Riverside University HEALTH SYSTEM Public Health

Community Health Assessment 2024

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ACKNOWLEDGEMENTS

We would like to extend our sincere gratitude to everyone who contributed to the creation of the Community Health Assessment. This project was made possible through the collective efforts, expertise, and dedication of our county public health team, community partners, and local leaders who are committed to enhancing the health and well-being of our residents. We are especially thankful to the residents of Riverside County and community organizations who shared their voices, insights, and perspectives, ensuring this assessment reflects the true needs and priorities of our community. Your collaboration, trust, and shared vision are the foundation of this work, and we are honored to be part of this collective effort toward a healthier, more equitable future for all residents of Riverside County.

Land Acknowledgement

The Riverside University Health System – Public Health commits to practicing cultural humility and reciprocity, respecting, and supporting the tribal sovereignty, culture, and beliefs of the Indigenous Peoples of Riverside County and beyond. We acknowledge the traditional, ancestral, and contemporary homelands of the Indigenous Peoples of Riverside County whose land we occupy. The Cahuilla, Cupeño, Luiseño, Serrano, Chemehuevi, and Tongva peoples have been the caretakers of this land, water, and air since time immemorial.

We hope to build an ongoing relationship with Indigenous Peoples in Riverside County as we learn from their vast experiences. We recognize that there have been past injustices, and we aim to move toward reconciliation with good intentions and respect. We challenge our larger community to join us in this work. If you are unaware of the land that you are currently on, we encourage you to visit the website **https://native-land.ca/** to learn about the Indigenous Peoples in your area, their history, and ongoing resilience.

Labor Agreement

Riverside University Health System – Public Health recognizes and acknowledges the labor upon which this nation was built on. We acknowledge that our nation was founded on the labor of enslaved individuals who were forcibly taken from the continent of Africa. RUHS-PH recognizes the contributions of all immigrant and Indigenous labor, including those who worked voluntarily, involuntarily, trafficked, forcibly, and undocumented, who helped shape our country and continue to play vital roles in our workforce.

ACKNOWLEDGEMENTS

We commit to centering the voices of communities in our work, advocating for policies that promote equity, justice, and fair labor practices. We strive to dismantle oppressive systems, address health disparities, and create a more equitable and just society for all. We are dedicated to fostering a culture of inclusivity, diversity, and empowerment within our department and in the broader community. Together, we can build a future where everyone can thrive, free from discrimination and oppression. ■

QUESTIONS or COMMENTS about the content of this report may be directed to

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PARTNERS / INTEREST HOLDERS

The development of this Community Health Assessment was a collaborative effort that involved a wide range of partners and stakeholders committed to the health and well-being of our community. Each partner brought unique perspectives, expertise, and resources to this assessment, ensuring that the needs and priorities of Riverside County residents were thoroughly understood and represented. We extend our sincere gratitude to the following organizations and individuals:

- Alianza Coachella Valley
- Asian Pacific Counseling and Treatment Center (APCTC)
- Asian Pacific Islander and Desi American and Native Hawaiian Alliance (APIDANH)
- CAIR-LA
- California Family Life Center
- California Health Collaborative Mamas y Bebes
- California State University San Bernardino
- Catholic Diocese
- Coachella Valley Mosquito & Vector Control District
- Community Health Association Inland Southern Region
- Community members
- Department of Behavioral Health San Bernardino
- Desert AIDS Project (DAP) Health
- Desert Healthcare District & Foundation
- El Sol Neighborhood Educational Center
- Galilee Center
- HARC
- Inland Caregivers Resource Center
- Inland Chinese American Alliance
- Inland Empire Health Plan (IEHP)
- John F. Kennedy Memorial Foundation
- Kaiser Permanente
- Lift To Rise
- Molina Healthcare
- National Ecumenical Forum for Filipino Concerns (NEFFCON)
- Palm Springs Sexual Addicts Anonymous
- Perris Valley Filipino American Association (PVFAA)
- Reach Out
- Residents / individuals of Riverside County
- Riverside – San Bernardino County Indian Health, Inc.
- Riverside Community Health Foundation
- Riverside County Youth Commission

PARTNERS / INTEREST HOLDERS

- Riverside University Health System – Behavioral Health
- Safe Families California
- Sankofa Birthworkers Collective
- Sigma Beta Xi Inc. Youth & Family Services
- Southern California Adaptive Sports
- Tenet Health
- Training Occupational Development Educating Communities
- University of California Riverside (UCR)
- Vision y Compromiso
- Youth Leadership Institute

These partnerships not only enrich the assessment process but also strengthen the foundation for ongoing efforts to address health disparities and promote well-being across all populations. We remain committed to fostering these relationships, recognizing that sustained collaboration is key to achieving meaningful, systemic change. As we move forward, we are dedicated to implementing evidence-based strategies, tackling the root causes of health inequities, and working towards a more inclusive and equitable community for all residents. ■

EXECUTIVE SUMMARY

The Riverside County Community Health Assessment (CHA) provides a foundation for strategic public health initiatives, supports data-driven decision-making, and aligns with community health improvement planning. This 2024 assessment, developed by Riverside University Health System – Public Health (RUHS-PH) in collaboration with local agencies, tribal organizations, healthcare providers, community organizations, and academic institutions, reflects a shared commitment to enhancing health and well-being across Riverside County's diverse communities.

The 2024 CHA identifies key health challenges faced by Riverside County residents, such as rising diabetes prevalence, coronary heart disease mortality, overdose deaths, and respiratory health issues. COVID-19 significantly impacted overall health outcomes, driving an increase in total deaths in 2021. Additionally, there are concerning trends in suicide rates, particularly among youth or young adults, and disparities in health outcomes affecting disadvantaged populations. These findings highlight the need for targeted public health interventions and policy changes to address health disparities and promote health equity.

Despite these challenges, Riverside County maintains numerous community assets and resources beyond healthcare and the health department that can continue to mobilize to address health challenges and improve population health. This includes a strong network of community organizations, health providers, and engaged residents. Community involvement was integral to this assessment, with residents expressing concerns about housing, mental health services, and the need for equitable access to healthcare through surveys and focus groups. These insights will inform the upcoming Community Health Improvement Plan (CHIP), prioritizing interventions that address housing, mental health, and equitable access to care.

This CHA underscores Riverside County's strengths and areas for growth, guiding efforts to foster a healthier, more resilient community. By prioritizing collaboration, equity, and social determinants of health, this assessment serves as a framework for achieving optimal health outcomes and invites all community members and stakeholders to contribute to a shared vision for a healthier Riverside County. ■

Kim Saruwatari
Riverside County Public Health Director

Dr. Jennifer Chevinsky
Riverside County Public Health Officer

INTRODUCTION

Riverside County, California, is a dynamic and diverse region that spans over 7,200 square miles in Southern California. Home to more than 2.4 million residents, the county blends thriving urban centers, suburban communities, and expansive rural landscapes. This unique geographic and cultural diversity contributes to the county's distinct strengths and opportunities for growth.

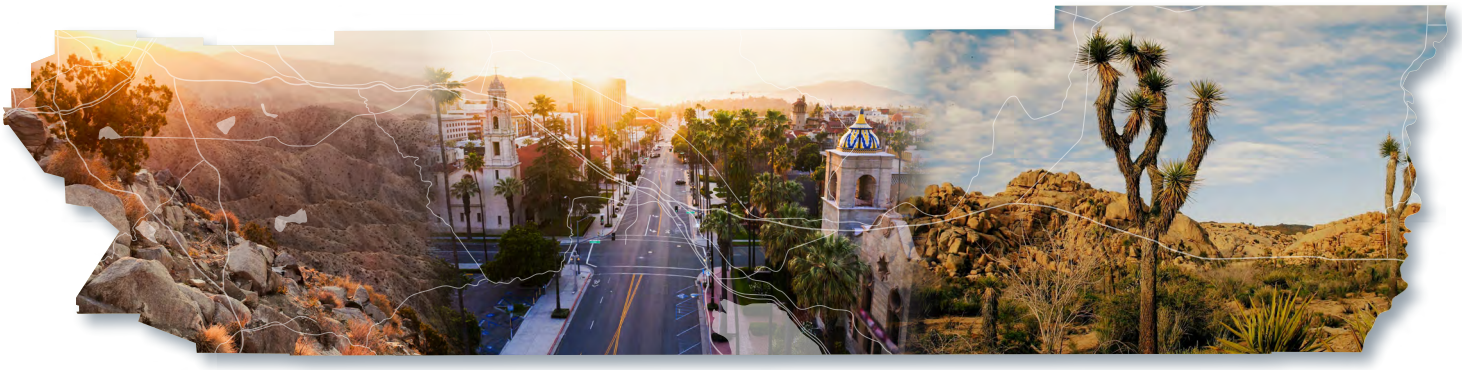
As one of the fastest-growing counties in California, Riverside County faces pressing health challenges, including rising rates of chronic diseases, disparities in health outcomes, and barriers to essential services such as food, housing, healthcare, and transportation, particularly in underserved rural areas.

The 2024 Community Health Assessment aids in understanding the county's evolving health and social needs. This assessment seeks to identify priority health issues, engage community interest holders, and guide future health initiatives that improve quality of life for all Riverside County residents. Through this CHA, RUHS-PH is committed to fostering a healthier, more resilient community by addressing the root causes of health disparities and promoting well-being across diverse communities. ■

Over
7,200
square miles

More than
2.4 million
residents

One of the fastest-growing counties in California



OVERVIEW OF ASSESSMENT PROCESS

The Community Health Assessment (CHA) identifies key health concerns in Riverside County. By incorporating diverse data sources, RUHS-PH and community partners were able to collectively identify rising risks and inequities in the county. The CHA serves as a dynamic roadmap, rooted in community feedback and rigorous analysis, with an ongoing commitment to continuous evaluation, ensuring that strategies remain relevant to the evolving needs of Riverside County residents.

The CHA draws on years of systematic data collection through multiple methodologies to capture a holistic picture of health across Riverside County's diverse populations. This includes data from:

- **Community Surveys:** Two large-scale surveys were conducted across the county to gather representative direct insights from residents. The 2021 (n=9,231) and the 2023 (n=4,804) community health assessment collected resident data on health concerns, attitudes towards COVID-19, service needs, and social determinants impacting their lives.
- **Community and Partner Listening Sessions:** Different listening sessions were held with community members, local partners, and health organizations to understand their perspectives on health challenges and potential areas of intervention. The Health Equity Program with RUHS-PH also conducted 17 in-person, virtual, and hybrid listening sessions from community-based organizations (CBO), faith-based organizations, community members, and individuals in Riverside County.
- **Collaborations with Local Interest Holders:** Our partnerships with local government agencies, healthcare facilities, and community-based groups were vital in integrating diverse insights, forming the foundation upon which this report was written.

OVERVIEW OF ASSESSMENT PROCESS

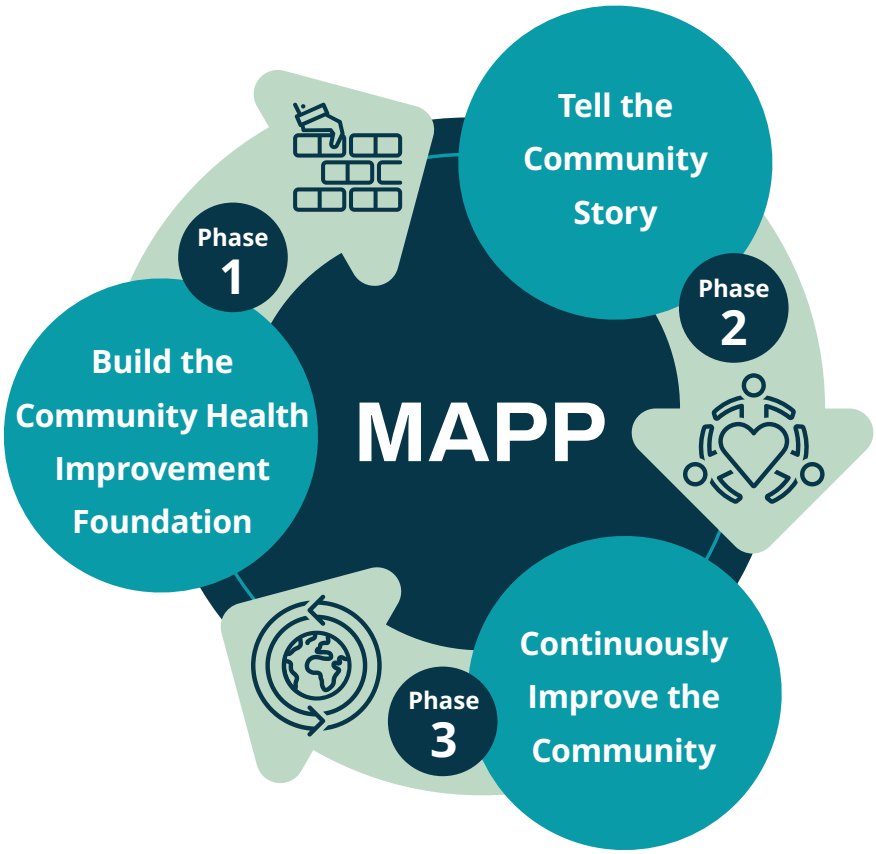
- **Community and Partner Focus Groups:** From our partner focus groups in 2021, we were able to collect data from 6 community-based organizations with 30 respondents from these 6 organizations. RUHS-PH utilized these select focus groups, both with community members and partners, to explore feedback on specific health issues including mental health, chronic disease, housing access, and health access challenges. From the Equity and Wellness Research on Racism and COVID Impact Project, focus groups from 4 organizations who couldn't participate in the listening sessions attended a focus group. Data was then collected from community members and partnerships through shared powerful dialogue on issues affecting the county.

- **Secondary Data:** Secondary Data were utilized from a variety of county, state, and federal level sources including but not limited to US Census Data (USCB), California Health Interview Survey (CHIS), California Integrated Vital Records System (Cal-IVRS), California Department of Public Health (CDPH), Health Care Access and Information (HCAI), Healthy People 2030 (HP2030), and the Centers for Disease Control and Prevention (CDC). All resources can be found at the end of this document. ■

APPLICATION OF THE MAPP 2.0 FRAMEWORK

The CHA emphasizes the importance of continuous evaluation and community feedback. RUHS-PH and its partners developed the CHA through the MAPP 2.0 (Mobilizing for Action Planning and Partnerships) framework using an iterative lens, allowing for the adaptation, refinement, and a continuous improvement process of strategies based on real-world experiences. The goal of the MAPP process is to promote health equity by identifying urgent health issues within a community and strategically aligning resources. MAPP fosters a community-wide vision for health by involving organizations across sectors, assessing both community needs and strengths, and directing resources toward addressing the root causes of health inequities.

There are three phases in the MAPP 2.0 framework. The first phase which build the community health improvement foundation, was implemented in our CHA process as we used this step to identify our interest holders and built a shared understanding of our vision for the CHA. Phase two tells the community story which we followed by engaging the community to help us in developing the CHA and identify health priorities and inequities within the community, including their root causes through various assessments. The third phase focuses on strengthening community engagement by prioritizing issues for the CHIP and implementing continuous quality improvement strategies to ensure their successful execution. The figure on the left displays the MAPP 2.0 process that RUHS-PH developed and applied to better illustrate the collective impact approach ■



PLACES AND GOVERNANCE

Places

There are 28 incorporated cities in Riverside County, with the largest city being the City of Riverside (313,676), which is also the 12th most populous city California. Riverside County is home to popular destination spots such as Palm Springs, Coachella Valley, and the Temecula wine country. Its major east-west highway corridor is Interstate 10. The most recent city to be incorporated was Jurupa Valley in 2011. [1]

Governance

The Board of Supervisors is the governing body of the county, certain special districts and the Housing Authority. The Board enacts ordinances and resolutions, adopts the annual budget, approves contracts, appropriates funds, determines land use zoning for the unincorporated areas, and appoints certain county officers and members of various boards and commissions. There are five supervisorial districts that cover the county's expansive geography. [2] ■

COUNTY PERCEPTION OF HEALTH

Riverside University Health System-Public Health (RUHS-PH), in partnership with multiple organizations and Community Based Organizations (CBOs), collected quantitative and qualitative data to assess the impact of COVID-19, understand rising health concerns, and determine health priorities of Riverside County residents. Additionally, RUHS-PH developed the COVID Impact Hub to highlight population disparities from COVID-19.

Assessing Community Needs

RUHS-PH contracted with the Equity and Wellness Institute in 2021 to assist in assessing the community and getting feedback about rising concerns and needs of the community The project included a synthesis of data collection by six community-based organizations. Focus groups were organized, and qualitative data was collected from the CBOs. The results from this project highlighted concerns around structural racism and the effects of social inequities on health outcomes of Riverside County residents.

The 2021 and 2023 Community Health Needs Assessment Reports conducted by HARC surveyed COVID-19 attitudes, vaccination perceptions, and overall needs of Riverside County residents. Results from these assessments discussed the concerns of homelessness, high housing costs, climate change, mental health problems, low access/gap in care, and delays in care as top priorities to be addressed.

The Community COVID-19 Impact Hub: A Tool for Data Collection and Visualization

The Community COVID-19 Impact Hub created by RUHS-PH aids in visualizing the pandemic's ongoing effects, combining real-time data with insights from listening sessions collected from CBOs, faith-based organizations, community members, and individuals in Riverside County to learn how COVID-19 impacted them. The listening sessions held with the community partners were central to this effort allowing RUHS-PH to gather firsthand accounts from residents and interest holders about their experiences during the pandemic.

COUNTY PERCEPTION OF HEALTH

These sessions revealed issues such as mental health impacts, gap in resources, and impacts on struggling immigrant communities.

RUHS-PH's Commitment to Community and Next Steps

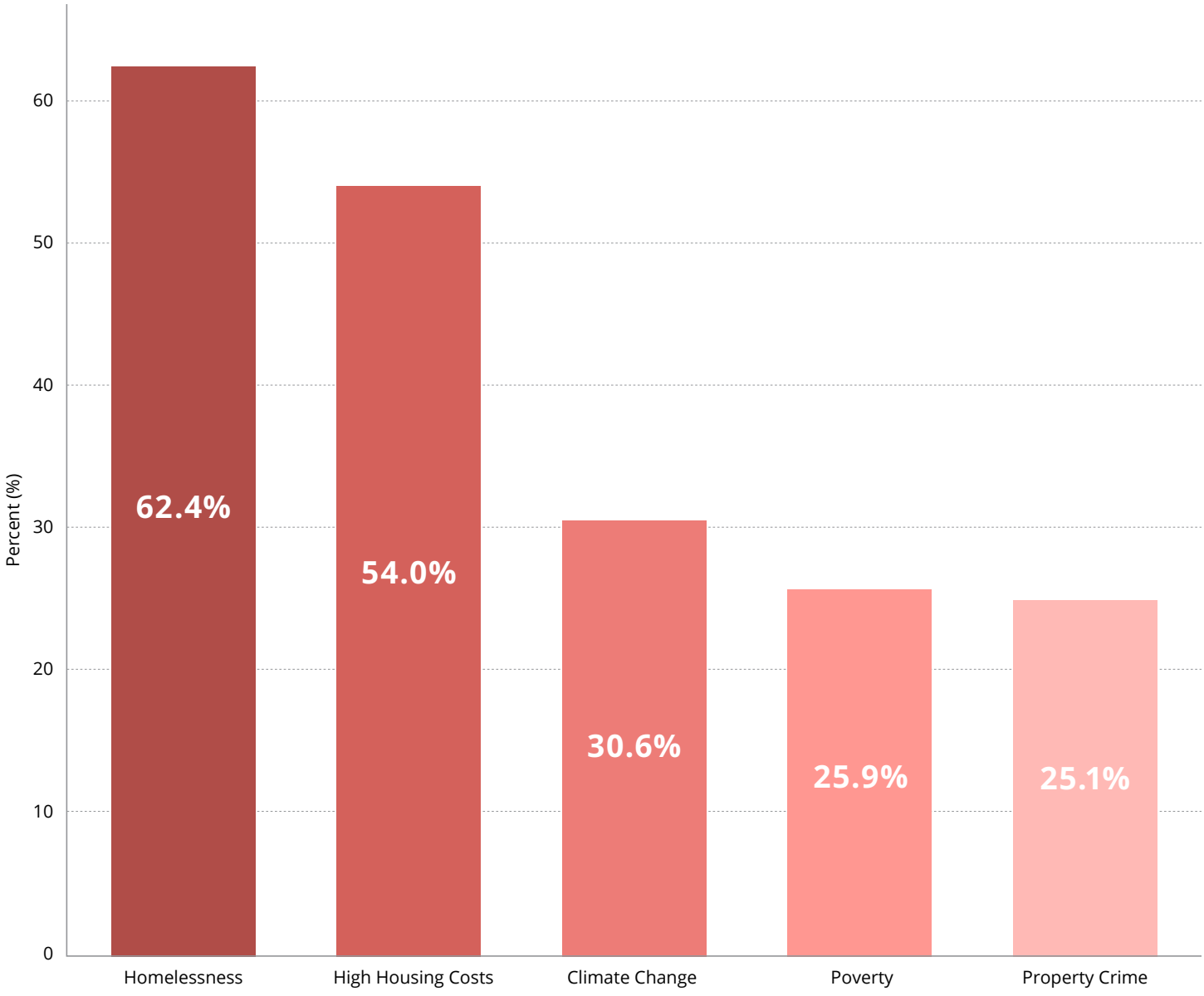
RUHS-PH's commitment to collaboration with its partners and the community demonstrates a strong community partnership-driven approach, emphasizing equity and inclusivity in allowing the community to share their stories and RUHS-PH's responsiveness in addressing the county's diverse public health needs. With the completion of these assessments and the identification of critical health priorities, the next phase centers on developing the Community Health Improvement Plan (CHIP) where RUHS-PH will find opportunities to translate insights into actionable strategies, implement evidence-based interventions, and evaluate their impact to continuously improve the health of Riverside County.

Riverside County Public Health Community Health Needs Assessments

In 2021, RUHS-PH, in partnership with HARC Inc., conducted a community needs assessment to identify key health priorities in Riverside County. The survey was distributed to 40,000 residents and offered pre and post participation incentives. The final survey included 9,231 participants, with a 21.5% response rate, and a diverse sample population. The assessment explored issues such as healthcare access, chronic diseases, mental health, and social determinants of health.

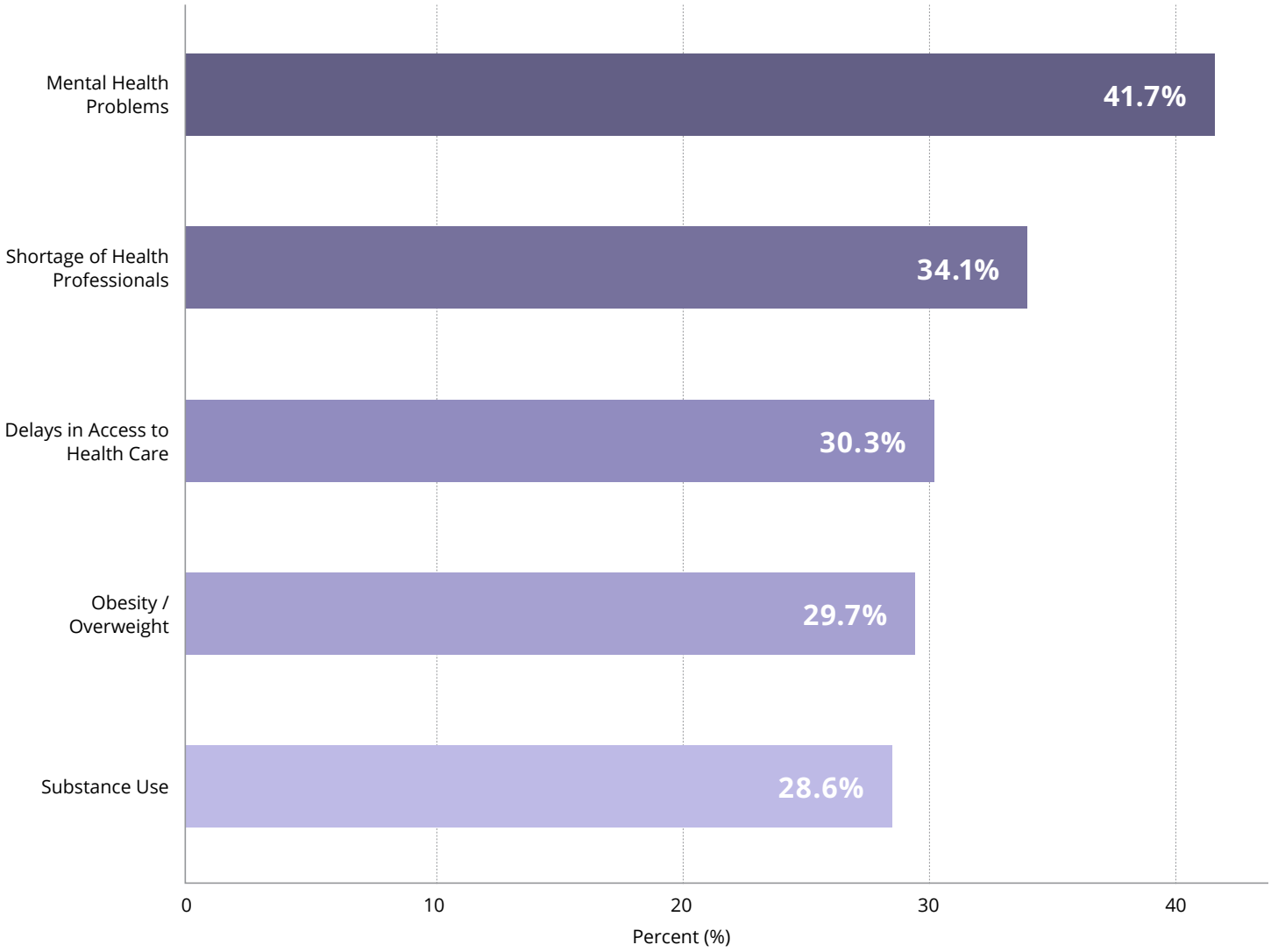
In partnership with HARC Inc., RUHS-PH conducted a 2023 survey - a continuation of the 2021 assessment, to explore the perceptions of COVID-19 as well as the broader needs of Riverside County adults. The survey was distributed to 40,000 residents' addresses and offered a pre and post participation incentive. The final sample was comprised of 4,804 adults, with a 12.0% response rate. Data was weighted by a statistician to enhance the demographic representation within the county. Final survey results can be found on RUHS-PH Epidemiology website. [3,4]

Riverside County Public Health Community Health Needs Assessment, 2021



Residents of the county responded to the Community Health Needs Assessment survey (n=9,231) and shared that homelessness, high housing costs, climate change, poverty, and property crime were the top 5 most important social problems affecting Riverside County. [3]

Riverside County Public Health Community Health Needs Assessment, 2023



Riverside County residents reflected on the most important health problems affecting the county and shown above, those problems consisted of mental health problems (41.7%), shortages of health professionals (34.1%), delays in access to health care (30.3%), obesity and/or overweight (29.7%), and substance abuse (28.6%). Other top responses included other (8.4%), suicide (7.3%), disabilities (6.3%), poor dental health (4.4%), stroke (4.1%), and asthma (3.7%). Sample size of the assessment was n=4,804. For the full table, refer to the report. [4]

Community COVID-19 Impact Hub

> ***We all got through it and that's resiliency. It supported this idea of resiliency like if we got through that then we can get through anything. You learn certain skills that speak to resiliency.***
>
> *- Sentiments from Listening Session Participants*

Impact on Immigrant Communities

The COVID-19 Impact Hub highlights the significant impact of the pandemic on immigrant populations. Immigrant populations faced vulnerabilities, including limited access to healthcare, economic hardships, and language barriers that affected their ability to receive timely information and services. These communities experienced higher rates of infection and financial instability due to their disproportionate representation in essential, high-risk jobs. The stories and narratives from these listening sessions further revealed concerns about vaccine accessibility and trust in healthcare systems, underscoring the need for targeted outreach and support for immigrant populations [5]. To learn and read more about Riverside County residents COVID-19 impact narratives please visit **https://www.ruhealth.org/he-community-covid19-impact-hub**. ■

DEMOGRAPHICS

Considered the fourth fastest growing county in California, and now the 10th most populous county in the nation, Riverside County is home to 2,492,442 people as of 2023. [6]

Population

Riverside County currently sits as the fourth most populous county in California behind Los Angeles County (9.8 million), San Diego County (3.2 million), and Orange County (3.1 million). Riverside County holds a population percent increase change rate of +0.6% from 2023 to 2024, compared to California's +0.2% percent increase change in population [7]. Riverside County is expected to grow substantially over the next few years and decade. If current growth projections continue, Riverside County would expect to reach 2.5 million in population by 2029 and possibly 2.6 million by 2036. [8] These population growth estimates may be partly attributed to the growing cities of Beaumont with a +2% population increase, Menifee at a +2% population increase, as well as Coachella with a population increase of +2.4%. [7]

Population

2.4

Million people reside in Riverside County.

#1

County in urban sprawl.

1M

Population is expected to increase by 1 million people in the next 20 years.

4th

Most populous county in California.

13.0%

Decrease in White population since 2015.

