Rady Children's®

2022

RADY CHILDREN'S HOSPITAL-SAN DIEGO

COMMUNITY HEALTH NEEDS ASSESSMENT

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INTRODUCTION

Background and Purpose

Rady Children's Hospital-San Diego (Rady Children's) is a nonprofit, 511-bed pediatric-care facility dedicated to excellence in care, research and teaching. It is the only hospital in the San Diego area dedicated exclusively to pediatric health care and the only designated pediatric trauma center in the region.

Rady's Children's is affiliated with the University of California, San Diego School of Medicine as a teaching hospital for the next generation of pediatric physicians. The hospital is also a major pediatric clinical research center, working in collaboration with world-renowned institutions, including UC San Diego and St. Jude Children's Research Hospital.

In addition to themain hospital campus in San Diego, Rady Children's provides specialized neonatal and pediatric services in Riverside County where they administrate a 13 bed, Level 3 Neonatal Intensive Care Unit at Rancho Springs Medical Center.

Rady Children's has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action across targeted geographical areas, and serves as the basis for community benefit programs.

Service Area

Rady Children's Hospital-San Diegois located at 3020 Children's Way, California 92123. The hospital draws patients regionally. The Riverside County NICU is located at Rancho Springs Medical Center, 25500 Medical Center Drive, Murrieta, California, 92562. For this assessment, the service area is defined as Riverside County and San Diego County.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Clara Evans
Vice President, Government Affairs
Rady Children's Hospital

Collaborative Process

Rady Children's collaborated with other hospitals and health systems in San Diego County to complete a collaborativeCHNA. The San Diego CHNA process was facilitated by the Hospital

Association of San Diego & Imperial Counties (HASD&IC). HASD&IC convened a CHNA Advisory Workgroup, which included representatives from participating hospital and health systems and provided guidance regarding the research approach and community engagement. The CHNA Committee worked closely with the CHNA Advisory Workgroup and was responsible for implementing the San Diego CHNA.

Consultants

HASD&IC directed the San Diego collaborative CHNA process and collected the primary data for San Diego County.

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.
www.bielconsulting.com

Availability of CHNA Report

Rady Children's Hospital-San Diego 2022 CHNA is available at https://www.rchsd.org/health-safety/community-health-needs-assessment/. Written comments on this report can be submitted to advocacy@rchsd.org.

Report Adoption

This CHNA report was adopted by the Rady Children's Hospital Board of Directors on June 28, 2022.

DATA COLLECTION METHODOLOGY

The CHNA process included collection and analysis of data sources for the hospital service area. Secondary data were collected from county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, and substance use. Where available, these data are presented in the context of California, framing the scope of an issue as it relates to the broader community. Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), state comparisons, the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Appendix 1 details the Healthy People 2020 objectives compared to Riverside County and San Diego County data.

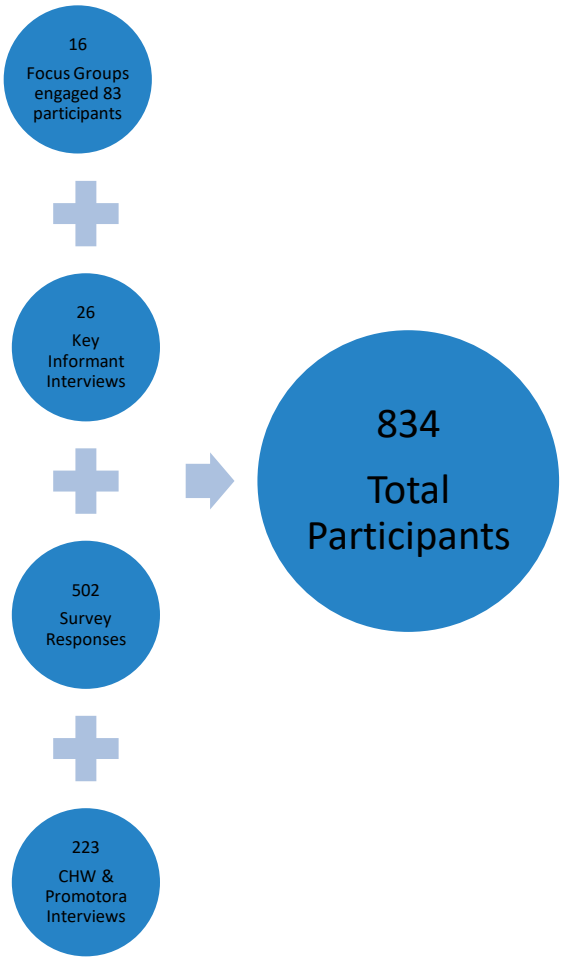
In addition, primary data were collected directly from stakeholders in the community. A variety of primary data collection methods were used to obtain community input including, focus groups, interviews and surveys. The collected data were used to identify significant community needs.

San Diego County (HASD&IC Initiated Community Engagement)
The goal of the community engagement process was to solicit input from a wide range of stakeholders facing inequities in San Diego County. Special efforts were made to include community members from groups that experience health disparities and service providers who work with those vulnerable populations. Input from the community was gathered through the following efforts:

- Working with community health workers to conduct interviews with community members
- Conducting focus groups and key informant interviews with community members, community health workers, community-based organizations, service providers, civic leaders, and health care leaders (conducted in collaboration with Kaiser Foundation Hospital (KFH)-San Diego)[1]

[1] Partnership with Kaiser Foundation Hospital (KFH)-San Diego and Zion
In addition to the collaborative CHNA process, Kaiser Foundation Hospital (KFH)-San Diego and Zion conducted a separate

- Conducting focus groups and key informant interviews with hospital and health system clinicians, case managers, social workers, and executive leaders
- Distributing an online survey to community members, hospital staff, community-based organizations, federally qualified health centers, and local government staff



Community engagement activities focused on stakeholders representing every region of San Diego County and all age groups. In addition, a wide variety of stakeholders representing numerous, diverse racial and ethnic groups were engaged.

Key Informant Interviews and Focus Groups

Twenty-six (26) key informant interviews and 16 focus groups, which engaged 83 persons, were used to identify and explore priority health needs, social determinants of health, barriers to care, and community assets and resources, with interviews and focus groups conducted between September 2021 and June 2022. Interviewers and facilitators employed the questions developed and approved by the CHNA Committee to generate discussion about specific community health needs, as well as open ended questions for broader discussions. Questions about health conditions and social determinants of health were asked at the beginning of each discussion, followed by more specific questions targeted for the participants. Questions varied depending on the expertise and/or specific interests of the person or group participating in each interview and focus group.

Focus groups and interviews were conducted via Zoom. Incentives, in the form of gift cards,

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CHNA process consisting of quantitative and qualitative data collection. The qualitative data collection was conducted simultaneously with ongoing, continuous feedback between the two groups about the process; this allowed the groups' efforts to be complementary rather than duplicative. These efforts also enabled HASD&IC and KFH-San Diego and Zion to leverage each other's relationships in the community, resulting in greater community representation and the efficient use of resources. Select data were shared between the groups. This innovative and effective partnership resulted in a more robust CHNA for all San Diego County hospitals and health care systems.

were also provided for the groups comprised of community residents. Each interview and focus group began with a discussion about the purpose and process of the CHNA. The interviewer obtained consent to proceed (and, in some cases, record the session) and assured participants that their participation was voluntary and that their feedback would be anonymous. Interpretative and translation services were arranged for any group that requested them. One focus group was conducted in Spanish by a facilitator through simultaneous English and Spanish interpretation.

Online Community Survey

An Online Community Survey was used to support prioritization of health conditions and social determinants of health based on community feedback about what survey respondents viewed as the most important or most serious challenges in San Diego County. The survey was available from open from February 14 to March 30, 2022. The survey was designed to be taken by community members and was translated from English into five additional languages: Arabic, Spanish, Somali, Tagalog, and Vietnamese. Mid-City Community Action Network (CAN), a community-based organization located in City Heights, was contracted to complete the translations.

The survey was distributed via email to targeted community-based organizations, social service providers, resident-led organizations, federally qualified health centers, government agencies, grantmaking organizations, and hospitals and health systems that serve a diverse array of people in San Diego County. When possible, these organizations shared the link to the survey with their clients. Email recipients were also encouraged to share the survey with their colleagues. The survey was also widely shared through social media and reshared by community-based organizations. A total of 502 usable surveys were received.

Promotoras and Community Health Worker Outreach and Feedback

Community Health Worker Focus Groups

Research partners at the Institute for Public Health (IPH) at the San Diego State University School of Public Health facilitated two focus groups via Zoom with Community Health Workers (CHWs). Focus group participants were community health workers working for a COVID-19 contact tracing program.

Focus group participants were recruited through multiple avenues, including announcements in the County of San Diego Health and Human Service Agency's (HHSA) Community Health Worker Collaborative Newsletter, disseminated by the County to provide updates on COVID-19 Communication and Outreach Services to the individuals working on one of the County COVID-19 contracts. In addition, emails were disseminated directly to all CHWs on the Communities

Fighting COVID! Project at San Diego State University, and emails were sent to the leads on eight different County COVID-19 contracts, requesting they disseminate the information to their CHWs or Outreach workers. The focus groups announcements included an interest form that asked for the person's contact information, day of the week and time of day that worked best for them, type of gift card they would like to receive as a thank you, and a brief description of the type of work they currently do.

Focus group participants were asked open-ended questions about identifying specific health conditions of concern, about inequities in the community, and about the needs of youth and seniors. Gift cards were emailed two days after the focus group as a thank you to all participants.

Promotoras and Community Health Worker Interviews
The Online Community Survey was adapted with a subset of the survey questions for use as a data collection tool. The San Diego Refugee Communities Coalition and the Chicano Federation were selected to recruit interested community health workers and promotoras to conduct the interviews. HASD&IC staff attended a San Diego Refugee Communities Coalition weekly community health worker meeting to provide training on the goals of the CHNA and how to administer the interview. HASD&IC staff also provided training to the Chicano Federation promotoras.

Promotoras and community health workers conducted interviews either in person or over the phone. Interviewers asked open-ended questions about health needs, social needs, access to care challenges, and what hospitals could do to improve the health and well-being of the community. Interviewers coded the responses and entered them in an online data collection tool. Price Philanthropies Foundation generously provided grants to both organizations to compensate promotoras and community health workers for completing the interviews.

Data collection was conducted from March 10 to April 4, 2022 and reached 223 persons.

Riverside County (Consultant: Children and Families Focused)
Primary data were collected through interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Six (6) interviews were conducted via telephone during March and April 2022. Interview participants were stakeholders concerned with the health and wellbeing of children and families in Riverside County.

The interviews were structured to obtain greater depth and richness of information on health needs identified as priorities through a review of health data and needs conducted prior to the interviews. Interview participants were asked to describe some of the major health issues impacting the community as well as barriers contributing to poor health in the community. During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts.

The health needs the interviews focused on were:

- Access to care
- Birth indicators (teen births, prenatal care, pre-term births, infant mortality)
- Chronic disease (asthma, cancer)
- COVID-19
- Economic insecurity
- Education
- Housing and homelessness
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- Substance use
- Violence and injury prevention

Interview participants were also asked to share information on any other health or social issues as well as any additional comments.

Appendix 2 details the Riverside interview participants and the San Diego focus group and interview participants.

Primary Data Collection Results

Responses and trends relative to the interview and focus group questions are summarized in Appendix 3 for Riverside County and in Appendix 4 for San Diego County. A summary of the San Diego survey findings can be found in Appendix 5.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, the CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Rady Children's Hospital's previous CHNA and Implementation Strategy were made widely available to the public on the website at https://www.rchsd.org/health-safety/community-health-needs-assessment/. To date, no comments have been received.

PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The identification of significant community needs began with a review of the data that described the hospital service area. Health needs that did not meet state or national benchmarks were identified. The primary data collection process then obtained community input to support the secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community input was used to prioritize these needs. This section details the prioritization of the health needs by county.

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Riverside County

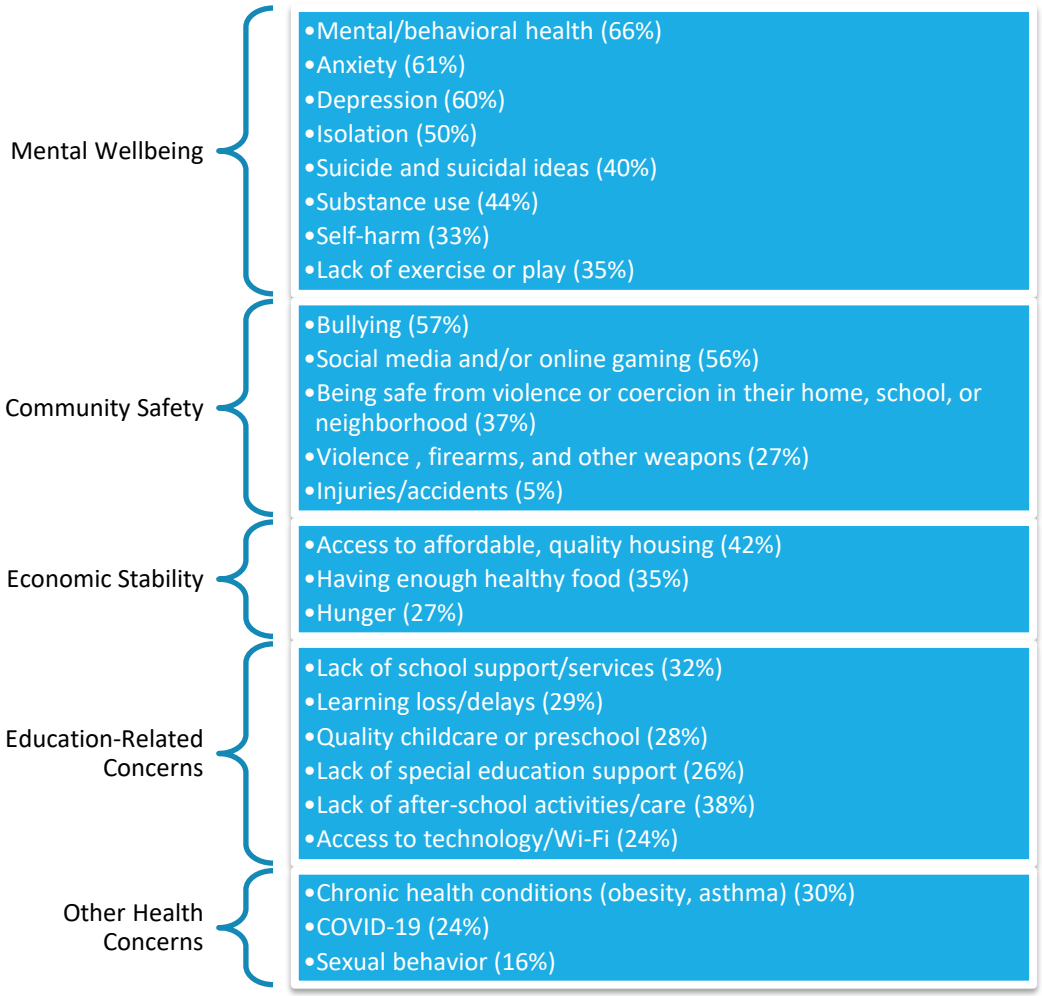
Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. They were asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Access to health care, economic insecurity, housing and homelessness and mental health were ranked as the top four priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Access to health care	4.00
Economic insecurity	4.00
Housing and homelessness	4.00
Mental health	4.00
Birth indicators	3.67
Education	3.67
Preventive practices	3.67
Cancer	3.00
COVID-19	3.00
Overweight and obesity	3.00

Significant Needs	Priority Ranking (Total Possible Score of 4)
Substance use	3.00
Violence and injury prevention	3.00
Asthma	2.67

San Diego County

The online community survey included the following question: "What most worries you about the health and well-being of children in our community?" Responses are grouped into five major categories. The concerns of the 502 survey respondents echoed much of the feedback gathered during the focus groups and interviews. The priority concerns were related to children and youth mental wellbeing. The next highest areas of concern were around community safety.



Resources to Address Significant Health Needs

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. The identified community resources are detailed in Appendix 6.

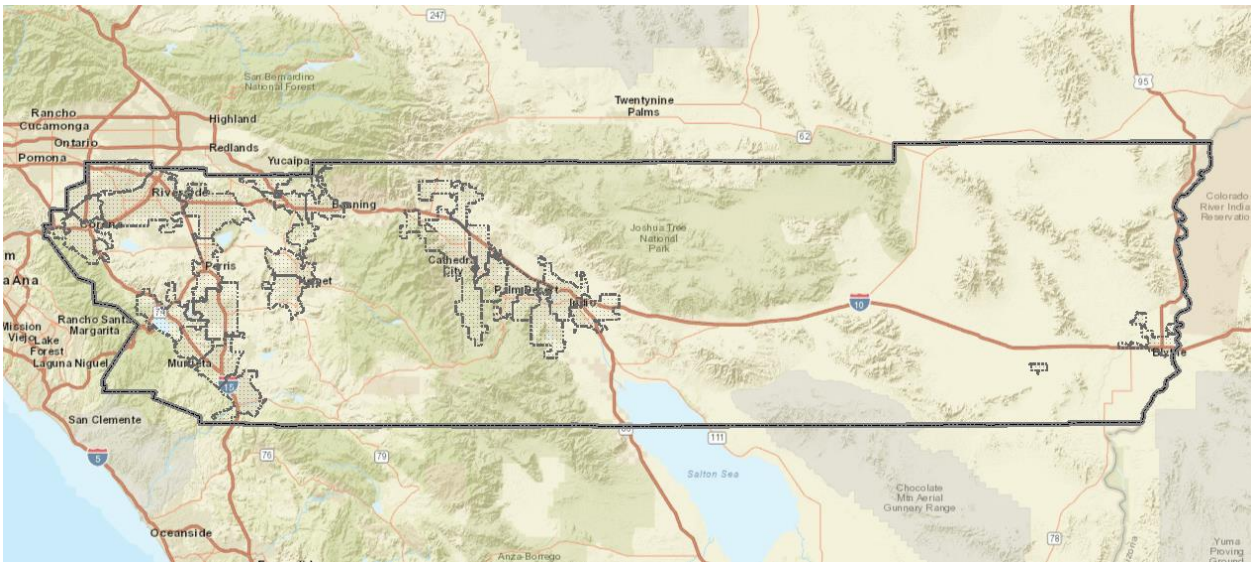
Report of Progress

In 2019, Rady Children's Hospital-San Diego conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: behavioral health and mental health, chronic conditions and obesity, and other needs (access to health care, oral health, maternal, infant and child health, unintentional injury and violence. The impact of the actions that Rady Children's used to address these significant needs can be found in Appendix 7.

COMMUNITY PROFILES

Riverside County

Riverside is the fourth largest county in California and the tenth largest in the United States. It covers more than 7,300 square miles and is home to 2.4 million residents. Riverside County was formed in 1893 from a small portion of San Bernardino County (to the north) and a larger part of San Diego County (to the south). The county reaches from Orange County to the West to the Arizona state line along the eastern border.



Source: Riverside County, Esri.

San Diego County

San Diego county has concretely defined boundaries, including Marine Corps Base Camp Pendleton's 125,000 acres to the north, the Pacific Ocean to the west, Mexico to the south, and extensive mountains and deserts to the east. Because of its geographic size and large population, the San Diego County HHSA organizes its service areas into six geographic regions: Central, East, North Central, North Coastal, North Inland, and South. The geographical regions are represented below.


Regional and Subregional Areas (SRA) Boundaries in San Diego County
HHSA
LIVE WELL SAN DIEGO
SanGIS
ORANGE
RIVERSIDE
IMPERIAL
BAJA CALIFORNIA
Pendleton
Fallbrook
Pauma
Valley Center
Palomar-Julian
Oceanside
Vista
San Marcos
Escondido
Carlsbad
Anza-Borrego Springs
San Dieguito
North San Diego
Poway
Ramona
Del Mar-Mira Mesa
University
Miramar
Lakeside
Laguna-Pine Valley
Santee
Harbison Crest
Alpine
Coastal
Kearny Mesa
Elliott-Navajo
El Cajon
La Mesa
Peninsula
Central
Mid-City
Spring Valley
San Diego
Lemon Grove
Coronado
Southeastern San Diego
Jamul
Mountain Empire
National City
Chula Vista
Sweetwater
South Bay
SRA Boundary
Region
Central
East
North Central
North Coastal
North Inland
South
N
0 3.5 7 14
Miles
Map Prepared by County of San Diego, HHSA, Community Health Statistics Unit, 619.285.6429
LiveWellSD.org
County of San Diego, Health & Human Services Agency, Public Health Services, Community Health Statistics Unit

DEMOGRAPHIC PROFILE

Population

The total population of Riverside County is 2,418,185 residents, and the population grew 10.4% from the 2010 Census. San Diego County's population is 3,298,634 residents, and the population grew 6.6% from the 2010 Census.

Total Population and Change in Population, 2010-2020

	Total Population 2020	Change in Population
Riverside County	2,418,185	10.4%
San Diego County	3,298,634	6.6%
California	39,538,223	6.1%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

In Riverside County, 50.2% of the population is female and 49.8% is male, while in San Diego County 50.4% of the population is male and 49.6% is female.

Population, by Gender

	Riverside County	San Diego County
Male	49.8%	50.4%
Female	50.2%	49.6%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. https://data.census.gov/cedsci/

Gender identity (whether one considers oneself the gender assigned at birth, the opposite gender, or non-binary) differs from gender expression (whether one conforms to cultural expectations for gender, in terms of behavior, mannerisms, interests and/or appearance). For gender expression, teens were asked to report their gender, and how other people at school would describe them, ranging from very feminine to very masculine.

