremely Stressful
__Very Stressful
__Moderately Stressful
__Not Very Stressful
__Not At All Stressful

91. Has a doctor, nurse, or other health professional EVER told you that you have depression or any kind of depressive disorder?

__ Yes __ No

92. Are you NOW taking medication or receiving treatment from a doctor, nurse, or other health professional for any type of mental health condition or emotional problem?

__ Yes __ No

93. Was there a time in the PAST 12 MONTHS when you needed mental health services but were NOT able to get them?

__ Yes __ No

The following questions are about health problems or impairments you may have

94. Are you limited in any way in any activities because of physical, mental or emotional problems?

__ Yes __ No

95. What is the major impairment or health problem that limits you?

_____

96. People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past 30 days, did you provide any such care or assistance to a friend or family member? (This question includes any care or assistance, not limited to someone living in the household.).

__ Yes __ No

100.What is the MAIN health problem, long-term illness, or disability that the person you care for has?

101. Total Family Household Income.
$_____

102. How many children under the age of 18 are currently LIVING in your household?

__ One __ Two __ Three
__Four __ Five or More __None

CONTINUE IF THERE IS A CHILD UNDER AGE 18 LIVING IN HOUSEHOLD

I would like to ask some questions about the health care of one of these children. In order to randomly select one, please answer the following questions about the child who had the most recent birthday.

103. How old is this child? **Age**

_____

104. Was there a time in the past 12 months when you needed medical care for this child, but could not get it?

__ Yes __ No

105. About how long has it been since this child visited a DOCTOR for a routine checkup or general physical exam, not counting visits for a specific injury, illness, or condition?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Withing the Past 5 Years (2 Years But Less Than 5 Years Ago)
__ 5 or More Years Age
__ Never

106. Has a doctor, nurse, or other health professional every told you that this child had asthma?**__ Yes __ No**

If Yes, Does this child still have asthma?
__ Yes __ No

108. [If child is age 2+] About how long has it been since this child visited a dentist or dental clinic?

__ Within the Past Year (Less Than 1 Year Ago)
__ Within the Past 2 Years (1 Year But Less Than 2 Years Ago)
__ Withing the Past 5 Years (2 Years But Less Than 5 Years Ago)
__ 5 or More Years Age
__ Never

109. [If child is age 2+] The next questions is about physical activity. During the past 7 days, on how many days was this child physically active for a total of at least 60 minutes per day? **Number _____**

110. [If child is age 2+] And how much does this child weigh (in pounds) without shoes? **Pounds _____**

111. [If child is age 2+] About how tall is the child without shoes? **Feet: ____ Inches _____**

112. And finally, would you please tell me the sex this child was assigned at birth? (This would be the sex listed on their birth certificate.)

__ Female __ Male
__ Intersex (Having Male and Female Sex Characteristics)
__ I Was Not Assigned a Sex at Birth

That's the last question! Everyone's answers will be combined to give us information about the health of residents in this community. Thank you very much for your time and cooperation.

APPENDIX F
Community Outreach and Engagment

2024 CHA Community Communications, Outreach, and Engagement Plan

A comprehensive community health assessment depends on the voices of the community itself. Engaging community members isn't just about collecting data; it's about telling the story about the community's health. Through participation, community members shed light on their experiences, from the most pressing health concerns to the underlying factors affecting their well-being. This firsthand knowledge paints a more accurate picture of health issues and empowers the assessment to target the root causes. By including residents in the conversation, the CHA builds trust, fosters a sense of ownership, and prioritizes the concerns that matter most to the community, paving the way for a collective effort toward a healthier future.

Community Outreach, Engagement, and Communications Plan

Before engaging with community members for the 2024 CHA, a review of past stakeholder lists was done. Previous lists were combined into one list in SmartSheets. Next, a review and validation of stakeholders' contact information was performed. All incorrect information was removed from the list and updated (when possible) with the most recent contact information. The next step was the in-person 2024 CHA Kick-off meeting. The meeting objectives were to:

- Build connections among participants
- Build awareness of and support for the MAPP 2.0 process
- Identify community partners whose viewpoints and experiences will inform the development of the CHA and CHIP

Community Outreach, Engagement, and Communications Workgroups

A main component of building awareness of and support for the MAPP 2.0 process was informing stakeholders about the roles and responsibilities of the Stakeholder Group and the Workgroups, including the Community Outreach, Engagement, and Communications workgroup. During this meeting, stakeholders were asked to volunteer to participate in the workgroups to help with a variety of activities, including:

- Developing communications in a manner that reflects the various communities across the county.
- Identifying individuals with connections to underrepresented communities who may serve as liaisons for outreach and engagement activities.
- Disseminating the community survey, recruiting participants for focus groups and meetings, and assisting in securing locations across the county for community engagement activities.
- Providing suggestions and feedback on the look and feel of the public-facing CHA and CHIP Reports.