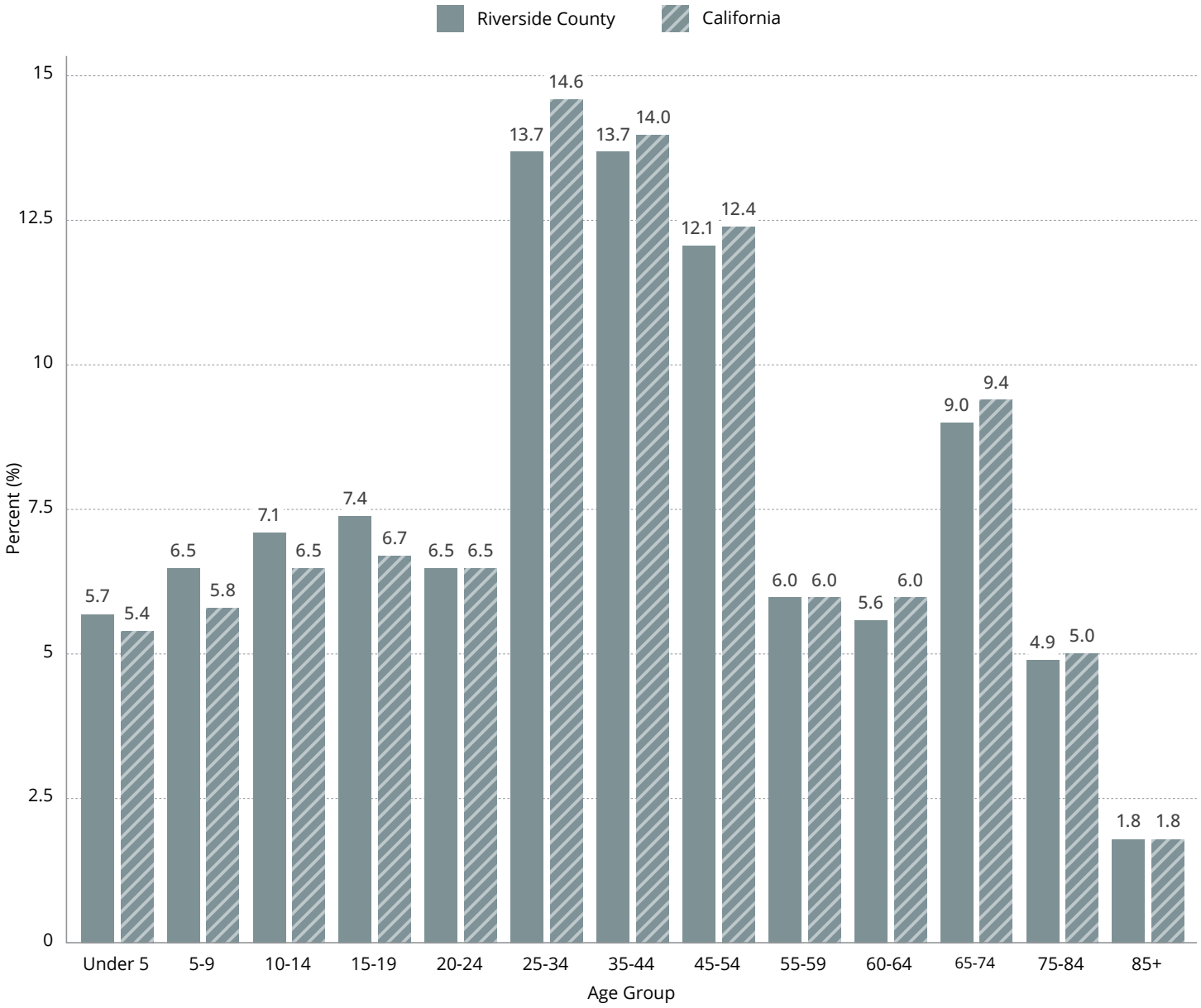
14.0%

Increase in Hispanic / Latino population since 2015. [9]

Spanning 200 miles across and encompassing river valleys, magnificent mountains, deserts, foothills, and rolling plains, Riverside County is geographically the fourth largest county in California by total area comprising over 7,200 square miles. The county covers the same land area as the State of New Jersey and shares borders with Imperial, Orange, San Diego, and San Bernardino counties as well as the State of Arizona. [10]

People

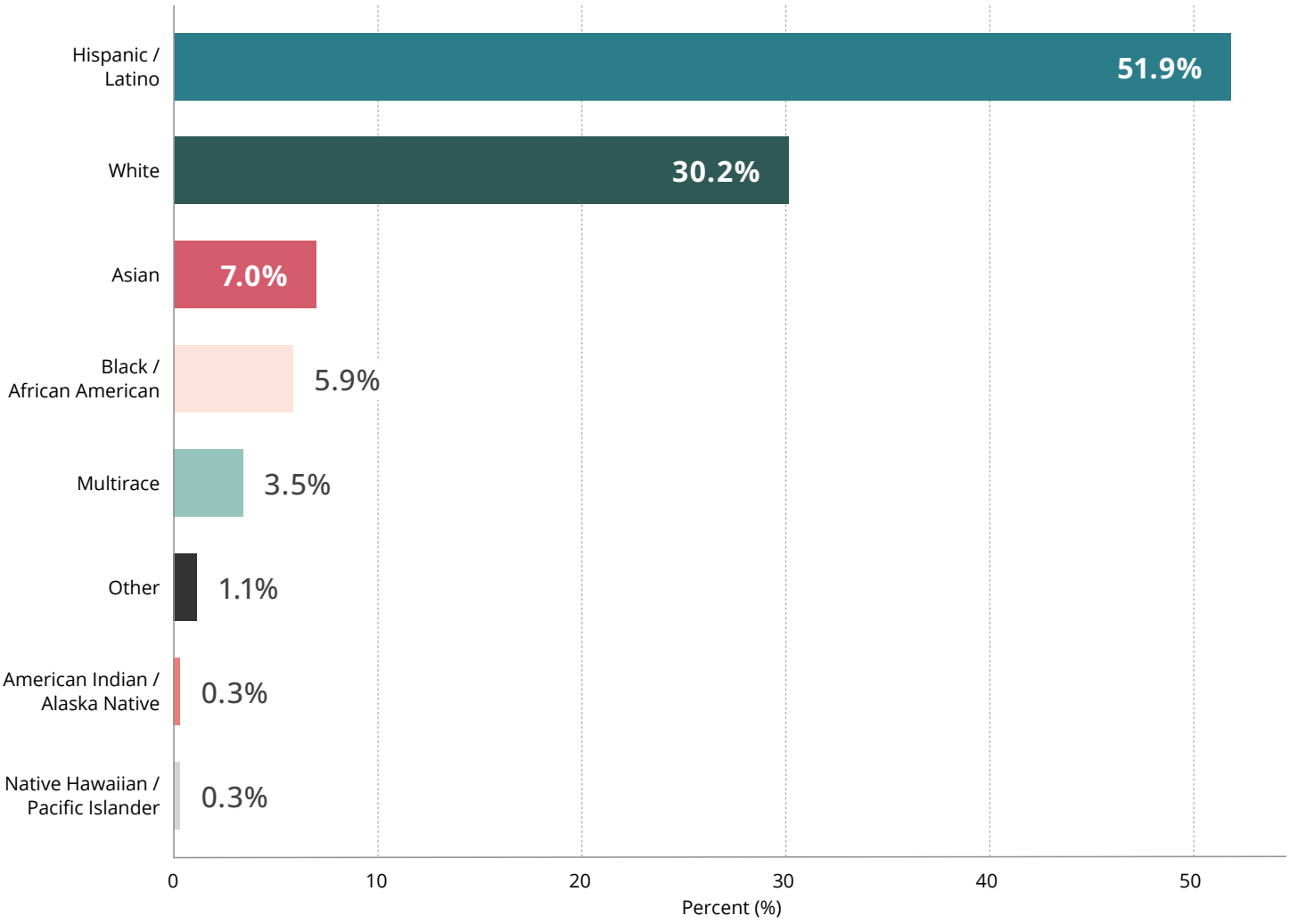
Percent of Population by Age Group, 2023



When comparing the age group distributions of Riverside County to the State of California, both show a concentration of their populations in the 25 to 44 age range, with Riverside County having 13.7% in each group and California slightly higher at 14.6% and 14.0%, respectively. Both areas also show a notable senior population, with Riverside County having 9.0% aged 65 and over and California close at 9.4%. This suggests that both the county and the state may need to address increasing demands for healthcare and senior services in the coming years. [11,12]

People

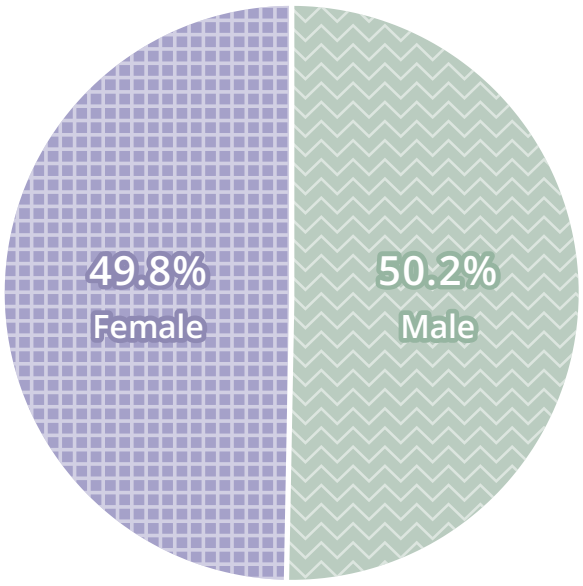
Percent of Population by Race / Ethnicity, 2023



Riverside County's demographic profile highlights a predominantly Hispanic / Latino population at 51.9%, indicating that over half of the county identifies as Hispanic / Latino. This has significant implications for public health, education, and social services, which may need to prioritize culturally responsive programs and bilingual resources. Additionally, the diversity of smaller groups, including Asian (7.0%) and Black / African American (5.9%) communities need to be recognized with similar inclusive resources. Public Health acknowledges the need to address the concerns of these varied populations while fostering a multicultural environment. [11]

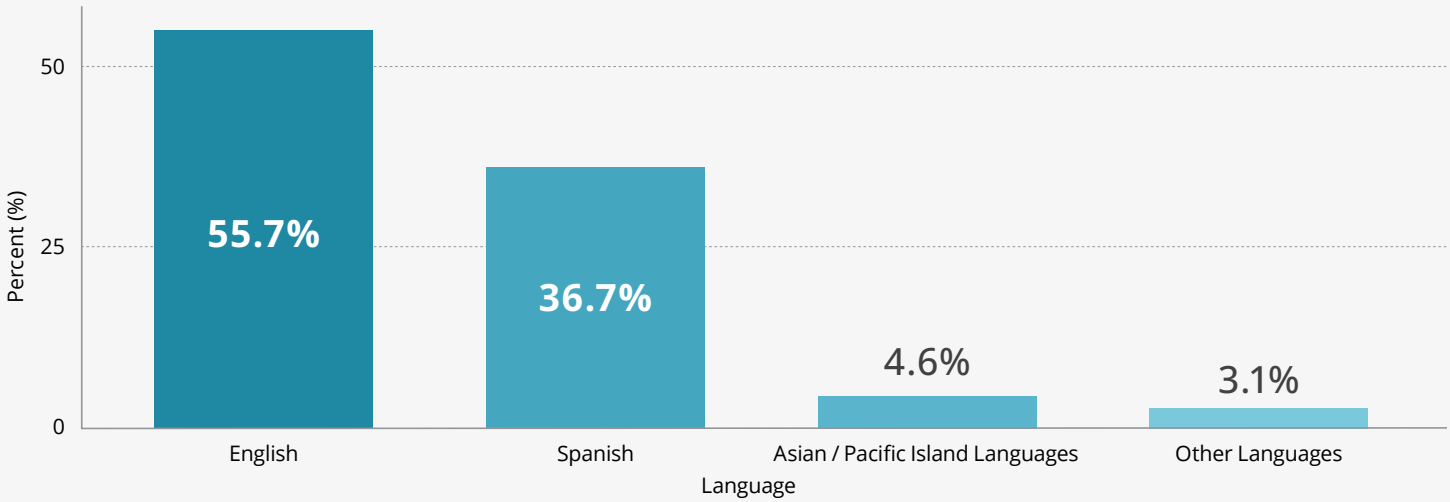
People

Population by Sex, 2023



The county's population is evenly distributed by sex, with males comprising 50.2% and females 49.8%. While population data specific to gender identity are not currently available, the department recognizes the importance of accurately identifying individuals by their gender identity to ensure inclusivity and equity in public health efforts. [13]

Percent of Language Spoken at Home, Ages 5+, 2023



In Riverside County, the majority of residents ages 5 and older speak English at home (55.7%), while a significant portion, 36.7%, primarily speaks Spanish. This linguistic diversity highlights the importance of offering multilingual services and resources to effectively meet the needs of the county's diverse communities. In this summary, "Other Languages" is the sum of "Other Indo-European Languages" and "Other languages" pulled from the U.S. census. [14] ■

SOCIAL DETERMINANTS OF HEALTH

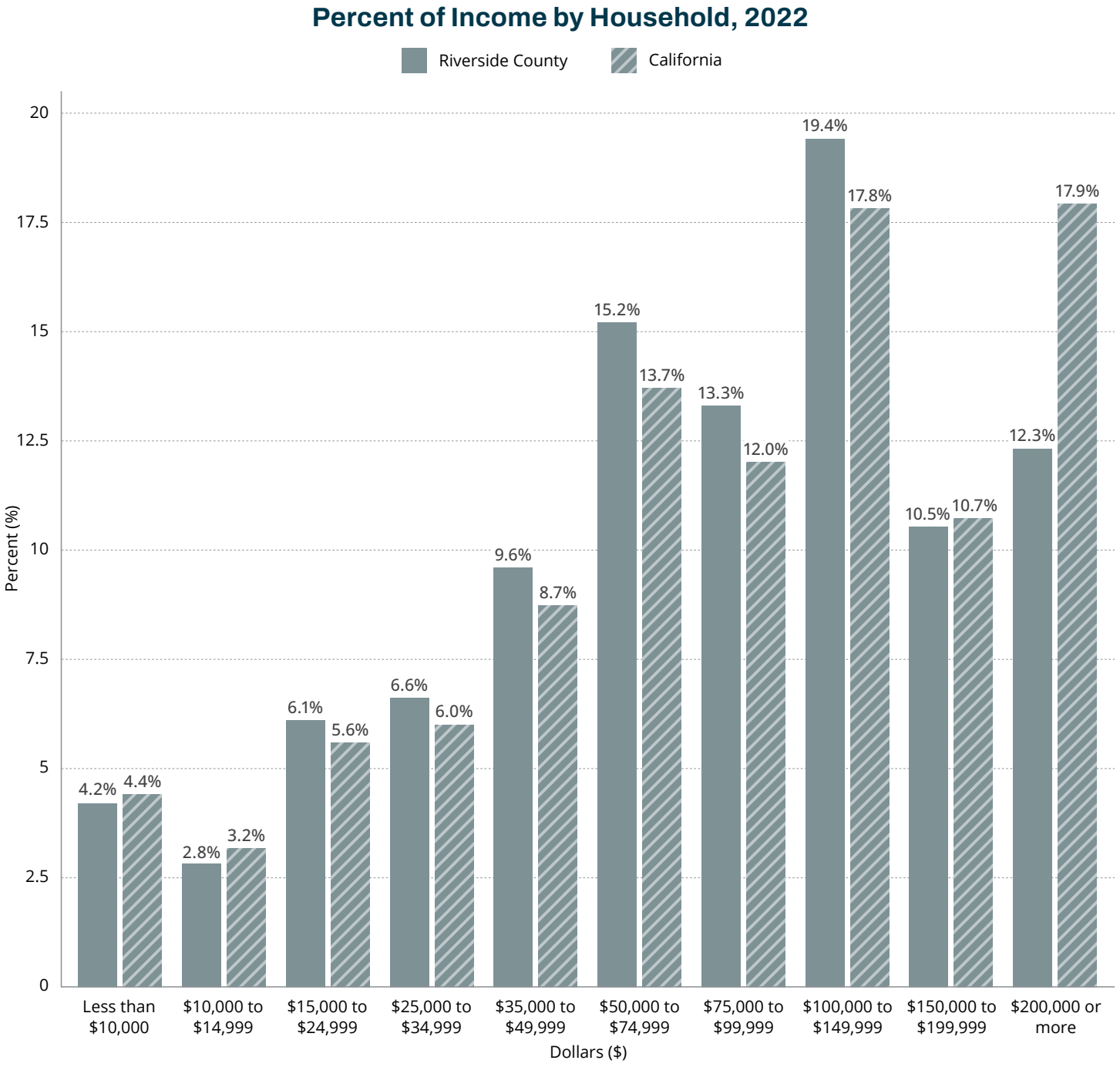
Social Determinants of Health
Copyright-free

Healthy People 2030

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, and worship, that affect a wide range of health and quality-of-life outcomes and risks. [15]

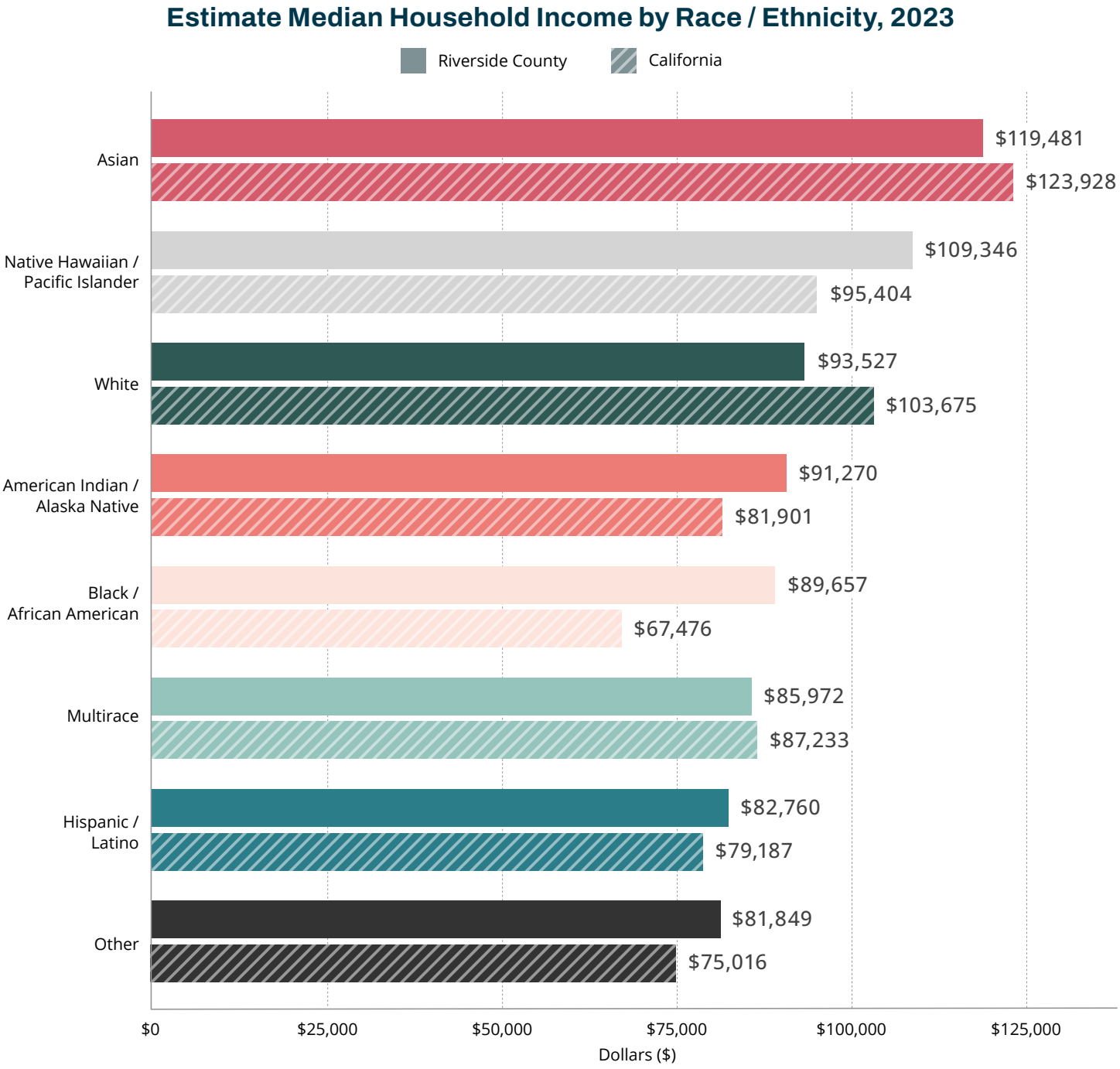
Economic Stability

Income



The bar chart compares the distribution of household incomes in California and Riverside County across various income brackets in 2022. Riverside County has the highest percentage of households in the $100,000-$149,999 bracket, whereas California overall has the greatest number of households in higher-income categories at $200,000 or more. The disparity highlights the difference in income levels between the county and the state. [16]

Income



The graph shows the median household income by race / ethnicity, with Asian households earning the highest median income at $119,481, followed by Native Hawaiian / Pacific Islander households at $109,346 in Riverside County. Hispanic / Latino households have the second lowest median income at $82,760. It is important to note that individuals in the Hispanic / Latino group may also identify as one or more other races. The Native Hawaiian / Pacific Islander group's large margin of error is due to the small sample size in the data. [17]

Education Access and Quality

Educational Attainment

Educational attainment can provide individuals a chance at increasing earnings and improve standard of living. Educational attainment benefits the county by positively influencing factors like community engagement, advocacy and volunteering, community trust, healthy behaviors, social development, economic growth, and employment.

83.5%

out of 1,666,754 residents 25 years and older completed high school or higher

8.5%

of the population 25 and older completed less than 9th grade

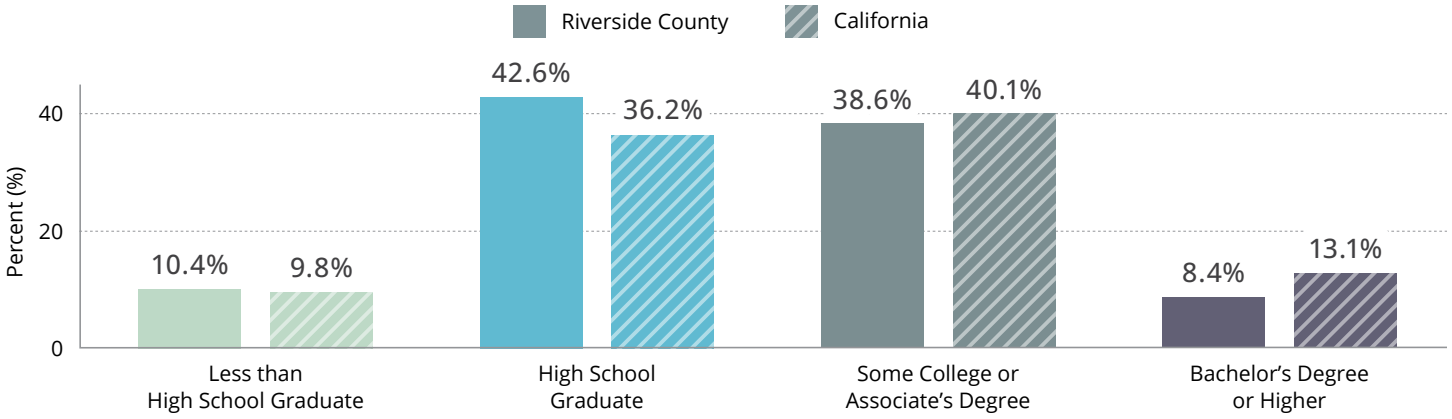
8.0%

of the population 25 and older completed 9th-12th grade

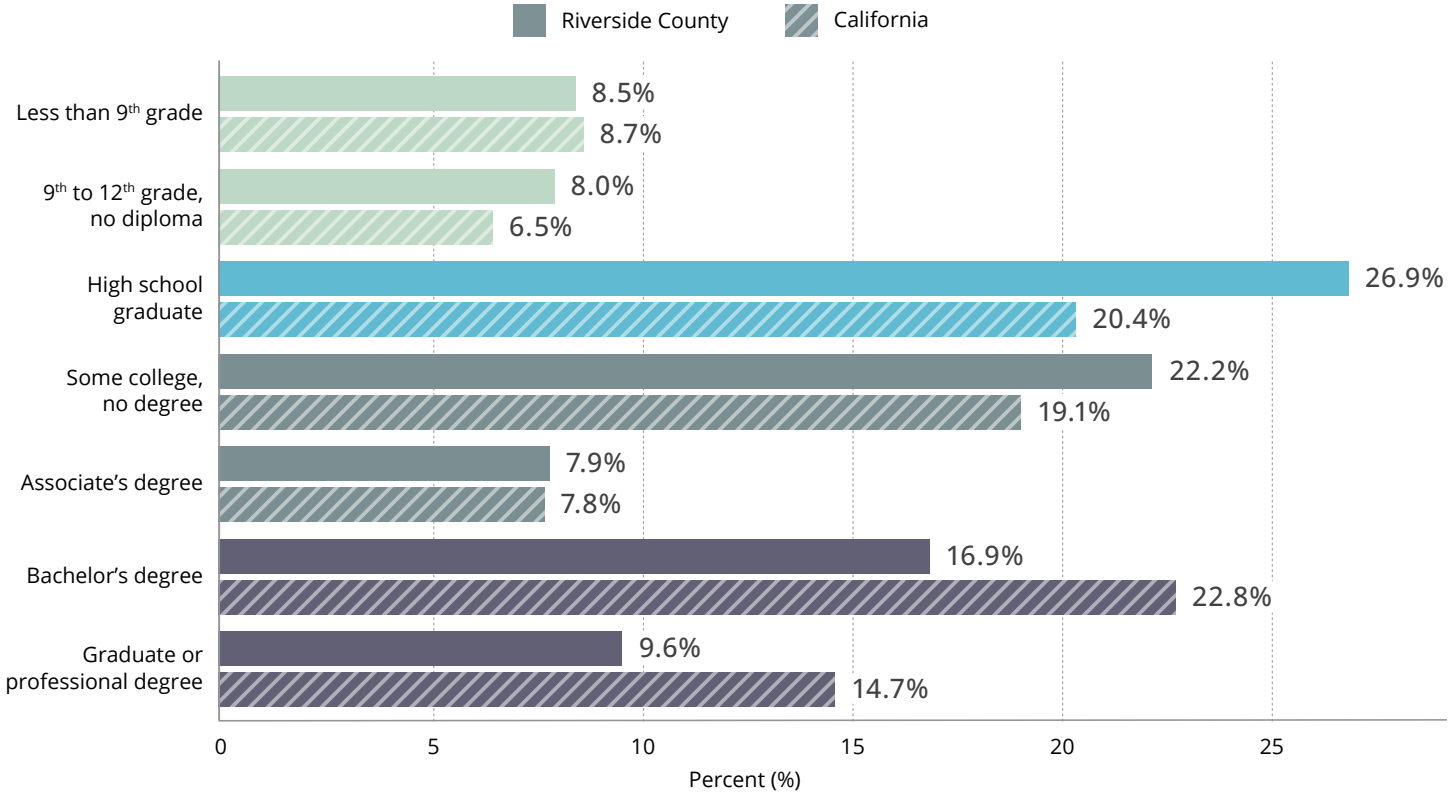
Riverside County's educational attainment numbers have slowly increased over the past decade. According to the United States Census Bureau, in 2023, out of 1,666,754 residents ages 25 and older, 83.5% of the population has completed high school or higher education compared to 80.4% in 2015. In addition, there has been a decrease in the number of people who complete less than 9th grade education from 9.7% to 8.5%, respectively. Those who've completed only some high school but received no diploma decreased from 9.9% to 8.0% during the same time period. According to the California Health Information Survey (CHIS), in 2023, the gender distribution among individuals who completed some high school education was nearly equal, with 50.8% identified as male and 49.2% as female. [18,19]

Educational Attainment

Educational Attainment Estimates, Ages 18-24, 2023



Educational Attainment Estimates, Ages 25+, 2023



The educational attainment data reveals that among Riverside County residents ages 18-24, the majority have completed high school, with a large portion pursuing some college education, though only a small percentage have obtained a bachelor's degree or higher. For residents aged 25 and older, a notable portion holds a high school diploma or some college education, but the percentage of those with advanced degrees remains relatively low, emphasizing a potential gap in higher education access or attainment across age groups. [20]

Healthcare Access and Quality

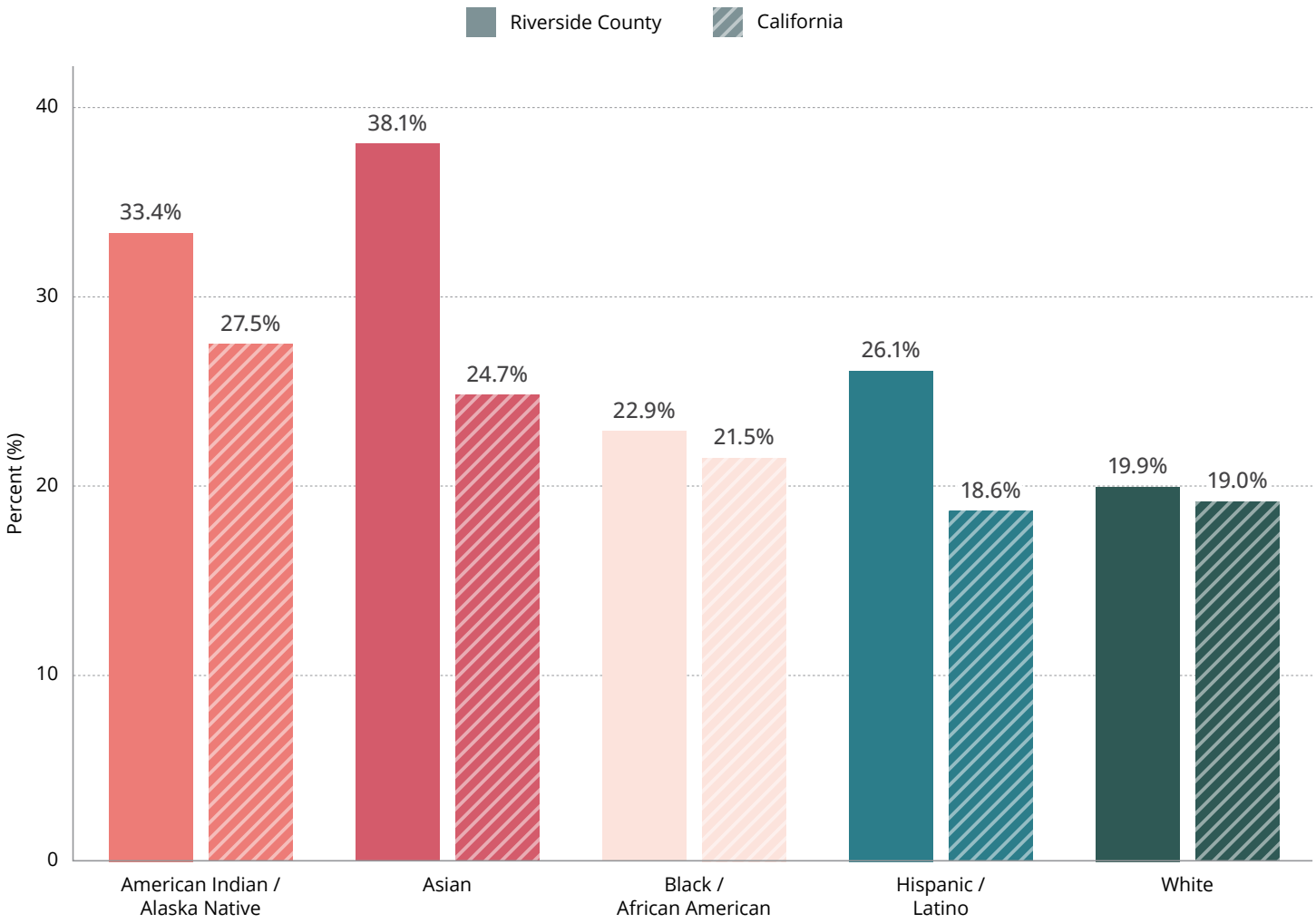
Healthcare Access and Quality

Key Findings

▼ Approximately 77.2% of Riverside County residents report having a regular place to seek health advice, such as primary care provider or clinic. This disparity underscores the need for enhanced healthcare access and outreach efforts to ensure equitable support for all communities. [19]

Has Usual Place to Go When Sick or Need Health Advice	County Wide Percentage
Has Usual Source of Care	77.2%
Does Not Have Usual Source of Care	22.8%

No Usual Source of Care by Race / Ethnicity, 2023



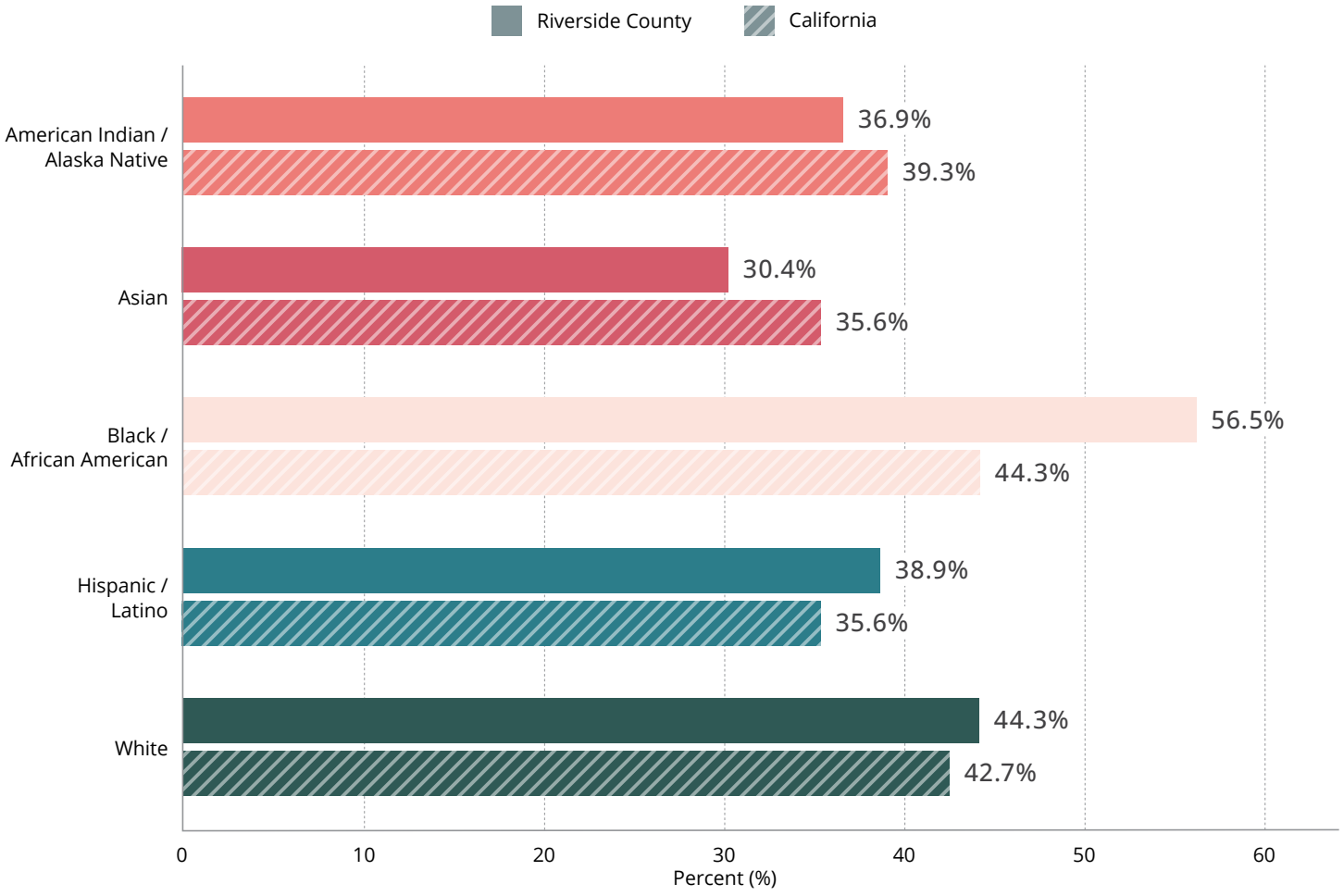
Healthcare Access and Quality

Key Findings

- 43.1% of Riverside County residents received care through video or telephone consultations. However, 56.9% of residents are not utilizing telehealth, which suggests room for further adoption of these services to improve access, especially in underserved areas or among population with limited mobility or transportation. [19]