In Riverside County, 77.4% of the teen population were identified as conforming to their gender expression, and 22.6% as non-conforming, while in San Diego County 81.7% were gender conforming and 18.3% were non-conforming. Teens were also asked the gender listed on their original birth certificate, and whether they currently described themselves as male, female, or transgender. The rate of teens in Riverside County who considered themselves transgender (0.6%) appears to be less than half the California rate (1.5%), while San Diego County teens who considered themselves transgender appears to be more than twice the state rate (3.4%).

Gender Expression and Gender Identity, Teens

	Riverside County	San Diego County	California

	Riverside County	San Diego County	California
Gender expression conforming	77.4%	81.7%	79.6%
Gender expression non-conforming	22.6%	18.3%	20.4%
Cisgender/not transgender	99.4%*	96.6%*	98.5%
Transgender/gender non-conforming	0.6%*	3.4%*	1.5%

*Source: California Health Interview Survey, 2019-2020 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In Riverside County, children and teens, ages 0-17, make up 25.2% of the population, 60.4% are adults, ages 18-64, and 14.5% of the population are older adults, ages 65 and older. In San Diego County, 21.6% of the population is ages 0-17, 64.3% are adults, ages 18-64, and 14.1% of the population are senior adults.

Population, by Age

	Riverside County		San Diego County	
	Number	Percent	Number	Percent
0 – 4	156,118	6.4%	205,754	6.2%
5 – 9	165,641	6.8%	191,507	5.8%
10 – 14	183,687	7.5%	204,492	6.2%
15 – 17	108,377	4.4%	116,497	3.5%
18 – 24	236,238	9.7%	340,813	10.3%
25 – 44	654,005	26.8%	994,508	29.9%
45 – 64	581,423	23.8%	802,662	24.1%
65 +	352,375	14.5%	467,737	14.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. https://data.census.gov/cedsci/

Race/Ethnicity

In Riverside County, 49.4% of the population are Hispanic/Latino, 34.4% are White, 6.5% are Asian, and 6.1% are Black or African American. Native Americans, Native Hawaiians/Other Pacific Islanders, and other or multiple races make up 3.6% of the area population. In San Diego County, 44.9% of the population are White, 33.9% are Hispanic/Latino, 11.7% are Asian, and 4.6% are Black/African-American, while all other groups make up 4.9% of the population.

Population, by Race and Ethnicity

	Riverside County		San Diego County	
	Number	Percent	Number	Percent
White	837,847	34.4%	1,492,165	44.9%
Hispanic or Latino	1,204,521	49.4%	1,126,266	33.9%
Asian	159,004	6.5%	388,801	11.7%
Black or African American	148,003	6.1%	153,310	4.6%
Multiracial	66,458	2.7%	131,221	3.9%
Native Hawaiian and Pacific Islander	6,687	0.3%	12,508	0.4%
American Indian and Alaskan Native	9,079	0.4%	11,828	0.4%
Other race	6,265	0.3%	7,871	0.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP05. https://data.census.gov/cedsci/

Citizenship

In Riverside County, 21.5% of the residents are foreign born, and of the foreign born, 47.4% are not U.S. citizens. In San Diego County, 22.9% of residents are foreign-born, and 43.7% of the foreign-born are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign Born Residents and Citizenship

	Riverside County	San Diego County	California
Foreign Born	21.5%	22.9%	26.6%
Not a U.S. Citizen	47.4%	43.7%	47.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. https://data.census.gov/cedsci

Language

In Riverside County, English is spoken at home among 58.9% of the population, followed by Spanish at 34.2%. Asian/Pacific Islander languages are spoken in the home by 4.3% of county residents, Indo-European languages by 1.9%, and some other languages are spoken by 0.7% of the population, ages 5 and older. In San Diego County, 63% of the population, ages 5 and older, speak only English at home, 24.2% speak Spanish, 7.9% speak an Asian/Pacific Islander language, 3.2% speak an Indo-European language, and 1.7% speak some other language.

Language Spoken at Home, Ages 5 and Older

	Riverside County	San Diego County	California
Speaks only English	58.9%	63.0%	56.1%
Speaks Spanish	34.2%	24.2%	28.3%
Speaks Asian/Pacific Islander language	4.3%	7.9%	10.0%
Speaks other Indo-European language	1.9%	3.2%	4.5%
Speaks other language	0.7%	1.7%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. https://data.census.gov/cedsci/

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speaks English "less than very well." Children in such families may serve as the family's primary translator. In San Diego County, 13.3% of the population was linguistically isolated, as compared to Riverside County at 15%, and the state at 17.4%.

Linguistic Isolation, Ages 5 and Older

	Percent
Riverside County	15.0%
San Diego County	13.3%
California	17.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. https://data.census.gov/cedsci/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Riverside County school districts, the percentage of students who were classified as English Learners was 17.7%, while in San Diego County it was 18.9%. The rate of English Learners for both counties is below the state average (19.2%).

English Learners (EL)

	Number	Percent
Riverside County	74,226	17.7%
San Diego County	90,553	18.9%
California	1,127,648	19.2%

Source: California Department of Education DataQuest, 2021-2022. http://dq.cde.ca.gov/dataquest/

SOCIAL DETERMINANTS OF HEALTH

Social and Economic Factors Ranking

The County Health Rankings rank counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines: high school graduation rates, unemployment, children in poverty, social support, and others. 57 of California's 58 counties (excluding Alpine County for 2022) were ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. For social and economic factors, Riverside County is ranked 33, placing it in the bottom half of California's counties. San Diego County, with a rank of 16, is in the second quartile of California counties.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Riverside County	33
San Diego County	16

Source: County Health Rankings, 2022. www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the identified policy action areas: economic, education, transportation, social, neighborhood, healthcare access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these policy action areas and life expectancy at birth and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI maps below display Riverside and San Diego Counties. The data are presented in colored quartiles. The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) Riverside County has an overall HPI score better than 39.3% of California counties, while San Diego County has an HPI score better than 67.9% of California counties. Riverside County has healthier environmental conditions than 16.1% of other California counties, and San Diego County better than 33.9% of counties, based on four criteria: safe drinking water (contaminants), ozone levels, fine particulate matter concentrations, and particulate pollution from diesel sources. Neighborhood conditions scores are based on three criteria: park access, retail density and tree canopy. Housing scores (21.4% for San Diego County and 32.1% for Riverside County) are based on five criteria: uncrowded

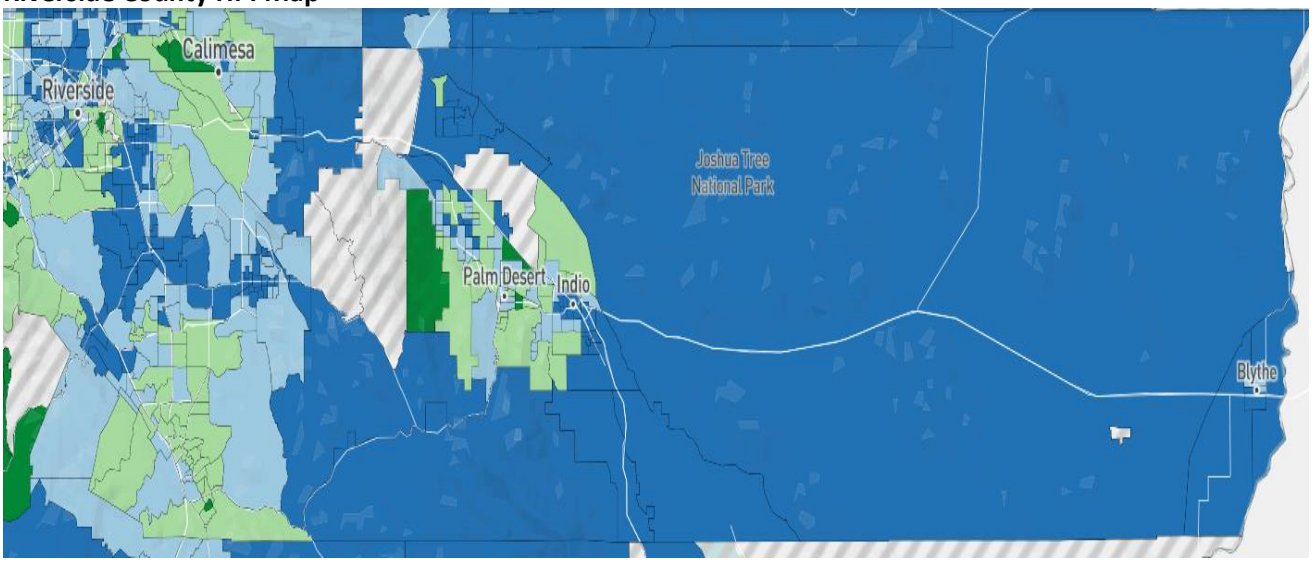
housing, severe housing cost burden for low-income renters and low-income homeowners, housing habitability, and homeownership levels. The health care access score is based on only one criterion: the level of insured adults.

California Healthy Places Index (HPI) Value and Sub-Scores, as Percentiles

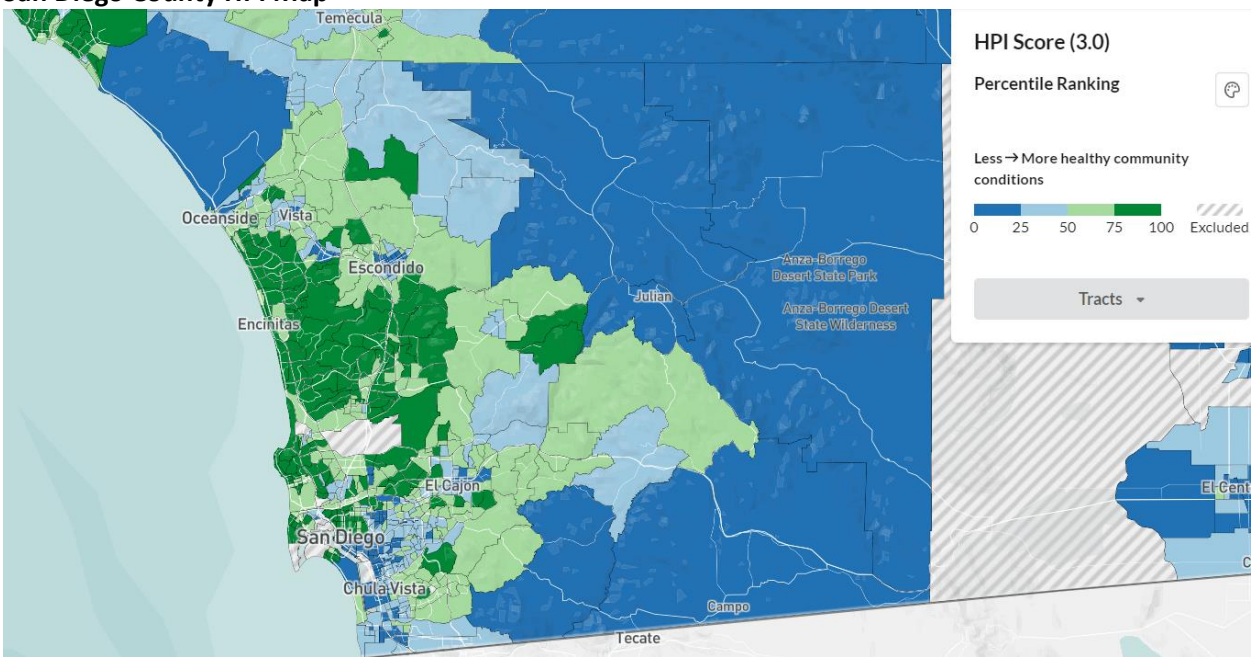
HPI Policy Action Areas	Riverside County	San Diego County
Economic	50.0%	67.9%
Education	26.8%	83.9%
Social	55.4%	76.8%
Transportation	46.4%	62.5%
Neighborhood	5.4%	33.9%
Housing	32.1%	21.4%
Clean Environment	16.1%	33.9%
Healthcare Access	23.2%	42.9%
HPI Score	**39.3%**	**67.9%**

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed May 31, 2022.
https://healthyplacesindex.org

Riverside County HPI Map



San Diego County HPI Map



Unemployment

The unemployment rate among the civilian labor force in Riverside County, averaged over 5 years, was 7.3%. This is higher than San Diego County and the state unemployment rates at 6.2%.

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Riverside County	1,132,864	82,367	7.3%
San Diego County	1,693,710	104,435	6.2%
California	19,875,973	1,229,079	6.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. https://data.census.gov/cedsci/

Poverty

The U.S. Department of Health and Human Services annually updates official poverty population statistics. In 2020, the Federal Poverty Level (FPL) was an annual income of $12,760 for one person and $26,200 for a family of four. Among residents in Riverside County, 12.5% had incomes <100% of FPL and 31.8% had incomes < 200% of FPL. For residents in San Diego County, 10.9% had incomes <100% of FPL and 26.2% had incomes < 200% of FPL.

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	<100% FPL	<200% FPL
Riverside County	12.5%	31.8%
San Diego County	10.9%	26.2%
California	12.6%	29.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. https://data.census.gov/cedsci/

Children in Poverty

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical, behavioral, and emotional health problems. In Riverside County, 18.3% of children live below the FPL and 14.5% are low-income (>100% and <200% FPL). In San Diego County, 8.7% of children live below the FPL and 16.1% are low-income.

Poverty, Children, Ages 0-17

	Riverside County	San Diego County	California
0-99% FPL	18.3%	8.7%	15.5%
100-199% FPL	14.5%	16.1%	16.2%
200-299% FPL	13.8%	10.8%	11.3%
300% FPL and above	53.4%	64.4%	57.0%

Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu

When poverty is examined by age, 16.3% of children younger than age 5 in Riverside County, and 13.9% in San Diego County, are living in poverty. 16.1% of children, ages 5 to 17, in Riverside County, and 13.5% in San Diego County, are living in poverty.

Children Living in Poverty, by Age

	Riverside County	San Diego County	California
All, under 18	16.2%	13.6%	16.8%
Children, under age 5	16.3%	13.9%	17.0%
Children, age 5 to 17	16.1%	13.5%	16.7%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1701. https://data.census.gov/cedsci/

Family and household relationships play a large role in childhood poverty. 94.2% of children in Riverside County, and 96.5% of children in San Diego County, who live in households where they are unrelated to the householder, are living in poverty. Children living in married-couple households are less likely to be living in poverty (7.6% in Riverside County and 5.9% in San Diego County) than those living with their mother without a spouse present (31.1% in Riverside County and 26.7% in San Diego County).

Poverty, by Type of Family Household, Percent

	Riverside County	San Diego County
Children living in households where they are unrelated to householder	94.2%	96.5%
Married couples with related children of householder, under 18	7.6%	5.9%
With related children of householder, under 5	6.0%	4.4%
With related children of householder, under 5 AND ages 5 to 17	10.6%	10.5%
With related children of householder, ages 5 to 17	6.8%	4.9%
Married couples, living with 0 own children under 18	4.7%	3.1%
Married couples, with 1-2 own children under 18	6.1%	4.7%

	Riverside County	San Diego County
Married couples, with 3-4 own children under 18	12.1%	10.8%
Married couples, with 5 or more own children under 18	23.7%	28.5%
Female householder, no spouse present, with related children of householder, under 18	31.1%	26.7%
With related children of householder, under 5	34.4%	25.2%
With related children of householder, under 5 AND ages 5 to 17	45.5%	46.2%
With related children of householder, ages 5 to 17	26.1%	22.4%
Female householder, no spouse, with 0 own children under 18	9.9%	10.5%
Female householder, no spouse, with 1-2 own children under 18	29.1%	23.6%
Female householder, no spouse, with 3-4 own children under 18	54.6%	52.0%
Female householder, no spouse, with 5 or more own children under 18	69.4%	86.8%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1702 and ǂS1701. https://data.census.gov/cedsci/

Vulnerable Populations

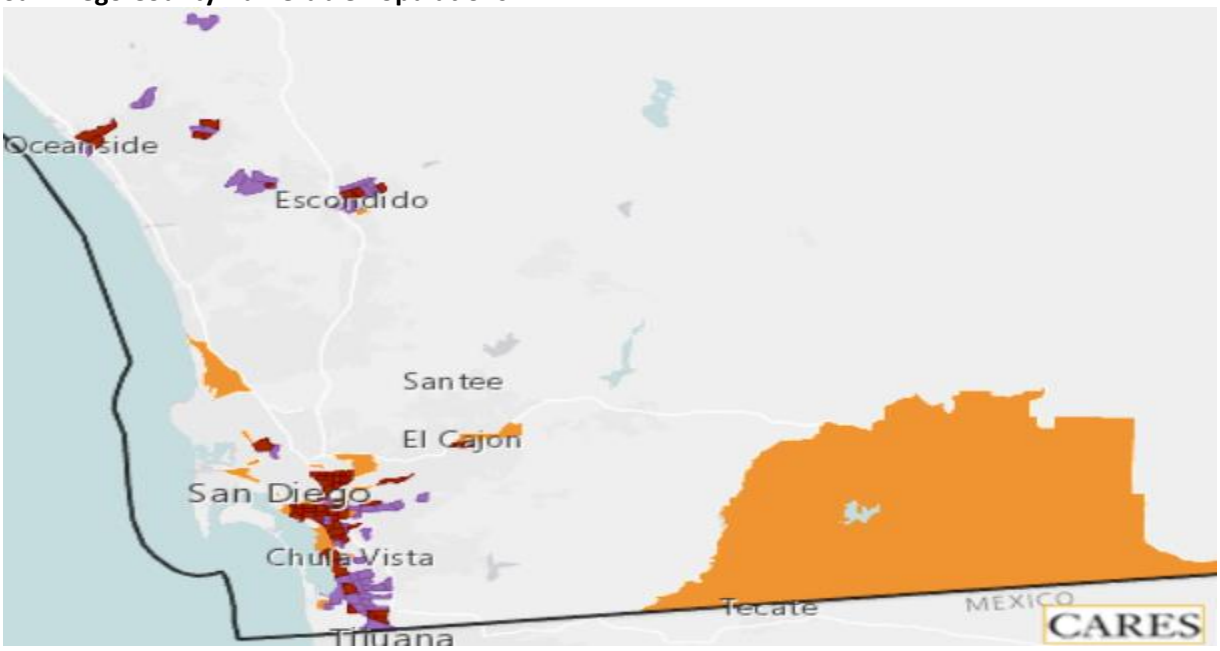
When vulnerable populations in the area are mapped, pockets of poverty emerge. The maps of Riverside and San Diego Counties highlight the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in purple). Areas above the vulnerable thresholds for both poverty and education are noted on the maps in brown.

Large portions of central and eastern Riverside County, and Murrieta, show a high percentage of poverty without low education levels. Parts of Riverside, Perris and Indio show areas of population with low education levels without high levels of poverty. Vulnerable populations – those with both low education and high poverty, in brown – are found throughout the county.

Riverside County Vulnerable Populations

A large portion of southeastern San Diego County, and scattered portions of San Diego, show a high percentage of poverty without low education levels. Parts of Fallbrook, Vista, San Marcos and Escondido show areas of population with low education levels without high levels of poverty. Vulnerable populations – those with both low education and high poverty, in brown – are found in Oceanside, Vista, Escondido, Lemon Grove, San Diego, National City and Chula Vista, among other communities.

San Diego County Vulnerable Populations



Public Program Participation

In Riverside and San Diego Counties, 20.8% of the population living in low-income households utilize food stamps. In Riverside County, 33.3% of low-income households with children, under age18, were receiving food stamps. In San Diego County 32.8% of low-income households with children, under age18, were receiving food stamps. Among eligible children in Riverside County, 39.7% access WIC benefits, and in San Diego County 45.6% access WIC benefits. 13.8% of Riverside County adults who were born outside of the U.S. reported avoiding applying for government benefits in the prior 12 months due to concerns about disqualification for themselves or a family member, from obtaining a green card or US citizenship. In San Diego County 5.9% adults who were born outside of the U.S. reported avoiding applying for government benefits.

Public Program Participation

	Riverside County	San Diego County	California
Food stamp recipients (<200% FPL)	20.8%	20.8%	26.1%
Children 0 to 17, receiving food stamps	33.3%	32.8%	33.5%
WIC usage among eligible children, ages 6 and under	39.7%	45.6%	43.6%
Avoided government benefits, prior year	13.8%	5.9%	8.6%

Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu/

Free and Reduced-Price Meals

The Free and Reduced-Price Meal (FRPM) Program is a federally assisted meal program that provides free, nutritionally balanced meals to children whose families meet eligibility income requirements. In the 2021-2022 school year, in Riverside County school districts, 67.7% of children were eligible for the program. In San Diego County, 48.7% children were eligible.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students		
	2019-2020	2020-2021	2021-2022
Riverside County	65.1%	65.4%	67.7%
San Diego County	50.1%	49.0%	48.7%
California	59.3%	58.9%	57.8%

Source: California Department of Education, 2019-2022. http://data1.cde.ca.gov/dataquest/

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines *food insecurity* as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. In Riverside County, 9.0% of the total population, 36.9% of low-income adults, and 13.6% of all children (regardless of income) experienced food insecurity. In San Diego County the rates of food insecurity were 9.2% of the total population, 32.8% of low-income adults, and 11.7% of all children (regardless of income). Of those children experiencing food insecurity, 71% in Riverside County and 70% in San Diego County lived in households that were income-qualified for federal nutrition programs.

Food Insecure Households

	Riverside County	San Diego County	California
Food insecurity, overall	9.0%	9.2%	10.2%
Not able to afford food (<200% FPL)‡	36.9%	32.8%	38.8%
Food insecurity, child	13.6%	11.7%	13.6%
Income eligible for federal nutrition programs	71%	70%	68%

Source: Feeding America, 2019. Hunger & Poverty in California | Map the Meal Gap (feedingamerica.org)
‡Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu/

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes with the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (*Source: http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page*)

In Riverside County, there are 736,413 households and 845,066 housing units, with a vacancy rate of 12.9%. Over the last five years, the population grew by 5.7%, and the number of households grew at a rate of 5% (suggesting easing of constraints on housing formation, as households are generally made up of more than a single individual). Housing units in Riverside County grew at a rate of 3.5%, and vacant units decreased by 6.8%. Owner-occupied households increased by 8.9% and renter households decreased by 2.9% from their 2015 levels.