Ultimately, seven stakeholders joined the Communications, Outreach, and Engagement workgroup.

Gathering Community Voices to Tell the Community Story

According to MAPP 2.0, telling the community story "emphasizes the need for a complete, accurate, and timely understanding of community health across all subpopulations within the community."[111] Telling the story happens by gathering input from community members with a range of views to understand the variances in health outcomes and identify the root causes of those disparities.

The Community Themes and Strengths Assessment (CTSA) survey represents the core of the community's input and perspectives on the health problems and needs of the community. The CTSA survey is a form of assessment in which community members are asked to identify what they see as the most critical issues facing their community. In this case, we asked community members to identify the issues that matter most to them and anonymously share their opinions about community health issues and the quality of life in Imperial County. The results are the foundation for focus group discussions that take a deep dive into the identified health-related issues from the community's perspective and ultimately inform the health improvement planning process and create strategies to address the issues.

The CTSA survey was advertised and distributed across the county in electronic and paper options, in both Spanish and English. Marketing and communication materials were developed in Spanish and English. To reach a broad cross-section of community members, marketing materials were developed for social media, including Facebook, Instagram, and X (Twitter). These materials included imagery represnting the following communities of interest:

- Young adults
- Elderly
- Individuals living with a physical disability
- Individuals living with an intellectual or cognitive disability
- LGBTQIA+
- Working adults

Social media collateral was distributed to the Steering Committee, Stakeholder Group, and Workgroup members via the Imperial County CHA & CHIP Google Drive and email.

In addition to social media posts, flyers, and posters were developed to advertise the CTSA survey. These materials were created in Spanish and English and included a QR code for community members to access the survey. Some locations also received paper surveys and secure drop-off boxes to give community members who prefer written materials an opportunity to participate in the survey. Surveys were collected weekly by ICDPH staff. These materials were posted across the county in a variety of locations, including (asterisked locations had paper surveys and survey collection boxes):

- Libraries*
- Post offices*
- Grocery stores
- Convenienc stores (e.g., Circle K, Onestop, Dollar stores etc.)

[111] National Association of County and City Health Officials. *Mobilizing for Action through Planning and Partnerships (MAPP) 2.0 User's Handbook*. Updated 2023. Available at: file:///C:/Users/dschneidman/Downloads/MAPP%202.0%20Handbook.pdf.

- Bus stops
- City Halls
- Chambers of Commerce*
- Westmoreland Community Presbyterian Church*
- Pharmacies
- Area Agency on Aging offices
- Veterans office
- Health Net office*
- Westmorlanand Elementary School*
- Resturants
- Health clinic and hospital waiting rooms including:
    - Innercare – Brawley*
    - Innercare – Calexico*
    - Innercare – El Centro*
    - Innercare – Niland*
    - Innercare – Winterhaven*
    - Innercare – West Shores*
    - Innercare-Salton city*
    - IVFCMG Brawley – MD Community Care Center*
    - IVFCMG Brawley - Lorenzo Suarez, MD*
    - IVFCMG Brawley - Yong Tan, MD*
    - IVFCMG Calexico - Jaime Estrada, MD*
    - IVFCMG Calexico – Luz Tristan, MD*
    - IVFCMG Imperial - Vachaspathi Palakodeti, MD*
    - IVFCMG El Centro - Jorge F. Robles, MD*
    - IVFCMG El Centro - Mohsen El Ramah, MD*
    - IVFCMG El Centro - Alidad Zadeh, DO*
    - IVFCMG El Centro - Patrick Wolcott, MD*
    - IVFCMG El Centro - Elias Moukarzel, MD*
    - IVFCMG El Centro - Unnati Sampat, MD*
    - ECRMC - Hospital*
    - ECRMC - Calexico Outpatient Center*
    - ECRMC Oncology, Hematology and Infusion Center-El Centro*
    - ECRMC Specialty Health Center*
    - ECRMC El Centro Outpatient Center*
    - PMHD Hospital*
    - Pioneers Health Center*
    - PNHD Calexico Health Center*