Received Care From Health Provider Through Video / Telephone Conversation in the Past Year	County Wide Percentage
Received Telemedical Care	43.1%
Did Not Receive Telemedical Care	56.9%

Received Care from Health Provider Through Video / Telephone Conversation in Past Year, 2023

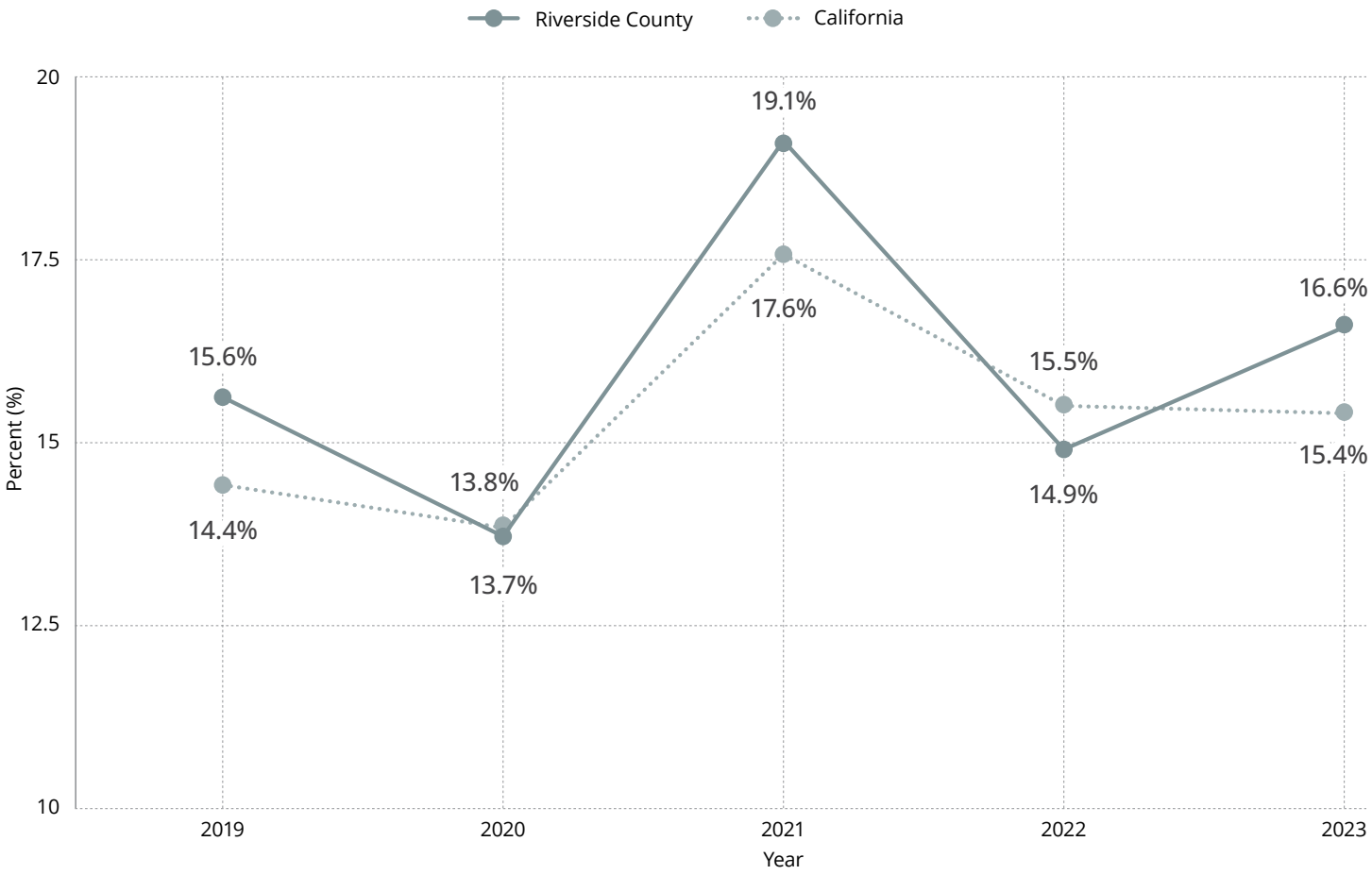


Healthcare Access and Quality

Key Findings

- In 2023, over half (52.4%) of Riverside County residents who delayed care cited issues within the healthcare system, such as long wait times or difficulty accessing providers.
- Over the past five years, there was a sharp rise in 2021 at 19.1% in the number of Riverside County residents delaying care or not receiving necessary medical care and then a somewhat normalizing trend from 2022-2023 - this was seen commonly during the pandemic across the country. [19]
- Delaying care can lead to worsened health outcomes, highlighting the need for systemic improvements to reduce these carriers and ensure timely access to healthcare services.
- These findings emphasize the need for improvements within the healthcare system to address provider accessibility and reduce financial burdens on residents, ensuring equitable healthcare access. [19]

Delayed or Did Not Receive Care, 2019-2023

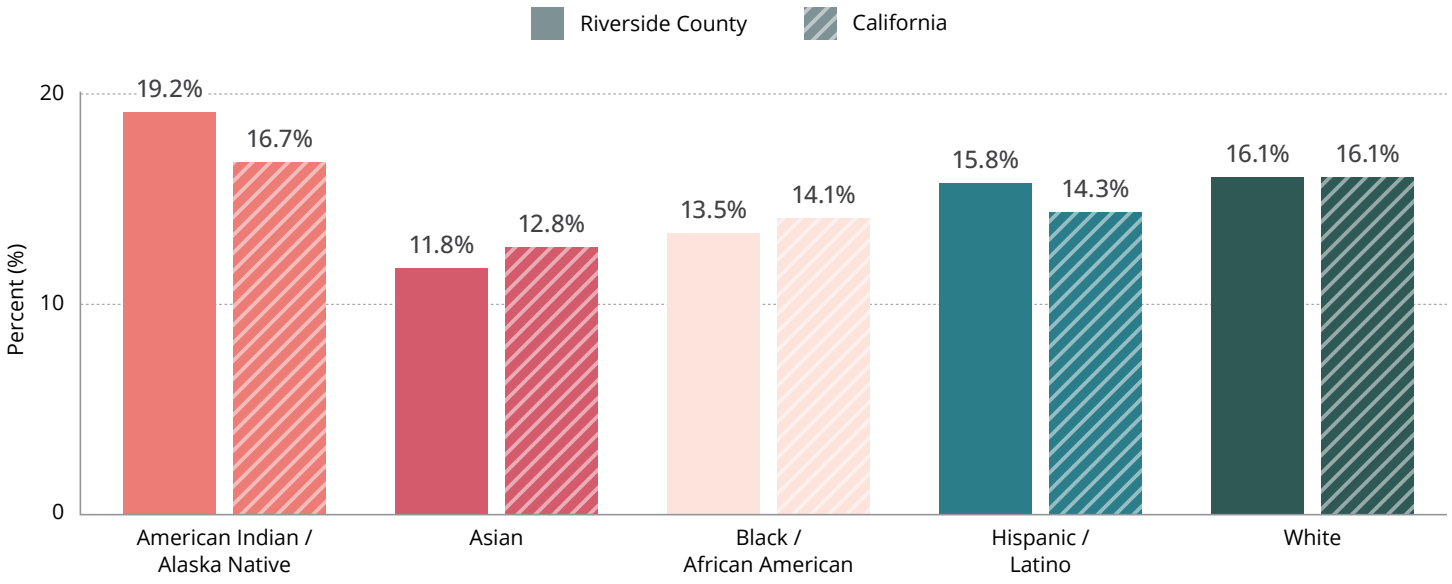


Healthcare Access and Quality

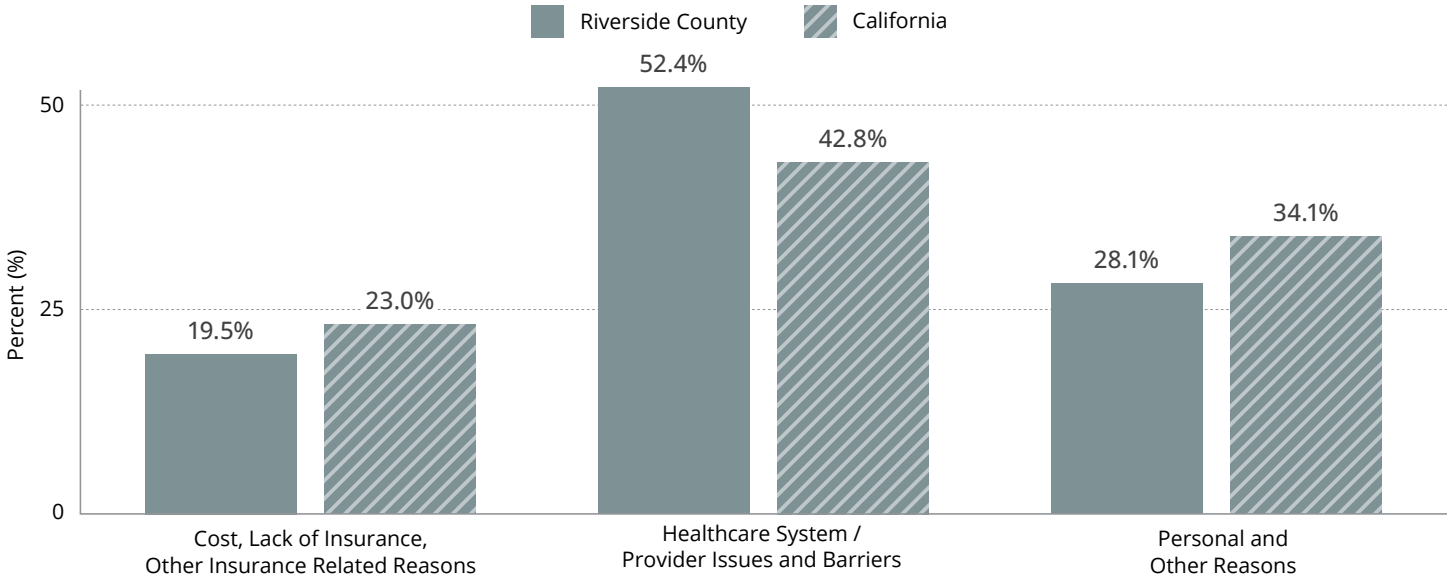
Key Findings

- American Indian / Alaska Native groups were the most impacted by delayed or received no care compared to other race / ethnicity groups.
- Financial barriers, including the cost of care and lack of insurance, accounted for 19.5% of delays.
- Meanwhile, 28.1% of residents cited personal or other reasons for delay in care.

Delayed or Did Not Receive Care by Race / Ethnicity, 2019-2023



Main Reason for Delayed Care, 2023

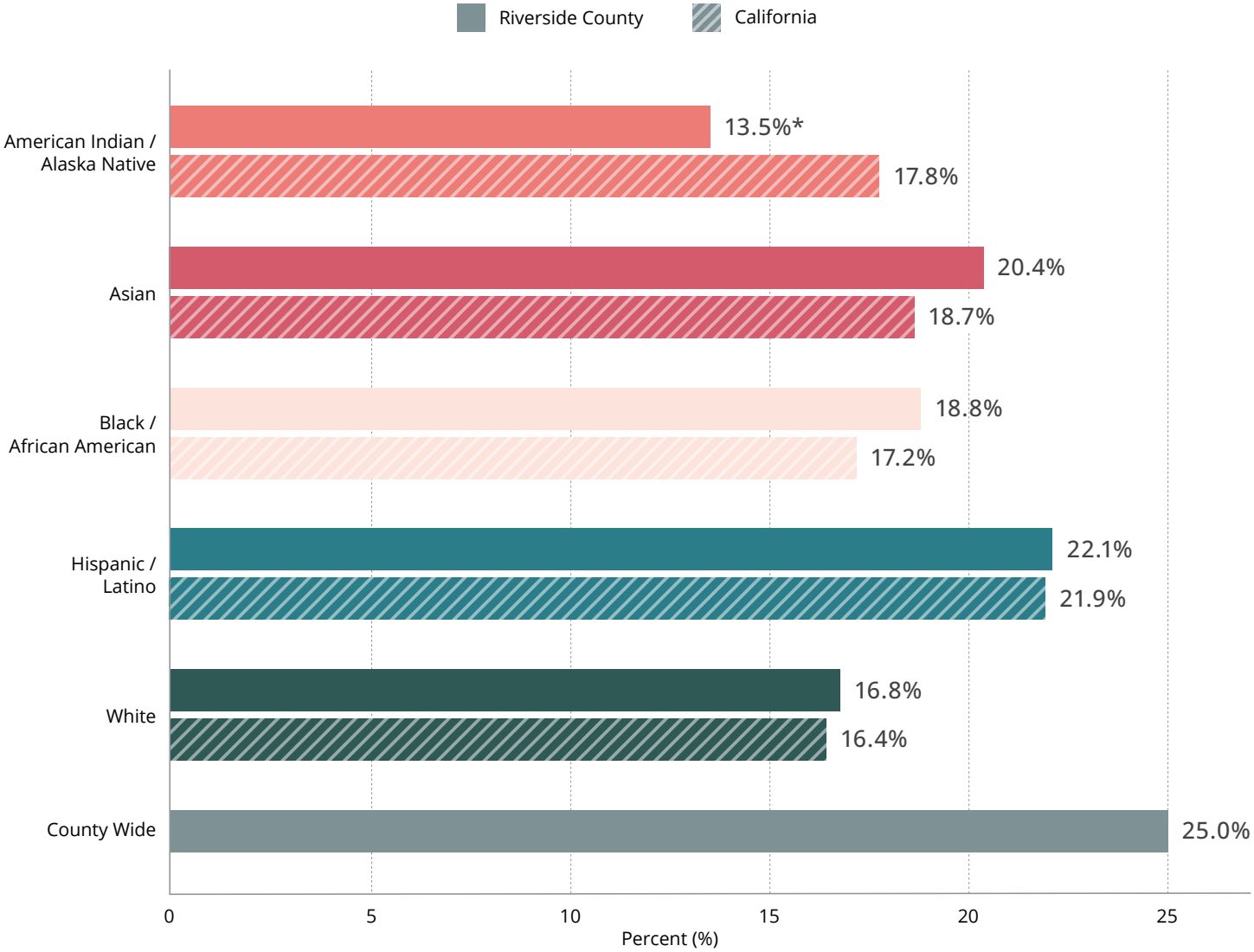


Healthcare Access and Quality

Key Findings

- In 2023, one-fourth of Riverside County residents reported difficulty finding specialty care services, with Hispanic / Latino residents experiencing the highest rates of difficulty at 22.1%.
- Barriers to specialty care can delay important diagnoses and treatments, exacerbating health disparities in underserved communities. Addressing these access issues is crucial for improving overall health outcomes across the county. [19]

Difficulty Finding Specialty Care by Race / Ethnicity, 2019-2023



Note: This data point is statistically unstable and should be interpreted with caution.

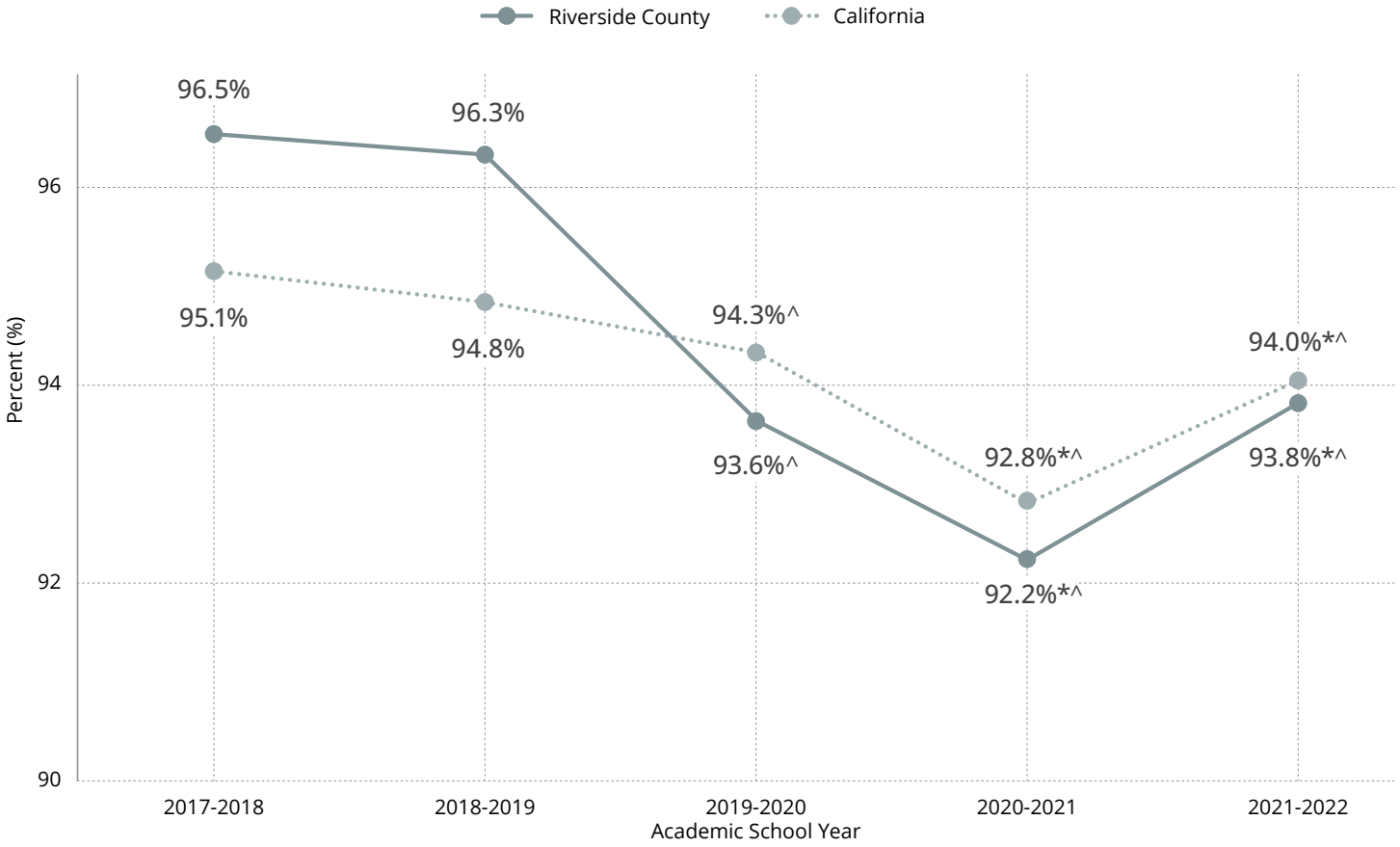
Healthcare Access and Quality

Key Findings

- Kindergarten immunization rates in Riverside County showed a decline from 96.3% in school years 2018-2019 to 92.2% in 2020-2021, with a slight rebound to 93.8% in 2021-2022.
- Immunization rates for specific vaccines on the following page such as Diphtheria, Measles Mumps Rubella, Polio, and Hepatitis B in Riverside County have seen slight fluctuations over recent years, with rates generally remaining above 95.0%. The addition of the Varicella requirement highlights an importance on outreach and education to sustain high immunization coverage. [21]

Kindergarten Immunizations	County Wide Percentage	Statewide Percentage
Students with All Required Immunizations	94.0%	93.8%

All Required Immunizations by Year, Kindergarten, 2017-2022



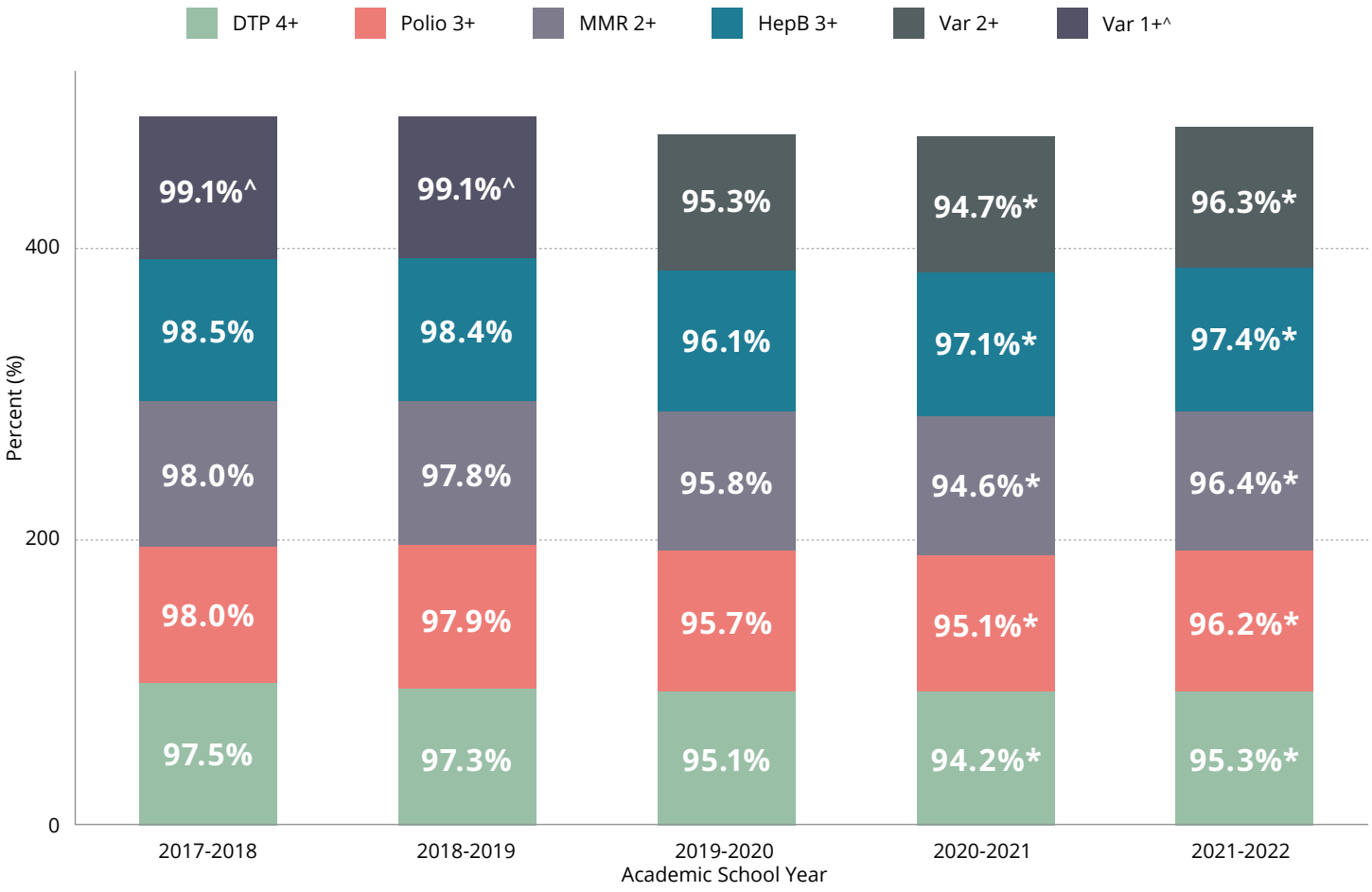
**Note: Immunization and data collection potentially affected by the COVID-19 pandemic.*
^2+ Varicella requirement starting 2019-2020.

Healthcare Access and Quality

Legend

Kindergarten Immunizations	Definition
DTP 4+	5 or more doses of Diphtheria, Tetanus and Pertussis
Polio 3+	4 or more doses of Polio vaccine
MMR 2+	2 or more doses Measles-containing and Mumps-containing vaccines on or after the first birthday
HepB3+	3 or more doses Hepatitis B vaccine
Var 2+	2 or more doses of Varicella vaccine. From 2000-2019, the requirement was for 1 or more doses of Varicella vaccine, Var 1+

All Required Immunizations by Type Per Year, Kindergarten, Riverside County, 2017-2022 [21]



**Note: Immunization and data collection potentially affected by the COVID-19 pandemic.*
^2+ Varicella requirement starting 2019-2020.

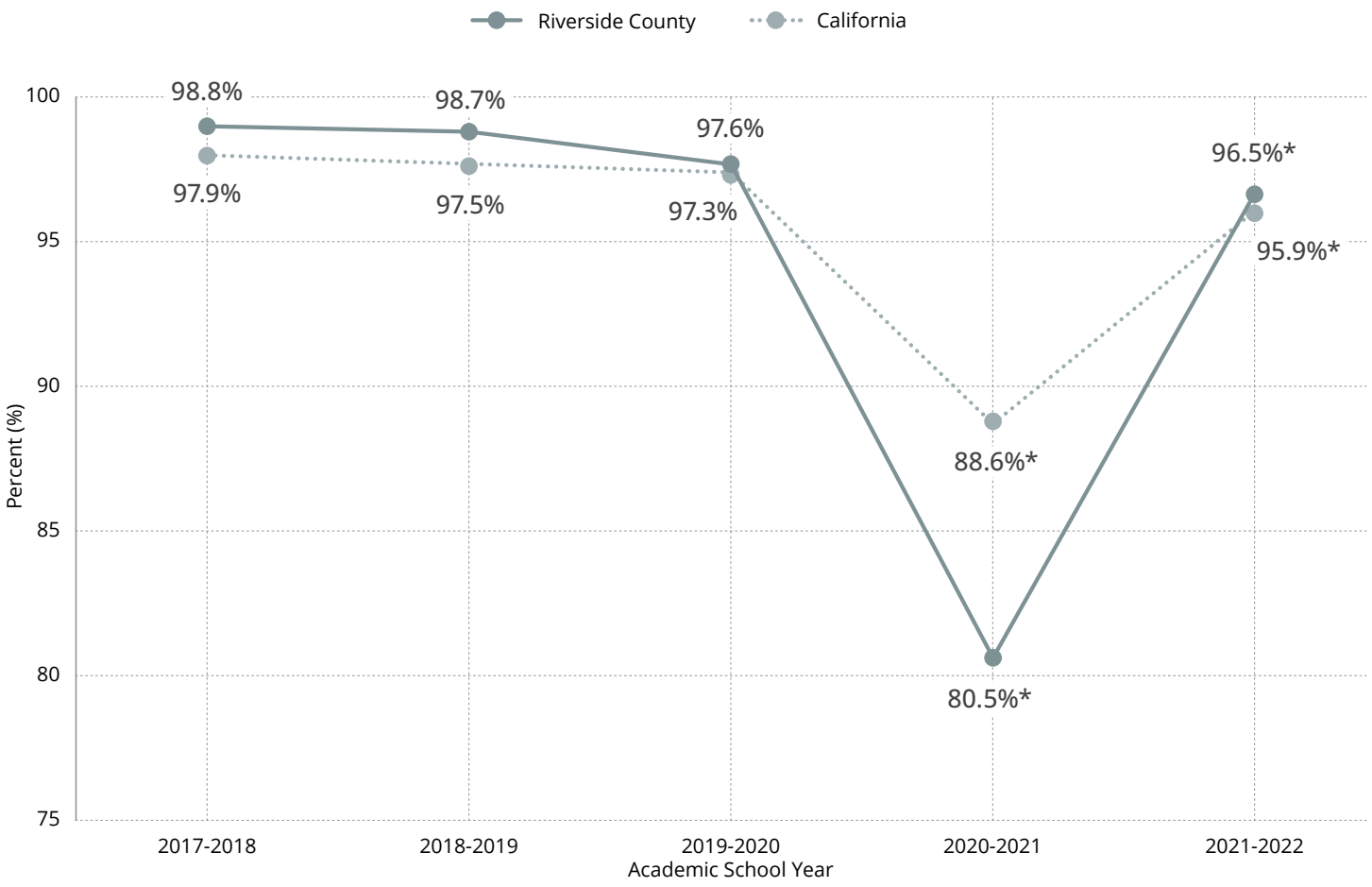
Healthcare Access and Quality

Key Findings

- Tetanus, Diptheria, and Pertussis booster (Tdap) vaccination rates for 7th-grade students in Riverside County experienced a major decline during the 2020-2021 school year, dropping to 80.5%, compared to the statewide average of 88.6%. This decline likely reflects challenges posed by the COVID-19 pandemic.
- By the 2021-2022 school year, Riverside County Tdap vaccination rates rebounded to 96.5%, surpassing the statewide average of 96.0%. [21]

7th Grade Immunization	County Wide Percentage	Statewide Percentage
Tdap	97.0%*	96.0%*

Student Entrants with Tdap Vaccine, 7th Grade, 2017-2022



Note: Immunization and data collection potentially affected by the COVID-19 pandemic.