In San Diego County, there are 1,130,703 households and 1,215,528 housing units, with a vacancy rate of 7%. Over the last five years, the population grew by 3%, and the number of households grew at a rate of 3.2%. Housing units in San Diego County grew at a rate of 2.9%, and vacant units decreased by 2.2%. Owner-occupied households increased by 5% and renter households increased by 1.2% from their 2015 levels.

Households and Housing Units, and Percent Change

	Riverside County			San Diego County		
	2015	2020	Percent Change	2015	2020	Percent Change
Households	699,232	736,413	5.0%	1,094,157	1,130,703	3.2%
Owner occupied	453,139	497,259	8.9%	579,079	609,350	5.0%
Renter occupied	246,093	239,154	(-2.9%)	515,078	521,353	1.2%
Housing units	815,322	845,066	3.5%	1,180,806	1,215,528	2.9%
Vacant	116,090	108,653	(-6.8%)	86,659	84,825	(-2.2%)

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, ages 16 and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in Riverside County was $70,732. The median income for San Diego County households was $82,426 annually.

Median Household Income

	Median Household Income
Riverside County	$70,732
San Diego County	$82,426
California	$78,672

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP03. https://data.census.gov/cedsci/

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the U.S. Department of Housing and Urban Development, families who pay more than 30% of their income for housing are considered "cost burdened" and may have difficulty affording other necessities including food, transportation, and medical care.

In Riverside County, 41% of the population in all households, and 43% in San Diego County, spend 30% or more of their income on housing. This includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. Riverside County renters (58.4%) and San Diego County renters (56.3%) are more likely to be cost burdened than are Riverside County (33.1%) and San Diego County (32%) homeowners.

Households that Spend 30% or More of Income on Housing*

	Riverside County	San Diego County	California
All occupied households	41.0%	43.0%	41.2%
Owner occupied households with or without mortgage	33.1%	32.0%	31.1%
Renters occupied households	58.4%	56.3%	54.2%

*Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP04. *Excludes units where costs cannot be computed. https://data.census.gov/cedsci*

Difficulty Affording Necessities and Housing Due to COVID-19

As a result of the COVID-19 pandemic, 12.4% of adults in Riverside County and 6.6% in San Diego County had difficulty paying for basic necessities, while 8% of adults in Riverside County and 6.2% in San Diego County had trouble paying the rent/mortgage.

Difficulty Paying for Basic Necessities and Rent/Mortgage Due to COVID-19

	Riverside County	San Diego County	California
Had trouble paying for necessities	12.4%	6.6%	9.2%
Had trouble paying for rent/mortgage	8.0%	6.2%	8.4%

Source: California Health Interview Survey, 2020. http://ask.chis.ucla.edu/

Homelessness In Riverside County

The County of Riverside's Department of Public Social Services conducts an annual 'point-in-time' count of homelessness in Riverside County. These counts are required biannually by the U.S. Department of Housing and Urban Development (HUD). In 2020, prior to the start of the Pandemic (counts are conducted in January), 74.7% of the persons experiencing homelessness in Riverside County were unsheltered.

Homeless Annual Count, Riverside County

	Total Homeless	Sheltered		Unsheltered	
		Count	Percent	Count	Percent
2018	2,316	631	27.2%	1,685	72.8%
2020	2,884	729	25.3%	2,155	74.7%

Source: County of Riverside Department of Public Social Services, Homeless Program Unit, 2018 & 2020. http://dpss.co.riverside.ca.us/homeless-programs

On January 28, 2020, in Riverside County, there were 72 households that included at least one adult and one child experiencing homelessness. Among these households, 8 were unsheltered, and 4 households were comprised of persons experiencing chronic homelessness (defined as homeless for at least 12 months continuously, or on at least four occasions in the prior three years, totaling at least 12 months). From 2018 to 2020 there was an increase in persons experiencing unsheltered homelessness among the homeless households with children in Riverside County.

Homeless Subpopulations, Riverside County, 2020, and Percent Change 2018-2020

	2020			2018-2020 Change	
	Count	Number Unsheltered	Percent Unsheltered	Count Change	Unsheltered Change
Households with ≥ 1 adult/1 child	72	8	11.1%	4.3%	200%
Chronically homeless households incl. children	4	1	25.0%	25.0%	100%
Chronically homeless persons in households incl. children	18	5	27.8%	80.0%	500%
Persons in households with ≥ 1 adult and 1 child	241	23	9.5%	5.2%	155%
Children under age 18	146	11	7.5%	5.0%	175%
Persons ages 18-24	11	2	18.2%	45.5%	200%
Persons over age 24	84	10	11.9%	13.5%	200%
Households with only children	20	9	45.0%	66.7%	900%
Chronically homeless	0	0	0	0	0
Persons in households with only children	24	13	54.2%	200%	1,300%

Source: U.S. Department of Housing and Urban Development (HUD), 2020 CoC Homeless Populations and Subpopulations Report - Riverside City & County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

Homelessness In San Diego County

San Diego's Regional Task Force on Homelessness (RTFH) conducts an annual 'point-in-time' count of homelessness in San Diego County. In 2020, prior to the start of the pandemic (counts are conducted in January), 74.7% of the San Diego County persons experiencing homelessness were unsheltered.

Homeless Annual Count, San Diego County

	Total Homeless	Sheltered		Unsheltered	
		Count	Percent	Count	Percent
2018	8,576	3586	41.8%	4,990	58.2%
2020	7,638	3,667	48.0%	3,971	52.0%

Source: County of Riverside Department of Public Social Services, Homeless Program Unit, 2018 & 2020. http://dpss.co.riverside.ca.us/homeless-programs

On January 22, 2020, in San Diego County, there were 381 households experiencing homelessness that included at least one adult and one child. Of those, 15 were unsheltered, and 37 (comprised of 121 persons) were experiencing chronic homelessness (defined as homeless for at least 12 months continuously, or on at least four occasions in the prior three years, totaling at least 12 months). From 2018 to 2020 there was a decrease in those persons experiencing unsheltered homelessness among homeless households with children in San Diego County.

Homeless Subpopulations, San Diego County, 2020, and Percent Change 2018-2020

	2020			2018-2020 Change	
	Count	Number Unsheltered	Percent Unsheltered	Count Change	Unsheltered Change
Households with ≥ 1 adult/1 child	381	15	3.9%	(-21.1%)	(-85.3%)
Chronically homeless households incl. children	37	2	5.4%	(-27.5%)	(-84.6%)
Chronically homeless persons in households incl. children	121	5	4.1%	(-32.8%)	(-90.9%)
Persons in households with ≥ 1 adult and 1 child	1,216	52	4.3%	(-19.6%)	(-83.4%)
Children under age 18	742	22	3.0%	(-18.4%)	(-87.3%)
Persons ages 18-24	83	4	4.8%	(-31.4%)	(-88.6%)
Persons over age 24	391	26	6.6%	(-19.0%)	(-75.5%)
Households with only children	42	18	42.9%	(-59.6%)	(-76.0%)
Chronically homeless	0	0	-	-	-
Persons in households with only children	42	18	42.9%	(-60.0%)	(76.0%)

Source: U.S. Department of Housing and Urban Development (HUD), 2020 CoC Homeless Populations and Subpopulations Report - Riverside City & County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

In the 2021-2022 academic year, 2.4% of students enrolled in Riverside County schools and 3.1% of students enrolled in San Diego County schools were recorded to be experiencing homelessness at some point during the year.

Youth Experiencing Homelessness

School District	2019-2020		2020-2021		2021-2022	
	Number	Percent	Number	Percent	Number	Percent
Riverside County	14,700	3.4%	13,077	3.1%	10,163	2.4%
San Diego County	15,989	3.2%	15,629	3.2%	14,950	3.1%
California	194,709	3.2%	183,312	3.1%	171,714	2.9%

Source: California Department of Education, 2019-2022. http://data1.cde.ca.gov/dataquest/

Education

In San Diego County, 12% of the adult population does not have a high school diploma or equivalency. In Riverside County 17.2% of the adult population does not have a high school diploma or equivalency. Among the adult population in San Diego County, 39.5% have a bachelor or graduate/professional degree. In Riverside County, 23.2% have a bachelor or graduate/professional degree.

Educational Attainment, Population Ages 25 and Older

	Riverside County	San Diego	California
Population, ages 25 and older	1,587,803	2,264,907	26,665,143
Less than 9th grade	9.0%	6.4%	8.9%
9th to 12th grade, no diploma	8.3%	5.6%	7.2%
High school graduate, includes equivalency	26.7%	18.2%	20.4%
Some college, no degree	24.6%	22.0%	20.9%
Associate degree	8.3%	8.3%	8.0%
Bachelor's degree	14.9%	24.2%	21.6%
Graduate or professional degree	8.3%	15.3%	13.1%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, DP02. https://data.census.gov/cedsci/

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four year earlier. The Healthy People 2030 objective for high school graduation is 90.7. In the 2021 academic year, the Riverside County high school graduation rate was 89.9%. and the San Diego County rate was 82.5%. These rates do not meet the Healthy People 2030 objective.

High School Graduation Rates

	2018-2019	2019-2020	2020-2021
Riverside County	90.1%	90.3%	89.9%
San Diego	81.9%	82.9%	82.5%
California	84.5%	84.2%	83.6%

Source: California Department of Education, 2018-2021. https://data1.cde.ca.gov/dataquest/

Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in Riverside County was 34.1% and in San Diego County it was 49.4%.

Enrolled in Preschool, Children, Ages 3 and 4

	Children, Ages 3 to 4	Percent Enrolled
Riverside County	66,663	34.1%
San Diego	83,429	49.4%
California	1,018,577	48.0%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S1401. https://data.census.gov/cedsci/

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether, and how often, their child(ren) was read to by a family member in a typical week. In Riverside County, 62% of children were read to daily, while in San Diego County 66.5% were read to daily.

Reading to Children, Ages 0 to 5

	Riverside County	San Diego County	California
Children read to daily	62.0%	66.5%	64.3%
Children read to 3 to 6 days	20.3%	23.3%	22.8%
Children read to 1 to 2 days	14.9%*	7.6%	10.1%
Never read to	2.8%*	2.5%*	2.8%

*Source: California Health Interview Survey, 2015-2019, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu*

New Parents Kit

39.9% of parents of children, under age 5, in Riverside County, and 46.2% in San Diego County, knew about California's Kit for New Parents, from First 5 California. Of these parents in Riverside County, 1.6% had used the kit in the prior year, and 3.1% in San Diego County had used the kit.

California's Kit for New Parents from First 5 California

	Riverside County	San Diego County	California
Knows about	39.9%	46.2%	38.1%
Received the kit	20.4%	32.2%	21.5%
Received kit in past year	2.3%*	3.3%	3.2%
Used kit in the past year	1.6%*	3.1%*	2.8%

*Source: California Health Interview Survey, 2017-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Parks, Playgrounds and Open Spaces

Children and teens who live in close proximity to safe parks, playgrounds, and open spaces tend to be more physically active than those who do not live near those facilities. 88.9% of children and teens in Riverside County and 93.3% in San Diego County lived within walking distance of a playground or open space. 83.9% of Riverside County children and youth, and 85.6% of San

Diego County children and youth had visited a park, playground, or open space within the past month.

Open Spaces, Children and Teens, Ages One Year and Older

	Riverside County	San Diego County	California
Walking distance to park, playground or open space	88.9%	93.3%	89.8%
Visited a park/playground/open space, past month	83.9%	85.6%	84.8%

Source: California Health Interview Survey, 2014-2018, pooled. http://ask.chis.ucla.edu/

Among families, 91.9% with children and 93.8% with teens in Riverside County, agreed/strongly agreed that parks and playgrounds closest to where they lived were safe during the day. In San Diego County, 92.9% of families with children and 97.3% with teens agreed/strongly agreed that the closest parks and playgrounds were safe.

Safe Open Spaces, Children and Teens

	Riverside County	San Diego County	California
Children, ages 1-11	91.9%	92.9%	91.0%
Teens, ages 12-17	93.8%	97.3%	92.2%

Source: California Health Interview Survey, 2016-2019, pooled. http://ask.chis.ucla.edu/

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life.

When adults and teens were asked about neighborhood cohesion, the majority of Riverside County and San Diego respondents strongly agreed/agreed their neighborhood was safe all or most of the time, neighbors were willing to help, and people in their neighborhood could be trusted. Teens felt adults in their neighborhood could be counted on to watch that children were safe and did not get into trouble.

Neighborhood Cohesion, Adults

	Riverside County	San Diego County	California
Feels safe all or most of time	88.5%	91.3%	87.9%
People in neighborhood are willing to help	79.0%	79.1%	80.1%
People in neighborhood can be trusted	82.1%	83.6%	81.9%

Source: California Health Interview Survey, 2018-2019, pooled. http://ask.chis.ucla.edu/

Neighborhood Cohesion, Teens, Ages 12-17

	Riverside County	San Diego County	California
Adults in neighborhood look out for children‡	86.3%	88.9%	88.1%
People in neighborhood are willing to help	81.4%	97.0%	88.7%
People in neighborhood can be trusted	76.1%	93.1%	84.8%

Source: California Health Interview Survey, ‡2016-2018 and 2018-2019. http://ask.chis.ucla.edu/

Crime Statistics

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other property. From 2018 to 2020 the number of property crimes decreased in Riverside and San Diego Counties, while the number of violent crimes decreased in Riverside County, and increased in San Diego County. The number of arson crimes increased in both counties from 2018 to 2020.

Crimes, by County Jurisdictions

	Violent Crimes		Property Crimes		Arson	
	Number		Number		Number	
	2018	2020	2018	2020	2018	2020
Riverside County	7,360	7,243	60,306	52,786	244	306
San Diego County	11,379	11,517	56,495	49,471	362	521
California	176,866	173,864	940,998	841,171	8,523	11,759

Source: California Department of Justice, Office of the Attorney General, 2018 & 2020. State of California Department of Justice - OpenJustice

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. In 2018 strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). In Riverside County, 39.7% of domestic violence calls involved use of a weapon, and in San Diego County 66.5% of domestic violence calls involved use of a weapon. While San Diego County has about 1.36 times the population of Riverside County, San Diego County had almost 2.5 times as many domestic violence calls.

Domestic Violence Calls, by Jurisdiction

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/ Suffocation	% Strangle/ Suffocate
Riverside County	7,190	4,336	2,854	39.7%	244	3.4%
San Diego County	17,436	5,838	11,598	66.5%	463	2.7%
California	161,123	85,995	72,628	46.6%	8,552	5.3%

Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime/cjsc/stats/domestic-violence

Child Abuse

In Riverside County, the rate of children, younger than age 18, who experienced abuse or neglect, was 8.8 per 1,000 children. This is higher than the state rate of 7.7 per 1,000 children and higher than the San Diego County rate of 5.0 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Riverside County	San Diego County	California
Substantiated cases of child abuse and neglect	8.8	5.0	7.7

Source: Child Maltreatment Substantiation Rates Report - California Child Welfare Indicators Project (CCWIP) (berkeley.edu), 2019.

ACCESS TO HEALTH CARE

Health Insurance Coverage

The Healthy People 2030 objective is 92.1% insurance coverage for all population groups. In Riverside County, 91.5% of the population has health insurance coverage, and in San Diego County 92.4% of the population has health insurance coverage. Among children and youth, ages 0-18, 95.9% in Riverside County and 96.1% in San Diego County are insured. Children, ages 0 to 5, are most likely to be insured (96.9% in Riverside County and 97.3% in San Diego County), and among children, ages 6 to 18, 95.5% in Riverside and San Diego Counties have health insurance.

Health Insurance Coverage

	All Ages	Ages 0-18	Ages 0 to 5	Ages 6 to 18
Riverside County	91.5%	95.9%	96.9%	95.5%
San Diego County	92.4%	96.1%	97.3%	95.5%
California	92.8%	96.7%	97.5%	96.4%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, S2701. https://data.census.gov/cedsci/

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in Riverside and San Diego Counties. Health insurance coverage in children in Riverside County is 95.9%, but the lowest rate of coverage (89.6%) is seen in American Indian/Alaskan Native (AIAN) children, followed by children who were identified as Other race (95.1%) and Hispanic children (95.4%). Health insurance coverage among children in San Diego County is 96.1%, and the lowest rate of coverage (87.2%) is seen in AIAN children, followed by Other race (92.9%). Native Hawaiian/Pacific Islander (94.5%) and Hispanic (94.7%) children also have below-average insurance rates.

Health Insurance, by Race/Ethnicity and Age Group

	Riverside County			San Diego County		
	Total Population	Children, Ages 0-18		Total Population	Children, Ages 0-18	
		Total number	Percent insured		Total number	Percent Insured
Non-Hispanic White	95.1%	144,224	96.7%	95.9%	244,447	97.7%
Asian	94.2%	36,470	97.0%	94.8%	74,041	96.9%
Multiracial	92.6%	81,077	96.8%	91.2%	116,919	96.9%
Black/African American	93.6%	39,337	97.6%	93.0%	35,672	96.0%
Hispanic	88.3%	400,430	95.4%	86.9%	346,693	94.7%
Native Hawaiian/ Pacific Islander	91.1%	1,894	96.5%	92.1%	2,487	94.5%
Other race	86.2%	161,120	95.1%	86.1%	57,555	92.9%
American Indian/ Alaskan Native	87.6%	5,047	89.6%	85.7%	4,767	87.2%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, C27001B thru C27001I. http://data.census.gov/

When type of insurance is examined, 48.3% of Riverside County children and youth, and 58.4% of children and youth in San Diego County were covered by employment-based insurance. Among children under age 19, 43.7% in Riverside County and 31% in San Diego County had Medi-Cal coverage.

Health Insurance Coverage, by Type, Children Under Age 19

	Riverside County	San Diego County	California
Employment based	48.3%	58.4%	53.1%
Medi-Cal	43.7%	31.0%	39.2%
Private purchase	3.3%*	4.4%	3.9%
Uninsured	3.3%	3.1%	2.5%
Other public	1.3%*	3.0%*	1.2%

*Source: California Health Interview Survey, 2017-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

In Riverside County, 37% of the uninsured population reported cost as the main reason for current uninsured status. In San Diego County cost was cited by 44.7% as the main reason for being uninsured.

Main Reason for Currently Uninsured Status

	Riverside County	San Diego County	California
Cost	37.0%	44.7%	46.1%
In process of learning about insurance coverage or confusion about coverage	18.2%	17.9%	13.6%
Does not need or believe in insurance	15.1%	9.6%*	12.6%
Change in working status or family situation	14.5%	6.7%*	12.1%
Employer did not offer, ineligible for insurance, or insurance dropped/ cancelled.	11.9%*	11.9%	10.7%
Other	3.4%*	9.2%	4.8%

*Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Sources of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In Riverside County, 70% of children, ages 0 to 17, accessed care at a doctor's office, HMO or Kaiser, and 16.3% accessed care at a clinic or community hospital. In San Diego County, 69% of children accessed care at a doctor's office, HMO or Kaiser, and 21.6% accessed care at a clinic or community hospital.

Source of Care, All Ages and Children

	Riverside County		San Diego County		California
	All ages	Children 0 to 17	All ages	Children 0 to 17	Children 0 to 17
Doctor's office/HMO/Kaiser	66.2%	70.0%	65.0%	69.0%	65.0%
Community clinic/government clinic/community hospital	17.9%	16.3%	21.1%	21.6%	23.8%
ER/Urgent Care	1.7%	3.2%*	0.9%	1.4%*	1.6%
Other	1.0%	1.1%*	0.9%	0.5%*	0.6%
No usual source of medical care	13.2%	9.4%	12.2%	7.5%	9.1%

*Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

In Riverside County, 9.4% of children and youth do not have a regular source of health care, with 17.2% of adolescents, ages 12 to 17, having no usual source of medical care. In San Diego County, 7.5% of children and youth have no regular source of health care, with 16% of adolescents having no usual source.

No Usual Source of Care

	Riverside County	San Diego County	California
No usual source of medical care, ages 0 to 17	9.4%	7.5%	9.1%
Children, ages 0-11	6.0%	2.9%	5.4%
Adolescents, ages 12-17	17.2%*	16.0%	16.1%

*Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

When the usual source of care was examined by race/ethnicity for children and youth, Asian children in Riverside County were the least likely to have a usual source of care (82.4%). In San Diego County, Latino children (91.2%) were the least likely to have a usual source of care.

Usual Source of Care, by Race/Ethnicity, Ages 0 to 17

	Riverside County	San Diego County	California
Native Hawaiian/Pacific Islander	**	**	96.2%*
White	94.7%	91.9%	93.6%
Multiracial	96.2%*	92.6%*	93.5%*
Black/African American	100.0%*	95.7%*	92.1%
Latino	91.3%	91.2%*	89.3%
Asian	82.4%*	96.2%*	88.6%
American Indian/Alaskan Native	**	**	83.3%*
Total population, ages 0 to 17	**92.2%**	**91.6%**	**90.9%**

*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*
*** = Suppressed due to statistical instability due to small sample size.*

Emergency Room Visits

In Riverside County, 22.4% of the population had visited an emergency room in the prior 12 months. In San Diego County 19.6% of the population had visited an emergency room in the

prior 12 months. In Riverside County, 30.5% of adolescents, ages 12-17, visited the ER and 17.1% of San Diego County adolescents visited the ER in the past 12 months.