In addition to the methods mentioned above, marketing materials and the survey link were distributed via email to the Steering Committee and Stakeholder Group listserve with draft language that they could use to distribute the survey to their colleague, friends, and family networks. All materials created are available to view on the Imperial County CHA and CHIP Google Drive.

APPENDIX G
Resources Available to Address Significant Health Needs

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Area Agency on Aging
- Bonita Family Resource Center
- Calexico Neighborhood House
- California Health & Wellness
- Cancer Resource Center of the Desert
- Clinicas de Salud
- Comite Civico
- Data Sharing
- Department of Social Services
- Doctor's Offices
- El Centro Regional Medical Center
- Federally Qualified Health Centers
- Hospitals
- Imperial County Behavioral Health Services
- Imperial County Public Health Department
- Imperial County Social Services
- Imperial Valley Continuum of Care Council
- Innercare
- Local Health Authority
- Molina Healthcare
- NorthEnd Alliance 111
- Public Health Department
- Social Security Disability/Supplemental Security Income
- State of California EDD Disability Program
- Vo Medical Center

Cancer

- AB 617 Community Steering Committee
- American Cancer Society
- Cancer Resource Center of the Desert
- Doctor's Offices
- El Centro Regional Medical Center
- Imperial County Public Health Department
- Imperial Valley Cancer Support Center
- Imperial Valley Radiation Oncology
- Local Resource Center
- Pioneers Health Center - Brawley
- Pioneers Memorial Hospital
- The Cancer Institute at Pioneers
- UCSD

Diabetes

- Calexico Clinic
- Calexico Wellness Center
- CalFresh Healthy Living
- Clinicas de Salud
- Congregate Meal Sites
- CVS Pharmacy
- Diabetes Centro de Salud
- Diabetes Education Program
- Doctor's Offices
- El Centro Regional Medical Center
- Fitness Centers/Gyms
- Food Bank
- Imperial County Medical Providers
- Imperial County Public Health Department
- Imperial Valley Endocrine
- Imperial Valley Mall
- Innercare
- Media
- Medi-Cal
- Pharmacies
- Pioneers Memorial Healthcare District
- Pioneers Memorial Hospital
- Promotoras
- Public Health Department
- School System
- SNAP Education Program
- WIC
- Word-of-Mouth

Disabling Conditions

- Alzheimer's Association
- Department of Social Services
- Doctor's Offices
- El Centro Regional Medical Center
- Food Bank
- Homeless Shelters
- Imperial County Work Training Center Multipurpose Senior Services
- Imperial County Behavioral Health Services
- Imperial County Veterans Service Office
- Imperial Valley COPA

Innercare
Pioneers Memorial Healthcare District
Pioneers Memorial Hospital
Social Services
UCSD

Heart Disease & Stroke

CalFresh Healthy Living
Diabetes Education Program
Diabetes Prevention Program
Doctor's Offices
El Centro Regional Medical Center
Fitness Centers/Gyms
Hospitals
Innercare
Nutrition Programs
Pioneers Memorial Healthcare District
Pioneers Memorial Hospital
Public Health Department
Rehabilitation Facilities

Infant Health & Family Planning

Birthright
El Centro Regional Medical Center
Innercare
Pioneers Memorial Healthcare District
Planned Parenthood
Public Health Department
WIC

Injury & Violence

Betty Jo McNeece Receiving Home
California Rural Legal Assistance
Catholic Charities
Department of Transportation
Housing Complexes
Imperial County Behavioral Health Services
Imperial Valley LGBT Resource Center
Law Enforcement
Police Department
Victim Witness Program of Imperial County
WomanHaven
Youth Centers