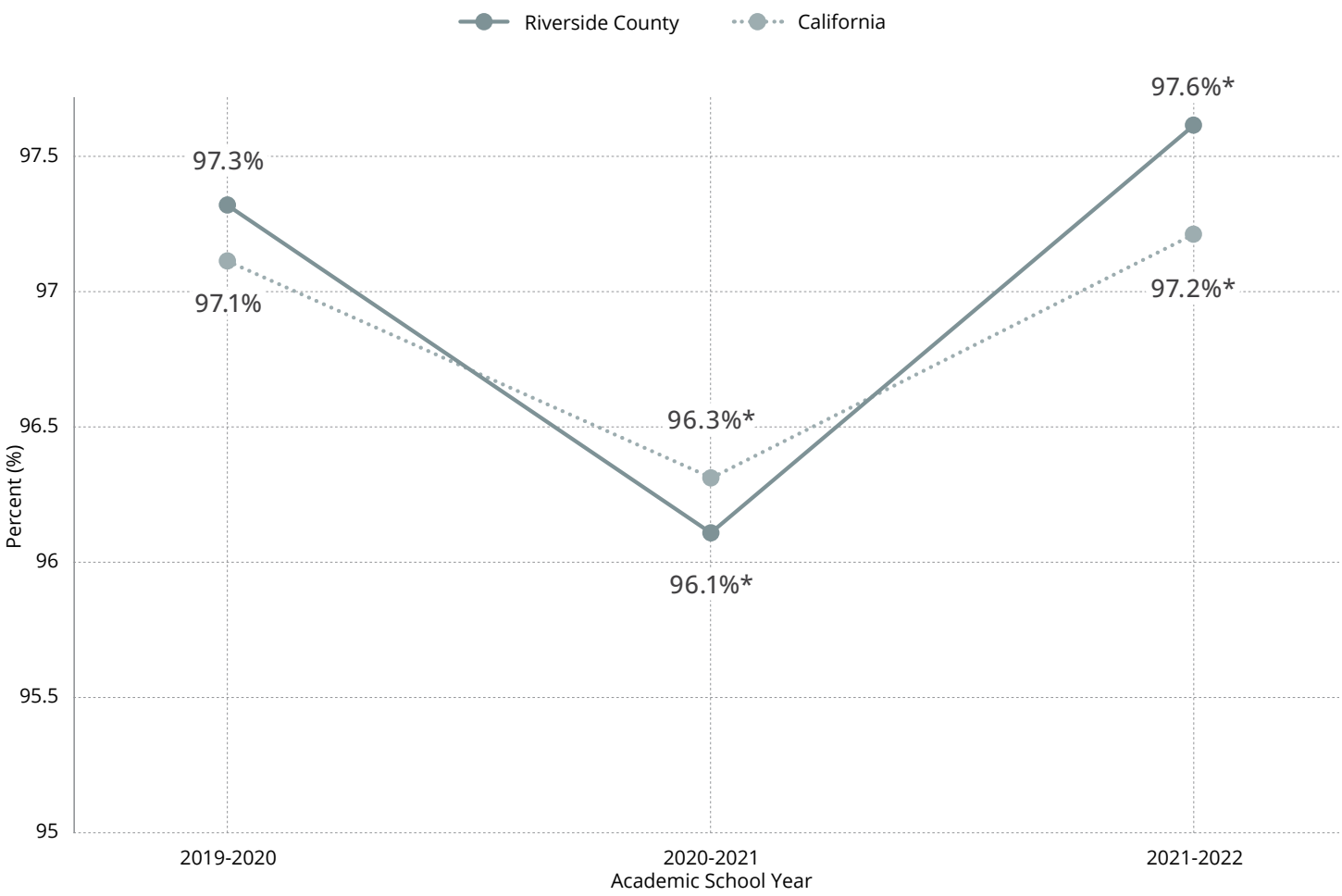
Healthcare Access and Quality

Key Findings

- In 2019, changes in the California Code of Regulations required students entering 7th grade to receive two doses of Varicella (chickenpox) vaccine.
- Despite a decline in Varicella vaccination rates among 7th-grade students during the 2020-2021 school year to 96.1%, Riverside County rates rebounded to 97.8% by 2021-2022 school year, surpassing the statewide average of 97.6%. The decline was likely due to the COVID-19 pandemic. [21]

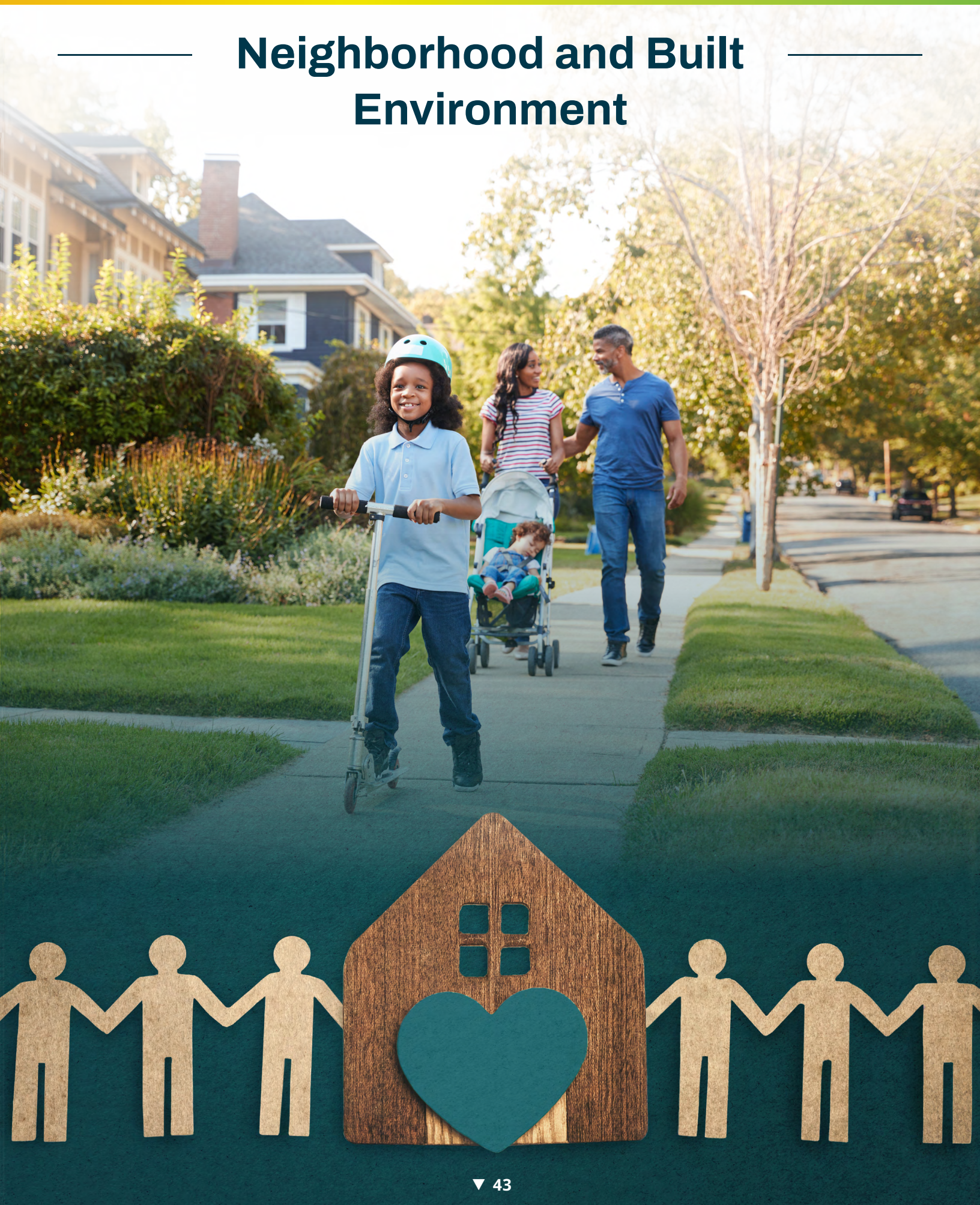
7th Grade Immunization	County Wide Percentage	Statewide Percentage
Varicella	98.0%*	97.0%*

Student Entrants with 2+ Varicella Vaccine, 7th Grade, 2019-2022



Note: Immunization and data collection potentially affected by the COVID-19 pandemic.

Neighborhood and Built Environment

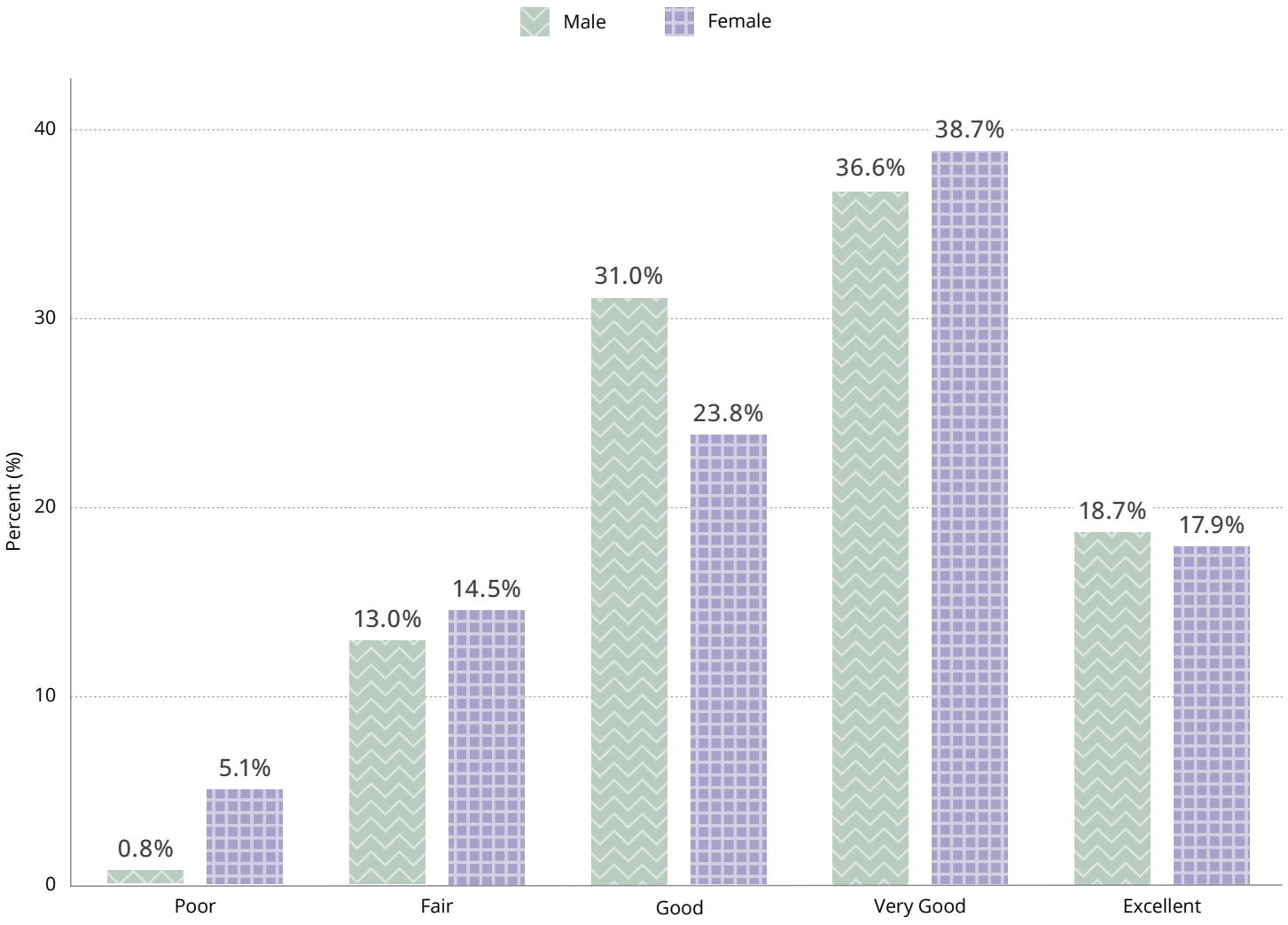


Physical Health

Key Findings

- In 2023, most Riverside County residents rated their physical health positively, with the majority reporting their health as "Good," "Very Good," or "Excellent," and only a small percentage rating it as "Fair" or "Poor."
- Among males, 36.6% reported "Very Good" health, while 23.8% rated their health as "Good," and 18.7% as "Excellent".
- For females, 38.7% reported "Very Good" health, 31% as "Good," and 17.9% as "Excellent".
- While most residents rated their health positively, 5.1% of females reported their health as "Poor," compared to than less than 1.0% of males who rated their health in this category. [19]

Health Status by Sex, 2023

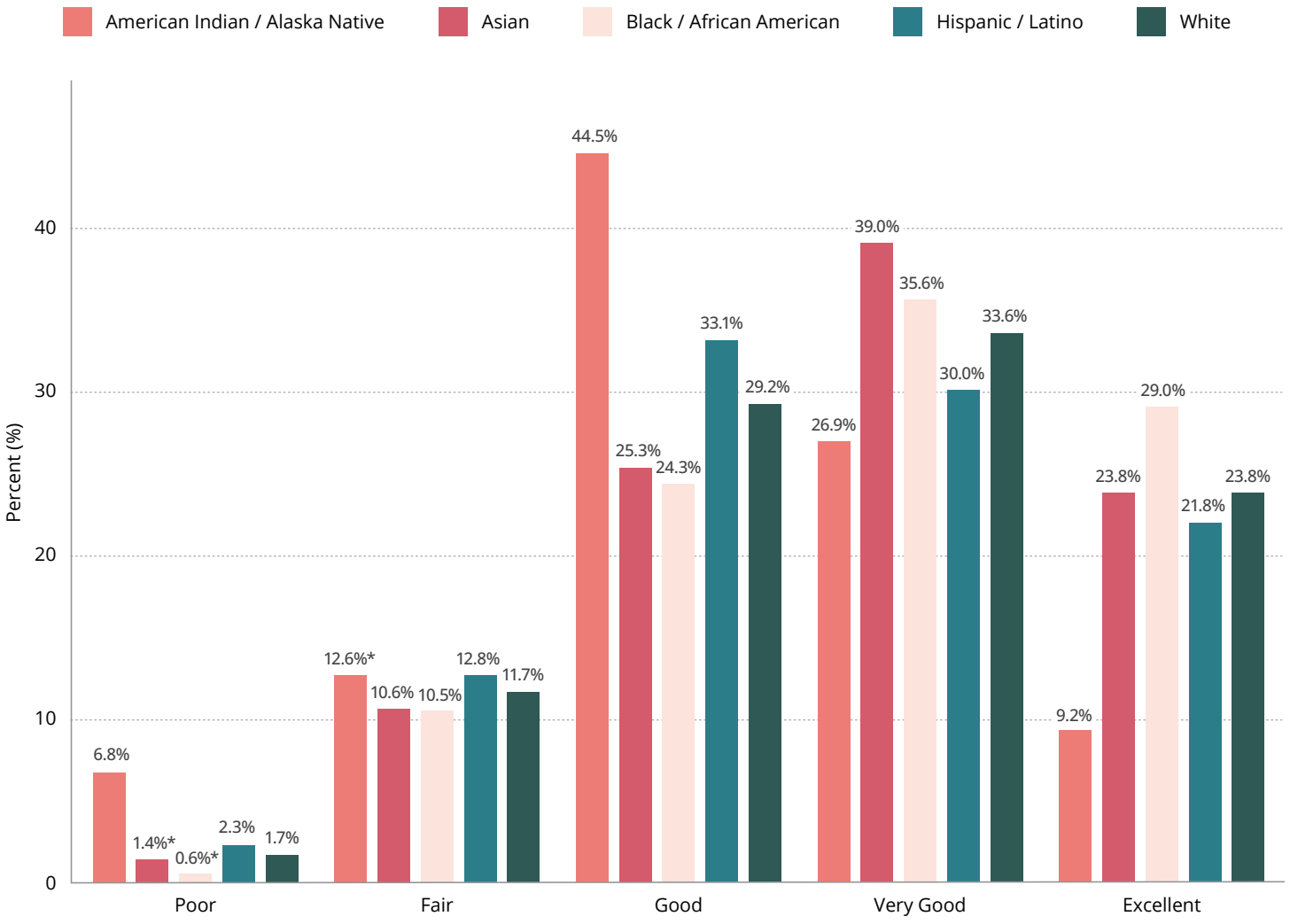


Physical Health

Key Findings

- The data shows disparities in self-reported health status by race / ethnicity group.
- American Indian / Alaska Native groups reported feeling the most "Poor" and "Good" when it came to health status compared to other race / ethnicity groups.
- Asian populations reported feeling the most "Very good" while Black / African Americans reported feeling having "Excellent" health status compared to any other race / ethnicity group.
- These trends highlight the ongoing need to address social determinants of health across all race / ethnicity groups. [19]

Health Status by Race / Ethnicity, 2019-2023



**Note: This data point is statistically unstable and should be interpreted with caution.*

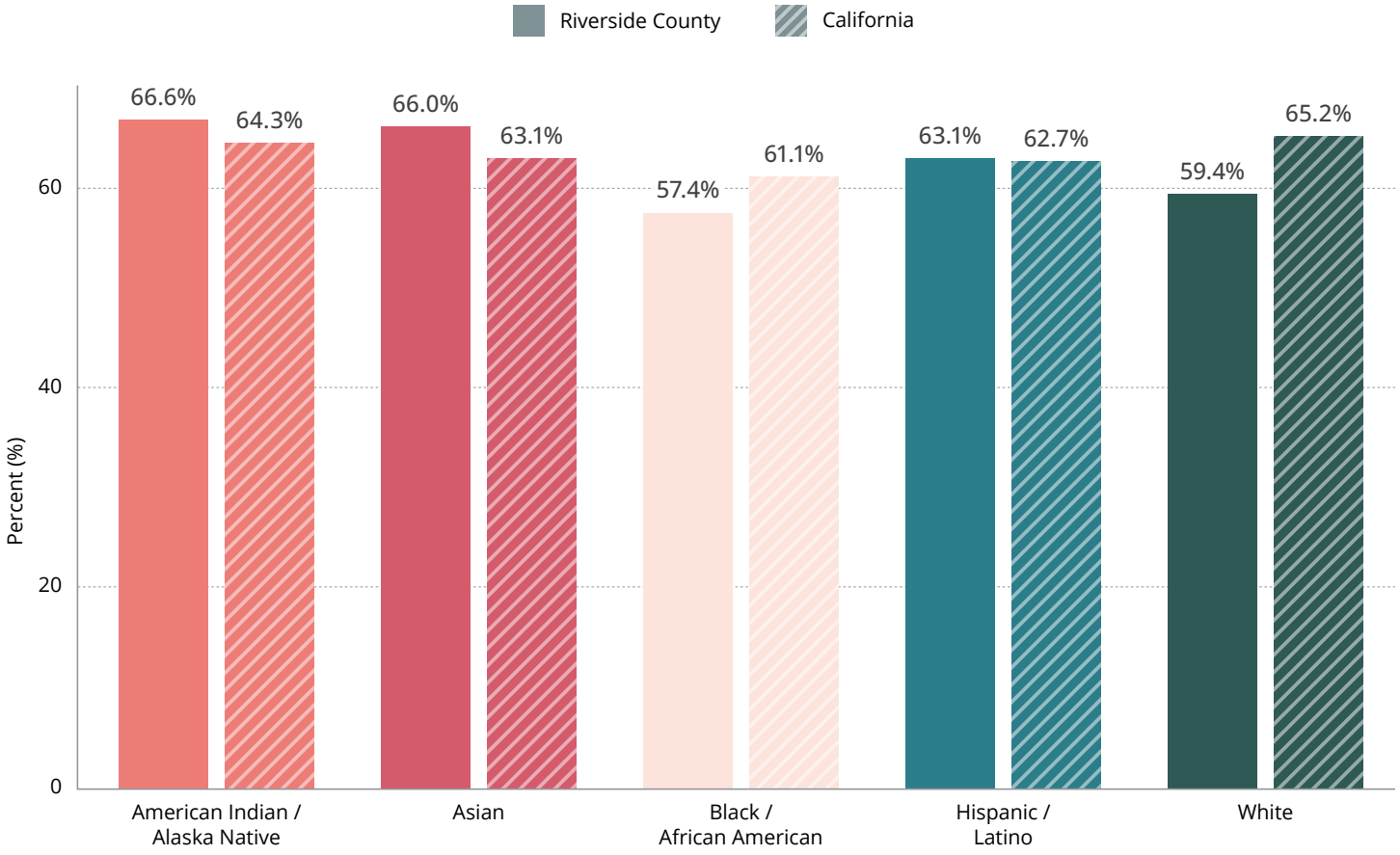
Physical Health

Key Findings

- Countywide, nearly 60.0% of Riverside County residents reported engaging in at least 2.5 hours of moderate physical activity in the past week.
- Physical activity percentages varied by race and ethnicity, with American Indian / Alaska Native residents having the highest participation percentage 66.6% and Black / African American residents having the lowest 57.4%.
- Promoting consistent exercise is essential for improving overall health, especially for those who remains inactive. [19]

Did Moderate Physical Activity for 2.5 Hours in Past Week	County Wide Percentage
Yes	59.9%
No	40.1%

Did Moderate Physical Activity for 2.5 Hours in Past Week by Race / Ethnicity, 2023



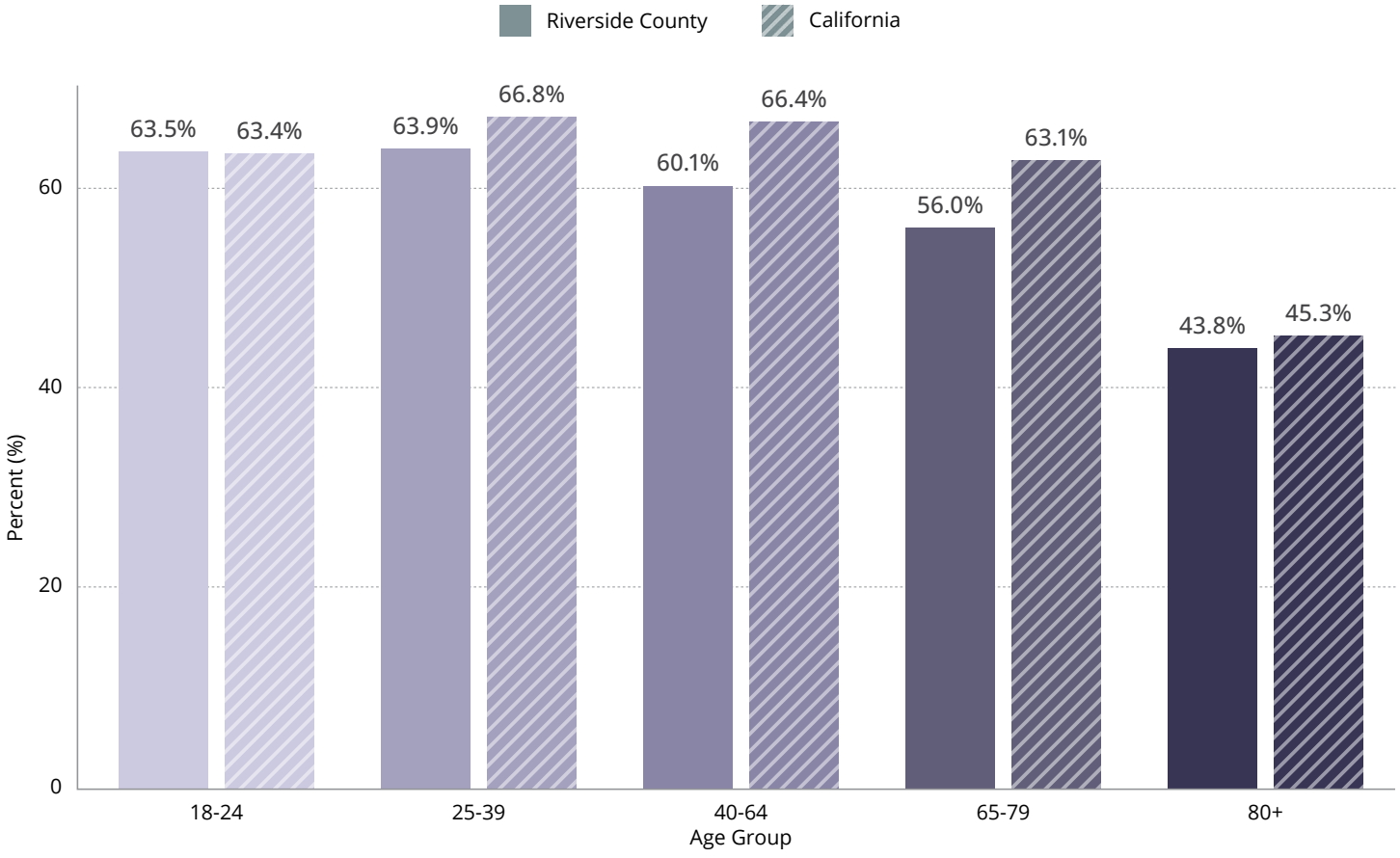
Physical Health

Key Findings

- In Riverside County, 59.9% of residents reported engaging in at least 2.5 hours of moderate physical activity in the past week.
- Adults aged 25-39 in Riverside County reported the highest amount of physical activity at 63.9%, below the statewide average of 66.8%, while seniors aged 80 and older reported lower activity with a percentage of 43.8%, compared to the state average of 45.3%.
- Overall, Riverside County is slightly behind the state average in physical health, particularly in the 40-64 age group, where Riverside County is 60.1% and the state's average is 66.4%. [19]

Did Moderate Physical Activity for 2.5 Hours in Past Week	County Wide Percentage
Yes	59.9%
No	40.1%

Did Moderate Physical Activity for 2.5 Hours in Past Week by Age Group, 2023

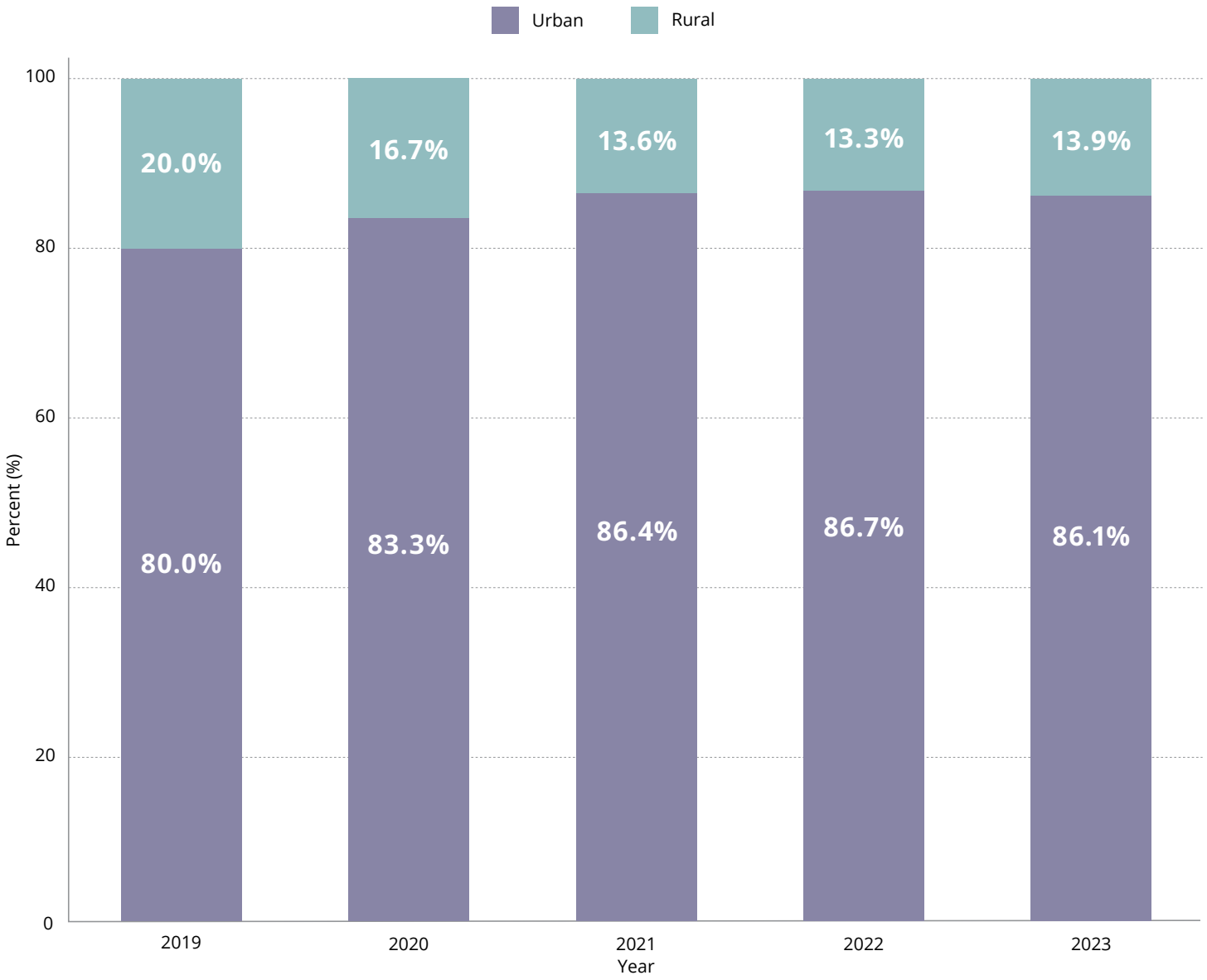


Housing Status

Key Findings

- The majority (86.1%) of Riverside County residents live in urban areas. This trend has continued to increase and plateaus in 2022 and 2023.
- Rural living accounts for a smaller portion of the population, at around 14.0%.
- Understanding the differences in health outcomes between urban and rural areas can help inform tailored health interventions and resource distribution. [19]

Urban vs Rural Residence, 2019-2023

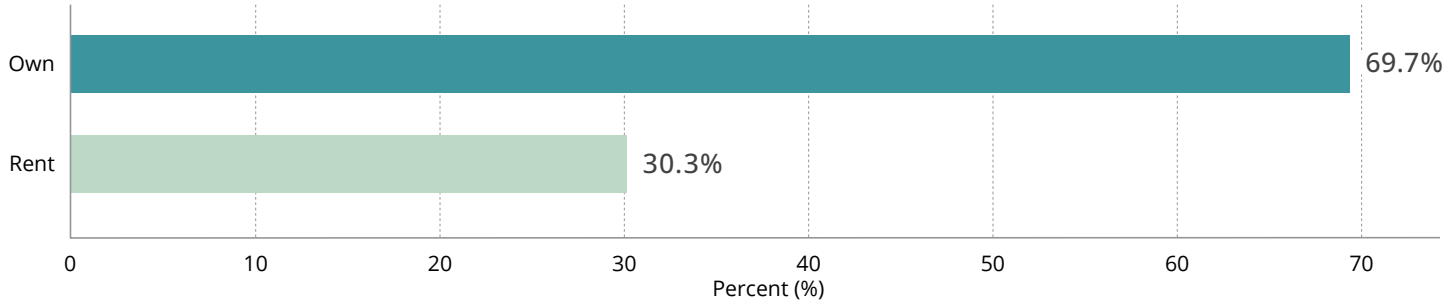


Housing Status

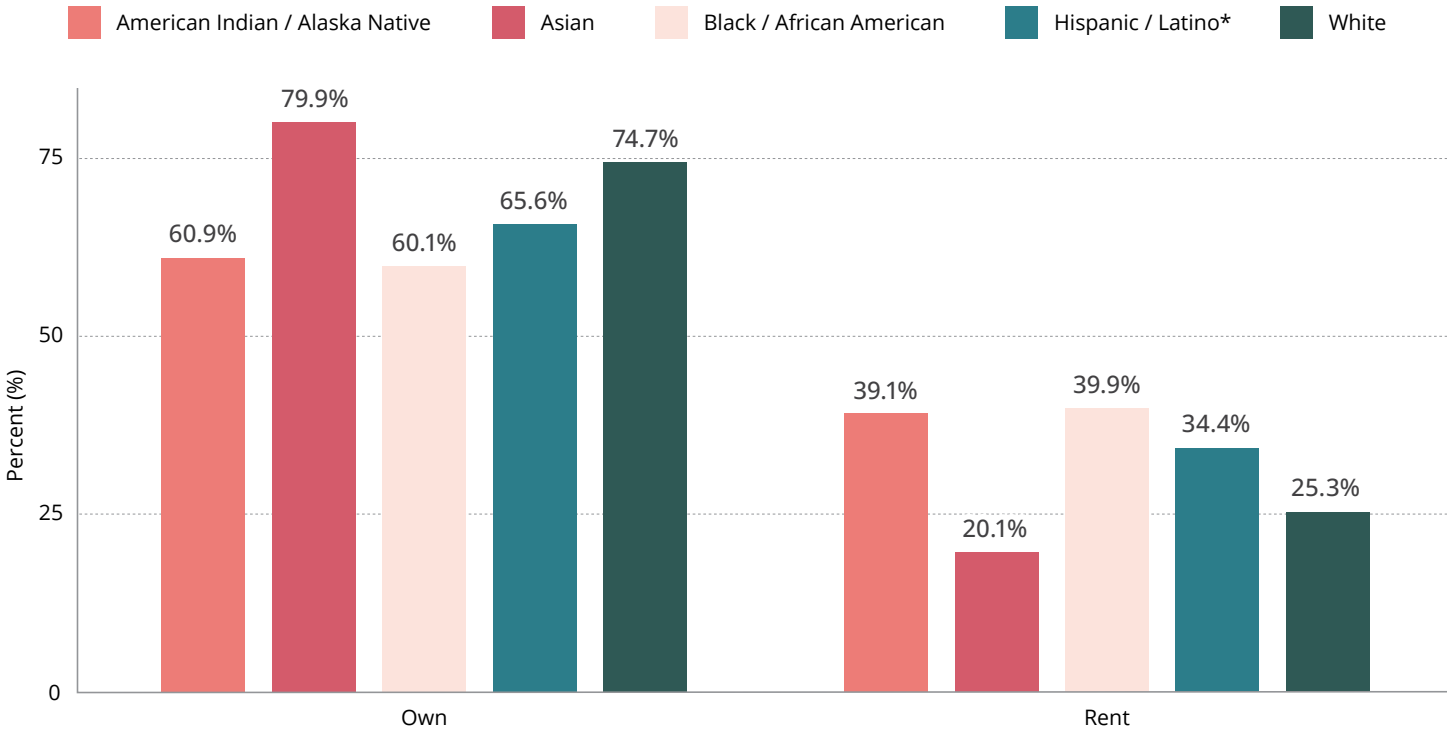
Key Findings

- Countywide, 69.7% of Riverside County residents live in owned homes, while 30.3% rent.
- Homeownership rates vary across racial / ethnicity groups: Asian residents have the highest rate of homeownership at 79.9%, followed by White residents at 74.7%.
- In contrast, Black / African Americans 60.1% and American Indian / Alaska Native 60.9% populations have the lowest rates of homeownership, with larger proportions renting their homes. [22-27]

Percent of Population Who Own or Rent Home, 2023



Owner Occupied or Renter Occupied Home by Race / Ethnicity, 2023



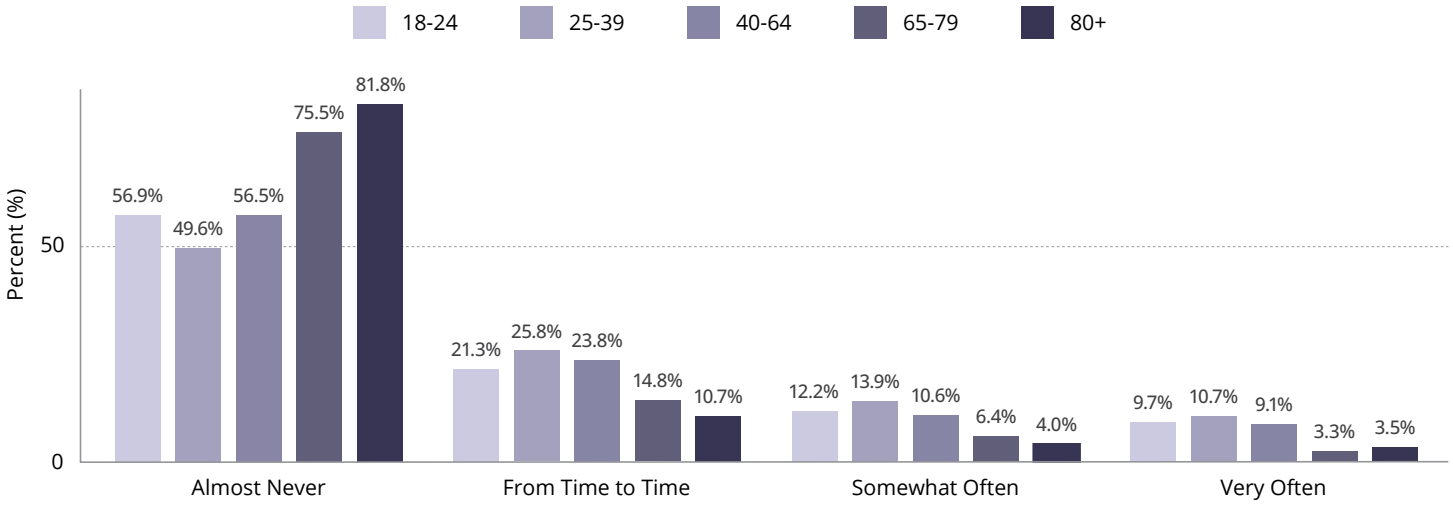
**Hispanic / Latino ethnicity includes persons of any race or multiraces who identify as Hispanic / Latino*