Visited Emergency Room

	Riverside County	San Diego County	California
Visited ER, all ages	22.4%	19.6%	20.1%
Children, ages 0-11	19.1%	16.0%	16.1%
Adolescents, ages 12-17	30.5%	17.1%	21.6%
Adults, ages 18-64	22.0%	19.9%	19.9%
Older adults, ages 65 and older	23.0%	23.8%	24.1%

Source: California Health Interview Survey, 2017-2019, pooled. http://ask.chis.ucla.edu/

Preventive Health Care

81.3% of Riverside County adolescents, ages 12 to 17, had seen a doctor for a routine physical exam/checkup in the prior year, and 42.6% of adolescents had spoken privately with the doctor at that exam. In San Diego County, 86% of adolescents had seen a doctor for a routine exam in the prior year, and 52.4% had spoken privately with the doctor. The Healthy People 2030 objectives are for 82.6% of adolescents to have a routine physical in the prior year, and for at least 43.3% of adolescents to speak privately with the doctor. San Diego County teens meet these objectives and Riverside County teens do not meet these objectives.

Preventive Health Care, Adolescents

	Riverside County	San Diego County	California
Teen had preventive health care visit, past year	81.3%	86.0%	85.0%
Teen spoke privately with provider at care visit	42.6%	52.4%	46.5%

Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu/

Federally Qualified Health Centers - Riverside County

Funded under section 330 of the Public Health Act, Federally Qualified Health Centers (FQHC) provide primary care services including, but not limited to, medical, dental, and mental health services to low-income, uninsured, and medically-underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Riverside County and information from the Uniform Data System (UDS)[2], 33.6% of the population in the county is categorized as low-income (≤200% of Federal Poverty Level) and 13.7% of the population are living in poverty.

There are a number of FQHC and/or FQHC Look-Alike entities serving Riverside County. However, even with the Community Health Centers serving the county, there are many low-

[2] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

income residents who are not served by one of these clinic providers. The FQHCs and FQHC Look-Alikes serve a total of 264,558 patients in Riverside County, which equates to 33% coverage among low-income patients and 10.9% coverage among the total population. From 2018-2020, clinic providers served 32,618 additional patients for a 14.1% increase in patients served by Community Health Centers. However, 67% of the population, or 537,300 persons living at or below 200% FPL, are not served by a Community Health Center. It should be noted these individuals may be accessing health care services through another provider (private, county, other) or not using health care services.

Low-Income Patients Served & Not Served by FQHCs and Look-Alikes, Riverside County

Low Income Population 2015-2019	Patients Served by Section 330 Grantees in County	FQHC Penetration Low-Income Patients	FQHC Penetration Total Population	Low-Income Not Served	
				Number	Percent
801,858	264,558	33.0%	10.9%	537,300	67.0%

Source: UDS Mapper, 2020 UDS Reports. http://www.udsmapper.org

Federally Qualified Health Centers - San Diego County

Using ZCTA (ZIP Code Tabulation Area) data for San Diego County and information from the Uniform Data System (UDS)[3], 27.8% of the population in San Diego County is categorized as low-income (≤200% of Federal Poverty Level) and 11.6% of the population is living in poverty.

There are a number of FQHC and/or FQHC Look-Alike entities serving San Diego County. However, even with the Community Health Centers serving the county, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and FQHC Look-Alikes serve a total of 584,501 patients in San Diego County, which equates to 65% coverage among low-income patients and 17.7% coverage among the total population. From 2018-2020, clinic providers served 21,386 fewer patients for a -3.5% decrease in patients served by Community Health Centers. With this, 35% of the population, or 315,438 persons living at or below 200% FPL, are not served by a Community Health Center. It should be noted these individuals may be accessing health care services through another provider (private, county, other) or not using health care services.

Low-Income Patients Served & Not Served by FQHCs and Look-Alikes, San Diego County

Low Income Population	Patients Served by Section 330 Grantees	FQHC Penetration Low-Income	FQHC Penetration Total Population	Low-Income Not Served

[3] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

2015-2019	in County	Patients		Number	Percent
899,939	584,501	65.0%	17.7%	315,438	35.0%

Source: UDS Mapper, 2020 UDS Reports. http://www.udsmapper.org

Delayed or Forgone Care

The Healthy People 2030 objective is for a maximum of 3.3% of the population to have to forgo care. Among Riverside County teens, ages 12 to 17, the rate of delayed or foregone care was 11.7% in the prior year. 1.5% of children, ages 0 to 11, in the county experienced delays or foregone care. 7.9% of county teens ultimately went without needed medical care. Among San Diego County teens, ages 12 to 17, the rate of delayed or foregone care was 6.4% in the prior year. 3.6% of children, ages 0 to 11, in the county experienced delays or foregone care. 3.3% of county teens ultimately went without needed medical care.

Delayed Care in Past 12 Months, Children 0-11, Teens 12-17, and Adults, 18-64

	Riverside County			San Diego County		
	0 - 11 Years‡	12 - 17 Years	18 - 64 Years	0 - 11 Years‡	12 - 17 Years	18 - 64 Years
Delayed or did not get medical care	1.5%*	11.7%	15.9%	3.6%	6.4%*	15.5%
Of those, had to forgo needed care	42.9%*	67.1%*	60.0%	44.3%	51.0%*	58.3%
Total, had to forego needed medical care	0.6%*	7.9%*	9.5%	1.6%	3.3%*	9.0%
Cost or lack of insurance was a reason for delaying or foregoing needed medical care	64.8%	39.2%*	48.5%	48.2%	27.1%	50.3%
Delayed or did not get prescription meds	1.5%*	8.1%*	12.3%	5.7%	4.0%*	11.0%

*Source: California Health Interview Survey, 2015-2019, pooled, and ‡2013-2019, pooled *Statistically unstable due to sample size.. http://ask.chis.ucla.edu/*

Dental Care

Oral health is essential to a person's overall health and wellbeing. In Riverside County, 11.9% of children, ages 3 to 11, and those, ages 2 and younger, with teeth, lacked dental insurance, while in San Diego County the rate of children without dental insurance was 9.8%.

No Dental Insurance, Children, Ages 3-11

	Riverside County	San Diego County	California
Children without dental insurance	11.9%	9.8%	10.7%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu/

Regular dental visits are essential for maintenance of healthy teeth and gums. Among Riverside County children, ages 3 to 11, and those younger than age 3 who have teeth, 73.5% had seen a dentist in the past six months and 11.5% had never been to a dentist. Among San Diego County children, 71.1% had seen a dentist in the past six months and 13.5% had never seen a dentist. Riverside County teens, ages 12-17, had seen a dentist in the past six months at a rate of 71.7%, while 81.6% of San Diego County teens had seen a dentist in the past six months.

Dental Care Utilization, Children, Ages 3-11, and Teens, Ages 12-17

	Ages 3-11		Ages 12-17	
	Riverside County	San Diego County	Riverside County	San Diego County
Never been to the dentist	11.5%	13.5%	***	***
Visited dentist ≤ 6 months ago	73.5%	71.1%	71.7%	81.6%
Visited dentist > 6 months to 1 year ago	11.9%	9.9%	13.0%*	11.9%
Visited dentist >1 to 2 years ago	3.2%*	2.6%*	7.1%*	5.5%*
Visited dentist > 2 to 5 years ago	1.9%*	0.3%*	6.8%*	***
Visited dentist > 5 years ago	0.0%*	0.6%*	***	***
Parent could not afford needed dental care for child‡	5.4%*	5.5%	N/A	N/A
Condition of teeth: excellent‡	N/A	N/A	15.5%*	17.2%
Condition of teeth: good to very good‡	N/A	N/A	68.8%	74.7%
Condition of teeth: fair to poor‡	N/A	N/A	15.6%*	8.0%*

*Source: California Health Interview Survey, Ages 3-11: 2015-2019 pooled. Ages 12-17: 2017-2020, pooled. Except ‡2018-2020, pooled. *Statistically unstable due to sample size. *** Suppressed due to small sample size. N/A = Not Asked. http://ask.chis.ucla.edu/*

Childhood Immunization

In academic year 2019-2020, the rate of up-to-date immunizations among kindergarten students in Riverside County school districts was 93.5%. In San Diego County the rate of up-to-date immunizations among kindergarten students was 92.7%.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2019-2020

	Immunization Rate
Riverside County	93.5%
San Diego County	92.7%
California	94.3%

Source: California Department of Public Health, Immunization Branch, 2019-2020 https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Flu Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 47.9% of Riverside County children and youth, ages 6 months to 17 years, received a flu shot, while 51.2% of San Diego County children and youth received a flu shot.

Flu Vaccine

	Riverside County	San Diego County	California
Received flu vaccine, 18-64	32.0%	38.3%	36.8%
Received flu vaccine, 6 months-17 years old	47.9%	51.2%	51.3%
6 months-11 years old	45.1%	52.7%	52.3%
12-17 years old	52.5%	48.2%	49.2%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu. *Statistically unstable due to sample size.*

Screenings for Developmental Issues

Parents of children, ages 1 to 11, were asked if the child's doctor, other health provider, teacher or school counselor had ever done an assessment or test of the child's development. 69.9% of Riverside County parents said they had, and 74.5% of San Diego County parents said they had. 45.3% of Riverside County parents said the assessment included a parental checklist of parental concerns and the child's activities, behavior and communication, and 52.7% of San Diego County parents said the assessment included a checklist.

Screenings for Developmental Issues

	Riverside County	San Diego County	California
Assessment or tests done of child's development	69.9%	74.5%	72.5%
Assessment was done including child performing physical tasks	47.7%	61.7%	57.9%
Assessment was done including parental checklist of parent concerns, child's activities & communication	45.3%	52.7%	44.9%
Parent was asked if they had concerns about child's learning, development, or behavior	59.7%	62.2%	60.8%
Dr./professional noted a concern to monitor	13.6%	14.9%	12.2%
Dr./professional referred child to developmental specialist	16.1%	19.6%	14.7%
Dr./professional referred child to specialist for speech, language, or hearing tests	21.1%	24.7%	20.3%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

BIRTH INDICATORS

Births

In 2020, the number of births in Riverside County was 26,955 and in San Diego County there were 37,161 births. The average annual rate of birth in Riverside County from 2016 to 2020 was 28,845 births, and the average in San Diego County was 39,944 births.

Total Births

	2016	2017	2018	2019	2020
Riverside County	30,661	29,857	28,725	28,026	26,955
San Diego County	42,720	41,230	40,070	38,540	37,161
California	488,827	471,658	454,920	446,479	420,259

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Prenatal Care

Among pregnant women in Riverside County, 15.7% (156.5 per 1,000 live births) entered prenatal care after the first trimester or not at all. This equates to 84.3% of pregnant women starting prenatal care in the first trimester. Among pregnant women in San Diego County, 12.9% (129.3 per 1,000 live births) entered prenatal care after the first trimester or not at all, which equates to 87.1% of pregnant women starting prenatal care in the first trimester.

Late or No Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	Riverside County	San Diego County	California
Late prenatal care	156.5	129.3	142.9

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Teen Birth Rate

The teen birth rate in Riverside County is 13.2 births per 1,000 females, ages 15-19. The teen birth rate in San Diego County is 10.1 births per 1,000 females, ages 15-19. The Healthy People 2030 objective is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19, which both counties meet.

Teen Birth Rate, per 1,000 Females, Ages 15-19

	Riverside County	San Diego County	California
Births to teen mothers	13.2	10.1	12.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Premature Birth

The rate of premature births in Riverside County was 89.7 per 1,000 live births and in San Diego County it was 87.3 per 1,000 live births.

Premature Birth, Before Start of 37th Week, Rate per 1,000 Live Births

	Riverside County	San Diego County	California
Premature birth	89.7	87.3	88.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Low Birth Weight

Babies born at a low birth weight (<2,500 g) are at higher risk for disease, disability, and possible death. The Riverside County rate of low-birth-weight babies was 69.4 per 1,000 live births. The San Diego County rate was 68.6 per 1,000 live births.

Low Birth Weight (<2,500 g), Rate per 1,000 Live Births

	Riverside County	San Diego County	California
Low birth weight	69.4	68.6	70.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Mothers Smoked During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) was 13.5 per 1,000 live births as compared to the state rate at 11.5 per 1,000 live births. In San Diego County the rate of mothers who smoked during pregnancy was 5 per 1,000 live births.

Mothers Who Smoked During Pregnancy, Rate per 1,000 Live Births

	Riverside County	San Diego County	California
Mothers who smoked	13.5	5.0	11.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Infant Mortality

The infant mortality rate (less than one year of age) in Riverside County was 4.4 deaths per 1,000 live births and the San Diego County rate was 3.6 deaths per 1,000 births. The counties met the Healthy People 2030 objective of 4.8 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Riverside County	San Diego County	California
Infant death rate	4.4	3.6	3.9

Source: California Department of Public Health, County Health Status Profiles, 2021. Data from 2016-2018, averaged. https://data.chhs.ca.gov/dataset/8ceba47b-6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp_2021_odp_2021-04-08.csv

Differences in mortality rates of infants can be seen when examined by race/ethnicity. Black infant death rates are the highest in both counties, followed by Hispanic infants.

Infant Death Rate, per 1,000 Live Births, by Race/Ethnicity

	Riverside County	San Diego County	California
Asian/Pacific Islander infant death rate	3.5	2.8	2.8
White infant death rate	3.9	2.6	3.0
Hispanic infant death rate	4.3	3.0	4.1
Black infant death rate	5.8	6.0	7.8

Source: California Department of Public Health, County Health Status Profiles, 2021. Data from 2016-2018, averaged.
https://data.chhs.ca.gov/dataset/8ceba47b-6357-4946-9fb9-cbe8c02ca9ad/resource/3781a514-d658-4779-abb5-3c71e15c1944/download/chsp_2021_odp_2021-04-08.csv

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Decisions around breastfeeding may be influenced by many factors, including childcare and economic considerations, in addition to cultural and educational factors.

Breastfeeding rates in Riverside County indicated 91.6% of mothers initiated breastfeeding and 67.3% used breastfeeding exclusively. 95.6% of San Diego County's mothers initiated breastfeeding and 79.6% breastfed exclusively, prior to hospital discharge.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Riverside County	18,222	91.6%	13,391	67.3%
San Diego County	30,674	95.6%	25,545	79.6%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There are ethnic/racial differences noted in breastfeeding rates of mothers. In Riverside County, Latina/Hispanic (92.8%) and White (92.4%) mothers were most likely to engage in any breastfeeding, while White mothers (77.8%) were most likely to engage in exclusive breastfeeding prior to hospital discharge. Native American/American Indian mothers were the least like to engage in any breastfeeding (81.1%), though this number is based on a low number of total births (37). 81.5% of Asian mothers initiated breastfeeding, and they were the least likely to breastfeed exclusively (56.5%).

In-Hospital Breastfeeding, by Race/Ethnicity, Riverside County

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latina/Hispanic	11,404	92.8%	7,973	64.9%
White	4,029	92.4%	3,394	77.8%
Multiple race	625	90.6%	502	72.8%

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Pacific Islander	27	87.1%	21	67.7%
Other	170	86.3%	117	59.4%
Black/African-American	893	86.1%	635	61.2%
Asian	697	81.5%	483	56.5%
Native American/American Indian	30	81.1%	24	64.9%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

In San Diego County, White mothers were most likely to engage in any breastfeeding (96.6%), as well as to engage in exclusive breastfeeding (86.3%). Native American/American Indian mothers were the least like to engage in any breastfeeding (90%), though this rate is based on a low overall number of births (60). Black/African American (72.1%) and Asian (73.7%) mothers were the least likely to breastfeed exclusively prior to hospital discharge.

In-Hospital Breastfeeding, by Race/Ethnicity, San Diego County

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	10,061	96.6%	8,991	86.3%
Latina/Hispanic	14,154	95.9%	11,378	77.1%
Multiple race	1,316	94.2%	1,099	78.7%
Other	373	94.0%	297	74.8%
Black/African-American	938	94.0%	720	72.1%
Asian	3,000	92.3%	2,393	73.7%
Pacific Islander	57	90.5%	51	81.0%
Native American/American Indian	54	90.0%	46	76.7%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

LEADING CAUSES OF DEATH

Mortality Rates

The crude death rate is a ratio of the number of deaths to the entire population of the age-range in question. From 2018 through 2020, the death rate of children, ages 1 to 17, in Riverside County was 15.8 deaths per 100,000 children. In San Diego County, the crude death rate for children, ages 1 to 17, was 12.4 deaths per 100,000 children.

Mortality Rates, per 100,000 Persons, Three-Year Average, 2018-2020

	Riverside County		San Diego County		California
	Number	Rate	Number	Rate	Rate
1 - 4 years	26.0	20.5	20.3	12.5	16.9
5 - 9 years	14.7	8.6	14.3	7.1	8.6
10 - 14 years	21.3	11.8	20.0	10.3	11.4
15 - 17 years	30.3	28.1	28.7	24.8	30.0
Total, ages 1 to 17	**92.3**	**15.8**	**83.3**	**12.4**	**15.2**

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Leading Causes of Death

The top six leading causes of death for children and youth, ages 1 to 17, in Riverside and San Diego Counties are accidents (unintentional injuries), cancer, suicide, congenital malformations/chromosomal abnormalities, homicide, and heart disease.

Mortality Rates, Annual Average 2016-2020, per 100,000 Children, Ages 1 to 17

Cause of Death	Riverside County		San Diego County		California
	Number	Rate	Number	Rate	Rate
Unintentional injuries	29.0	5.0	23.2	3.4	4.4
Cancer	13.2	2.3	15.0	2.2	2.3
Suicide	10.6	1.8	11.0	1.6	1.5
Congenital malformation/chromosomal abnormality	7.6	1.3	7.0	1.0	1.1
Homicide	5.8	1.0	5.8	0.9	1.3
Heart disease	2.6	N/A	2.6	N/A	0.4
Flu and pneumonia	N/A	N/A	N/A	N/A	0.3
Stroke	N/A	N/A	N/A	N/A	0.2
Chronic lower respiratory disease	N/A	N/A	N/A	N/A	0.2
Septicemia	N/A	N/A	N/A	N/A	0.1
Perinatal injuries and diseases	N/A	N/A	N/A	N/A	0.1
Neoplasms: in situ, benign, or unknown	N/A	N/A	N/A	N/A	0.1
Diabetes	N/A	N/A	N/A	N/A	0.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
N/A = Not available due to statistical unreliability.

Among children, younger than age 15, brain and nervous system cancers and leukemias are the most common causes of cancer mortality.

Cancer Mortality Rates, per 100,000 Children, Under Age 15, Five-Year Average

	Riverside County	San Diego County	California
Cancer all sites	**2.3**	**2.4**	**2.1**
Brain and nervous system	0.7	0.9	0.7
Leukemia	0.7	0.7	0.6

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018. https://explorer.ccrcal.org/application.html*

Drug Use

From 2018 through 2020, the death rate from drug-induced causes among teens, ages 14 to 17, in Riverside County was 5.1 deaths per 100,000 teens. The rate is lower for San Diego County, requiring six years of consolidation (2015-2020) to arrive at a stable rate of 2.1 deaths per 100,000 teens.

Drug-Induced Death Rates, per 100,000 Persons, Ages 14-17, Three-Year Average

	All Causes	Unintentional Overdose	Intentional Overdose (Suicide)
Riverside County	5.1	3.9	N/A
San Diego County	N/A	N/A	N/A
California	2.8	2.3	0.4

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html
N/A = Not available due to privacy concerns and statistical unreliability.

The rate of death from opioid overdose in teens, ages 15-19, more than doubled in Riverside County each year from 2017 (1.1 deaths per 100,000 teens) to 2019 (5.7 deaths per 100,000 teens) and then tripled from 2019 to 2020 (17 deaths per 100,000 teens). Although the overall rate was lower for San Diego County in every year but 2018, the rate of opioid overdose deaths among teens in San Diego County also increased from 2017 (0.5 deaths per 100,000 teens) through 2020 (8.7 deaths per 100,000 teens). The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons.

Opioid Drug Overdose Death Rates, per 100,000 Persons, Ages 15-19, 2016 - 2020

	Annual Rate				
	2016	**2017**	**2018**	**2019**	**2020**
Riverside County	1.7	1.1	2.3	5.7	17.0
San Diego County	1.0	0.5	2.4	3.4	8.7
California	1.2	1.1	2.1	3.7	10.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

ACUTE AND CHRONIC DISEASE

Hospitalizations by Principal Diagnoses

At Rady Children's Hospital, prior to the pandemic, the top three hospital discharge diagnoses were diseases of the respiratory system, diseases of the digestive system, and certain conditions originating in the perinatal period.

Hospitalizations, by Principal Diagnoses

	Rady Children's Hospital
Diseases of the respiratory system	23.4%
Diseases of the digestive system	11.3%
Certain conditions originating in the perinatal period	10.6%
Injury and poisoning	8.7%
Mental illness	6.4%
Congenital anomalies	6.3%
Endocrine, nutritional, and metabolic diseases and immunity disorders	6.2%
Diseases of the nervous system and sense organs	6.0%
Neoplasms	4.4%
Diseases of the musculoskeletal system and connective tissue	3.4%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

At Rady Children's Hospital, prior to the pandemic, the top three emergency room encounter diagnoses were injuries and poisonings, diseases of the respiratory system, and diseases of the nervous system and sense organs.

Emergency Room Visits, by Principal Diagnoses

	Rady Children's Hospital
Injury and poisoning	24.7%
Diseases of the respiratory system	23.2%
Diseases of the nervous system and sense organs	8.2%
Disease of the digestive system	6.8%
Mental illness	3.7%
Disease of the genitourinary system	3.0%
Infectious and parasitic diseases	3.0%
Diseases of the musculoskeletal system and connective tissue	2.8%
Diseases of the skin and subcutaneous tissue	2.6%
Diseases of the circulatory system	1.9%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

COVID-19

In Riverside County, there have been 608,913 confirmed cases of COVID-19, as of May 30, 2022, and in San Diego County there have been 791,557 confirmed cases. There was a higher rate of infection in Riverside County (251.8 cases per 1,000 persons) than in San Diego County (240 cases per 1,000 persons). Through May 30, 2022, 6,480 Riverside County residents and 5,292 San Diego County residents have died due to COVID-19 complications. The rate of death in Riverside County (2.68 deaths per 1,000 persons) due to COVID was higher than the rate in San Diego County (1.6 deaths per 1,000 persons).