Mental Health

Behavioral Health Services
Brawley Mental Health
CHARLEE Family Care
CMH
Community Centers
County Behavioral Health
County Office of Education and Schools
Doctor's Offices
El Centro Regional Medical Center
Imperial County Behavioral Health Services
Imperial Valley College
Imperial Valley Methadone Clinic
Innercare
Inpatient Long-Term Care Facility
Jackson House
Law Enforcement
Medi-Cal
Pioneers Memorial Healthcare District
Private Counselors
Public Health Department
Recovery Shelters
WomanHaven

Nutrition, Physical Activity, & Weight

Bonita Family Resource Center
Bucklin Park
CalFresh Healthy Living
Churches
Cities
Doctor's Offices
Dr. Martin Luther King Jr. Sports Pavilion
El Centro Lions Park
El Centro Regional Medical Center
Fitness Centers/Gyms
Food Bank
Grocery Stores
Imperial County Medical Providers
Imperial County Public Health Department
Imperial County Public School System
Imperial Valley COPA
Imperial Valley Food Bank
Local Health Authority
Municipal Programs
Parks and Recreation
Pioneers Memorial Hospital
Public Health Department
Senior Centers
Social Media
Valley Weight Loss
Walking Program at the Mall
WIC

Oral Health

- Clinicas de Salud
- Dentist's Offices
- Doctor's Offices
- El Centro Regional Medical Center
- Hospitals
- Innercare
- Mobile Dental Clinics
- Public Health Department
- School System
- Smile Dental Services

Respiratory Diseases

- AB 617 Community Steering Committee
- Advocacy Groups for Reducing Environmental Exposures
- Air Pollution Control District
- Air Quality Control Board
- Assemblymember Eduardo Garcia's Office
- California Governor Gavin Newsom's Office
- California Natural Resources Agency
- Clinicas de Salud
- Comite Civico
- Community Centers
- Community-Based Organizations
- Doctor's Offices
- El Centro Regional Medical Center
- Hospitals
- Imperial County
- Imperial County Board of Supervisors
- Imperial County Public Health Department
- Innercare
- Pioneers Memorial Healthcare District
- Promotoras
- Public Health Department
- Respira Sano
- Salton Sea Authority Committee
- School System
- State Agencies

Sexual Health

- Doctor's Offices
- El Centro Regional Medical Center
- Imperial County Public Health Department
- Imperial Valley LGBT Resource Center
- Innercare
- Pioneers Memorial Hospital
- Planned Parenthood
- Public Health Department

Social Determinants of Health

- Area Agency on Aging (AAA)
- ACLU
- Adult Education Center
- Behavioral Health Services
- Bonita Family Resource Center
- Calexico Neighborhood House
- California Rural Legal Assistance
- Cities
- Comite Civico
- Community Centers
- Continuum of Care Consortium
- Department of Social Services
- State of California EDD Disability Program
- El Centro Regional Medical Center
- Faith-Based Organizations
- Fitness Centers/Gyms
- Food Bank
- Government
- Hospitals
- Housing Authority
- Imperial County
- Imperial County Public Health Department
- Imperial County Public School System
- Imperial County Regional Occupational Program
- Imperial County Religious Organizations
- Imperial County Social Services
- Imperial Valley College
- Imperial Valley Food Bank
- Imperial Valley LGBT Resource Center
- Innercare
- Medi-Cal
- Pioneers Memorial Healthcare District
- Public Health Department
- San Diego State University
- Social Services

Substance Use

- AA/NA
- Behavioral Health Services
- Behavioral Health Services SUD Program
- Churches
- Doctor's Offices
- El Centro Regional Medical Center
- El Redentor
- Faith-Based Organizations
- Foundations in Recovery
- Freedom Ranch
- Hospitals
- Imperial County Behavioral Health Services

Imperial County Mental Health
Imperial County Religious Organizations
Imperial County Sheriff's Office
Imperial Valley Methadone Clinic
Innercare
New Creations
Nonprofits
Outpatient and Long-Term Treatment Facilities
Public Health Department
Recovery Shelters
SAC
School System
Turning Point Men's Home
Volunteers of America
Youth Centers

Tobacco Use

American Cancer Society
Doctor's Offices
Encouragement to Try and Quit
Imperial County Behavioral Health Services
Imperial County Tobacco Education Project
Imperial Valley LGBT Resource Center
Innercare
Media
Nonprofits
Public Health Department
School System
Smoking Cessation
SUD
Tobacco-Use Prevention Education (TUPE)
Youth Centers