Housing Status

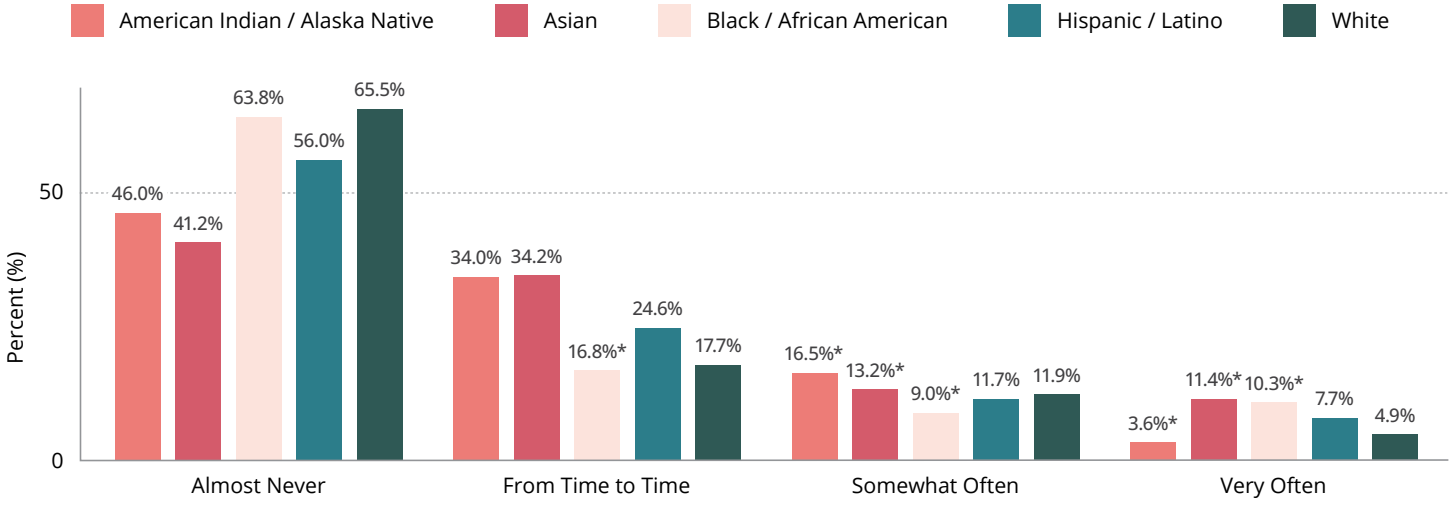
Key Findings

- Concerns about struggling with mortgage or rent payments vary by age group, with adults aged 25-39 reporting the highest percentages of worry "From Time to Time" 25.8% and "Somewhat Often" 13.9% compared to other age groups.
- Financial concerns vary across race / ethnicity groups, with Asian residents reporting the highest percent of 34.2% "From Time to Time".
- Addressing housing affordability remains crucial for reducing financial insecurity and promoting overall well-being. [19]

Worry About Struggling with Mortgage or Rent by Age Group, 2023



Worry About Struggling with Mortgage or Rent by Race / Ethnicity, 2023



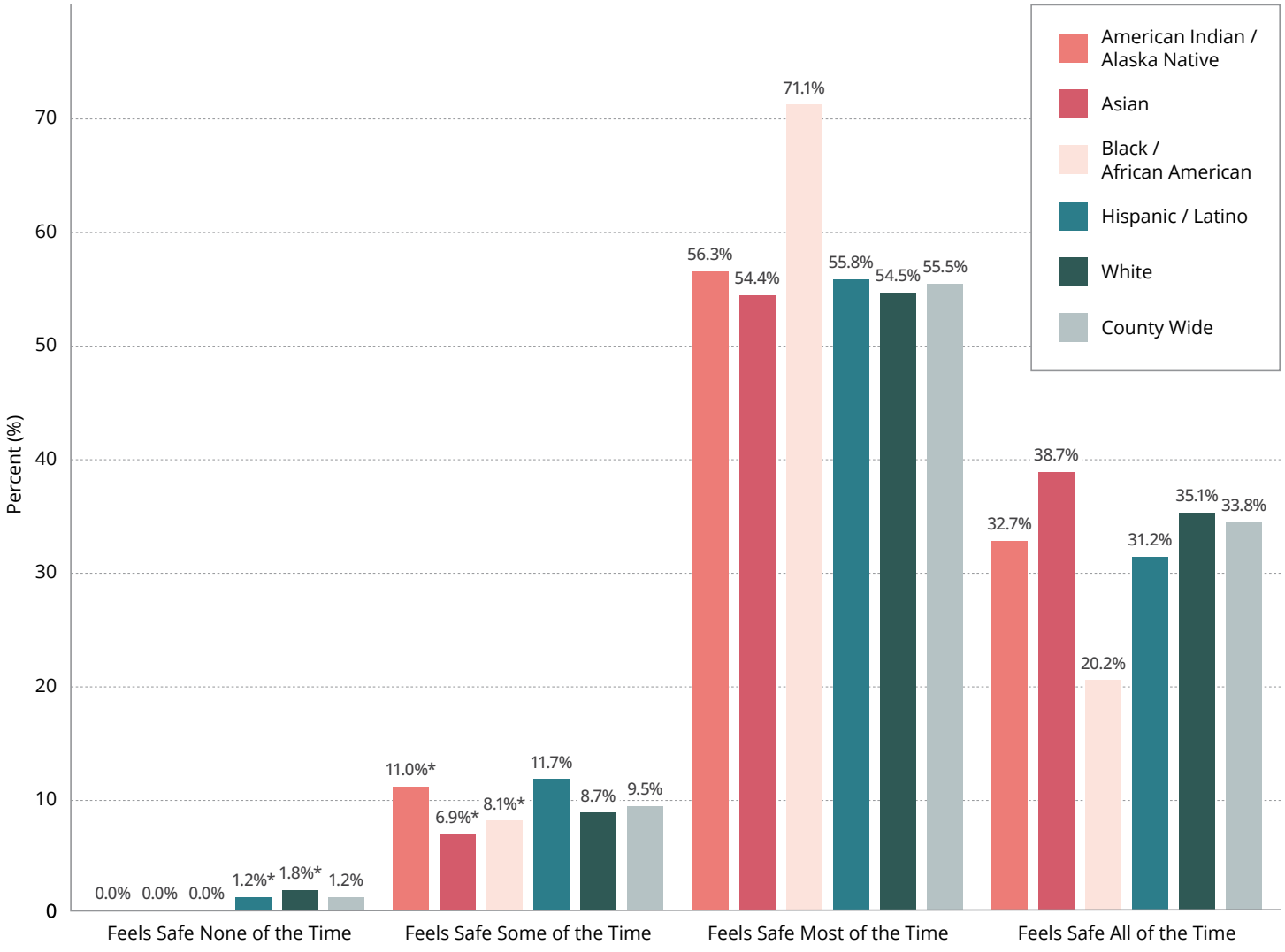
**Note: This data point is statistically unstable and should be interpreted with caution.*

Neighborhood Safety

Key Findings

- Countywide, the majority of Riverside County residents feel secure in their neighborhoods, with 55.5% reporting they feel safe most of the time, and 33.8% stating they always feel safe.
- However, 9.5% feel safe only some of the time, and 1.2% report feeling safe none of the time.
- These perceptions of safety are important as they can impact community well-being and engagement, indicating a need for targeted interventions to improve safety in areas where residents feel less secure. [19]

Feeling Safe in the Neighborhood by Race / Ethnicity, 2023



**Note: This data point is statistically unstable and should be interpreted with caution.*

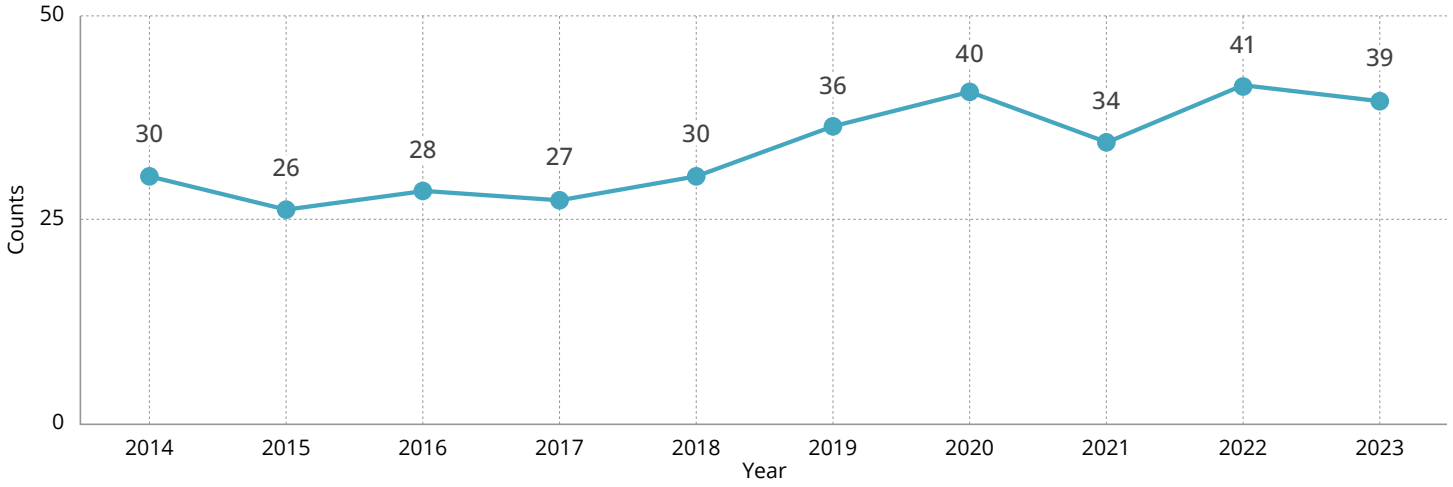
Social and Community Context

Violence

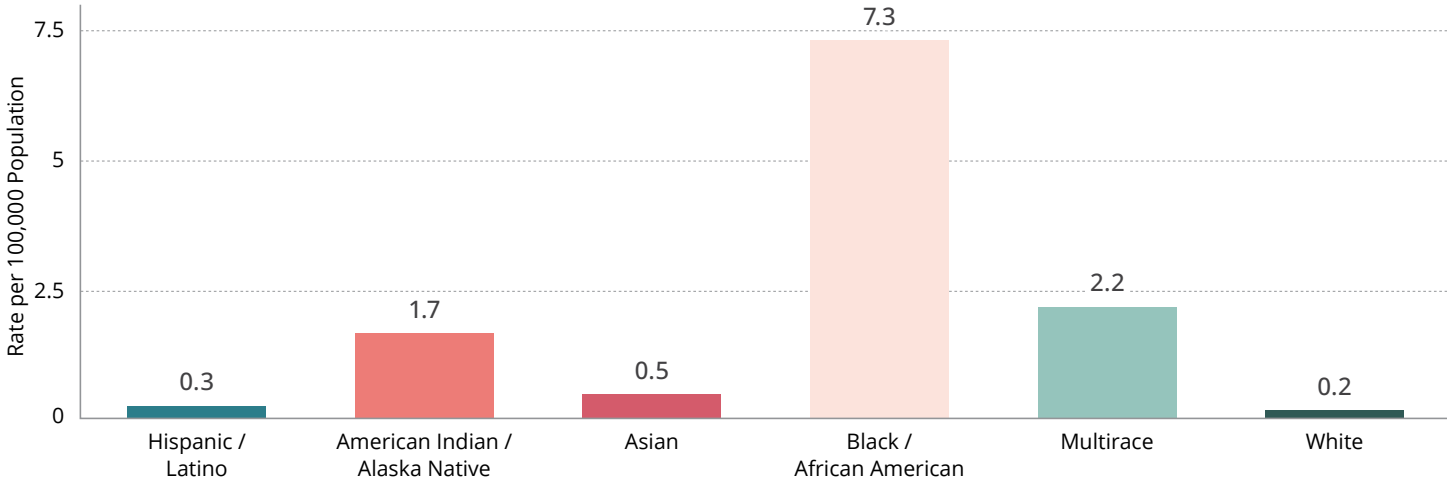
Key Findings

- Hate crimes have gradually increased over the past 10 years, with crimes involving gender, gender nonconforming, race / ethnicity / ancestry, religion, and sexual orientation.
- Black / African American residents experience higher rates of hate crimes due to race / ethnicity bias, with a rate of 7.3 per 100,000 people between 2014 and 2023. [28,29]
- Higher rates of hate crimes suggest the need for increased awareness and community-led initiatives to foster inclusion and tolerance.
- Collaborative efforts with local advocacy organizations, mental health providers, and schools are essential to reduce these crimes and support affected populations.

Hate Crime Counts by Year, 2014-2023



Rate of Hate Crimes due to Race / Ethnicity Bias, 2014-2023*



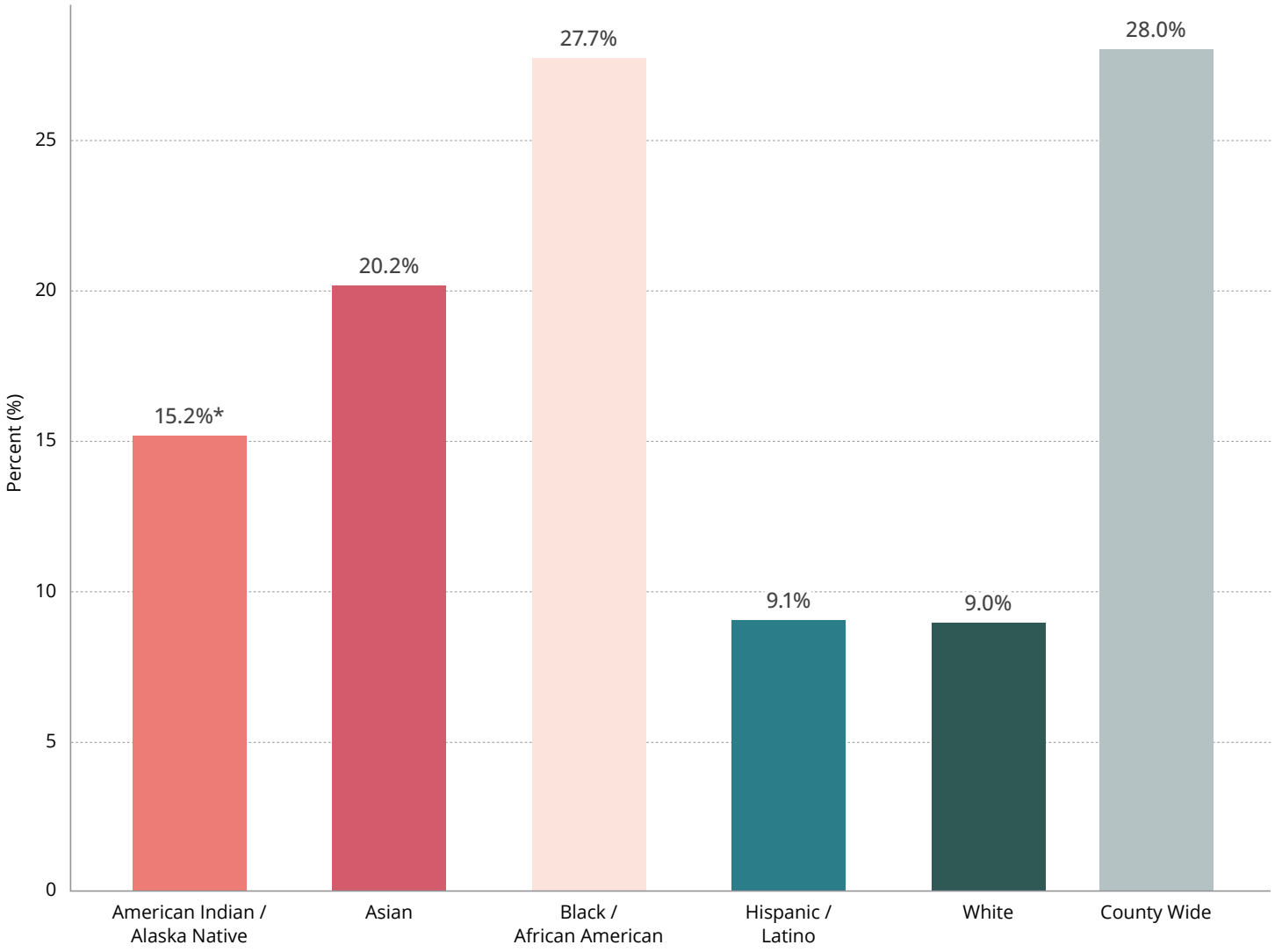
**Note: 10 years of data was used to improve statistical stability*

Violence

Key Findings

- Approximately 28.0% of residents in Riverside County reported being victims of hate crimes or incidents.
- Among these, nearly 28.0% of Black / African American residents indicate they have faced such experiences, while 20.2% of Asian residents have reported similar incidents. [19]
- This suggests the need for promoting solidarity and strengthening anti-hate crime measures to create safer, more inclusive neighborhoods for everyone.

Ever Been a Victim of a Hate Crime / Incident by Race / Ethnicity, 2022



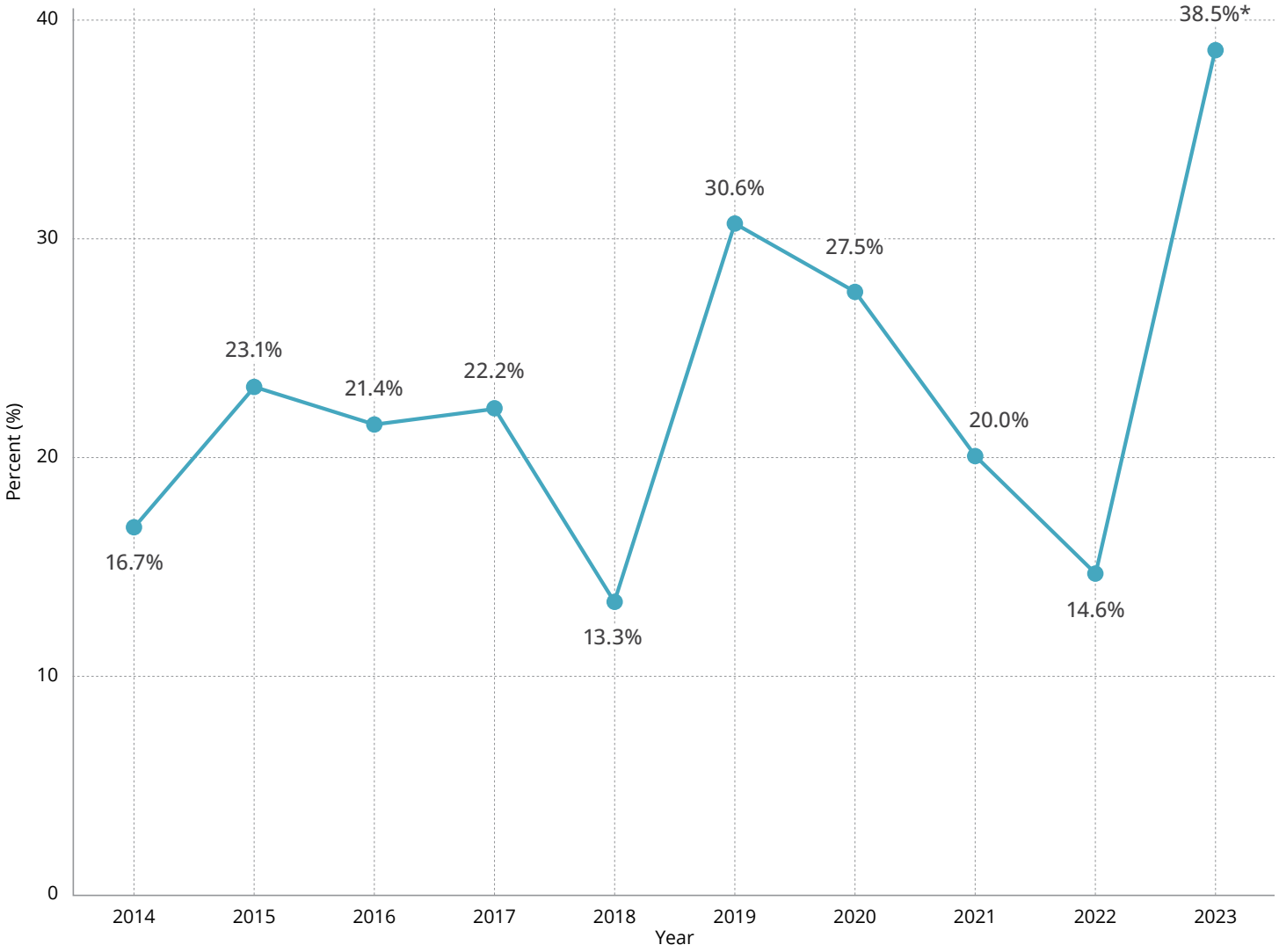
**Note: This data point is statistically unstable and should be interpreted with caution.*

Violence

Key Findings

- Hate crimes motivated by sexual orientation continue to pose a serious threat to the LGBTQ+ community in Riverside County.
- In 2023, nearly 39.0% of reported hate crimes in Riverside County were attributed to sexual orientation bias, marking an increase compared to previous years. [28,29] ■

Percent of Hate Crimes Due to Sexual Orientation Bias, 2014-2023^



**Note: Data point is unstable due to incomplete data, provisional 2023*
^10 years of data was used to improve statistical stability

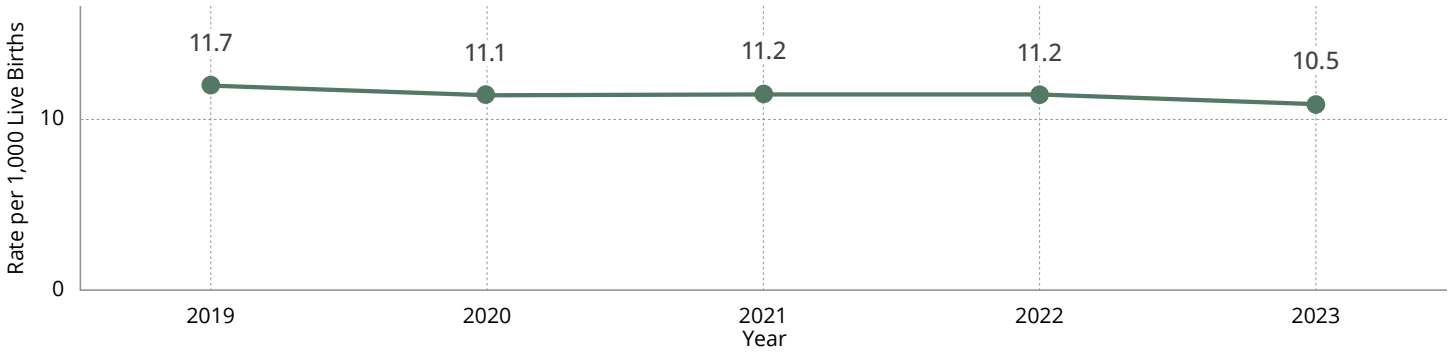
COUNTY HEALTH INDICATORS

Births

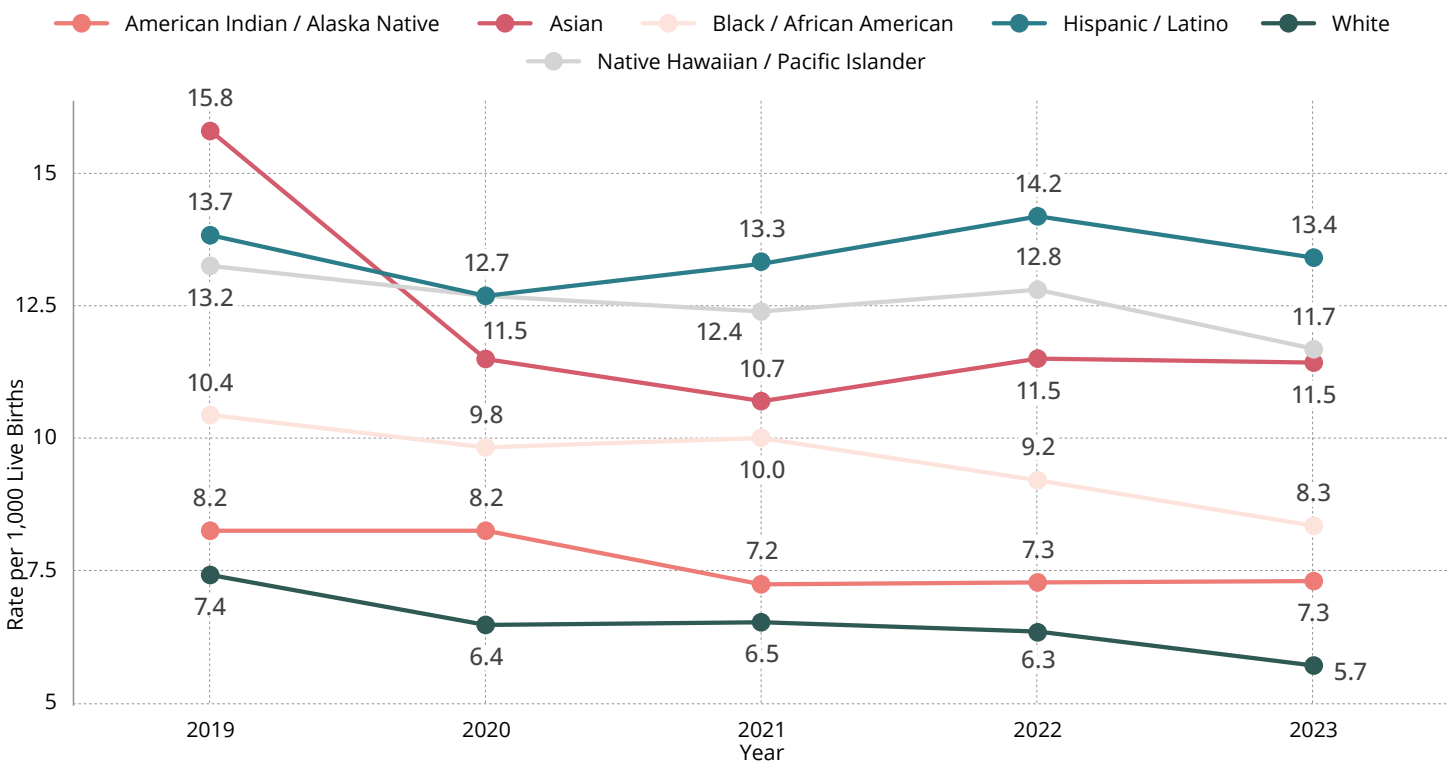
Key Findings

- Birth rates in Riverside County have been steadily declining since 2019, with the most recent data showing a slight rate drop from 11.2 to 10.5 births per 1,000 live births.
- While the overall birth rate has gone down, there are variations by race and ethnicity, with some groups showing slight increases or more stable rates over time. [29,30]
- Birth rates remain higher than state average rate of 10.2 per 1,000 live births. [31]

Age Adjusted Birth Rates, 2019-2023^



Age Adjusted Birth Rates by Race / Ethnicity, 2019-2023*



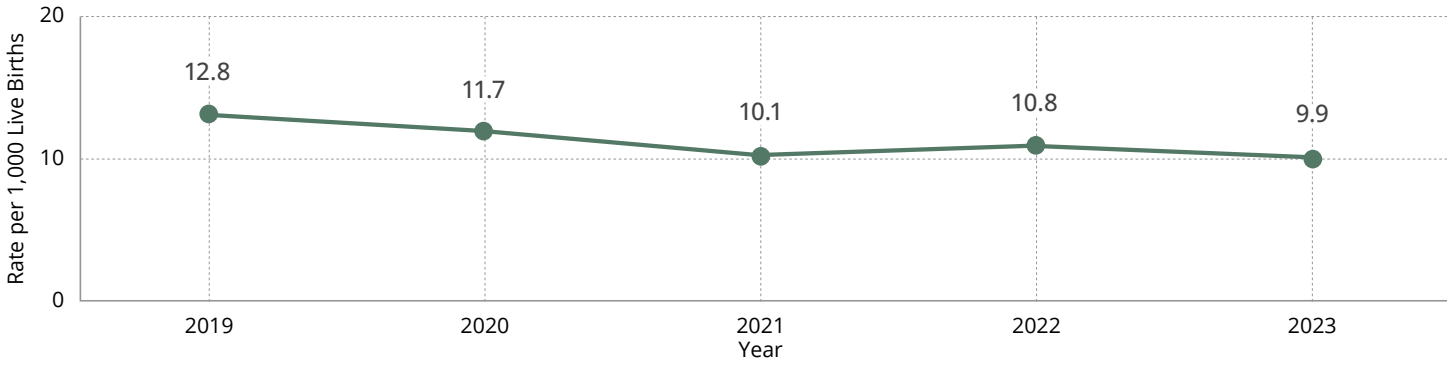
** Excludes records for Unknown / Missing parent age or parent giving birth's race / ethnicity.*
^Records with missing Riverside County zip codes were excluded. 2023 data is provisional.

Teen Births, Ages 15-19

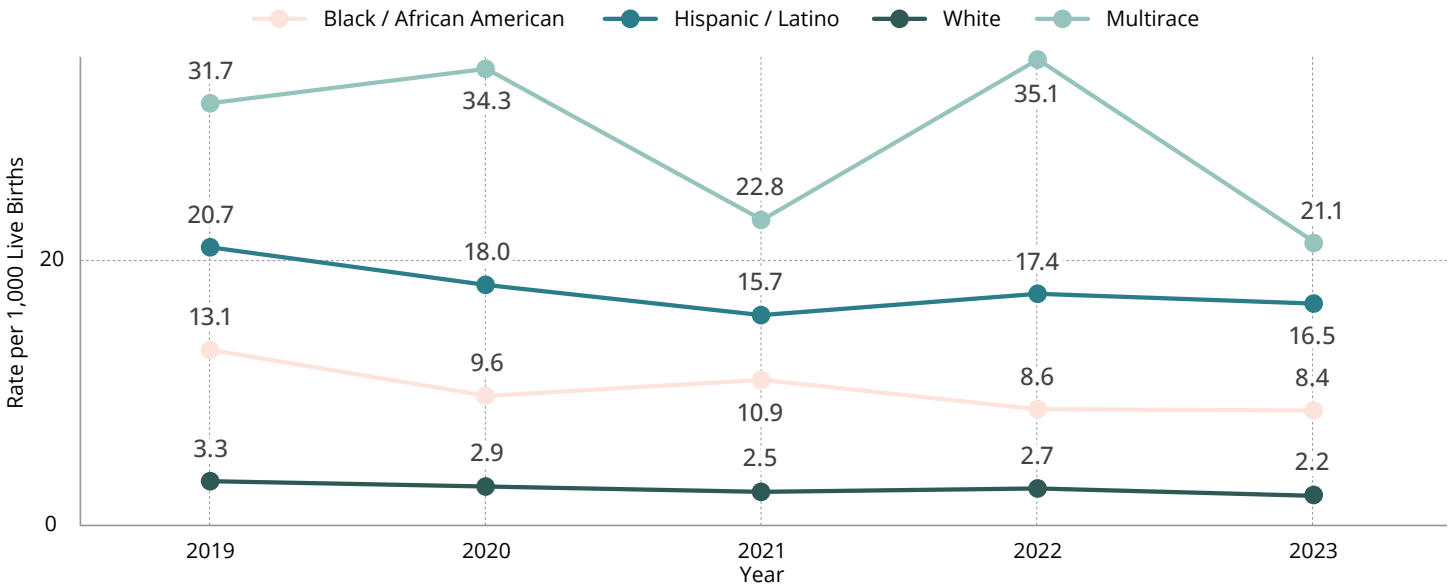
Key Findings

- Teen birth rates in Riverside County have seen a consistent decline over the past five years, dropping from 12.8 per 1,000 live births in 2019 to 9.9 per 1,000 live births in 2023. [29,30]
- Teen birth rates in Riverside County is comparable to the state average of 9.8 per 1,000 live births in 2022. [31]
- The Multirace rate is over double compared to other race / ethnicity groups, and it is also considerably high for Hispanic / Latino populations.
- Hispanic / Latino and Multirace teens have held the highest birth rates out of any other race / ethnicity.