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 5/30/22

	Riverside County		San Diego County		California	
	Number	Rate	Number	Rate	Number	Rate
Cases	608,913	251.8	791,557	240.0	8,955,662	226.5
Deaths	6,480	2.68	5,292	1.60	90,719	2.29

Source: California for All, Tracking COVID-19 in California, accessed on May 31, 2022. https://covid19.ca.gov/state-dashboard/
Rates calculated using U.S. Decennial Population 2020 P1 Redistricting data.

The percent of Riverside County residents, ages 5 to 11, who have received one dose of a COVID-19 vaccine is 8,790, or 3.9% of that population. 25,141 children (7.8%), ages 5-11, in San Diego County have received one COVID-19 vaccine dosage. 53.8% of Riverside County youth, ages 12-17, and 67.8% of San Diego youth are completely vaccinated.

COVID-19 Vaccinations, Number and Percent, by Age, as of 5/30/22

	Riverside County		San Diego County		California	
	Ages 5-11	Ages 12-17	Ages 5-11	Ages 12-17	Ages 5-11	Ages 12-17
# Partially vaccinated	8,790	12,192	25,141	22,026	184,974	223,914
% Partially vaccinated	3.9%	5.7%	7.8%	8.0%	5.3%	7.1%
# Completely vaccinated	49,059	114,501	118,306	185,844	1,240,587	2,119,105
% Completely vaccinated	21.6%	53.8%	36.7%	67.8%	35.3%	66.9%

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated May 31st, 2022 with data through May 30, 2022. Accessed May 31, 2022.

Among the population, ages 5 and older, in both counties, Asian and Native Hawaiian/Pacific Islander residents are among those with the highest rates of full vaccination. Black, Hispanic/Latino, and potentially American Indian/Alaska Native (AIAN) residents are among those with the lowest rates of full vaccination (complete vaccination data for AIAN residents is not available, as doses may have been received via the Indian Health Service). White residents of Riverside County also have comparatively low rates of vaccination, as do multiracial residents of San Diego County.

COVID-19 Vaccinations, by Race, as of 5/30/22

	Riverside County		San Diego County	
	Partially Vaccinated	Fully Vaccinated	Partially Vaccinated	Fully Vaccinated
Asian	5.8%	77.5%	7.0%	88.1%
Native Hawaiian/Pacific Islander	9.7%*	93.0%*	9.1%	84.8%
White	4.6%	57.8%	5.4%	72.4%
Hispanic/Latino	5.5%	51.0%	10.9%	67.6%
Multiracial	2.9%	68.4%	2.9%	67.6%
American Indian/Alaska Native**	10.3%	42.9%	7.4%	60.9%
Black	4.7%	56.0%	5.5%	54.6%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated May 31st, 2022 with data from May 30. https://covid19.ca.gov/vaccination-progress-data/#age-ethnicity *More self-identified vaccine recipients in these categories than the estimated eligible population. **Does not include doses administered by the Indian Health Service.*

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In Riverside County, 15.2% of the population, ages 1 to 17, have been diagnosed with asthma. In San Diego County 10.8% of children have been diagnosed with asthma. Of these children in Riverside County, 10.6% of children, ages 1 to 17, still have asthma. 6.5% of children in San Diego County still have asthma. 28.2% of Riverside County children with asthma had an asthma episode/attack in the prior 12 months, and 34.1% of San Diego County children with asthma had an asthma episode/attack. 43.7% of Riverside County children with asthma take daily medication to control their asthma symptoms, and 44.6% of San Diego County children with asthma take medication daily.

Asthma, Children, Ages 1-17

	Riverside County	San Diego County	California
Ever diagnosed with asthma	15.2%	10.8%	14.0%
Currently has asthma	10.6%	6.5%	8.8%
Has had an asthma episode/attack, prior year	28.2%	34.1%	29.9%
Takes daily medication to control asthma	43.7%	44.6%	41.6%

Source: California Health Interview Survey, 2016-2020, pooled. http://ask.chis.ucla.edu/

Cancer

In Riverside County, overall rates of cancer incidence in children, under age 15, were 15.4 diagnoses per 100,000 children. In San Diego County, there were 18 diagnoses per 100,000 children. The highest cancer incidence rates were from leukemia and brain and other nervous system cancers. Non-Hodgkin lymphoma, soft tissue cancers including heart, and kidney and renal pelvis cancers are also among the top five cancer diagnoses in both counties.

Cancer Incidence Rates, per 100,000 Children, Under Age 15, Five-Year Average

	Riverside County	San Diego County	California
Cancer all sites	**15.4**	**18.0**	**17.5**
Leukemia	5.1	6.5	6.1
Acute lymphocytic	4.1	5.2	4.8
Acute myeloid	0.8	0.8	0.8
Brain and other nervous system	2.7	3.0	3.1
Non-Hodgkin lymphoma	1.2	1.2	1.0
Soft tissue including heart	1.0	1.0	0.9
Kidney and renal pelvis	0.8	0.7	0.8
Bones and joints	0.6	0.6	0.8
Eye and orbit	0.6	N/A	0.5

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018 https://explorer.ccrcal.org/application.html*

Sexually Transmitted Infections

In Riverside County the rate for chlamydia was 503.2 cases per 100,000 persons, while in San Diego County it was 686.8 cases per 100,000. Among women, ages 15 to 24, the rate of chlamydia in Riverside County was 2,922 cases per 100,000 and in San Diego County it was 3,572.9 cases. The Riverside County rate of gonorrhea was 162.5 diagnoses per 100,000 persons and in San Diego County it was 190.7 cases per 100,000. The Riverside County early syphilis rate (primary and secondary syphilis, plus early non-primary, non-secondary) was 32.6 cases per 100,000 persons and in San Diego County the rate was 34.3 cases per 100,000 persons. The congenital syphilis rate in Riverside County was 99.1 cases per 100,000 live births, and in San Diego County it was 51.8 cases per 100,000 persons. Rates for all listed STDs and subcategories were higher in San Diego County than in Riverside County, except for congenital syphilis, which was higher in Riverside County.

Sexually Transmitted Infection Cases and Rates, per 100,000 Persons

	Riverside County	San Diego County	California
Chlamydia cases	12,296	23,060	237,630
Rate	503.2	686.8	594.7
Rate Females, 15 to 24	2,922.0	3,572.9	3,059.7
Rate Males, 15 to 24	937.0	1,395.7	1,154.9
Gonorrhea cases	3,970	6,401	80,599
Rate	162.5	190.7	201.7
Rate Females, 15 to 24	355.3	416.7	415.1
Rate Males, 15 to 24	351.3	401.7	405.5
Early syphilis* cases	796	1,152	16,547
Rate	32.6	34.3	41.4
Congenital syphilis cases	28	20	446
Rate	99.1	51.8	99.9

*Source: California Department of Public Health STD Control Branch, 2019 STD Surveillance Report. *Early syphilis includes primary, secondary, and early non-primary non-secondary. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx*

Disability

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community.

In Riverside County, 3.8% of the population, under age 18, and 4.8% of the population, ages 5 to 17, have a disability. In San Diego County, 3.2% of those under age 18 and 4.4% of those ages 5 to 17 have a disability. The most common disabilities among children are cognitive (3.4% in both counties), self-care (1.2% in Riverside County, 1.1% in San Diego County), and vision (0.9% in Riverside County, 0.5% in San Diego County).

Disability among Children, by Age Group

	Riverside County			San Diego County		
	Less than 5	**Ages 5 to 17**	**Under 18**	**Less than 5**	**Ages 5 to 17**	**Under 18**
All difficulties	0.8%	4.8%	3.8%	0.5%	4.4%	3.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates, S1810. https://data.census.gov/cedsci/

HEALTH BEHAVIORS

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. 57 of California's 58 counties (excluding Alpine County for 2022) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Riverside County ranks 22, in the second quartile of California counties for health behaviors. San Diego County ranks 9th, placing it in the top 20% of California's counties.

Health Behaviors Ranking

	County Ranking (out of 57)
Riverside County	22
San Diego County	9

Source: County Health Rankings, 2022 https://www.countyhealthrankings.org/

Overweight and Obesity

In Riverside County, 18.1% of teens were overweight (85th to 95th percentile for BMI), and 22.3% were obese (highest 5th percentile for BMI). In San Diego County, 18.8% of teens were overweight and 12.8% were obese. The Healthy People 2030 objective for obesity is for no more than 15.5% of children and teens, ages 2 to 19, to be obese. 16% of Riverside County children, under age 12, and 13.2% of San Diego County children, are overweight for their age (height is not factored into this measurement).

Overweight, Teens and Children

	Riverside County	San Diego County	California
Teens, ages 12-17, overweight	18.1%	18.8%	15.3%
Teens, ages 12-17, obese	22.3%	12.8%*	18.5%
Children, ages under 12 (overweight for age)	16.0%	13.2%	14.3%

*Source: California Health Interview Survey, 2016-2020, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In Riverside County, 40.5% of 5th graders, 40.8% of 7th graders, and 37.7% of 9th graders are at risk or need to improve. In San Diego County, 36.9% of 5th graders, 35.4% of 7th graders, and 33.1% of 9th graders are at risk or need to improve.

Body Composition, Needs Improvement and Health Risk, 5th, 7th, 9th Grade Students

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Riverside County	18.5%	22.0%	20.0%	20.8%	19.0%	18.7%
San Diego County	18.2%	18.7%	18.5%	16.9%	17.4%	15.7%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Sugar-Sweetened Beverage Consumption

Among Riverside County children and adolescents, ages 17 and younger, 41% drank one or more sugary drinks (not soda) in the previous day, and 25.0% drank one or more sugar-sweetened sodas in the previous day. In San Diego County, 24.7% of children and adolescents drank at least one sugary drink in the previous day, and 22% drank at least one sugar-sweetened soda.

Soda or Sugar-Sweetened Beverage Consumption

	Riverside County	San Diego County	California
Ages 0-17, drank ≥ 1 sugary drink‡	**41.0%**	**24.7%**	**29.2%**
Ages 0-11	43.7%	23.2%	26.6%
Ages 12-17	36.3%	27.7%	33.5%
Ages 0-17, drank ≥ 1 soda	**19.7%**	**22.0%**	**22.2%**
Ages 0-11	13.3%	13.4%	15.2%
Ages 12-17	32.3%	36.1%	33.7%

Source: California Health Interview Survey, ‡2014-2018, pooled, 2019-2020, pooled. http://ask.chis.ucla.edu/

Adequate Fruit and Vegetable Consumption

32.9% of children in Riverside County and 33.8% of children in San Diego County (ages 0 to 11) and 21.5% of teens in Riverside County and 29.1% in San Diego County (ages 12 to 17) eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). Among children, the rate of fruit and vegetable consumption is higher in Riverside County for boys. In San Diego County the rate is higher for girls. Adequate daily fruit and vegetable consumption in both counties appears to be highest among White children, followed by Latino children and then White teens, and lowest among Asian and multiracial children and teens.

Fruit and Vegetables, Five or More Servings Daily, Children and Teens, by Demographics

	Riverside County		San Diego County	
	Children	Teens‡	Children	Teens‡
Male	36.8%	21.8%	29.6%	27.9%
Female	28.0%	21.4%	38.1%	30.3%
0 to 4 years old	40.2%	N/A	38.0%	N/A
5 to 11 years old	31.1%	N/A	31.9%	N/A

	Riverside County		San Diego County	
	Children	Teens‡	Children	Teens‡
12 to 14 years old	N/A	19.9%	N/A	31.0%
15 to 17 years old	N/A	24.4%	N/A	27.5%
0-99% FPL	29.1%	30.1%	26.9%	37.7%
100-199% FPL	39.6%	17.9%*	28.3%	17.5%*
200-299% FPL	36.8%*	15.5%*	32.2%	35.0%*
300% or above FPL	31.0%	24.2%	39.9%	30.4%
White	40.4%*	24.8%*	43.0%	30.4%
Latino	30.2%	19.2%	33.1%	29.3%
Black	29.8%*	**	30.9%*	25.7%*
Asian	27.2%*	**	16.5%*	22.1%*
Multi-racial	17.9%*	**	28.1%*	17.3%*
Totals	**32.9%**	**21.5%**	**33.8%**	**29.1%**
California	**33.3%**	**25.6%**	**33.3%**	**25.6%**

*Source: California Health Interview Survey, 2016-2020; ‡2011-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size. ** = suppressed due to small sample size.*

Access to Fresh Produce

86.7% of adults in Riverside County and 90.4% of adults in San Diego County reported they could usually or always find fresh fruit and vegetables in the neighborhood. 78.6% of Riverside County adults and 81.4% in San Diego County said that fruits and vegetables in their neighborhood were usually or always affordable. Reported rates of community access to fruits and vegetables in general rose with income and also with age, before falling among senior residents. Access in both counties was highest among White adults, while appearing to be lowest among Asian and multiracial adults in Riverside County. In San Diego County, Latino and Black/African American residents were least likely to rate their neighborhood's produce affordable, while Asian residents were the least likely to say that their neighborhood usually or always had it available.

Access to Fresh Fruits and Vegetables, Rated as Good or Excellent, by Demographics

	Riverside County		San Diego County	
	Available	Affordable	Available	Affordable
18 to 24	83.6%	77.1%	87.1%	73.3%
25 to 39	85.0%	71.7%	90.7%	79.7%
40 to 64	89.7%	80.0%	92.2%	82.8%
65 to 79	86.3%	86.2%	89.8%	85.7%
80 or older	80.3%*	81.9%	84.4%	84.1%
0-99% FPL	77.6%	66.5%	81.1%	69.7%
100-199% FPL	84.1%	76.0%	87.0%	73.8%

	Riverside County		San Diego County	
	Available	Affordable	Available	Affordable
200-299% FPL	85.8%	80.3%	92.2%	76.7%
300% or above FPL	92.1%	83.7%	93.5%	88.2%
White≠	89.9%	82.4%	92.8%	86.1%
Native Hawaiian/Pacific Islander‡	**	**	87.8%*	86.2%
American Indian/Alaskan Native‡	**	**	87.8%*	76.3%*
Black/African-American‡	86.1%*	75.7%	87.1%	73.6%
Latino≠	84.1%	74.4%	87.5%	72.6%
Asian‡	77.2%*	72.5%	86.1%	83.7%
Multiracial‡	84.9%*	67.5%	91.1%	77.2%
Total	**86.7%**	**78.6%**	**90.4%**	**81.4%**
California	**87.5%**	**79.6%**	**87.5%**	**79.6%**

*Source: California Health Interview Survey, 2014-2018. ‡2011-2018 http://ask.chis.ucla.edu *Statistically unstable due to small sample size. ** = suppressed due to small sample size.*

Physical Activity

Children who engage in at least 60 minutes of physical activity on at least 3 days of the previous week are defined as having 'vigorous physical activity'. Among Riverside County children, 76% engaged in vigorous activity for the week, and in San Diego County the rate was 80.2% of children who engaged in vigorous activity for the week.

Vigorous Physical Activity, Children, Ages 5-11

	Riverside County	San Diego County	California
Children engaged in vigorous physical activity	76.0%	80.2%	76.3%

Source: California Health Interview Survey, 2016-2018, pooled. http://ask.chis.ucla.edu/

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 59% of Riverside County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity, while 66.1% of those in San Diego County were in the Healthy Fitness Zone. Ninth graders performed similarly. 7th graders performed slightly worse as 57.8% of Riverside County 7th graders and 64.2% of San Diego 7th graders tested in the Healthy Fitness Zone.

Aerobic Capacity, Healthy Fitness Zone, 5th, 7th, 9th Grade Students

	Fifth Grade	Seventh Grade	Ninth Grade
Riverside County	59.0%	57.8%	58.6%
San Diego County	66.1%	64.2%	66.7%
California	60.2%	61.0%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Sedentary Children and Teens

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among Riverside County children, ages 2-11, 12.7% spent five or more hours in sedentary activities on weekdays and 11.6% spent eight or more hours in sedentary activities on weekend days. Among San Diego County children, ages 2-11, 7.2% spent five or more hours in sedentary activities on weekdays and 5.3% spent eight or more hours in sedentary activities on weekend days.

Among Riverside County teens, ages 12-17, 23.6% spent five or more hours in sedentary activities on weekdays, and 22.7% spent eight or more hours in sedentary activities on weekend days. Among San Diego County teens, 24.2% spent five or more hours in sedentary activities on weekdays, and 21.9% spent eight or more hours in sedentary activities on weekend days.

Sedentary Children and Teens

	Riverside County	San Diego County	California
5+ hours spent on sedentary activities after school on a typical weekday - children 2-11	12.7%*	7.2%*	9.6%
5+ hours spent on sedentary activities after school on a typical weekday - teens 12-17	23.6%*	24.2%*	19.2%
8+ hours spent on sedentary activities on a typical weekend day - children 2-11‡	11.6%	5.3%	6.1%
8+ hours spent on sedentary activities on a typical weekend day - teens 12-17‡	22.7%	21.9%	18.3%

*Source: California Health Interview Survey, 2014-2018; ‡2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Teen Sexual History

In Riverside County, 26.4% of teens, ages 15 to 17, whose parents gave permission for the question to be asked, reported they have had sex. Females reported having sex at least once (23.4%) at a lower rate than teen males (26.2%). In San Diego County, 13.6% of teens reported they had had sex. Females reported having sex at least once at a higher rate (16.3%) than teen males (10.4%). The Healthy People 2030 goal is for at least 80.8% of teens to abstain from sex, meaning that only 19.2% will have had sex. Riverside County does not meet this goal.

Sexual Activity, Teens, Ages 15-17

	Riverside County	San Diego County	California
Ever had sex	26.4%*	13.6%	18.8%
Ever had sex, male	26.2%*	10.4%*	20.6%
Ever had sex, female	23.4%*	16.3%*	16.9%

*Source: California Health Interview Survey, 2015-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

MENTAL HEALTH

Indicators, Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices. Among Riverside County teens, 29.3% experienced serious psychological distress during the prior 12 months, and 13.5% in the prior 30 days. Among San Diego County teens, 27.6% experienced serious psychological distress during the past year, and 10.7% in the past month. 28.9% of Riverside County teens and 42.7% of San Diego County teens felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the prior year. 14.5% of Riverside County teens and 25% in San Diego County received psychological or emotional counseling.

Mental Health Indicators, Access and Utilization, Teens

	Riverside County	San Diego County	California
Likely has had serious psychological distress during the past year	29.3%	27.6%	25.7%
Likely has had serious psychological distress during the past month	13.5%*	10.7%	11.5%
Needed help for emotional or mental health problems	28.9%	42.7%	29.4%
Received psychological/emotional counseling	14.5%*	25.0%	16.8%

*Source: California Health Interview Survey, 2018-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

In Riverside County, 8.7% of teens, ages 12 to 17, sought on-line help for mental health, emotions, nerves, or use of alcohol/drugs. In San Diego County 11.4% sought on-line help. 7% of Riverside County teens and 8.2% in San Diego County connected with a mental health professional on-line. 14.9% of Riverside County teens and 16.7% in San Diego County connected with people on-line who had similar mental health or alcohol/drug use issues.

Online Mental Health Utilization, Adults and Teens

	Riverside County		San Diego County		California	
	Ages 12-17	Ages 18-64	Ages 12-17	Ages 18-64	Ages 12-17	Ages 18-64
Sought help from an online tool	8.7%	8.4%	11.4%	7.6%	7.2%	7.8%
Connected with a mental health professional in last 12 months	7.0%*	5.5%	8.2%*	6.4%	6.0%	7.0%
Connected with people with similar mental health or alcohol/drug status	14.9%*	6.6%	16.7%	5.7%	12.8%	5.3%

Source: California Health Interview Survey, 2019-2020, pooled. http://ask.chis.ucla.edu/.

26.7% of Riverside County and 21% of San Diego County parents of children, ages 4 to 11, felt that their child had difficulties with emotions, concentration, or behavior including the ability to get along with others, in the prior 6 months. Of the parents who said their children were having difficulties in the past 6 months, 32.1% in Riverside County and 38.3% in San Diego County indicated the issue was definite or severe, rather than minor. 8% of Riverside County children and 12.1% of San Diego County children had received psychological or emotional counseling in the prior year.

Screenings for Developmental and/or Mental Health Issues, Children, Ages 4 to 11

	Riverside County	San Diego County	California
Child has had difficulties with emotions, concentration or behavior, past 6 months	26.7%	21.0%	18.9%
Minor severity	67.9%	61.7%	61.5%
Definite or severe	32.1%	38.3%	38.5%
Received psychological or emotional counseling, past year	8.0%	12.1%	9.5%

*Source: California Health Interview Survey, 2017-2020, pooled. *Statistically unstable due to sample size. http://ask.chis.ucla.edu/*

Depression

Among students in Riverside County, 27.7% in 7th grade, 33.9% in 9th grade, and 37.7% in 11th grade reported depression-related feelings. Among students in non-traditional schools, 34.7% reported depression-related feelings. Among students in San Diego County, the rate of depression-related feelings was 28.6% in 7th grade, 31.5% in 9th grade, 34.3% in 11th grade, and 31.7% among students in non-traditional schools.