Teen Birth Rates, 2019-2023*



Teen Birth Rates by Race / Ethnicity, 2019-2023^



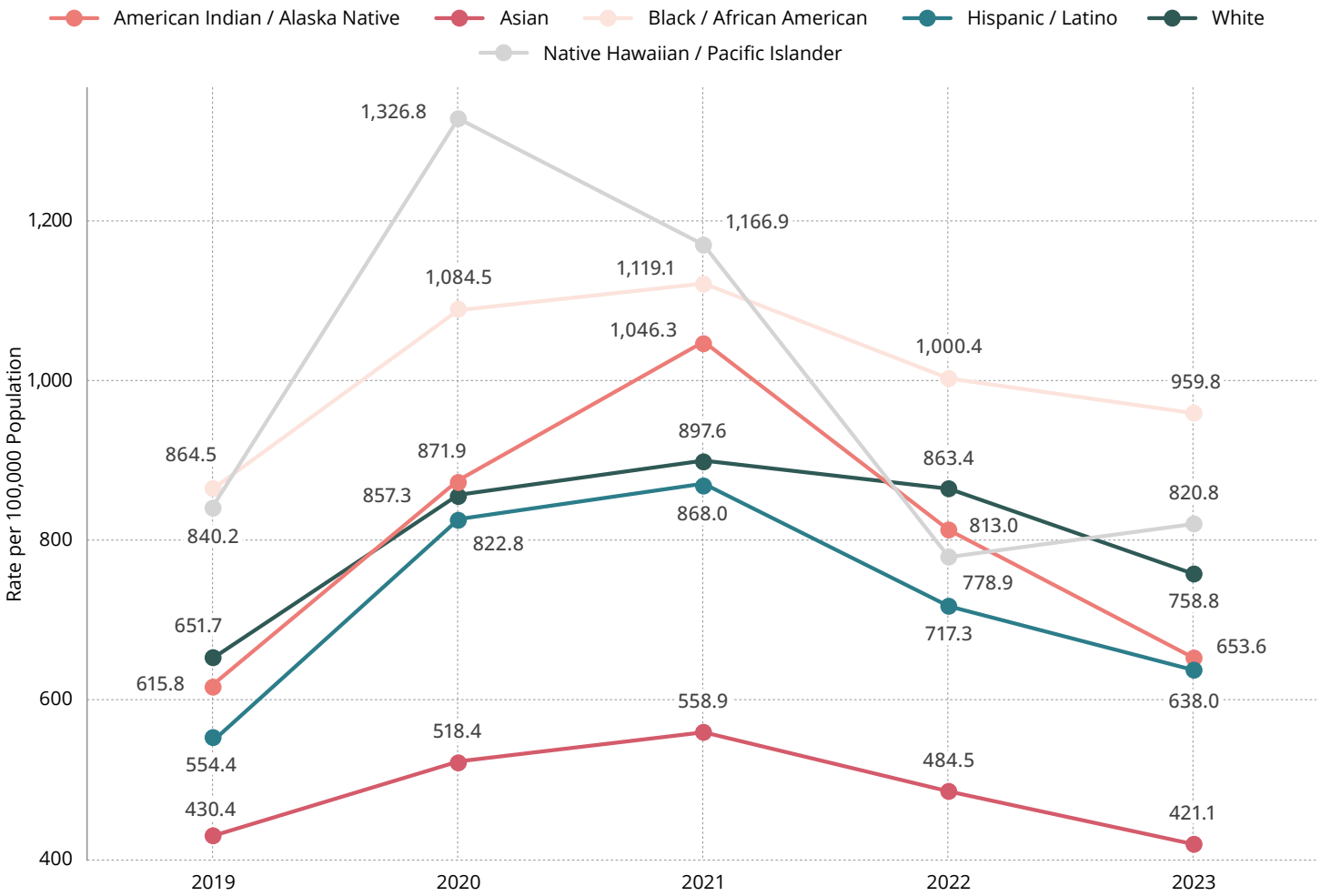
** Excludes records for Unknown / Missing parent age or parent giving birth's race / ethnicity.*
^Data for Asian, Native Hawaiian / Pacific Islander or American Indian / Alaska Native not shown due to small number of cases which can distort comparisons with other groups. 2023 data is provisional.

Mortality

Key Findings

- Between 2019 and 2023, mortality rates in Riverside County fluctuated across different race / ethnicity groups, with increases during the COVID-19 pandemic, especially in 2020 and 2021.
- In 2022 and 2023, there were observable decreases in the age-adjusted death rates for several groups. [33-37]
- Black / African American, Hispanic / Latino, White, and American Indian / Alaska Native populations saw decreases in 2022 and 2023, where even the decreases were still higher than the pre-COVID-19 baseline.

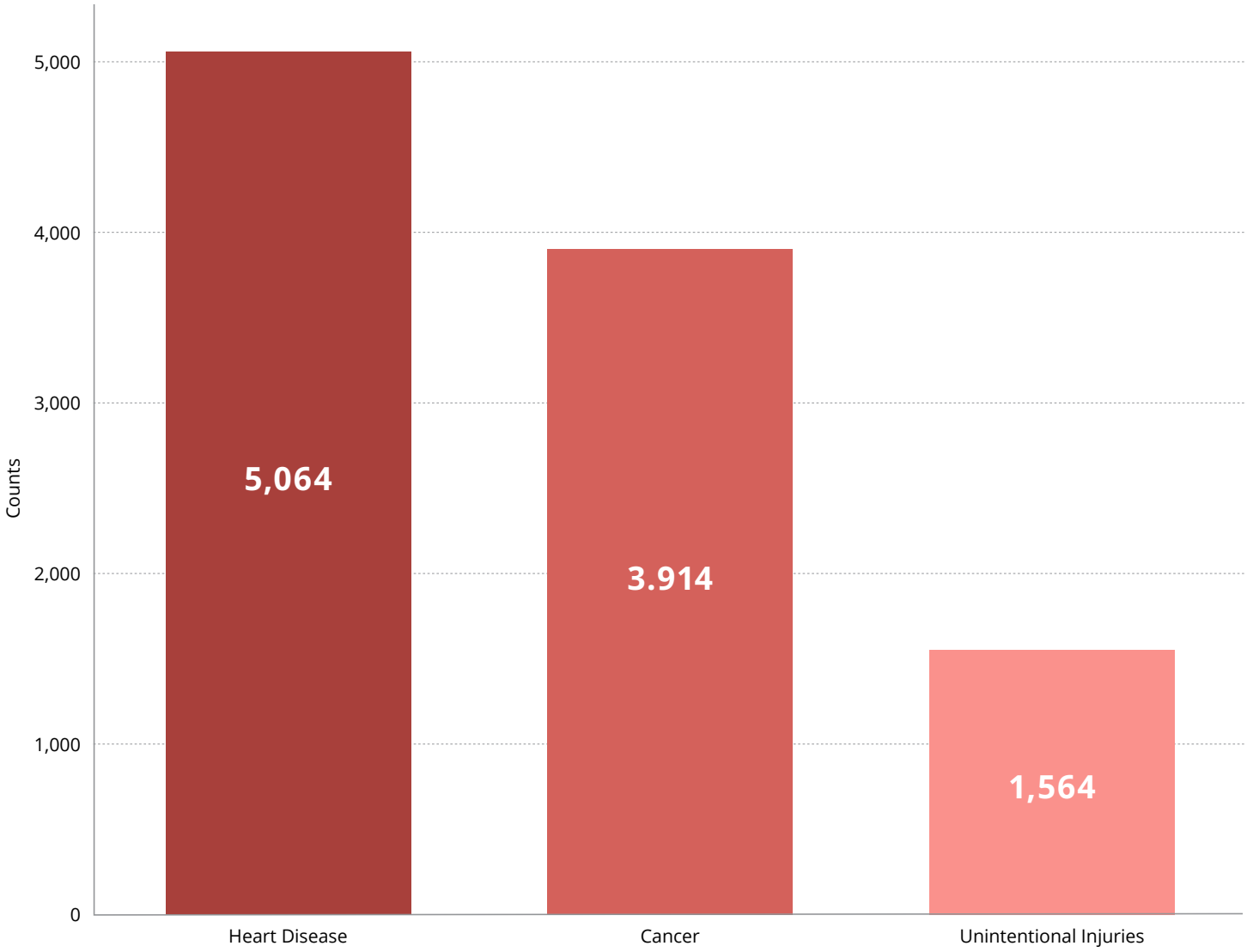
Age Adjusted Death Rate Per Year, 2019-2023*



*Interpretation of this data requires caution, as counts for certain race / ethnicity groups may be limited, leading to potential statistical instability or underrepresentation in the results.

Mortality

Top 3 Causes of Death, 2022



Key Findings (Jan 1 - Dec 31, 2022)

- Total Deaths: 21,177 Riverside County residents
- The 4th leading cause of death for all ages remains to be COVID-19.
- Among young adults 30 years old and younger, unintentional injuries are among the top two leading causes of death.
- Most significant increase in fatalities other than COVID-19 was attributed to Cerebrovascular diseases. [38]

Mortality

Leading Causes of Death by Age Group, 2022 [38]

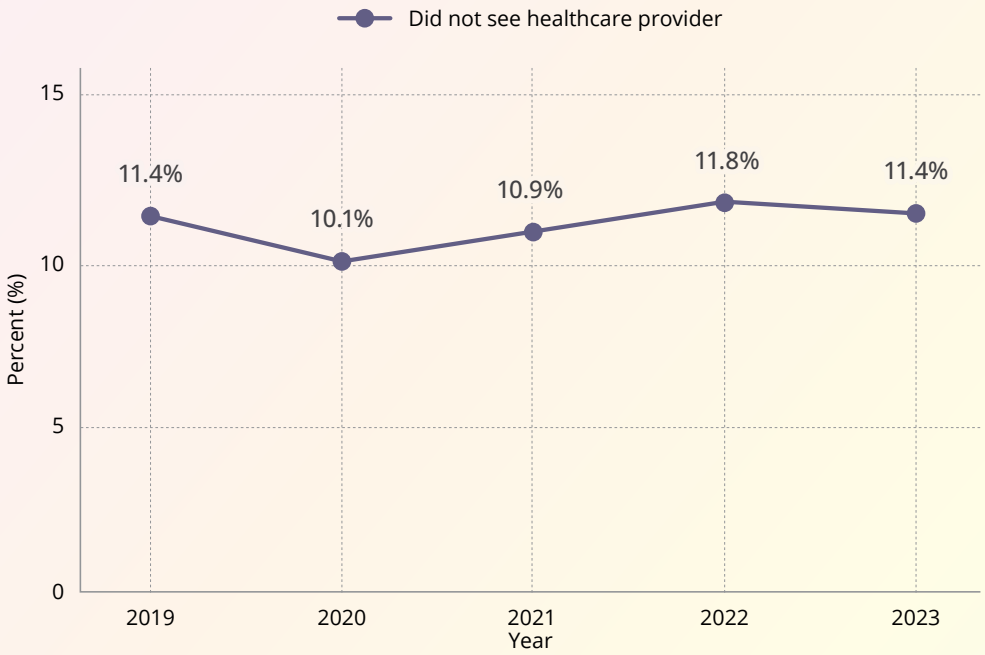
Age Group \ Leading Cause of Death	1st Leading Cause	2nd Leading Cause	3rd Leading Cause	4th Leading Cause
Less than 20	Perinatal	Unintentional Injuries	Congenital	Cancer
20-29	Unintentional Injuries	Intentional Self-Harm (Suicide)	Assault (Homicide)	Cancer
30-39	Unintentional Injuries	Cancer	Intentional Self-Harm (Suicide)	Heart Disease
40-49	Unintentional Injuries	Cancer	Heart Disease	COVID-19
50-59	Cancer	Heart Disease	Unintentional Injuries	COVID-19
60-69	Cancer	Heart Disease	COVID-19	Unintentional Injuries
70-79	Heart Disease	Cancer	COVID-19	Chronic Lower Respiratory Disease
80+	Heart Disease	Cancer	Alzheimer's	Cerebrovascular Diseases

Mental Health

Mental Health was an indicator requested by the community as an important indicator for the health of the community over the past few years and has been a cause for concern as RUHS-PH see mental health symptoms rise in all ages. The data in this section takes a look at mental health indicators of emotional well-being, access and utilization of mental health services, adverse childhood experiences (ACES), and mental health related emergency department and hospital visits in Riverside County from 2018 to 2023.

Mental Health

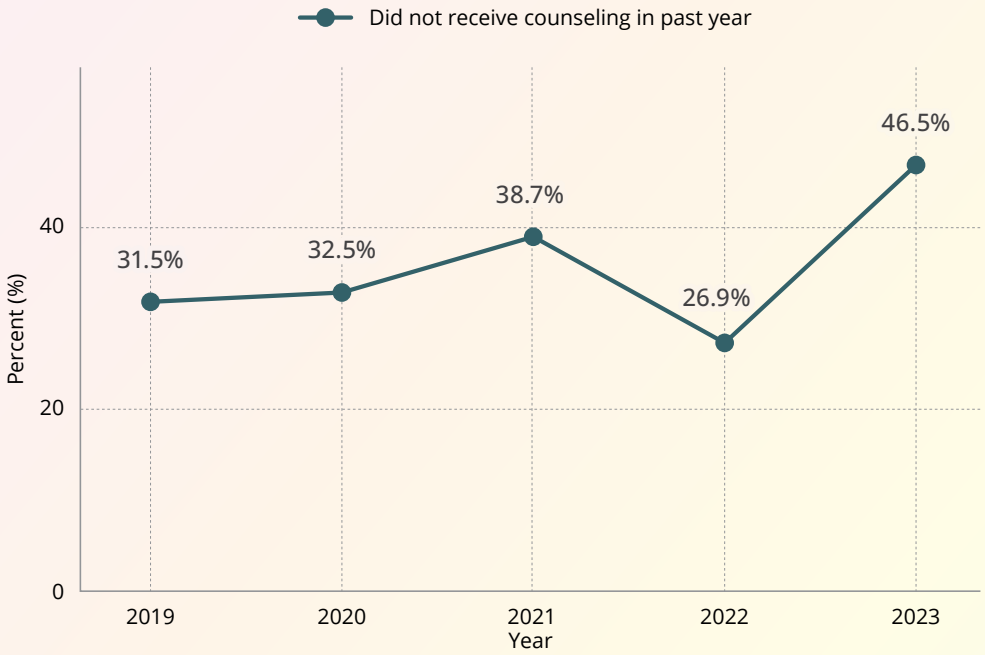
Adults (20+) who did not see a healthcare provider despite needing help for an emotional / mental health problem or for use of alcohol / drugs, 2019-2023



Key Findings

- 11.0% of adults reported needing help for an emotional / mental health problem or for use of alcohol / drugs but did not end up seeing a healthcare provider. [19]

Teens (15-19) who did not receive counseling despite needing help for an emotional / mental health problem in the past year, 2019-2023



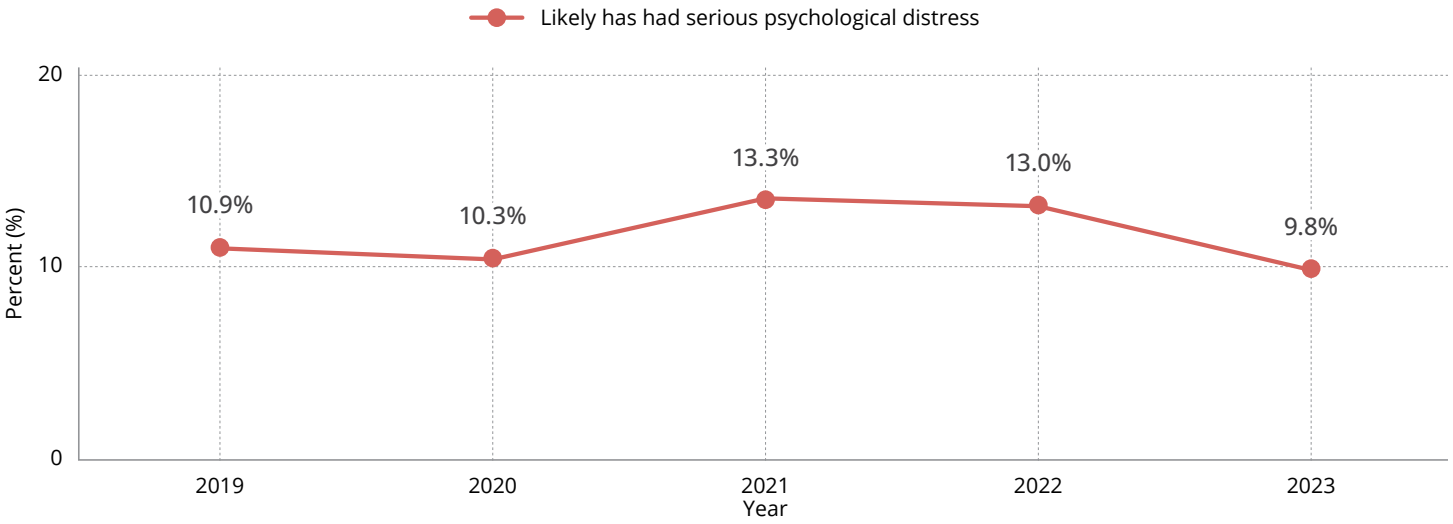
Key Findings

- 35.0% of teens reported needing help for an emotional / mental health problem but not end up receiving counseling for it. [19]

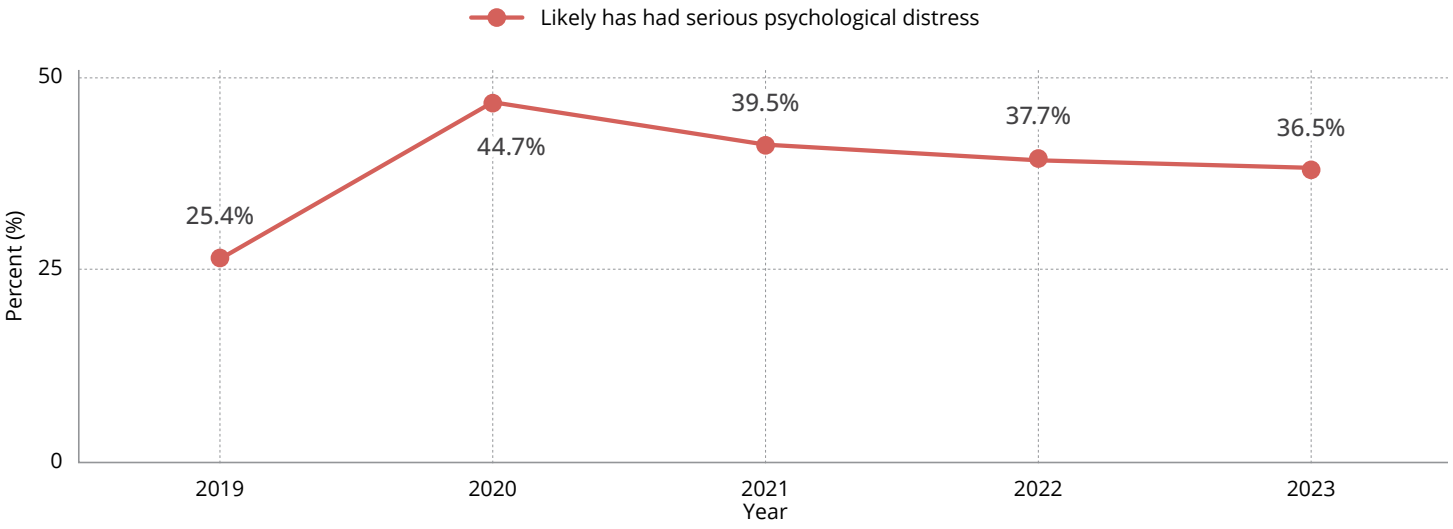
Mental Health

Emotional Well-being: Psychological Distress, 2019-2023

Adults (20+) who likely have had serious psychological distress* during the past year



Teens (15-19) who likely have had serious psychological distress* during the past year



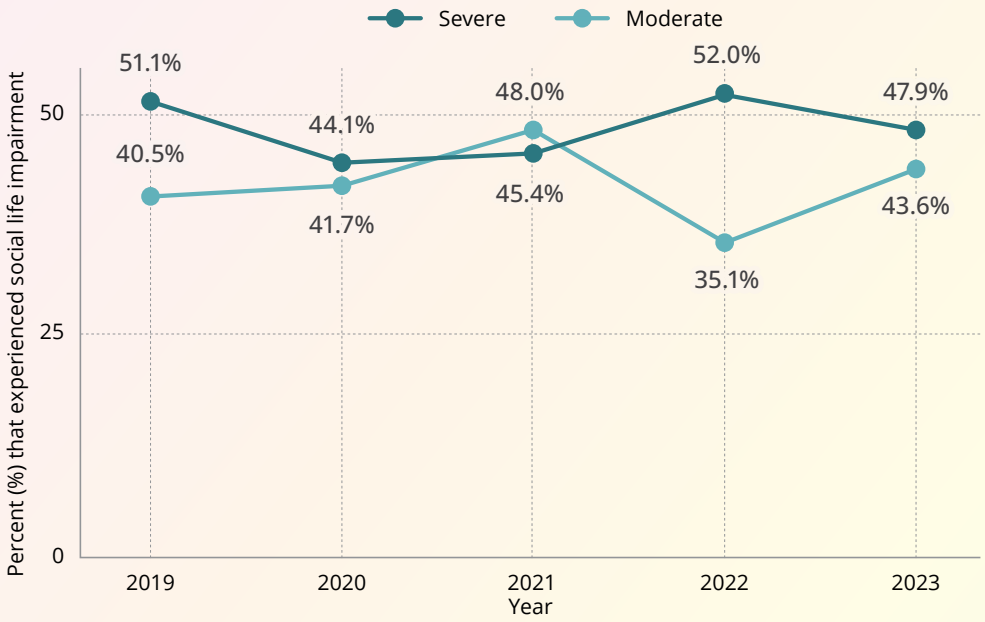
Key Findings

- From 2020 to 2021, adults reported a 3.0% increase in "Likely had serious psychological distress during the past year," peaking at 13.3% in 2021.
- Teens experienced a spike in psychological distress from 2019 to 2020, with the percentage almost doubling from 25.6% to 44.7%. The percentage declined in 2021 to 39.5% but has remained relatively high at 36.5% in 2023. [19]

** Distress in the past year was assigned to those indicating a month worse than the current month. If the respondent did not indicate a worse month, the current month's distress levels are assigned. The data were unadjusted to the California population.*

Mental Health

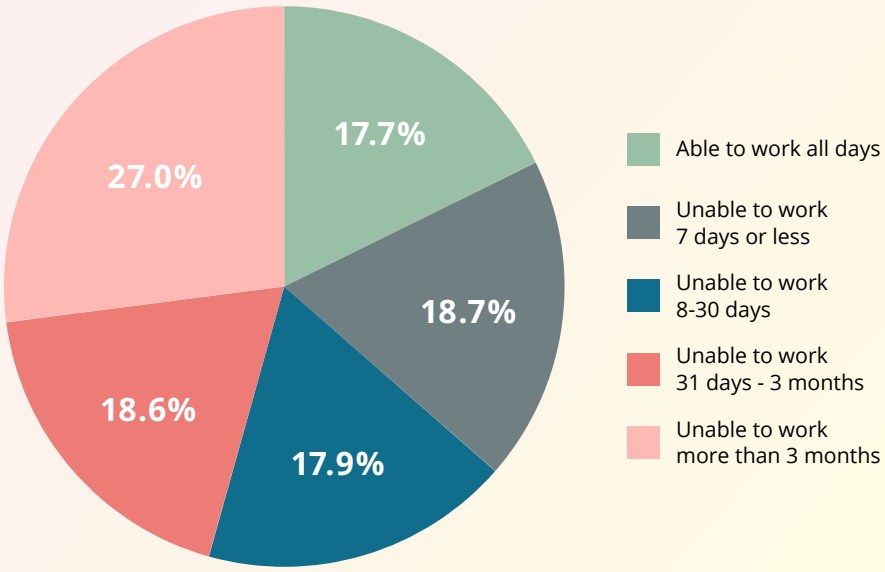
Emotional Well-being: Social life impairment past 12 months - Adults with moderate / severe psychological distress, 2019-2023



Key Findings

- Approximately 50.0% of adults with moderate or severe psychological distress experienced severe social life impairment. [19]

Emotional Well-being: Number of days unable to work due to mental health problems, 2023*



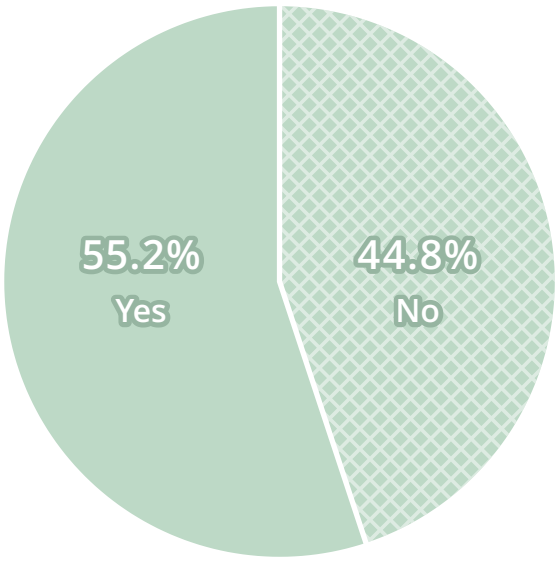
Key Findings

- While nearly 18.0% of respondents could work without interruption, 82.2% reported missing work due to mental health issues. Of those, over half were unable to work for over a month, underscoring the significant impact of mental health on the workforce. [19]

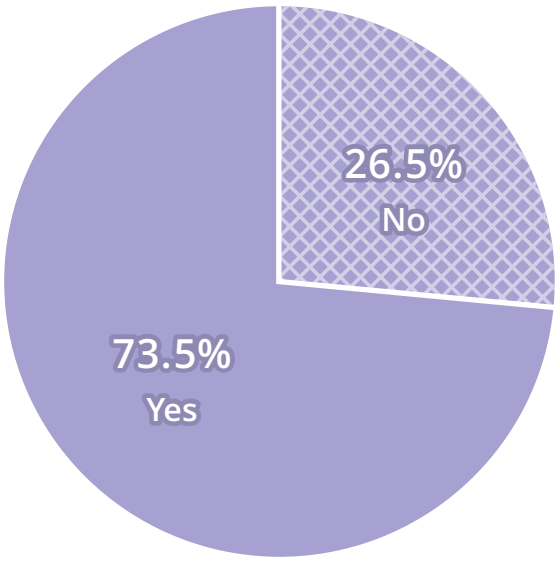
** Unable to work or carry out their normal activities because they were feeling nervous, depressed, or emotionally stressed in the past year.*

Mental Health

Adverse Childhood Experiences (ACES): Teens (15-19) who have experienced an adverse childhood experience by sex (ACES), 2023



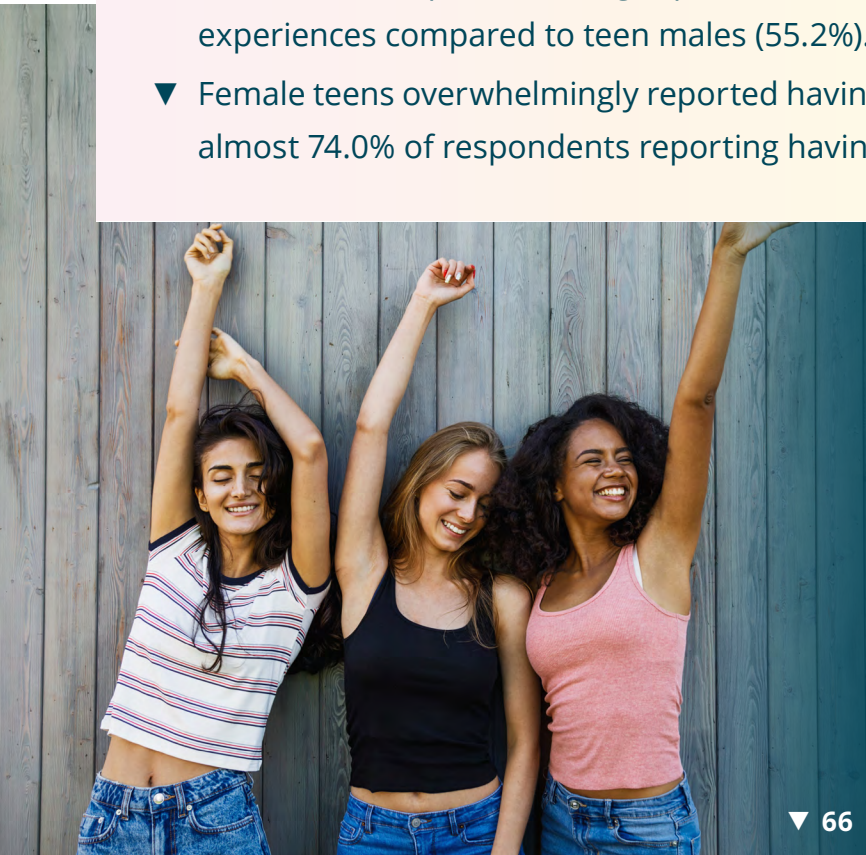
Male Teens



Female Teens

Key Findings

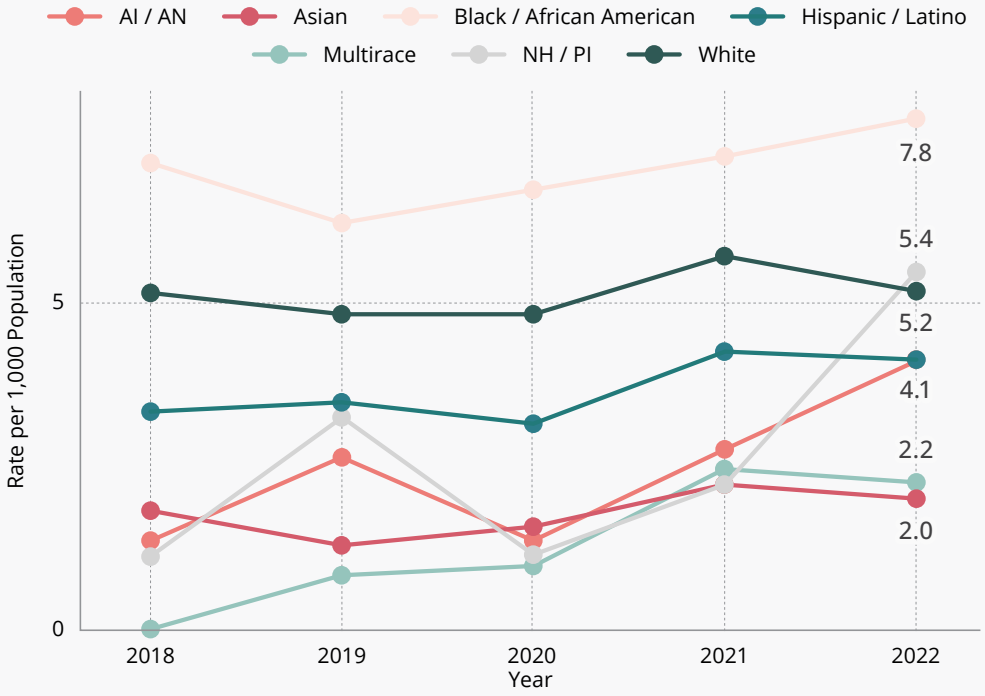
- Female teens reported having experienced about 20.0% more (73.5%) adverse childhood experiences compared to teen males (55.2%).
- Female teens overwhelmingly reported having had an adverse childhood experience at almost 74.0% of respondents reporting having had an adverse childhood experience.



Prioritizing preventing ACES, particularly for young girls and mental health support can help reduce the impact of psychological distress on social and family life. By expanding access to counseling and creating supportive environments, individuals and families can cope more effectively and improve overall well-being. [19]

Emergency Department (ED) Visits

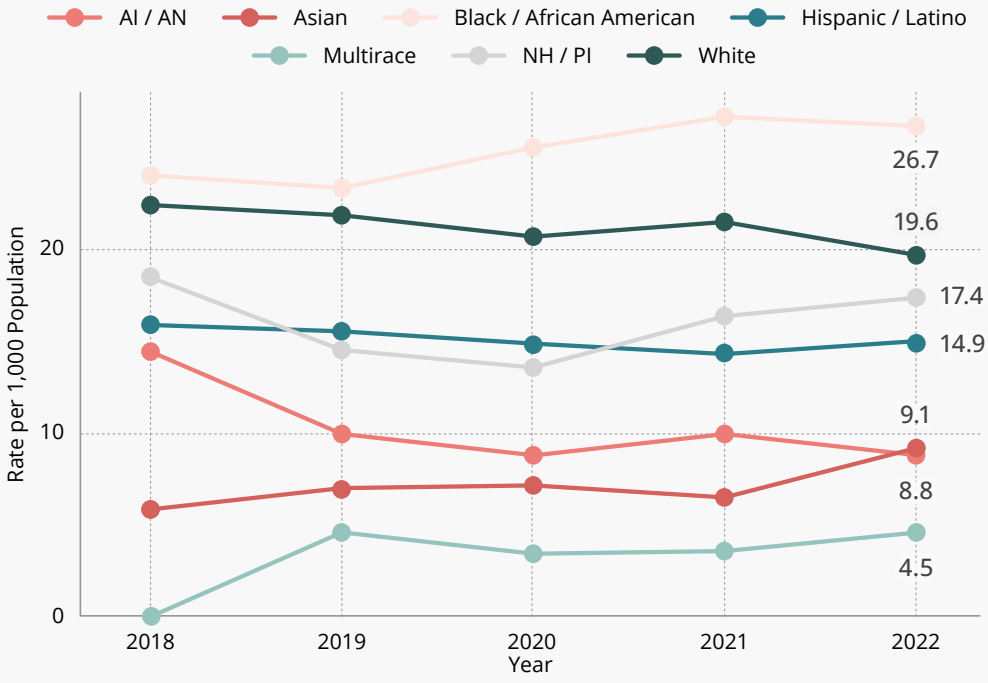
Children (5-14) ED Visit Rates for Mental Health by Race / Ethnicity, 2018-2022*



Key Findings

- Black / African American children saw the highest average rate of ED visits out of any other race / ethnicity group from 2018-2022.
- Between 2020 and 2022, Native Hawaiian / Pacific Islander children saw a steep rise of ED visit rates. [39]

Teens (15-19) ED Visit Rates for Mental Health by Race / Ethnicity, 2018-2022*



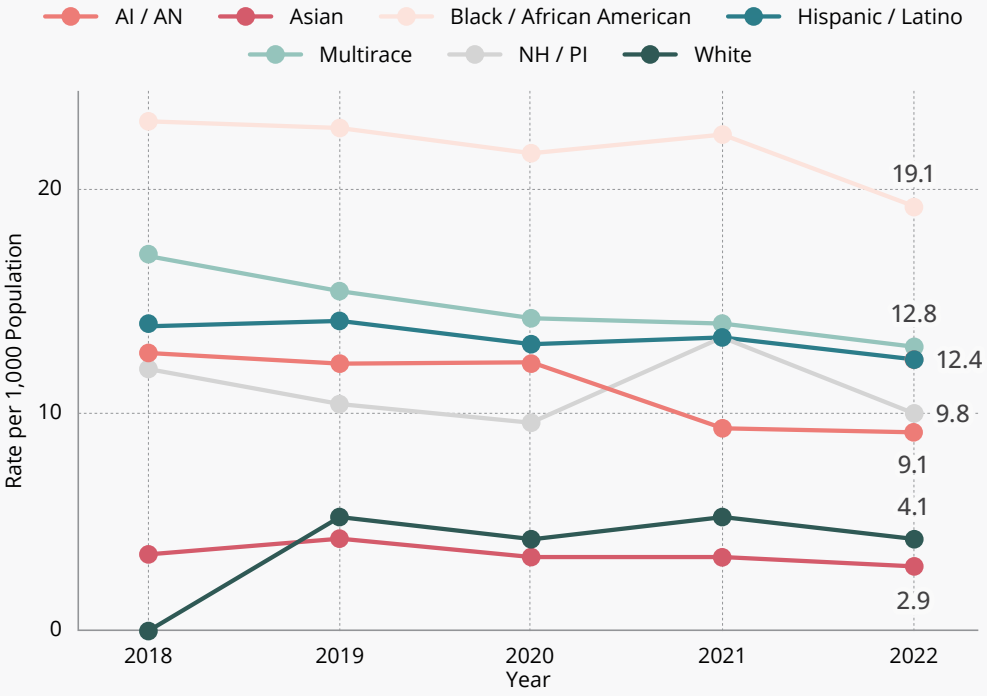
Key Findings

- Black / African American teens saw the highest average rate of ED visits out of any other race / ethnicity group from 2018-2022.
- American Indian / Alaskan Native teens saw the sharpest rate difference of -4.5 from 2018 to 2019. [39]

** Native Hawaiian / Pacific Islander is reflected as NH / PI. American Indian / Alaska Native is reflected as AI / AN.*

Emergency Department (ED) Visits

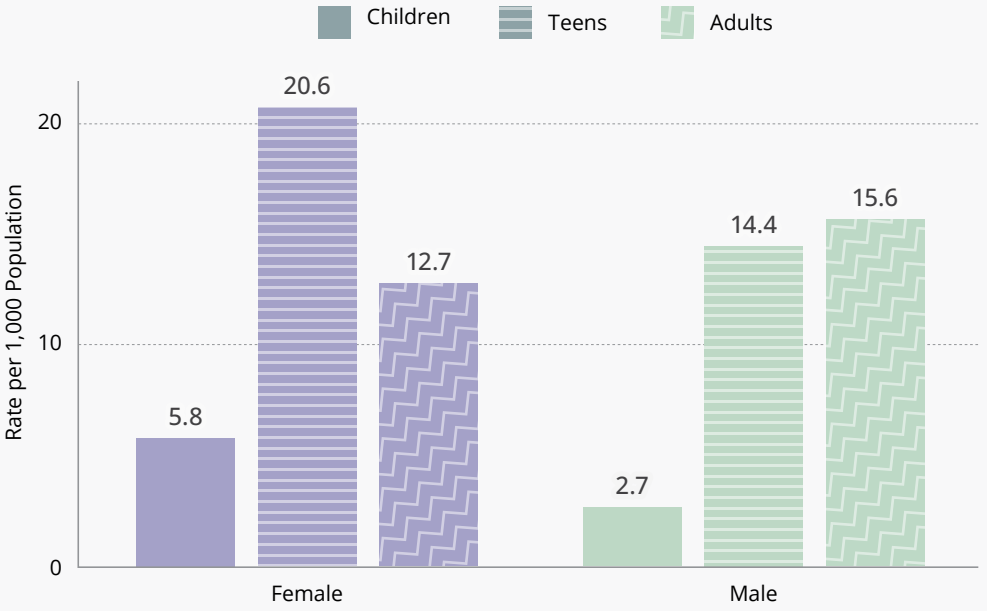
Adults (20+) ED Visit Rates for Mental Health by Race / Ethnicity, 2018-2022*



Key Findings

- Black / African American adult populations saw the highest average rate of ED visits out of any other race / ethnicity group at almost double the rate compared to other racial groups from 2018-2022.
- From 2021 to 2022, all rates were either stable or declined. [39]

Rate Averages of ED Visits for Mental Health of Children (5-14), Teens (15-19), and Adults (20+) by Sex, 2018-2022



Key Findings

- Female teens saw the highest average rate of ED visits for mental health at 20.6 per 1,000 population.
- Females in the children and teen group saw higher average rates of ED visits than males. [39]

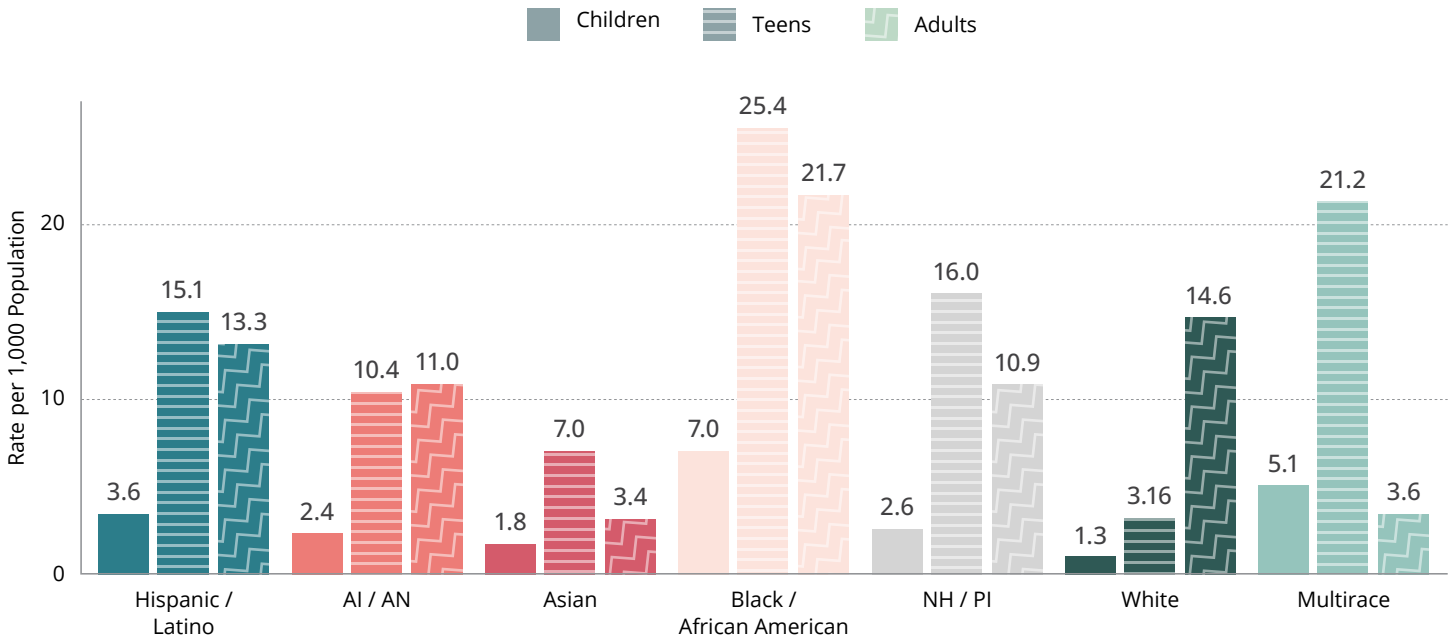
** Native Hawaiian / Pacific Islander is reflected as NH / PI. American Indian / Alaska Native is reflected as AI / AN.*

Emergency Department (ED) Visits

Rate Averages of ED Visits for Mental Health of Children (5-14), Teens (15-19), and Adults (20+) by Race / Ethnicity, 2018-2022*

Key Findings

- In almost every race / ethnicity group except White and American Indian / Alaska Native, teens had a higher average rate of mental health ED visits.
- American Indian / Alaska Native and White adult populations had higher rate averages of mental health ED visits than children and teens. [38]
- Black/African American children, teens, and adults held the highest rates of ED visits compared to any other race / ethnicity group. [39]



Riverside County faces a growing need for increased mental health awareness, education, and accessible community resources to support residents of all ages. Black/African American communities, other minority groups, and teens—particularly females—are disproportionately impacted and at higher risk for mental health challenges and Emergency Department visits. ■

** Native Hawaiian / Pacific Islander is reflected as NH / PI. American Indian / Alaska Native is reflected as AI / AN.*

INJURIES

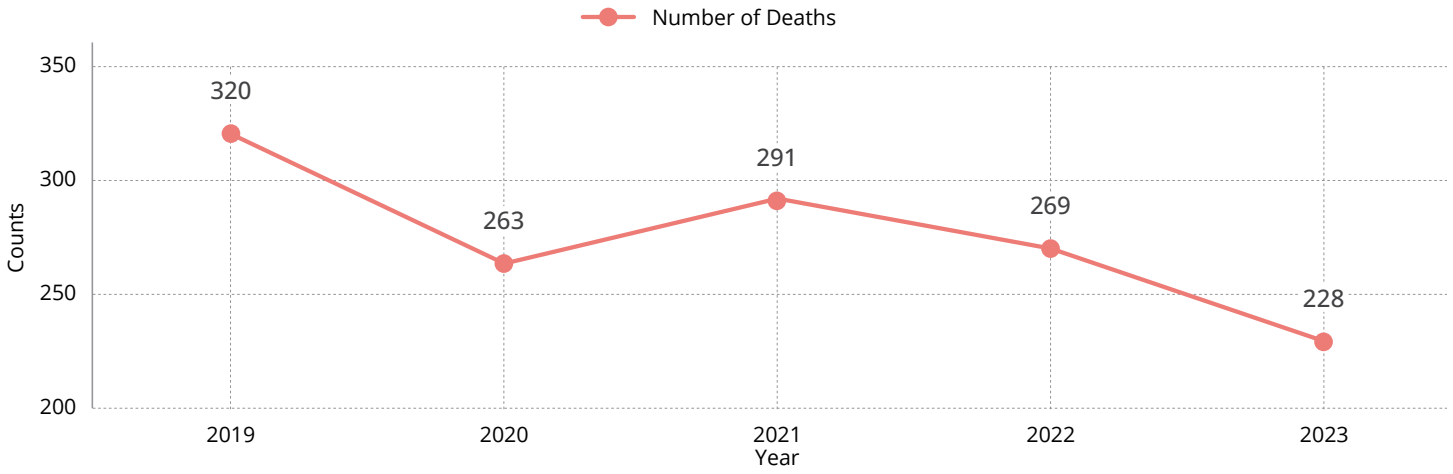
Injuries pose a significant public health challenge, affecting individuals, families, and communities across Riverside County. Key areas of concern in recent years include suicide and suicide attempts among youth and adults, drownings, drug overdoses, and climate-related injuries. This section on injuries examines data and key findings to highlight the profound impact of injuries on the health and daily lives of Riverside County residents.

Suicide Deaths, All Ages

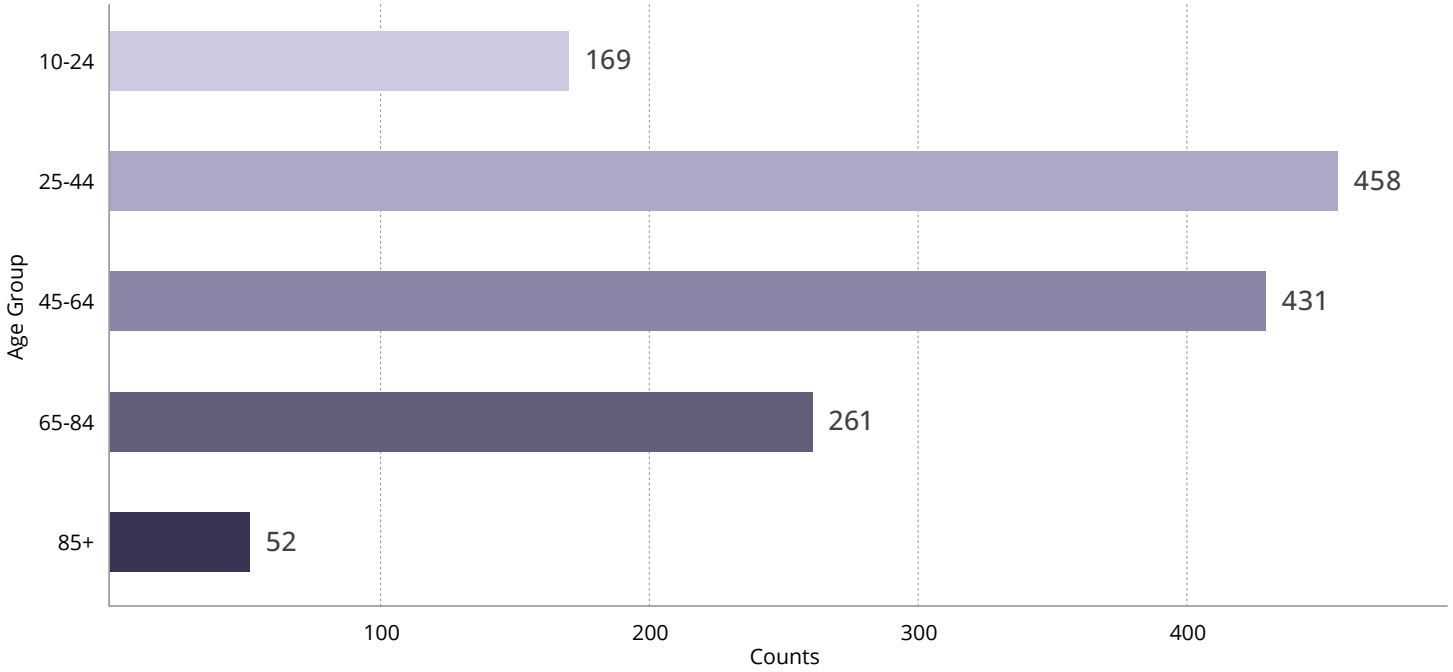
Key Findings

- 1,371 - Total Deaths
- Firearms was the most common means among male suicide deaths, whereas poisoning was the most common means among females.
- Females experience higher rates of suicide attempts compared to males.
- Males have higher suicide mortality rates compared to females. [29,40]

Suicide Deaths by Year, 2019-2023



Suicide Deaths by Age Group, 2019-2023

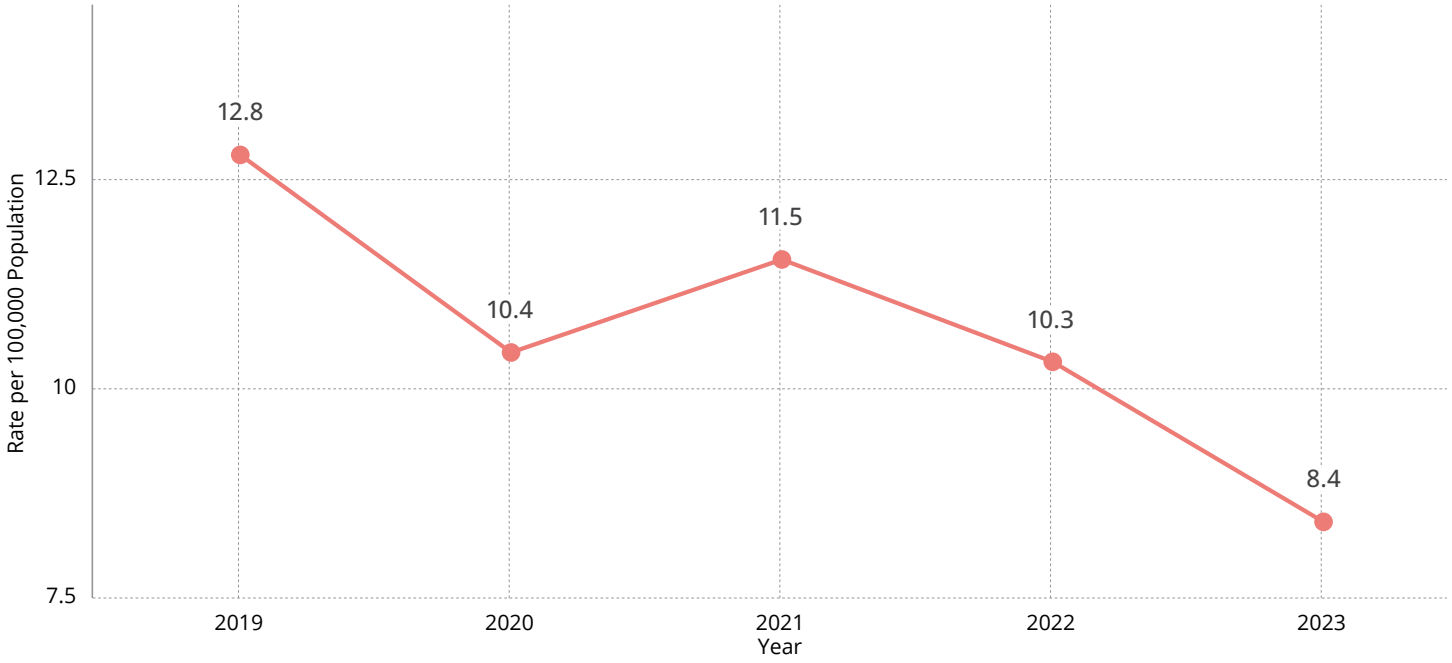


Suicide Deaths, All Ages

Key Findings

- Suicide rates in Riverside County have steadily declined between 2019 and 2023, with the age adjusted rate decreasing from 12.8 per 100,000 population in 2019 to 8.4 per 100,000 in 2023.

Age Adjusted Suicide Death Rate per Year, 2019-2023

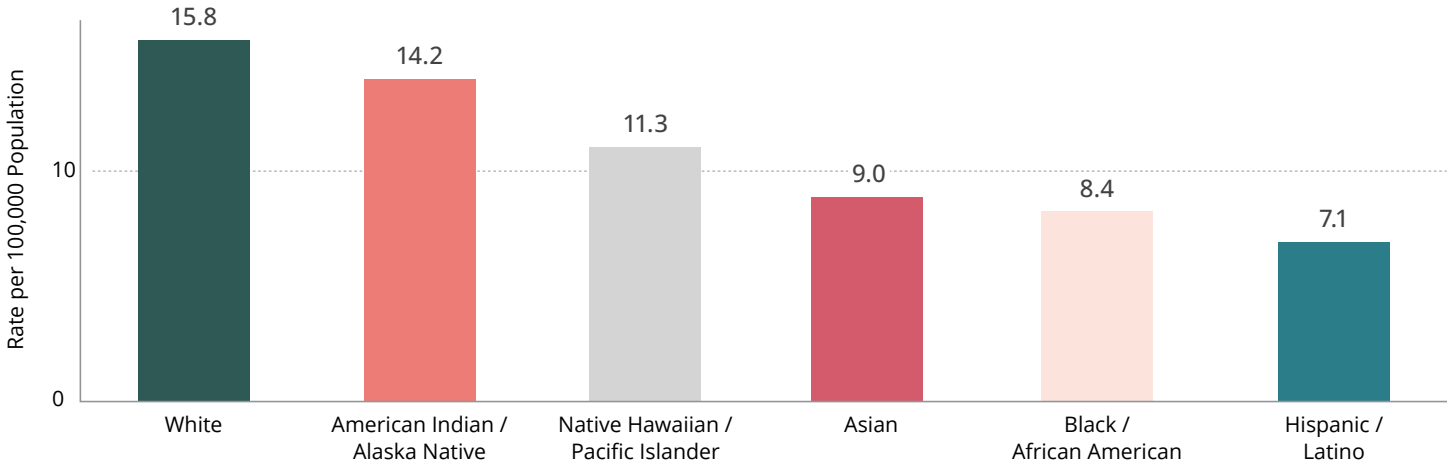


Suicide Deaths, All Ages [29,40]

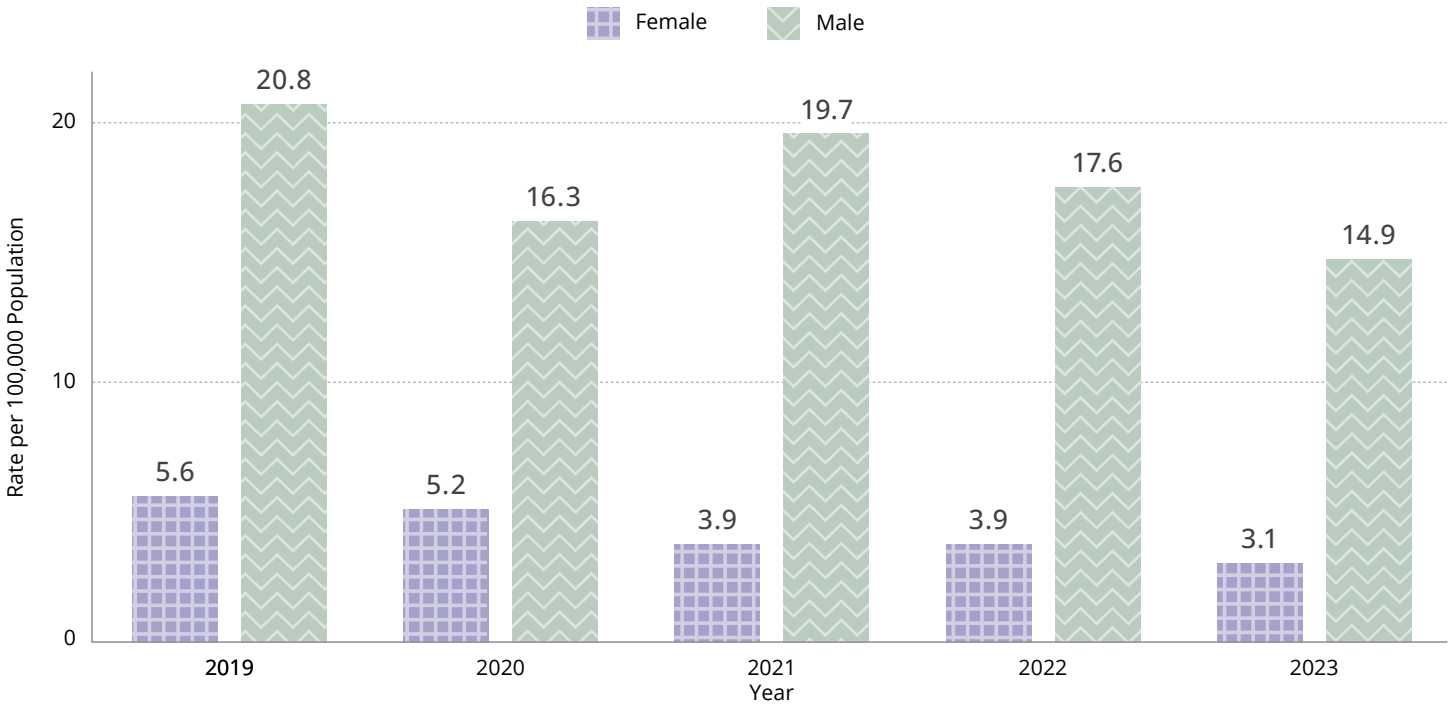
Key Findings

- Disparities are shown across racial and ethnic groups, with White residents experiencing the highest suicide death rate 15.8 per 100,000 compared to lower rates among Hispanic / Latino 7.1 per 100,000 and Black / African American 8.4 per 100,000 residents.
- Males consistently exhibit higher suicide death rates compared to females, with a crude rate of 14.9 per 100,000 for males in 2023, compared to 3.1 per 100,000 for females.

Age Adjusted Suicide Death Rate by Race / Ethnicity, 2019-2023



Crude Rate of Suicide Deaths by Sex, 2019-2023

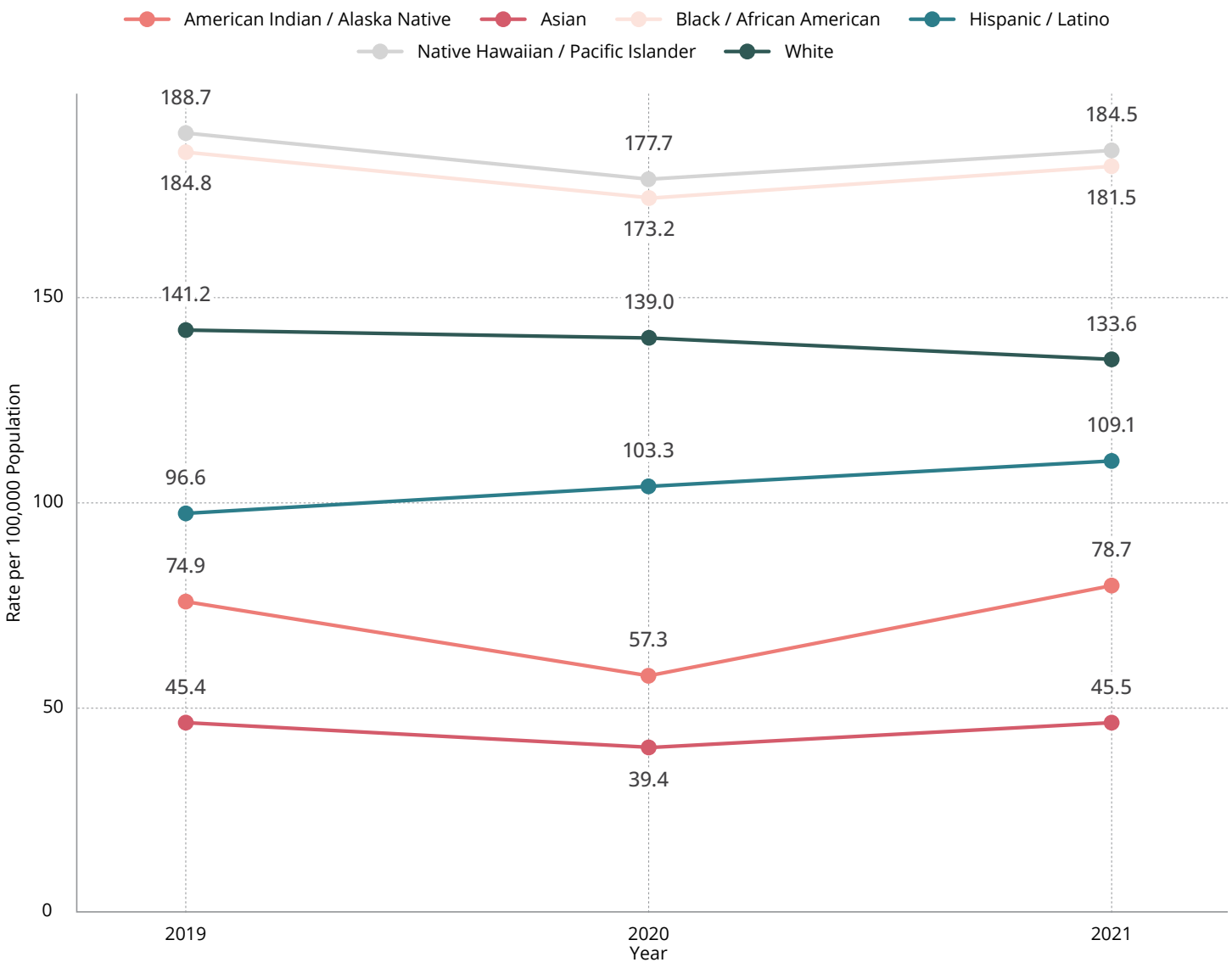


Suicide Attempts, All Ages

Key Findings

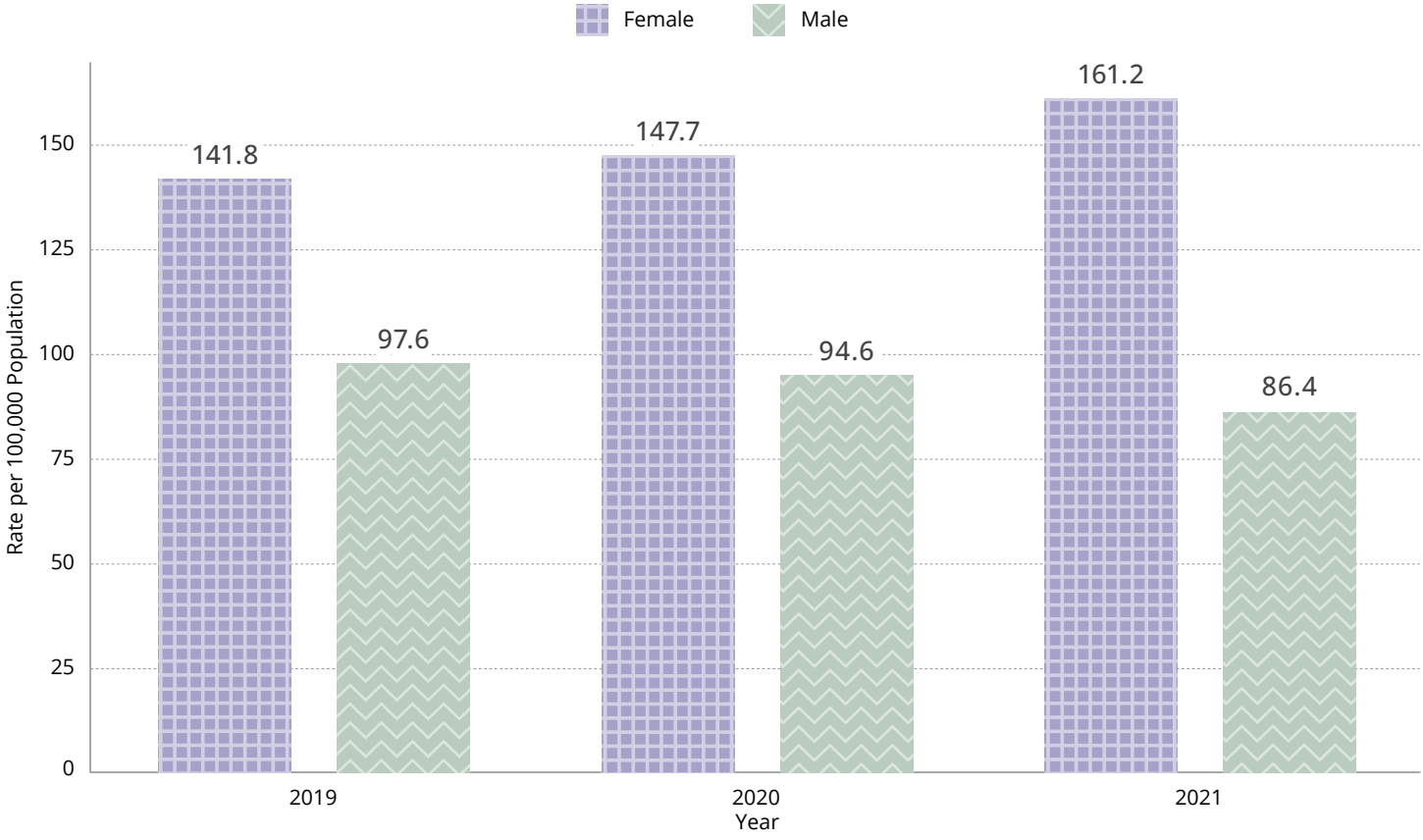
- Suicide / self-harm related ED visits were higher among females compared to males.
- The 10–18-year-old age group had the highest rates of suicide-related ED visits and the highest among all age groups.
- White and Black / African American populations made up more than 80.0% of ED visits related to self-harm and suicide attempts.
- Native Hawaiian / Pacific Islander and Black / African American residents had the highest rates of suicide attempts / self-harm. [41]