Depression Related Feelings, 7th, 9th, 11th Grade Students

	Riverside County	San Diego County	California
7th grade	27.7%	28.6%	30.4%
9th grade	33.9%	31.5%	32.6%
11th grade	37.7%	34.3%	36.6%
Non-traditional	34.7%	31.7%	32.1%

Source: WestEd California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department of Education (August 2020). https://calschls.org/reports-data/query-calschls/?ind=172

Suicide Contemplation

Among Riverside County students, 17.2% in 9th grade, 17.5% in 11th grade, and 17.1% in non-traditional schools seriously considered attempting suicide in the past 12 months. Among San Diego County students, the rates of serious suicidal ideation in the past year were 15% in 9th and 11th grades, and 15.9% in non-traditional schools.

Considered Suicide, 9th and 11th Grade Students

	Riverside County	San Diego County	California
9th grade	17.2%	15.0%	15.8%
11th grade	17.5%	15.0%	16.4%
Non-traditional	17.1%	15.9%	17.0%

Source: WestEd, California Healthy Kids Survey (CHKS) and Biennial State CHKS. California Department. of Education (August 2020. Data 2017-2019, pooled). https://calschls.org/reports-data/query-calschls/?ind=256

In 2019, there were 2.4 hospitalization admissions due to mental health issues per 1,000 persons, ages 5 to 14, in Riverside County, and 2.6 admissions per 1,000 persons for mental health issues in San Diego County. Among teens, ages 15 to 19, there were 9.3 hospitalizations per 1,000 persons in Riverside County and 9.8 hospitalizations per 1,000 persons in San Diego County.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14	Ages 15 to 19
Riverside County	2.4	9.3
San Diego County	2.6	9.8
California	2.8	9.8

Source: California Department of Statewide Health Planning and Development special tabulation, 2019.via http://www.kidsdata.org.

While self-inflicted injuries leading to hospitalization typically are not the result of suicide attempts and do not involve intent to die, non-suicidal self-injury is a risk factor for suicide. *https://www.kidsdata.org/research/34/youth-suicide-and-self-inflicted-injury#why-this-is-important/27*

There were higher than state rates (8.9 per 100,000 youth) of completed suicides, among youth, ages 15 to 24, in Riverside County (9.3 per 100,000 youth) and San Diego County and (10.6 per 100,000 youth) 10.6 in San Diego County.

Youth Suicide Rates, per 100,000 Persons, Ages 15 to 24

	Rate
Riverside County	9.3
San Diego County	10.6
California	8.9

Source: CDC Wonder, Underlying Cause of Death, 2017-2019, via http://www.kidsdata.org

SUBSTANCE USE

Cigarette Use

Cigarette smoking is not currently popular with teens. E-cigarette use is more popular, with 7.2% of Riverside County and 5.7% of San Diego County teens indicating they were current e-cigarette smokers (smoked one at least once in the prior month). 12.4% of teens in Riverside County and 5.9% in San Diego County indicated they had ever smoked an e-cigarette.

Smoking, Teens

	Riverside County	San Diego County	California
Current smoker	0.0%*	0.3%*	0.5%*
Current e-cigarette smoker	7.2%*	5.7%*	4.1%
Ever smoked an e-cigarette‡	12.4%*	5.9%*	8.3%

*Source: California Health Interview Survey, 2017-2019 & ‡2016-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among teens in Riverside/Imperial County (SAMHSA Regions 13 & 19R), 7.7% indicated that they used alcohol in the past month, and 4% had engaged in binge alcohol use in the past month. Among San Diego County (SAMHSA Region 16R) teens, 8% indicated that they used alcohol in the past month, and 4.2% had engaged in binge alcohol use in the past month.

Alcohol Use, Teens

	Riverside County (Regions 13 and 19R)	San Diego County (Region 16R)	California
Alcohol use in past month, ages 12-17	7.7%	8.0%	8.6%
Binge drinking in past month, ages 12-17	4.0%	4.2%	4.5%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2018. Tables 13 & 14. https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020.

Marijuana Use

Among teens in Riverside/Imperial County (SAMHSA Regions 13 & 19R), 7.2% used marijuana in the past month and 14.8% used marijuana in the past year. Among San Diego County teens (SAMHSA Region 16R), 6.8% used marijuana in the past month and 13.3% used marijuana in the past year.

Marijuana Use, Teens

	Riverside County (Regions 13 and 19R)	San Diego County (Region 16R)	California
Marijuana use in past month, ages 12-17	7.2%	6.8%	7.1%
Marijuana use in past year, ages 12-17	14.8%	13.3%	13.8%

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2016-2018. Tables 2 & 3. https://www.samhsa.gov/data/sites/default/files/reports/rpt29376/NSDUHsubstateAgeGroupTabs2018/NSDUHsubstateAgeGroupTabs2018.pdf Published July 2020.

Opioid Use

In Riverside County, the emergency department visit rate for any opioid overdose by teens, ages 15 to 19, was 74.2 per 100,000 teens. In San Diego County the rate was 35.7 ED visits per 100,000 teens. The hospitalization rate for opioid overdose in Riverside County was 11.9 per 100,000 teens, while in San Diego County it was 7.2 hospitalizations per 100,000 teens. The rate of opioid prescriptions to teens in Riverside County was 58.1 per 1,000 teens, and in San Diego County it was 60.8 per 1,000 teens.

Opioid Overdose Rates, per 100,000 Persons, Prescription Rates, per 1,000 Persons, Ages 15 to 19

	Riverside County	San Diego County	California
ED visit rate for any opioid overdose, per 100,000 teens	74.2	35.7	45.6
Hospitalization rate for any opioid overdose, per 100,000 teens	11.9	7.2	9.2
Opioid overdose deaths, per 100,000 teens	17.0	8.7	10.3
Opioid prescriptions, per 1,000 teens	58.1	60.8	60.4

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

APPENDIX 1: BENCHMARK COMPARISONS

Where data were available, health and social indicators in the hospital county were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Riverside County Data	San Diego County Data	Healthy People 2030 Objectives
High school graduation rate	**89.9%**	**82.5%**	90.7%
Child health insurance rate	95.9%	96.1%	92.1%
Had preventive health care visit, past year	**81.3%**	86.0%	82.6% of adolescents, ages 12-17
Spoke privately with provider at preventive medical visit, past year	**42.6%**	52.4%	43.3% of adolescents, ages 12-17
Unable to obtain medical care, ages 12-17	**7.9%**	3.3%	3.3%
Mortality rate, ages 1-17	15.8	12.4	18.4 per 100,000 persons, ages 1-19
Overdose deaths involving opioids, ages 15-19	**17.0**	8.7	13.1 per 100,000 people, all ages
Infant death rate	4.4	3.6	5.0 per 1,000 live births
Obese 5th 7th & 9th graders	**18.7%-22.0%**	**15.7%-18.7%**	15.5%, children/youth, ages 2-19
Drank alcohol, past month	**7.7%**	**8.0%**	6.3% of adolescents, ages 12-17
Binge drank, past month, ages 12-17	4.0%	4.2%	8.4% of youth, ages 12-20
Used marijuana past 30 days	**7.2%**	**6.8%**	5.8% of teens, ages 12-17
Smoked e-cigarette, past 30 days, ages 12-17	7.2%	5.7%	10.5% students, grades 6 to 12
Has never had sex	**73.6%**	86.4%	80.8% teens, ages 15-17
Gonorrhea cases	351.3	401.7	471.2 per 100,000 males, ages 15-24
Annual influenza vaccination, ages 6 mos.-17 years	47.9%	51.2%	70.0%

APPENDIX 2: COMMUNITY INTERVIEWS, SURVEYS AND FOCUS GROUPS

Riverside County

Interview Respondents

Name	Title	Organization
Lucy Aceves	Pediatric Department, HealthySteps Program Lead	Borrego Health
Tammi Graham	Executive Director, First 5 Riverside	Riverside County Children & Families Commission
Janine Moore, LMFT	Deputy Director, Children's and Transitional Age Youth Programs	Riverside University Health System, Behavioral Health
Joe Nieto, III	Executive Director, Early Care and Education Division of Early Learning Services	Riverside County Office of Education
Ken F. Sawa, LCSW	Chief Executive officer and Executive Vice President	Catholic Charities, Riverside & San Bernardino Counties
Larissa Wills, MS	Program Coordinator II, First 5 Riverside	Riverside County Children & Families Commission

San Diego County

Online Community Survey

Participants	Number of Participants
Community Members	276
Community-Based Organizations	91
Hospital/Health System	81
Community Clinic (FQHC)	20
Government Employee/Elected Official	10
Grantmaking Organization	1
Other	23
Total	**502**
Expertise: Minority, medically underserved, and low-income, population living with chronic health conditions	
Survey Dates: 2/14/2022 - 3/30/2022	

Access to Care Interviews, Conducted by Promotoras and Community Health Workers

Participants	Number of Participants	Expertise	Date Input was Gathered
Community Members	223	Minority, medically underserved, and low-income, population living with chronic health conditions	3/10/2022 - 4/4/2022

Interview Respondents

	Organization/ Participants	Expertise	Role in Target Group	San Diego Region(s) Represented	Date Input Was Gathered
1	Full Access and Coordinated Transportation (FACT), *Director, Operations*	Transportation, access to care and services, economic stability	Community Leader	North Coastal, East	9/16/2021
2	Bayview Behavioral Health Hospital and Paradise Valley Hospital, *Medical Social Work, Inpatient Social Work Team Leaders*	Access to care, behavioral health, chronic health conditions, community safety	Representative Health Expert	South	10/28/2021
3	Serving Seniors, *President & CEO*	Aging care and support, seniors experiencing homelessness, economic stability	Community Leader	Central	11/11/2021
4	Alvarado Hospital Medical Center, *ER Director*	Access to care, behavioral health, chronic health conditions, community safety	Representative Health Expert	Central	12/3/2021
5	Sharp HealthCare, *VP, Integrated Care Management, System Director, Integrated Care Management*	Access to care, behavioral health, chronic health conditions	Representative Health Expert	North Central, Central, South	12/7/2021
6	Community Through Hope, *CEO & Founder*	Access to care, experiencing homelessness, food insecurity, stigma	Community Leader	South	12/8/2021
7	UC San Diego Health and UC San Diego School of Medicine, *Clinical Director, Chair Department of Psychiatry*	Access to care, behavioral health, chronic health conditions	Representative Health Expert	North Central, Central	12/20/2021
8	UC San Diego Health, *Executives and Officers of Population Health Services*	Access to care, behavioral health, chronic health conditions, population health	Representative Health Expert	North Central, Central	1/7/2022
9	Rady Children's Hospital, *Director of Developmental Services*	Children and youth wellbeing, child development	Representative Health Expert	All Regions	1/13/2022
10	Children's Primary Care Medical Group (CPCMG), *Director of Behavioral and Mental Health Services*	Access to care, children and youth wellbeing	Representative Health Expert	All Regions	1/21/2022

	Organization/ Participants	Expertise	Role in Target Group	San Diego Region(s) Represented	Date Input Was Gathered
11	Kaiser Permanente, San Diego, *ER Physician*	Access to care, aging care and support, behavioral health, chronic health conditions, community safety, economic stability	Representative Health Expert	North Central, Central	1/25/2022
12	Community Resource Center, *CEO*	Food insecurity, housing, economic stability	Community Leader	North Coastal, North Inland	2/2/2022
13	San Ysidro Health Center, *VP of External Affairs, VP & Chief Strategy Officer*	Access to care, workforce	Representative Health Expert	South	2/3/2022
14	PsychArmor San Diego, *CEO*	Veterans and military-connected, behavioral health	Community Leader	All Regions	2/8/2022
15	North County LGBTQ Resource Center, *Executive Director*	LGBTQ+ care and support, aging care and support, behavioral health, stigma, access to care	Community Leader	North Coastal	2/25/2022
16	The San Diego LGBT Community Center, *Director of Behavioral Health Services*	LGBTQ+ care and support, behavioral health, stigma, access to care	Community Leader	Central	3/9/2022
17	YMCA San Diego Youth providers, *advocates*, program director	Access to care, children and youth wellbeing, child development, economic stability	Representative Health Expert	All Regions	3/21/2022
18	Palomar Health, *VP Continuum of Care*	Access to care, behavioral health, chronic health conditions	Representative Health Expert	North Inland	3/28/2022
19	Palomar Health, *Chief Operations Officer*	Access to care, behavioral health, chronic health conditions	Representative Health Expert	North Inland	4/5/2022
20	Consumer Center for Health Education and Advocacy (CCHEA)/ Legal Aid Society of San Diego, *Director of Policy and Training/HCA Coordinator*, *Staff Attorney*	LGBTQ+ care and support, access to care, legal assistance, trauma-informed care	Community Leader	All Regions	6/2/2022
21	County of San Diego HHSA, *Public Health Director*	Public health, population health, access to care, chronic health conditions	Community Leader	All Regions	Fall 2021

	Organization/ Participants	Expertise	Role in Target Group	San Diego Region(s) Represented	Date Input Was Gathered
22	Dreams for Change, CEO	housing, behavioral health, economic stability, experiencing homelessness	Community Leader	Central	Fall 2021
23	Kitchens for Good, *CEO*	food insecurity, economic stability/ career readiness, education	Community Leader	Central, North Coastal	Fall 2021
24	MAAC Project, *CEO*	Access to care, housing, food insecurity, economic stability, education, child development	Community Leader	South	Fall 2021
25	North County Lifeline, *Clinicians*	Youth wellbeing, behavioral health, family and community safety, economic stability, housing	Community Leader	All Regions	Fall 2021
26	Pillars of the Community, *CEO*	Community safety, stigma, economic stability, education	Community Leader	Central	Fall 2021

Focus Groups

	Organization/Participants	Number of Participants	Expertise	Role in Target Group	Region	Date Input Was Gathered
1	San Diego American Indian Health Center (SDAIHC), *CEO, Director of Clinic Operations, Director of Behavioral Health, Wellness Manager for Youth, Family, and Elders*	4	Native American/Tribal Communities, access to care, behavioral health, children and youth wellbeing, stigma, trauma	Representative Health Expert	Central	9/23/2021
2	Scripps Health, *Administrator, Manager, Clinician, Supervisor, Director*	5	Access to care, behavioral health, chronic health conditions	Representative Health Expert	Central, North Central, South	10/26/2021
3	2-1-1 San Diego, *community connectors, health agents*	9	Access to services, care connection	Representative Health Expert	All Regions	10/28/2021
4	Scripps Health, *Case management, social work*	3	Access to care, behavioral health, chronic health conditions	Representative Health Expert	Central, North Central, South	11/4/2021

	Organization/Participants	Number of Participants	Expertise	Role in Target Group	Region	Date Input Was Gathered
5	El Cajon Collaborative, *Service providers, advocates, community members*	5	Access to care, behavioral health, chronic health conditions	Community Member and Leader	East	11/16/2021
6	PATH San Diego, *Associate Director, program managers, case managers*	6	Experiencing homelessness, access to care and services, behavioral health, chronic health conditions, stigma, trauma-informed care	Representative Health Expert	Central	11/18/2021
7	San Diego Refugee Communities Coalition, *advocates, directors*	4	Access to care, behavioral health, chronic health conditions, economic stability	Community Leader	Central	11/19/2021
8	Communities Fighting COVID! (CFC!), *community health workers*	8	Access to care, behavioral health, chronic health conditions	Community Leader	All Regions	11/29/2021
9	Vista Community Clinic, Poder Popular, *lideres/advocates*	10	Access to care, behavioral health, chronic health conditions	Community Member and Leader	North Coastal, North Inland	12/1/2021
10	Communities Fighting COVID! (CFC!), *community health workers*	4	Access to care, behavioral health, chronic health conditions	Community Leader	All Regions	12/7/2021
11	Tri-City Medical Center, *Executive team*	5	Access to care, behavioral health, chronic health conditions	Representative Health Expert	North Coastal	12/8/2021
12	Rady Children's Hospital, *Interim Chief of the Division of Emergency Medicine and Medical Director, Senior Director of Behavioral Health Services, ED Supervisor, ED Physician, Supervisor, Medical Social Work, Director of Inpatient Behavioral Health Programs*	6	Children and youth wellbeing, access to care, behavioral health, chronic health conditions	Representative Health Expert	All Regions	12/9/2021
13	FACES of the Future Alumni, *Youth program alumni*	3	Youth wellbeing, access to care, behavioral health, chronic health conditions	Youth Community Member	Central	12/20/2021

	Organization/Participants	Number of Participants	Expertise	Role in Target Group	Region	Date Input Was Gathered
14	San Diego Human Trafficking & CSEC Advisory Council, *advocates*	4	Human trafficking, stigma, trauma, community safety, trauma-informed care	Representative Health Expert	All Regions	1/24/2022
15	North County Lifeline Youth RLA, *youth advocates*	4	Youth wellbeing, behavioral health, family and community safety, economic stability, housing	Youth Community Member and Leader	All Regions	Fall 2021
16	YMCA Youth & Family Services, *youth advocates, service providers*	3	Housing, behavioral Health, LGBTQ experiencing homelessness, Youth experiencing homelessness	Youth Community Member and Leader	All Regions	Fall 2021

APPENDIX 3: RIVERSIDE COUNTY COMMUNITY STAKEHOLDER COMMENTS

Interview participants were also asked to share information on any other health or social issues as well as any additional comments. Responses and trends relative to the interview questions are summarized in this report.

Participants were asked to name the most significant health issues or needs facing children and families in Riverside County. Responses included:

- Transportation and access to care. The biggest issue related to access to care is having to wait a long time for wellness care appointments.
- For families the biggest concerns are access to care and transportation issues due to the economic impacts of COVID. We have the ability to do telehealth and virtual care, however, families may not have access to devices to avail themselves of our services.
- Among adolescents we are seeing an increase in anxiety and depression. Another challenge is cross education of sectors or providers who are available to youth. For example, for behavioral health and physical care needs, we need to bridge the gap between primary care and behavioral health and work toward a more integrated system for families.
- Mental health, economic insecurity and the pandemic.
- For young children, we are hearing about social emotional development and early mental health needs. Families are still lacking support, especially with developmental screenings and early detection and interventions to identify needs.
- Families are living in poverty and do not have their basic needs met.
- For high-risk pregnancy in Riverside, there are only two fetal maternal experts in the entire county. We need to build capacity in that specialty to meet the needs of the families in our community.

Interview participants were asked what barriers families and children face in accessing care in Riverside County. Their responses included:

- Accessing timely care, distance is a barrier for some patients, and families who need to attend multiple clinics and do not have adequate transportation. Also, people are not aware of the resources that are available to them.
- When families come to us, they are worried about where their food is coming from, having eviction notices pending and utilities not getting turned off before they get a chance to pay. That is a level of stress that many of us are not aware of that is constant for them.
- Because our county is so large, it can be difficult to navigate services and transportation is a barrier. Also, people are not always aware of what is available. Currently there is the additional challenge with the high price of gas.

- For behavioral health, there is a general workforce shortage, particularly in psychiatry and for other therapists and nurses.
- Mental health – people associate a stigma with the word. Children are going through a lot of trauma with the pandemic and everything that is happening in the world. We need to change the mindset that counseling is a bad thing, something you don't want your child to get. There are so many kids struggling with behavioral issues right now and parents are denying counseling services. How do we break that stigma and help parents realize it is a good thing, not something to be embarrassed about?
- We have a real issue connecting children to dental homes. One of the local FQHCs had a dental clinic that closed and the two dentists that are serving the desert community are 40 miles away. Preventive care for dental is a real issue that is sometimes overlooked. There is the Dental Transformative Initiative with Riverside County that was very successful because it is located in schools, so kids get preventive care. We have to look at locating services where families already go because out county is so big.

How has the COVID-19 pandemic influenced or changed the unmet needs in your community? Responses included:

- Telehealth became more of an option and with that, we were able to see some patients who couldn't make it in for in-person appointments. Seeing patients in person is more beneficial usually, but people were afraid they could catch COVID-19 in the doctor's office so they stayed away. People are now returning to seek out care, in person, but there is still an underlying fear, especially with families who suffered loss with COVID-19.
- There is a tsunami of need and we are underfunded providers. We cannot remotely address the needs that are out there. Also, just because there are programs advertised it doesn't mean people can access them. The needs far outweigh the ability of our services. We cover 28,000 square miles. We are one of a handful of organizations when you look at our geographic location. As a result, there are a lot of unmet needs. We are challenged by geography, funding, and the overwhelming needs of the community. We do the best we can, but it is not sufficient for the needs in the community.
- It has improved things for some youth and families and there has been a negative impact for others, depending on their technology availability, bandwidth, and devices. We adapted our health services quickly to provide care. That improved access for services in more remote locations and added more time slots for services, which also increased access to services for after-work hours. Because not as many people had to commute daily, people were more available to attend services.
- There is a lot of misinformation out there about vaccines. People are worried that the pandemic is not over and they don't want to get sick, or have their child to get sick. Many

parents are vaccinated because they needed to be for their jobs, but they have not vaccinated their children.

- Telemedicine and the broadening of access to services has been a bright spot out of the pandemic. And it has highlighted mental health and kids needing social and emotional support. Kids have suffered from isolation. To get kids into a quality education environment is still a challenge in our county because there are not enough licensed day care spots. Our choices in a rural area are very limited.

Access to Care

- We serve thousands of families a year and we can see they aren't getting dental care. It is not because they don't care. But it can lead to other problems and that leads to missing work or school.
- Access is pretty high in our community. There are a lot of clinics available, and schools and clinics partner up and provide services. If families are looking for health care, there are many avenues and resources for them.
- Bringing care to where families are is critical. It is important to ensure the systems to enroll people in don't have gaps in coverage.
- Being able to have a better relationship with a provider can make a huge difference. We know providers have a long list of patients to see each day and they do not always have time to provide education.
- In rural areas, it is important that we have telemedicine options. For high-risk pregnant moms, telehealth allows sonograms in remote areas. The mom doesn't have to drive hundreds of miles to get a sonogram. Through telemedicine, they can identify birth defects immediately.

Birth Indicators

- For teens, one of the biggest challenges is to access the additional support and education they need. For women's health, access can be an issue in terms of getting an appointment because there are not enough providers and if they can't make an appointment during work hours, they will not come in.
- We have teen clinics throughout the county where young people can come to receive education and birth control. The challenge is teens might not know about them, or they might now know how to access that care. We understand and acknowledge there is a higher death rate for our black infants and we have whole black infant mortality groups to address those disparities. Maternal mental health is a huge topic and we discuss postpartum psychosis.
- There are a lot of programs for teen parents at the high schools. I've heard there is a decrease in teen pregnancies. It may be decreasing because birth control is more

acceptable now than in the past, or the economic factor that it is expensive to raise a child. Sexual education is important in our schools.

- The school district offers day care programs for kids that have kids and are working and in school. Prenatal care is key. But that can be hard if the teen parent has not told their own parents. They may not know where to go to get care, especially if they are still hiding their pregnancy.
- Access to prenatal care in rural areas can be a challenge. Pregnant moms or teens can sign up for Medi-Cal and they are presumptively eligible. But if they do not complete the application and provide documentation, then they get a letter that says they do not qualify and they cancel their prenatal appointments. We have governmental systems and supports that are not integrated and they are not responsive to the needs of people. There is a lot of administrative burden and follow-up that needs to happen on the patient's part.
- Another huge barrier is having care for women where they feel comfortable, where people look like them and understand their culture. It is an important step that Medi-Cal is paying for doulas. Infant mortality rates decrease significantly with doulas.

Chronic Disease

- More people are being diagnosed with cancer. Even if you feel okay, it is knowing the warning signs and getting screened early. It is scary, do I want to know that there is something wrong with me? More education would be helpful.
- With the pandemic, a lot of patients were not getting the care they needed, and they were not able to see a doctor routinely or they were afraid to come in so we saw a slight increase in urgent care visits for asthma. Now things are getting back to normal and, especially for patients who have chronic illnesses, patients are coming in and getting their conditions controlled again.
- The numbers are still too high. With COVID-19, kids and families that have asthma were even more impacted by the pandemic and they had to take extra precautions. They were more likely to have adverse outcomes. Riverside used to have an Asthma Coalition. We need to re-engage and see what the data are telling us and what other programs need to be in place.

COVID-19

- During the pandemic, people were neglecting care so they gained weight, stopped taking their medications because they were not getting refills, and they developed other conditions because they were not seeing their provider and eating whatever they could get their hands on. People were also not getting as much physical activity, which also created additional issues.

- Children and families are trying to adjust as quickly as possible to something that is very unique in their lifetime. They have to prioritize how to spend their time and money and adjust to being home.
- There were a lot of health issues here before the pandemic, but the pandemic exacerbated everything.
- We are still in the recovery phase and identifying how we can support families and respond to questions from the community. There is still a lot of concern around the next virus. There is a lot of anxiety so we try to ensure families have places to go to ask questions and to call to get information. With the vaccine for kids, there are a lot of questions.
- Before the pandemic, we went to many schools for dental and well-child checkups. Getting back into schools has not been easy. Masking, staffing issues, someone contracting COVID-19 and the whole team needs to isolate, schools not wanting an outside entity in the schools, even when we have an active MOU – there are a host of reasons the schools are unwilling to let us resume services. Now, with the pandemic slowing, we are working on it again because services available in the school are very beneficial to the community.

Economic Insecurity

- Residents do not have a car and have to rely on public transportation. They cannot afford prescriptions. As for obtaining health care, it is difficult for people who have to make multiple appointments for their children because they can't afford to miss that much work.
- Access to food has greatly improved because of the pandemic. It is such a tangible need. Food is expensive. If you are experiencing economic fallout due to the pandemic, food is a good avenue to seek assistance. Because food is not just about food, it is about money and limited resources. When you don't have to pay for food, that helps you pay rent and utilities and it allows you to address other basic needs.
- Increasing minimum wage is all good. But if your rent goes up because there is more money in the community, that doesn't help you. The true barrier is that people can't afford to fully support themselves. They do the best they can, and they rely on social services to provide that help. But even with our help, they are in a highly fragile level of self-sufficiency that is tipped over the moment a car breaks down. About 50% of families don't have $400 saved. Working families do not have enough resources to support their kids and everything that is required in our society *and* to save for retirement.
- We work with lot of families that are challenged. Our primary responsibility is to those that are Medi-Cal recipients. Access to affordable housing is a huge barrier. And for families that have children with significant behavioral health challenges, we can see that their housing stability is really precarious. We have had families tell us they can no longer afford to come to obtain services due to fuel prices or job loss. They are having to prioritize more survival needs like paying the bills and buying food.

- The cost of living, gas and food has put a lot of stress on families and their children. Even though unemployment rates are looking better, the cost of everything, even childcare, is very high. Everywhere you go, you see help wanted signs. But if you have children, half or more of your paycheck goes to childcare, so they stay home instead. It is impacting our economy.
- There is insecurity in the workforce that serves our youngest children and that impacts families. Many childcare workers also qualify for Medi-Cal and subsidies for childcare because of the rate of their pay.

Education

- The technology gap has been profound. It has always been there. The requirements and assumptions that people have access to a computer and reliable Wi-Fi, and have the technological skills to upload a document or click around a website are not realistic.
- For families we work with, navigating and understanding the educational system and special education law and what rights they have as caregivers can be a barrier. In addition, different districts have different cultures. It is a very common part of our work to help families navigate through systems including public education and the Regional Centers. It is hard to know how to effectively navigate through those complex care services that are contained within multiple systems and entities.
- Virtual learning for so long has really set kids back. Some kids who are now in second grade, they missed most of kindergarten and first grade. There are a lot of social-emotional issues being around peers again and education that was missed. Some families are not comfortable with in person education so their kids are still in virtual learning. There has been a lot of missed learning.

Housing and Homelessness

- It has always been an issue and the pandemic has made it even worse. People are not able to work, they lost a job, they lost family members who were the primary breadwinners, etc. Three to four families are living in one home. Increasing costs are making it harder for those families who are just getting by.
- For anyone running a shelter, there is nothing more tragic than seeing a car drive up with kids in the car and they have nowhere to go. Rent was a huge issue with the pandemic. A lot of people are behind on their rent. The soft economy where you get help from friends, neighbors and family to pay rent, that has helped people, but some are better off than others. Rental assistance programs, in concept, are great. Some programs are tied to COVID-19. The eligibility and documentation needed assumes most people live in a large complex run by a corporation versus a mom-and-pop shop or informal rental agreements

where people maybe stay in the back of the house for $500 cash a month. Those are the target populations who need help but cannot get it.

- Housing is a huge issue and barrier for TAY (transitional-aged youth). Sadly, it is not uncommon for LGBTQ+ TAY to be kicked out of their homes or maybe they chose to leave. Having adequate places to stay and providing supportive housing is a huge need. Youth leaving the foster care system have the ability to remain dependent but many want to exercise their independence. However, obtaining housing becomes a real challenge.
- A lot of our school districts are facing decreasing enrollment. Other areas are experiencing a rise in student populations because their area is more affordable to live. We find kinds are moving more often because of housing costs. A lot of families are doubling up, living in converted garages or a whole family crowded into one room in a house. In those instances, kids are not having their basic needs met, which makes it hard to focus on school and grades.
- Rent is going up and more families are homeless or are at risk of being homeless. The pandemic highlighted how important the childcare industry and early care industry is to the economy and families. It put a spotlight on these teachers and how they are paid. Childcare is so expensive and there are a lot of stipends and subsidies, but additional help is very important. Helping make sure families have childcare is still a huge issue.

Mental Health

- There are not many doctors who will see children under the age of 5. As a result, it can be months on a waiting list to access services. There are not enough resources to go around.
- Mental health has changed in the past two years with the pandemic and various social injustices and now with the economy and overseas, with the war – you can feel the anxiety and tension when patients come in for services. They are not as calm, they are uneasy, and some will tell you that, but you can also see it in their body language.
- For families that have commercial insurance, the availability of services is different than if a family has Medi-Cal. They might not have access to the same array of services for more complex behavioral care needs. Also, there is a lack of adolescent residential beds. We have some but most are outside of our county. For a family who is trying to work with their youth on substance use treatment that can be a challenge. The biggest challenge is the lack of available psychiatric beds. We have 0 beds for children under age13 and only 10 beds for children ages 13 to 17.
- In theory, people who have insurance have access to mental health services. In reality, almost everyone who has some type of mental health insurance coverage complains about it because they can't get in for services. Those with severe disorders who are in crisis can get help. Things like acute stress and emotional behavioral issues, most insurance doesn't cover that unless a practitioner can diagnose you so that insurance pays for it. Because

mental health care is tied to medical care for insurance to pay, practitioners need to meet medical necessity.

- Riverside University Heath System runs 12 community FQHCs and they are embedding or co-locating behavioral health services in those centers. It is becoming a one-stop shop for families to come for primary care and specialty medical care, dental services, pediatrics, and podiatry as well as address the mental health needs of the family.
- Transitional age youth are ages 16-to-25. We acknowledge that brain development is not complete until 26. We acknowledge there are youth who are in transition and who have behavioral health challenges, and they may be out of the juvenile justice system or the foster system at age 18.
- Families acknowledge that their kids' behavior is not working in the classroom, but they still have uneasiness when it comes to their child talking to a counselor or mental health professional. There is a lot of funding from the state put into mental wellness. So, there are resources, but parents are denying the services because of negative stigma.
- There is a common misconception that kids, ages 0-5, can't suffer from mental health issues. They are trying to figure out their emotions and be productive and have friends, that is their mental health. It is important that we provide social and emotional support so they are stable. If not, they will be crying and not learning because they cannot self-regulate.
- Kids with ACES, impacted by trauma, need additional support. They need early intervention services because the earlier we intervene, the less it will cost the system overall. We need a strong workforce in early childhood mental health so kids get what they need.

Overweight and Obesity

- People are not eating as nutritiously as they once did and they have gained weight. They are having a hard time taking that weight off because of a lack of physical activity.
- When people are experiencing economic challenges, buying more expensive, healthy food and enrolling your kids in extracurricular activities is more difficult. As a result, poor eating habits develop and there is a lack of exercise and other activities. Not enough families know about the entitlements available to them like CalFresh and other resources so they can access healthier options. And sometimes it is pride; people don't want to ask for help.
- Students were playing a lot of video games and sitting in virtual classrooms. And food costs aren't helping. Also, parents who are working multiple jobs, it can be a time issue, making healthy meals. Now that kids are back in school with physical fitness, that will help.

Preventive Practices

- People have not been going to the doctor, so they have not been getting their preventive care.

- Some people do not want the COVID-19 vaccine because of the unknowns. Also, with other vaccines, people are behind in obtaining routine immunizations because they weren't going to the doctor.
- There are not enough kids getting developmental screenings; all kids need to be screened. A lot of pediatric practices are screening, but there is a gap. A barrier is not everyone knows about the importance of screenings. Because schools were closed, many parents weren't motivated to get their kids vaccinated. Now there is some catching up to do and we need more places where we can provide vaccines.

Substance Use and Misuse

- There is a taboo or shame attached to having to seek out behavioral health or substance use help. Stigma leads people to not want to admit they need help.
- There are not enough resources. You can refer people to services and it can take months for someone to get into counseling. There is usually a wait list. When you are trying to help someone, it is usually a decision that is made in the moment. If that person has to think about it for 3 weeks or 3 months, a lot can change in that time and when the appointment time comes, they might not be ready to change anymore. That is a big barrier.
- We have been screening for ACEs so we have been looking for resources if we have a patient that needs help. The wait times are from 3 weeks to 4 or 5 months.
- It really comes down to having good insurance. If you have it, you can likely get good substance use care. But if you don't, there are waiting lists and services are thinned down. Substance use treatment is so important to properly treat and have a strong level of services and programs.
- Programs need to be at a higher standard of care. It is difficult to get clean and sober. We almost need a revolution in the country around substance use so that care is satisfactory and readily, truly available. If we want to be smart about social services in health care, substance use needs to be front and center. I'm not seeing that happen in our community.
- It is very similar to mental health and violence concerns. People are turning to other things to deal with their trauma and mental health issues. It is all interconnected to stress and violence and mental health.
- With legalization, marijuana use is on the rise, and there is this misconception that it is natural and safe.

Violence and Injury Prevention

- Violence has always been an issue with underserved populations. And during COVID-19, it was very difficult for some families with domestic violence or other types of abuse. From county reports, it appears that child abuse and domestic violence have increased due to all the anxiety and stress and limited economic resources.
- Runaway youth have economic and housing insecurity and they are at an increased risk of substance use and at increased risk of becoming victims of human trafficking.
- The pandemic has increased stress levels for everyone. A lot of families were at home more together. Spousal and child abuse is on the rise and with students not in school, a lot of violence has been undetected. Rising costs and economic concerns, those raise instances of violence in our community.
- We are doing drowning is the leading cause of death and injury for kids, ages 1 to 4. The previous year, child abuse numbers have been down because of COVID. Teachers and other trusted adults who would normally report abuse or neglect did not have eyes on kids. Now that kids are back in schools, those abuse numbers are back up. We can reduce child abuse with home visitation programs so families have support and the resources they need because stressors negatively impact families and children and that can lead to abuse.

APPENDIX 4: SAN DIEGO COUNTY COMMUNITY STAKEHOLDER COMMENTS

Throughout the interviews and focus groups, there was an overwhelming concern for the well-being of children and youth, an issue made even more distressing by the lack of workforce and resources available to address the most serious needs. The strongest concerns were consistently related to the behavioral health needs of children and youth. This was also reflected in the survey results.

Behavioral Health

- The pandemic had temporary and long-term impacts on children's mental health, leading to an increased need for behavioral health supports and services.
- Clinicians and community members agreed that the top behavioral health challenges among children and youth are anxiety and depression. There was also concern about children with autism and ADHD.
- Children with special needs have more serious unmet needs, and their access to care was severely limited by the pandemic. Populations described as being most vulnerable include children with physical and developmental disabilities, children diagnosed as socially emotionally disturbed, children with educational accommodations, and children in special education programs.
- Many families had to cancel in-home services during the early part of the pandemic due to exposure risk. Therapy accessed virtually may not always be appropriate for younger children or those who are nonverbal.
- Clinicians shared their experiences treating youth who are heavily influenced by content they find online and stated that social media has normalized suicide as an option for youth who are struggling with mental and behavioral health challenges. They described an inability for some youth to cope — something as seemingly minor as a parent taking away a child's cellphone away could trigger a mental health crisis.

The youth mental health crisis didn't start with the pandemic, but the pandemic has made it much worse.

Key informant interview

The volume of [pediatric] behavioral health patients coming through the ED overall has gone through the roof. We're seeing winter volumes in summertime, which is very atypical. Obviously, it's been unprecedented.

Focus group participant

In my community a lot of students have felt really upset and lonely and then we've seen like a

lot of suicides from young kids. That shouldn't be. It shouldn't be a thing for those kids at that age so young and it's sad seeing so many lives like being affected like that, so I think the mental health of the younger generations is something that needs to be looked at a little bit more.

Focus group participant

There are all of these apps and literature that's out there now on how to kill yourself. So, there's access for kids, and there's this normalizing through social media that's happening more and more. We're seeing it more in the outpatient arena where they're bringing in different ways.

Focus group participant

- One positive result of the pandemic was that some children and youth became more comfortable asking for help. Many of the survey and interview respondents mentioned that the stigma of mental health has been reduced. Youth are more open about their mental state and willing to seek help.

- Aside from the difficulties that behavioral/mental health conditions present for youth, there is also the issue of social or cultural stigma within families. Many youth are discouraged from seeking professional help because of blame, guilt, or shame, combined with a lack of understanding from family members. This makes it difficult to have support, which can harm or worsen these conditions over time. Without familial support, early behavioral health intervention and the recovery process may be jeopardized.

I have seen a big increase in inquiries about mental health services and what those entail. Usually in the past I've had to bring it up and talk them through it, but youth are actually coming to us and asking, "Hey, what's the deal with this? How can I find a therapist? What do I do if I don't like my therapist? What does therapy even entail?" That's one thing that I've seen and been very surprised by — just the curiosity of it all.

Focus group participant

I do see there are more and more of the younger generation students, they pay more attention to their mental health and how to take care of themselves.

Focus group participant

When I started my wellness checks, my mom thought I was mental anyway. So, I just told her, "It's not that, it's more like I just need someone to talk to instead of pouring everything to you. I need someone who's professional, knows what I'm trying to say, and just listens before trying to help me."

Focus group participant

- Frustration and hopelessness about the lack of available behavioral health resources and services for children was expressed consistently by community members, clinicians, and staff at community-based organizations.

- There is a significant gap in screening and services for school age children (ages 5-12). Schools don't have enough therapists, and even if there were more therapists, some clinicians shared that pulling children out of class isn't always a good solution. There is stigma associated with being pulled from class. Additionally, in-school therapy takes time away from classroom studies.

- Children enrolled in Medi-Cal often have additional risk factors that increase their need for mental and behavioral health treatments and interventions. Unfortunately, there is a gap between the behavioral health services that are needed to treat children and prevent them from reaching a crisis or acute state, and the services that are covered by children's Medi-Cal.

We need more professionals who help students with wellness checks. It doesn't have to be anything formal; this can be an informal time for students to talk about how they feel about their relationships with everyone in life. I think it's really helpful.

Focus group participant

The whole First 5 system, I think, San Diego does that very well. We screen again at age 12. Ages 5 to 11, this is what we do not do well. Many issues come up when a child starts school, but for ages 5 to 11 we don't have a good community safety net for the families.

Key informant interview

- One result of the serious deficits within the regional continuum of care is the increase in children and youth in crisis who are presenting to EDs. While for some an inpatient acute care bed is the needed level of care, others would benefit from crisis residential services or partial hospitalization programs where they can remain at home.

- Given there are long waitlists for community-based programs, many children and youth who leave the ED often end up back in the ED, even if they do not require hospital-level care. The community-based services do not have the capacity to take on additional clients to provide the ongoing care that is needed.

- Over the past few years, there has been increase in the number of children at the local

emergency shelter. Post-shelter placement options are extremely limited. As a result, children who are chronically ill and need high levels of care often end up in a 10-day treatment or 10-day receiving home. Youth receiving treatment at the local emergency shelter often leave the shelter without permission and then require medical clearance to return. In some instances, clinicians reported seeing the same youth every day for over a week.

We have a cliff. We provide very acute-level care, and then we push these acute kids out into community-based therapy. So, the Partial Hospitalization Program and Intensive Outpatient Programs are pretty much nonexistent, and we don't have alternative levels of care to support kids. At the outpatient programs right now more than half of their caseload is seeing kids that need PHP or IOP. The moderate to severe kids are being seen in outpatient programs or have active suicidality and need a higher level of care, but the therapists are having to treat them in a traditional model.

Focus group participant

Acute patients have a tough time finding residential homes or other needed treatment or support so many end up in the ED. Referral sources have four-to five month waiting lists. Patients need an Intensive Outpatient Program or a Partial Hospitalization Program. Or they need therapy that can occur more than once every four to six weeks.

Focus group participant

[Some parents do not want to take their acute child home]. It is sometimes out of real concern for neglect or just fear because they've been through the system multiple places and they're so desperate. It's not because they don't love their child. It's just they're terrified to go back into the same situation, and they know that the resources are very limited. So, it could be a protection issue or it could be just desperation.

Focus group participant

There is that boomerang whereas they go home and then they say, "It's going to happen as soon as we get home. We know it." Sometimes even when they get out to the parking lot, they don't even make it home because then the child escalates again, and the families just aren't equipped to handle it.

Focus group participant

There is a workplace or clinical staffing shortage. For the outpatient arena and within the behavioral health system, we are having large turnovers of clinicians leaving the state and/or moving out of traditional therapy and moving to private practice. So, we don't have a stabilizing force, which then, in turn, results in us hiring new grads and very green clinicians. The level of training or the training up that's required for the complexity of care that's needed is a huge

burden to the leadership team.

Focus group participant

I think that it's so tough with the staff fatigue and burnout and then losing some really good, strong clinical people who are experienced. There are fewer available beds because they can't staff them. So, people are that much more pushed because it's a smaller number of resources and longer wait times.

Focus group participant

Physical Health

Some community members experienced high levels of inactivity and isolation due to stay at home orders associated with the pandemic. This may have had lasting impacts on children's social and physical health.

Because of COVID, I think childhood obesity came back or obesity overall came back. A lot of kids were gaining weight because they were at home. Some of the families I was talking to were complaining about lack of activities and the kids are gaining weight. They [are] feeling isolated and they don't want to go out.

Focus group participant

Childcare and Early Intervention

- The gap between the need and the availability of childcare has been a growing concern, and the pandemic created new challenges for parents and childcare providers. Our community shared that finding affordable, quality childcare that met the needs of parents was increasingly difficult.

- Resources to identify and treat developmental challenges were limited prior to the pandemic and are now critically scarce. During the early part of the pandemic, there were significantly fewer screenings available through childcare or regular check-ups. This has led to many children either not receiving or waiting months for diagnosis and treatment.

- Under the age of 5, mental health and development for children is often intertwined. Concerns or delays in development (such as speech, hearing, gross motor skills) may often manifest as behavioral challenges, and vice-versa. Successful diagnosis for infants or young children presents unique challenges and requires significant time. Clinicians need to understand whether the challenges they are seeing are development- related (such as autism) or effects of trauma exposure.

The field of infant mental health is still burgeoning, but we know from experience that we can see children younger than one with clear trauma responses and symptoms. We know that 90% of a child's brain develops before the age of 5, and when we invest in working with young children, we can also intimately work with the child's caregivers and focus on issues such as the caregiver's mental health, attunement, attachment and prevent larger challenges from occurring later.

Key informant interview

Children under the age of 5 who have trauma, behavioral health needs, and/or complex development and behavior challenges, can face significant wait times across the county, often waiting months for services. In a 2-year-old child's life, a six-month wait for services is already a quarter of their life. Given the rapid development and growth in young children, these delays in services mean we are missing critical opportunities to intervene and support them and their caregivers. This is increasing their risk for additional challenges in school, with their families, and other systems in the future.

Key informant interview

We run a county-wide program for children, 0-5 years old, with complex developmental and behavioral health need. In one out of every three children we care for there is an adverse childhood experiences (ACEs) screening of four or higher (compared to one in 10 nationally). This places these children at high risk for developing future medical and behavioral health challenges. Further, approximately 50% of caregivers in the program also have an ACEs score of four or higher.

Key informant interview

Educational Support

Children and youth, especially those who were already struggling, faced additional challenges when pandemic safety measures caused schools to move to virtual learning. Even though most schools were open during the time of our focus groups and interviews, youth were still trying to recover from the impact the pandemic had on their ability to achieve in school.

Crowded housing conditions made distance/virtual learning extremely difficult. Youth often struggled to concentrate due to distractions at home. In some households, multiple children were attempting to participate in online classes at the same time. In many cases, older youth supported their younger siblings at the expense of their own education.

I'm the oldest sibling of six. So sometimes my mom leaves and goes for the groceries or does something, and I'll have to take care of my little siblings while I'm in class. I've been failing with

homework sometimes because I take care of my siblings as well. And I don't finish homework. I wasn't finishing homework until like 10 or 12 o'clock at night.

Focus group participant

We saw so many of our minor clients fall behind on their education because of lack of access to equipment, to reliable internet. And so, there was a lot of learning lost during that time. We were seeing many of our minor clients start the next school year already pretty behind because they didn't get what they needed in the previous year.

Focus group participant

Teachers didn't expect to be teaching remotely. Schools didn't expect any of this. Everyone's been trying to figure it out. But as a result, our kids who need more educational support, whether that is because it's a disability, or trauma, or whatever it may be, they fell through the cracks completely. And depending on the individual, they've lost at minimum a year of school that they're probably never going to get back.

Focus group participant

Housing and Economic Support

Vulnerable youth are disproportionately impacted by housing challenges, and the pandemic rapidly intensified those challenges. Vulnerable youth subpopulations include LGBTQ+, former foster youth, justice-involved youth, Black and Latino youth, pregnant and parenting youth, youth who did not complete high school, and youth who are survivors of human trafficking, child sexual exploitation, and domestic violence and abuse. These youth often lack the social networks that can serve as supports.

We spent our entire year's budget in the first three months, that's how high the need was for rental assistance.

Focus group participant

[With the pandemic] we saw every single aspect of life flipped for vulnerable young people, those who were sort of unstably housed became immediately homeless and even those who were stably housed became unstably housed. We saw this increased stigma with congregate living. In San Diego, our emergency shelters are our first line of defense against homelessness. But that was just ripped right from us, because now people are fearful of living next to each other.

Focus group participant

We saw an increase in the mobile services that were provided. We saw more food pantries, we saw pop-up health clinics, there's more information about mental health and hotlines. There were some things that were increased that positively impacted our youth.

Focus group participant

Safety and Injury Prevention

- Clinicians and community-based organizations shared concerns about increasing safety risks for children. Many risks were amplified because of the pandemic.

- When schools were teaching through virtual learning, there was a reduction in mandated reporters identifying incidents of domestic violence and neglect. Those children who were seen at the hospital seemed to have more serious injuries.

- Although the survey didn't specify whether the bullying was taking place online or in-person, based on community feedback there is growing concern about bullying and harassment through social media.

A lot of them [home insecure youth] are hiding the fact that they're in a domestic violence situation. So, I'd say that one challenge is the support system, because they don't have anywhere to go to escape the violence.

Focus group participant

There's definitely higher incidents of substance use either on the part of the parent or even children. I think the lack of connectivity that the kids have had because of COVID, then being back in school and dealing with that, and their parents also trying to make that switch, had some impact.

Key informant interview

Our community also shared serious concerns about the rapid growth of commercial sex exploitation of children. Over the past few years, teenagers have spent more time on their computers and cellphones.

The other (risk factor for trafficking) that's coming to mind is thinking about the LGBTQIA plus community, but in particular thinking about folks who are gender diverse, so not just trans folks, but non-binary folks, two spirit folks, especially youth. Because they are actually being targeted frequently from a young age because of their identities for sexually explicit material online or other spaces. We see those folks frequently targeted.

Focus group participant

We did see a huge shift in increase in online exploitation, in seeing youth be reached out to online and recruited into sex trafficking. We did see an increase in minors in particular leaving the home, running away from home or from placements and being recruited by traffickers to engage in sexual exploitation.

Focus group participant

I think there's still a lot of commercial sex exploitation of children, a lot of the sex trafficking, especially with social media. Because a lot of that goes hand in hand with when they're using social media. People Snapchat them, which is a big thing that we're seeing.

Focus group participant

APPENDIX 5: SUMMARY OF SAN DIEGO SURVEY RESULTS

Top five health conditions

- Mental/behavioral health (70.3%),
- Alcohol and drug use (58.7%)
- COVID and Long-COVID (50.1%)
- Stress (49.1%)
- Diabetes (40.7%)

Top five behavioral health needs

- Depression (68.3%)
- Access to help (61.7%)
- Anxiety (57.1%)
- Stress (56.3%)
- Drug Use (48.9S%)

Top five problems that negatively impact the overall health of our community

- Access to affordable, quality housing (75.3%)
- access to health care (58.9%)
- being homeless (58.9%)
- Being unsafe from violence and coercion at home, work/school, and in my neighborhood (29.1%)
- Challenges with education/school (28.5%)

Top five issues relate to the well-being of children

- Mental/behavioral health (66.1%)
- Anxiety (60.9%)
- Depression (60.5%)
- Bullying (57.1%)
- Social media and/or on-line gaming (56.7S%)

Difficulties when accessing health care

- I have no difficulties accessing health care (41.5%)
- Long waits for an appointment (30.6%)
- Appointment hours are not convenient (24.4%)
- Limited time with health care providers (16.5%)
- Lack of time (16.3%)
- Cost of medical appointments or treatments (15.5%)

Specific health care services that are hard to access

- I have no trouble accessing health care services (39.3%)
- Mental/Behavioral health services (33.8%)
- Counseling, therapy (27.3%)
- Psychiatry (19.9%)
- Dental services (13.9%)
- Urgent care/ after-hours care (9.8%)

Sometimes we must make hard choices about what we can pay for. Have any expenses led to you or your family delaying health care?

- I have not had to delay health care (54.8%)
- Health insurance (premium, co-pays, deductibles, and out of pocket costs) (21.3%)
- Rent/mortgage (18.3%)
- Current, or fear of, future medical debt (16.0%)
- Prescription medications (co-pays, deductibles, and out of pocket costs) (15.2%)
- Loss or less work/income (13.2%)

What are the most important things that hospitals and health systems could do to improve the health and well-being of our community?

- Connect patients to services that will improve their health and well-being (66.9%)
- Ensure that a patient's care meets their needs (52.4%)
- Help patients understand and use health coverage (49.2%)
- Help patients coordinate their health services (47.6%)
- Help patients apply for health coverage or other benefits (43.8%)
- Collaborate with community groups and schools (43.0%)

APPENDIX 6: RESOURCES AVAILABLE TO MEET COMMUNITY NEEDS

Community stakeholders identified community resources potentially available to address the identified community needs.

Riverside County

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Riverside County at https://inlandsocaluw.org/211.

Significant Needs	Community Resources
Access to care	211 Riverside County, Borrego Health Early Childhood Oral Health Assessment (ECOHA), Family Resource Centers, First 5, HealthySteps, Home Visitation Coalition, Molina Health, Nurse Family Partnership, Rancho Family Medical Group, Stepping Stones, Transitional Age Youth Collaborative
Birth indicators	Black Infant Health Program, Family Resource Centers, First 5, Healthy Grow Pilot, HealthySteps, HeRCARe, Home Visitation Coalition, LENA, Nurse Family Partnership, Quality Start Riverside County, Riverside Hybrid Alternate Payment Program (RHAP), Riverside Office of Education Teen Parenting Programs, Special Education Local Planning Area Consortium (SELPA)
Chronic disease	Borrego Health, Family Resource Centers, Molina Health, Rancho Medical Group
COVID-19	Catholic Charities, Filipino Resource Center, Rancho Family Medical Group, Supplemental Nutrition Assistance Program (SNAP)
Economic insecurity	Catholic Charities, First 5, Help Me Grow Inland Empire, Home Visitation Coalition, Nurturing Parent Program: Parentz At Work, Supplemental Nutrition Assistance Program (SNAP),
Education	Family Resource Centers, Friday Nights Live, Riverside County Office of Education, Special Education Local Planning Area Consortium (SELPA)
Housing and homelessness	Department of Public Social Services, Martha's Village and Kitchen, Path of Life, Salvation Army
Mental health	Maternal Mental Health Collaborative, Riverside County Department of Mental Health, Set-4-School
Overweight/obesity	WIC, parks and recreation, schools
Preventive practices	Borrego Health, Family Resource Centers, Filipino Resource Center, First 5, Molina Health, Rancho Medical Group
Substance use	Alcoholics Anonymous, Riverside University Health System Behavioral Health, SU CARES line,
Violence and injury prevention	Drowning Prevention: Social Water Babies, Filipino Resource Center, SafeCare: Family Service Association, First 5

San Diego County

2-1-1 San Diego is an important community resource and information hub. Through its 24/7

phone service and online database, it helps connect individuals with community, health, and disaster services. https://211sandiego.org/

Health Care Facilities in San Diego County

The California Department of Health Care Access and Information (HCAI) provides detailed information on every health care facility licensed in California. Data are available on their Healthcare Facility Attributes website: https://hcai.ca.gov/data-and-reports/healthcare-facility-attributes/.

APPENDIX 7: IMPACT OF ACTIONS

Rady Children's Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2019 Community Health Needs Assessment. The hospital addressed behavioral health and mental health, chronic conditions and obesity, and other needs (access to health care, oral health, maternal, infant and child health, unintentional injury and violence through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Care

Financial Assistance

Rady Children's is committed to providing financial assistance to persons who have health care needs and are low-income, uninsured, ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual family financial situations. Rady Children's provided financial counseling and a Charity Care Financial Assistance Program that provided partial and/or full charity care, which is based upon the guarantor's ability to pay as defined by the Federal Poverty Income Guidelines. Through our efforts, Rady Children's ensured that the financial capacity of families whose children needed health care services did not prevent them from seeking or receiving care.

Insurance Enrollment

Rady Children's financial counselors proactively explored and assisted patients/guarantors in applying for health insurance coverage from public and private payment programs. Medi-Cal eligibility workers were available on-site to assist families. Rady Children's Financial Counselors also coordinated with CCS enrollment programs and partnered with local agencies to improve access to health care for uninsured patients.

Transportation

The Rady Children's Hospital Emergency Transport ("CHET") Pediatric and Neonatal Teams provided emergency transports, including seriously ill and injured children and neonates. CHET provided immediate response to hospitals, clinics, and physician offices in San Diego, Imperial and Riverside Counties.

Behavioral Health and Mental Health

Hope Bereavement Support Program

The Hope Bereavement Support Program provided hope for families amid pain that is enormous and unrelenting. The program helped families address their grief.

Options for Recovery Program

This program provided training to foster parents and relative caregivers to care for infants and children who were born exposed to drugs and/or alcohol.

Suicide Prevention

Rady Children's Center for Healthier Communities worked collaboratively with the San Diego 9th District PTA and Rady Children's Quality Department to host annual symposiums to educate parents about suicide prevention. The 2021 symposium emphasized building resilience and supporting schools, communities and families as they re-enter the school environment.

Trauma Counseling

Trauma counseling was provided for children and parents who were involved in child abuse, domestic violence and other forms of trauma.

KidStart Clinic

Provided a centralized program of comprehensive triage, assessments, referral and treatment for children, ages birth through five years, with complex developmental and psycho-social behavioral health problems. A multidisciplinary team, including pediatricians, clinical psychologists, speech pathologists, occupation and physical therapists, mental health therapists, early intervention specialists and school representatives, worked together to develop and implement the comprehensive plan of care.

Healthy Development Services (HDS) – First Five Program

To improve school readiness, the Healthy Development Services program identified and treated developmental and behavioral concerns in children, ages birth to five years. The HDS program coordinated developmental screenings, assessments, referrals and treatment. Care Coordinators worked with families to navigate the health care system to obtain services for their children. In addition, the program provided hearing and vision screenings, behavioral health services, and parenting classes.

Rady Children's Outpatient Psychiatry Department

Provides comprehensive mental health and psychosocial services to children and their families within a full-service pediatric medical facility, which includes a dedicated behavioral health

emergency care center. Its state-of-the-art, clinical programs were also available in video (telemedicine) format, as well as at outpatient clinics, schools and homes throughout the Rady Children's service area.

The Psychiatric Emergency Care Center

Complements Rady Children's existing services, including the Child and Adolescent Psychiatric Services (CAPS) inpatient care unit and outpatient services that together focus on conditions including depression, anxiety, attention deficit disorders, behavior problems, psychosis and eating disorders. Patients received a full psychiatric evaluation including screening for inpatient psychiatric hospitalization needs, crisis intervention and stabilization and a pathway to referrals, follow-up resources, education and outreach.

Pediatric Psychiatric Emergency Department

Rady Children's established the Copley Psychiatric Emergency Department in 2019 to address a growing mental and behavioral health crisis among youth in the region. Recognizing that early intervention can save lives and support families at the most critical point in a mental health crisis, the Psychiatric Emergency Department at Rady Children's served the unique needs of patients requiring immediate and long-term care for mental and behavioral health challenges. The pediatric psychiatric emergency department combined distinct pediatric medical expertise with state-of-the-art mental health services to serve children in various stages of mental health crises.

Mid-City Behavioral Health Urgent Care Clinic

Located in a high-risk vulnerable community, BHUC increased access to treatment for children experiencing a behavioral health crisis that posed a risk to their safety or the safety of others, or significantly impairs their daily lives. BHUC provided access to crisis intervention and stabilization services for the psychiatric and psychological care of children, teens and their families struggling with urgent emotional and/or behavioral concerns. In addition to a late afternoon/evening urgent care walk-in, regularly scheduled appointments were added during the day in response to community need.

Chronic Conditions and Obesity

Hemophilia Treatment Center

The Hemophilia and Thrombosis Treatment Center (the Center) is one of more than 130 centers in the country specializing in the diagnosis and treatment of individuals with bleeding disorders. It is part of a federally funded network of hemophilia treatment centers supported by the federal Maternal Child Health Bureau and Centers for Disease Control and Prevention. This Center cared for approximately 300 children in San Diego and the surrounding area with

hemophilia, von Willebrand disease and platelet disorders. The Center worked with the local hemophilia foundation chapter (Hemophilia Association of San Diego) and provided patient education and advocated for patients with bleeding disorders. The Center was active in clinical research, participating in national outcomes studies, and data collection on major complications of hemophilia, including joint disease and blood borne viruses. The Center was also involved in clinical trials on the latest and most promising therapies.

Nutrition and Healthy Lifestyle Childhood Obesity Initiatives (COI)

Rady Children's holds a leadership position in a countywide collaborative Childhood Obesity Initiative (COI) to reduce and prevent childhood obesity. Workshops were offered on nutrition and healthy, trauma-informed screenings, and other topics. Health materials on a variety of topics were made available to community organizations.

Support Groups

Rady Children's offered more than 20 support groups on a variety of topics. Ranging from oncology to cardiology, from parenting to school readiness, Following are some of the focus groups offered to families free of charge:

- Bereavement
- Cancer Support
- Cardiac Support Group
- Child Life Services
- Family Advisory Council
- Helen Bernardy Center Parent-to-Parent Support

Injury Prevention

Safe Kids San Diego (SKSD)

Rady Children's Hospital is the lead organization for SKSD, a local coalition of Safe Kids Worldwide. SKSD addresses drowning prevention, safe sleep practices, child passenger safety, pedestrian and bicycle safety, and other prevalent injury areas. SKSD members represent injury prevention organizations from: San Diego County Public Health; Fire and Rescue; and Emergency Medical Systems (EMS), including the California Paramedic Foundation and Rady Children's Trauma Team. Information dissemination and training efforts are countywide.

Safe Routes to School (SRTS)

Rady Children's Center for Healthier Communities collaborates with local government and school districts to make biking and walking to school safe and healthy obesity prevention alternatives to driving. Education and encouragement programs were adapted to a virtual learning environment during COVID-19 to support video learning. Transportation Safety

Program – In conjunction with Safe Kids San Diego, the Transportation Safety Program provides in-person child safety seat inspection, fitting and installation. Certified Child Passenger Safety Technicians ensure children fit in their safety seats securely. The Transportation Safety Program also provides education and resources for families who must transport vulnerable children home from the hospital.

Injury-Free Coalition for Kids (IFCK)

Rady Children's IFCK is part of a National Injury Prevention Coalition that focuses on childhood injury prevention research and prevention practices. Rady Children's IFCK addressed injury trends through quality improvement projects for improved child health outcomes.

Safety Store

The Safety Store is a mobile kiosk with a wide range of products to keep children safe. The main purpose of the store is to create opportunities to educate families about preventing injuries to children and offer strategies to achieve safety.

Youth Development and Behavioral Health FACES for the Future

FACES for the Future is an enhanced Health Career Pathway that provides students in socio-economically diverse high schools with increased access to education and future economic security. This three-year program provides support, guidance, and exposure to positive roles models in relevant workforce settings to encourage students to enter higher education in health-related professions.

Juvenile Hall Wellness Team

Provided health education, counseling, and discharge planning for incarcerated youth. Wellness Team worked in conjunction with medical, mental health and probation staff to promote healthier lifestyles and assist minors in avoiding high-risk behaviors through increasing the incarcerated minors' knowledge of pertinent health issues, connecting them to outside health services, and encouraging minors and/or their families to obtain health insurance coverage.

Chadwick Center for Children and Families

Chadwick Center focused on the prevention, detection and treatment of child abuse and neglect, domestic violence, and post-traumatic stress in children. Chadwick Center also provided professional education to providers.

Child Abuse Treatment (CHAT) Program

Provided evidence-based therapy services to treat the after-effects of a traumatic events experienced by a child.

Forensic and Medical Services

Children received expert medical assessment or a forensic interview when suspected of being abused or having witnessed violence.

Polinsky Children's Center

The Chadwick Center provided administrative support, medical evaluations, developmental screenings and evaluations of abused, neglected and abandoned children at the Polinsky Children's Center (Polinsky). Polinsky is an emergency shelter for abused, abandoned and neglected children. Services are provided 24/7 by physicians affiliated with Rady Children's Hospital, along with nurses, and developmental screening personnel.

Regional Pediatric Trauma Center

Rady Children's Regional Pediatric Trauma Center was formally designated by the County of San Diego in 1984 as the sole provider of pediatric trauma to the region. While clinical trauma care is the primary focus of the Trauma Center, it also provided nonclinical community services including: shared injury data with a wide spectrum of community, state and national agencies, advocated for keeping children safe by functioning as media spokespersons on key topics, provided professional (pre-hospital and hospital providers) educational forums, offered community group informational and educational forums, and participated in front-line injury prevention programs such as car safety seat/restraint and helmet distribution and education. The Trauma Center also functioned as a community resource in disaster planning for children. Each year, the Trauma Center provided education to allied health professionals to improve pediatric trauma knowledge.

Maternal, Infant and Child Health

Rady Children's Center for Healthier Communities

The CHC collaborated with health providers, schools, childcare providers, youth-serving organizations, universities, researchers, community leaders, parents, government agencies, the media and the business community to address community-based child health. CHC analyzed child health issues and developed strategies, convened organizations and individuals to act to improve child health, launched strategically focused interventions, advocated to support health improvement, and linked providers with resources to improve health within the community.

Kohl's Health Stars and Growing Minds

Health Stars brings physicians into the communities of high-risk families to enhance child development and family mental/behavioral well-being. The Health Stars Program is a literacy program for low-income parents and their children, ages 0-5. Physicians promoted positive parent-child interactions and child health by modeling reading aloud with children and teaching

curriculum with key messages on child-centered topics such as nutrition, oral health, 21 sleep, and behavior. In FY2020, Health Stars was adapted to a new virtual environment consisting of education videos featuring Health Stars content in addition to behavioral health strategies to assist families manage stressors. The program, called Growing Minds, produced a video library housed on a website (www.mygrowingmind.com), and was widely disseminated via Facebook live events, social media, and other outlets.

Anderson Center for Oral Health

The Anderson Center improved access to oral health care for young children by encouraging dentists to accept children under the age of 1, thereby preventing early dental caries. Anderson Center provided training and materials to local dentists to help them incorporate a variety of guidelines in their practice. The Center expanded their services in 2021 to support children with special needs including, complex medical conditions such as leukemia, hemophilia, sickle cell disease, asthma and diabetes.

Pathways Support Group

A group language therapy program designed for children, ages 3 to 5, with limited, but emerging expressive language skills. The goal of Pathways is to help children with autism spectrum disorders generalize skills learned in the one-on-one setting to more complex social settings.

Pediatric Down Syndrome Center

Down syndrome is the most common genetic cause of cognitive and developmental disabilities. The Pediatric Down Syndrome Center (Center) was established through a partnership between Rady Children's Hospital-San Diego and DS Action (a local nonprofit group) to address the unmet needs of children with Down syndrome. The Center provided diagnostic evaluation services, comprehensive case management in collaboration with education and clinical stakeholders, genetic counseling, patient advocacy, resource referral and social service.