Age Adjusted Rates of Suicide Attempts by Race / Ethnicity, 2019-2021



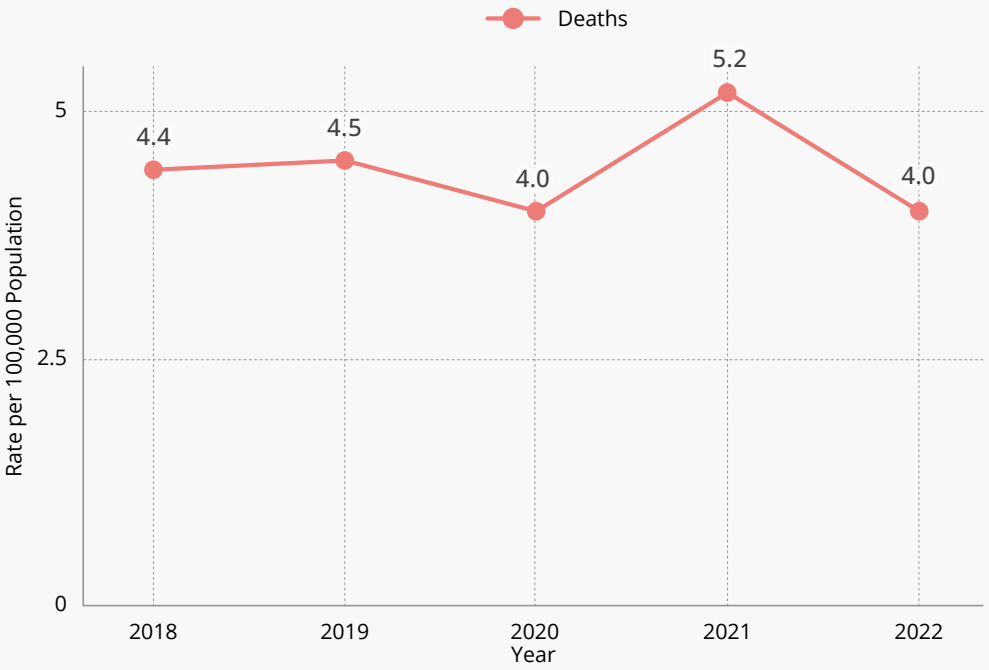
Suicide Attempts, All Ages [41]

Age Adjusted Rates of Suicide Attempts by Sex, 2019-2021



Youth Suicide Deaths, Ages 0-25 [42]

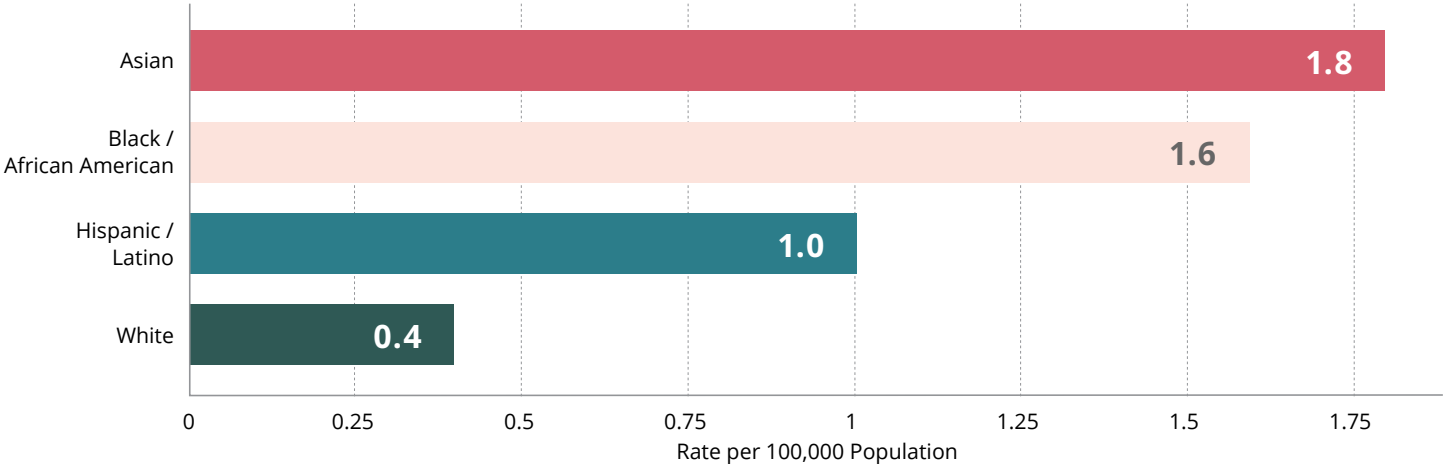
Rate of Youth Suicide Deaths, 2018-2022



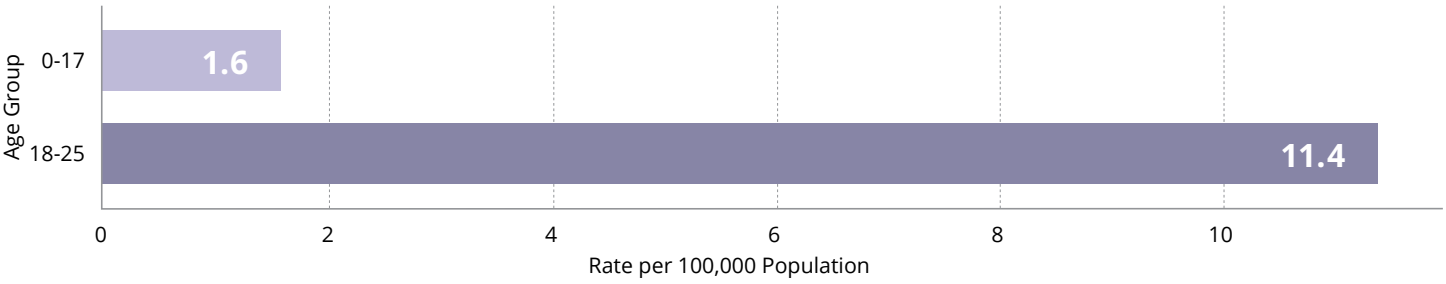
Key Findings

- 195 deaths.
- Males have higher suicide mortality rates compared to females.

Youth Suicide Mortality Rates by Race / Ethnicity, 2018-2022

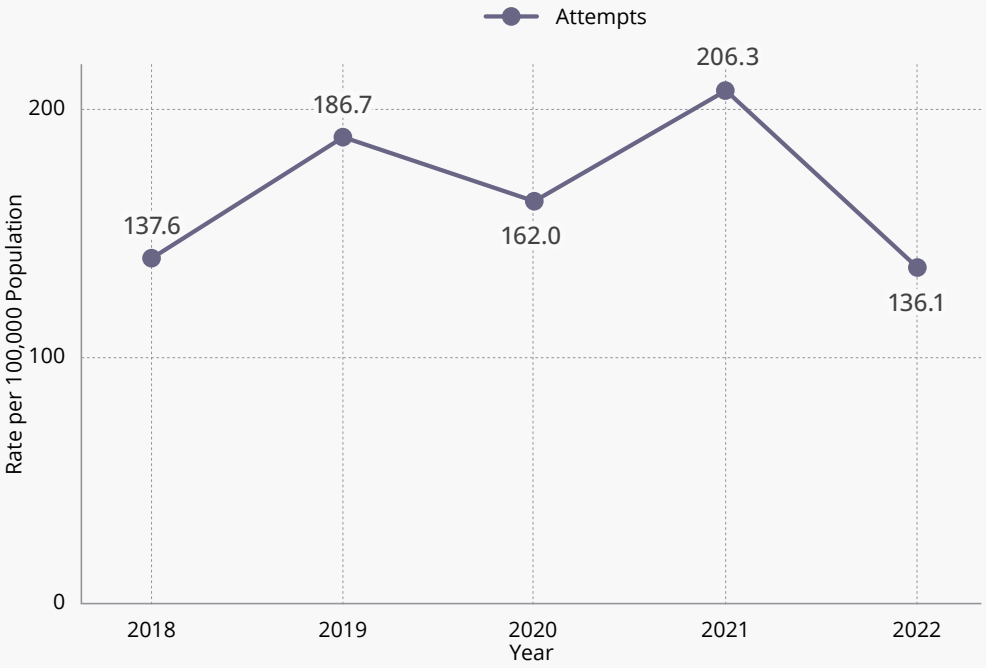


Rate of Youth Suicide Deaths by Age Group, 2018-2022



Youth Suicide Attempts, Ages 0-25 [42]

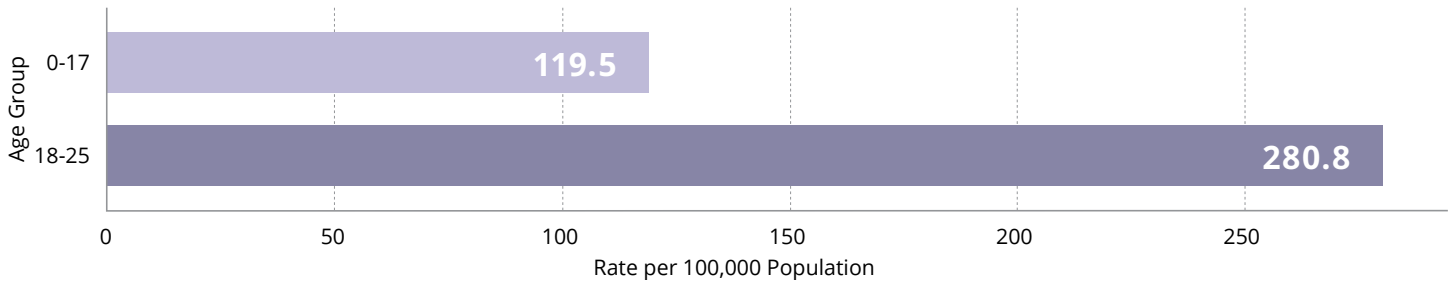
Rate of Youth Suicide Attempts, 2018-2022



Key Findings

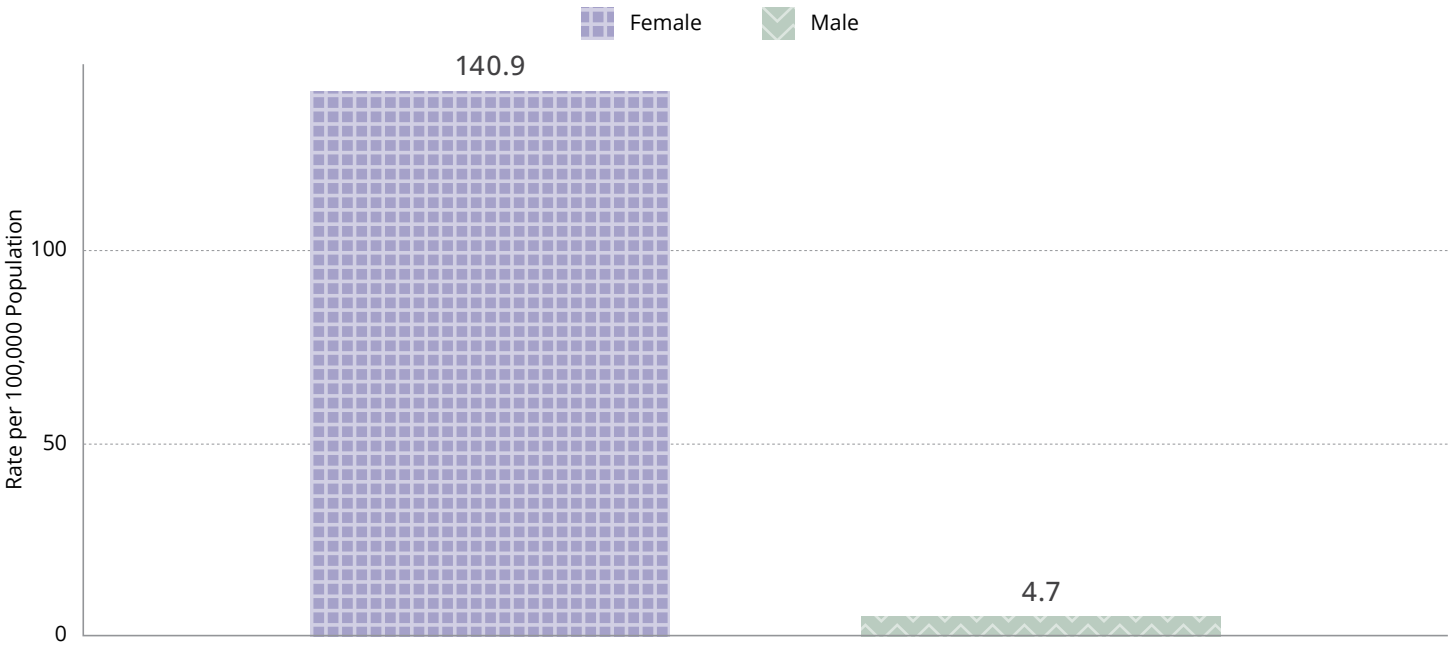
- 7,306 non-fatal self-harm injuries (attempts).
- Females experience higher rates of self-harm injuries compared to males.

Rate of Youth Suicide Attempts by Age Group, 2018-2022

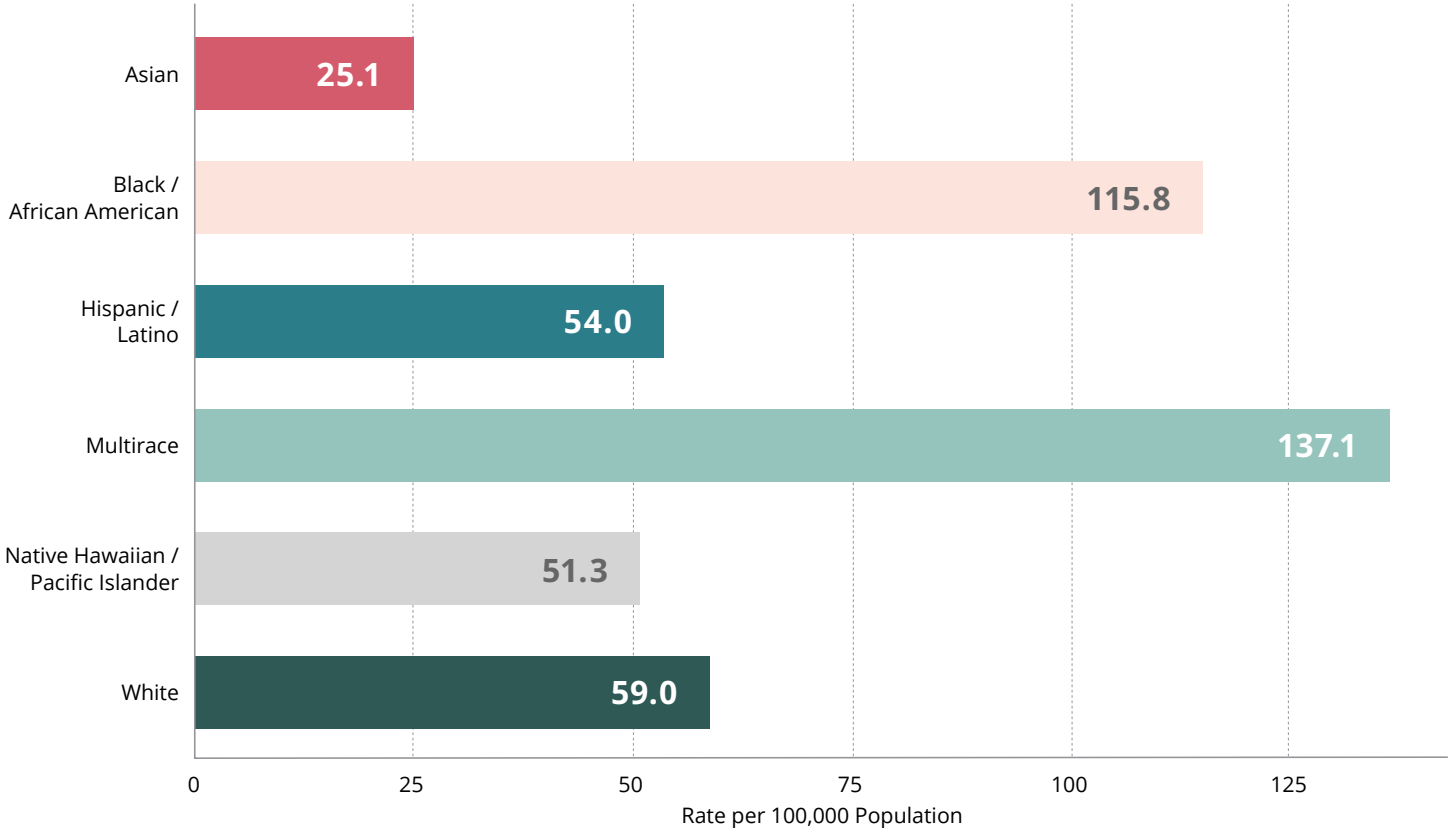


Youth Suicide Attempts, Ages 0-25 [42]

Rate of Suicide Attempts by Sex, 2018-2022



Rate of Youth Suicide Attempts by Race / Ethnicity, 2018-2022



Drowning

Location

Most non-fatal and fatal drownings occurred in a pool.

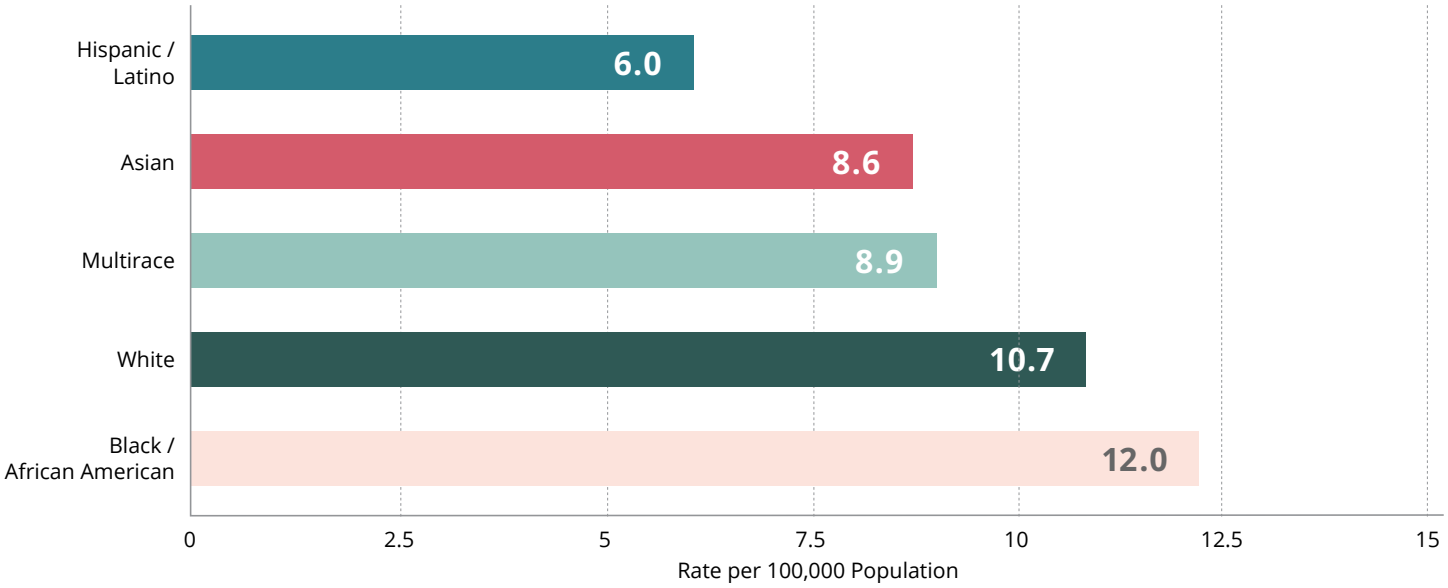
Temporality

Summer months, July and August typically, have higher incidents of drowning fatalities.

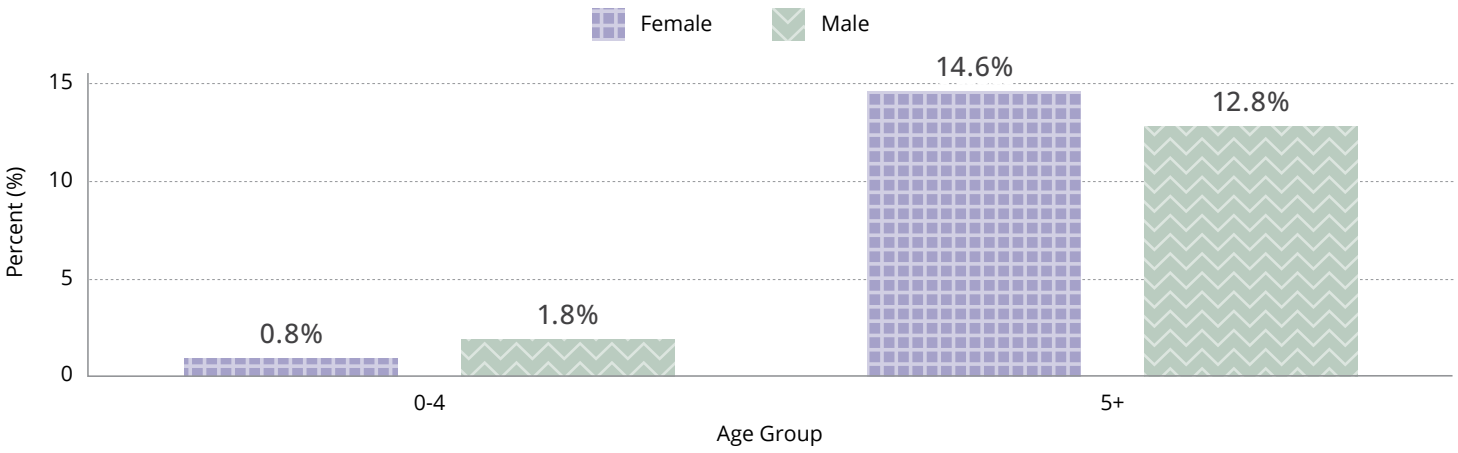
Key Findings: Residents and Non-Residents

- 220 - Total deaths in Riverside County.
- 866 - Non-fatal incidents in Riverside County.
- Between this period, drowning became the 1st and 2nd leading causes of death out of all causes in children, aged 1-4.
- Children 0-4 and older adults 64+ make up 45.5% of all drowning deaths. [43]

5-Year Average Age Adjusted Fatal Drowning Rate by Race / Ethnicity, 2018-2022



Percent of Fatal Drownings by Age Group and Sex, 2018-2022



Motor Vehicle Accidents

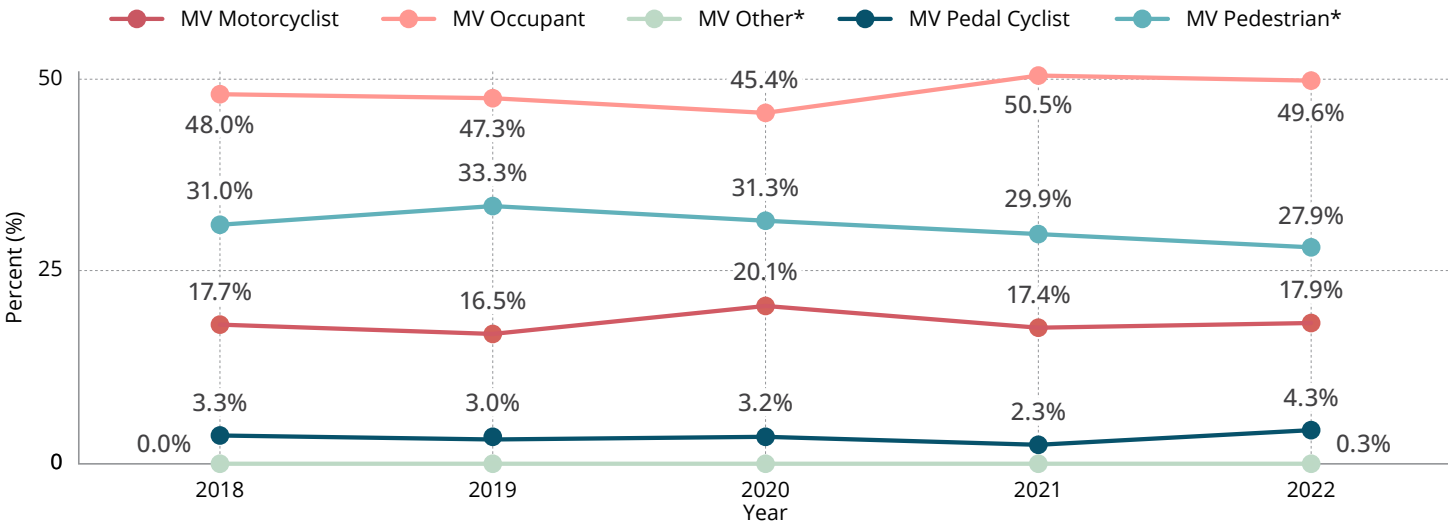
Motor vehicle accidents are a significant public health concern in Riverside County, contributing to injuries, fatalities, and substantial economic costs. With its extensive network of highways, rural roads, and urban streets, the county experiences a high volume of vehicular traffic, increasing the likelihood of collisions. Factors such as distracted driving, speeding, impaired driving, and insufficient pedestrian infrastructure often exacerbate the risks. Analyzing trends and impacts of motor vehicle accidents within the community is essential to identify at-risk populations, guide prevention strategies, and enhance road safety measures for all residents. [44-47]

Motor Vehicle Injuries

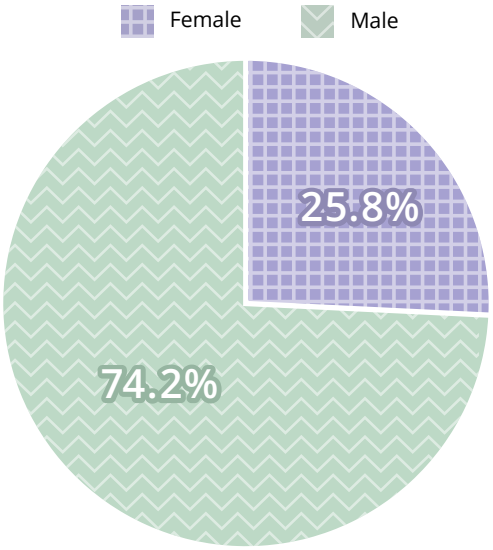
Key Findings

- Motor Vehicle (MV) occupant accounted for nearly 50.0% of all MV-related fatal injuries followed by MV pedestrian, which accounted for about 30.0%.
- MV-related fatal injuries have been rising every year among Riverside County residents since 2019.
- Males had higher MV-related fatalities 74.2%, than females, 25.8%. [40]

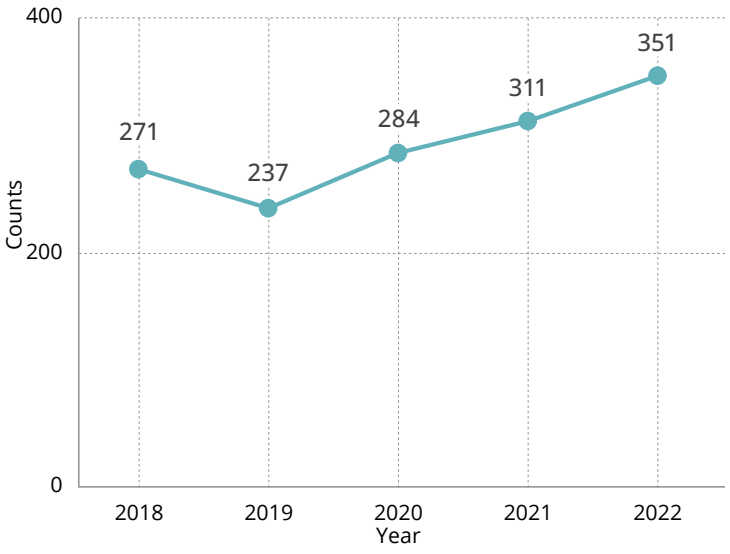
Proportion of MV Accidents by Mechanism, 2018-2022



Percent of MV Death by Sex, 2018-2022



Counts of Fatal MV Injuries, 2018-2022



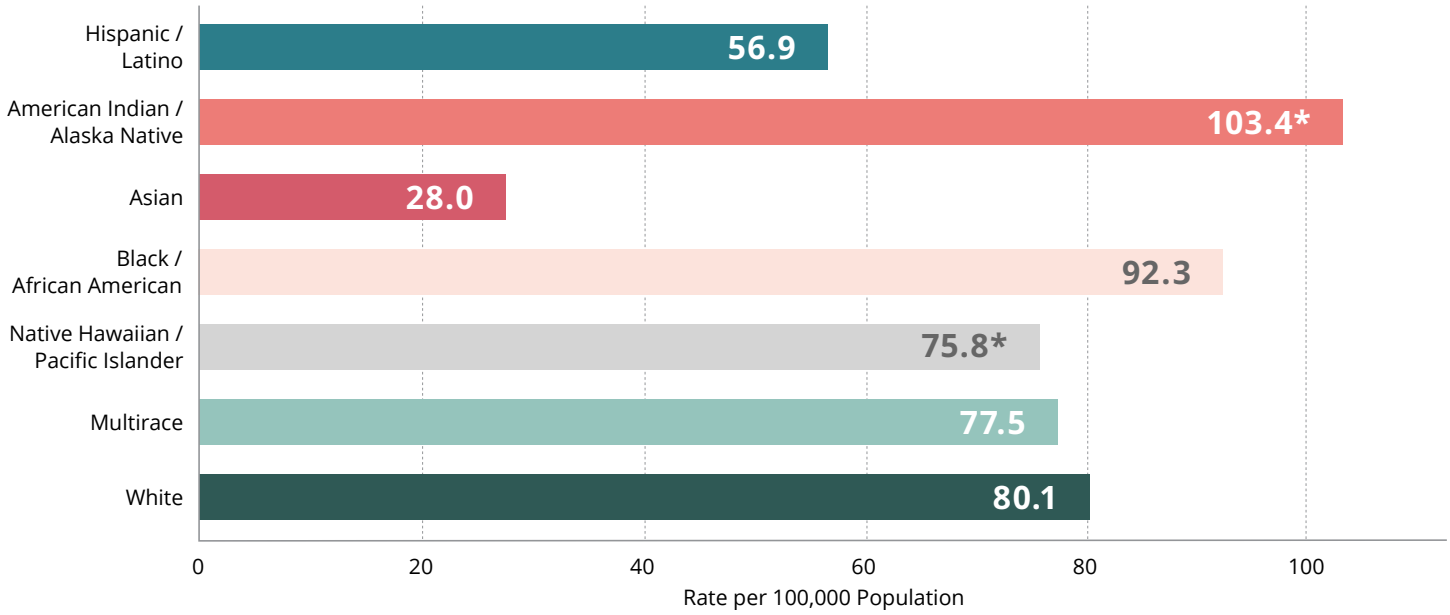
**MV Pedestrian and MV Other includes deaths not related to MV, such as train, driveway , or motor scooter accidents.*

Motor Vehicle Injuries

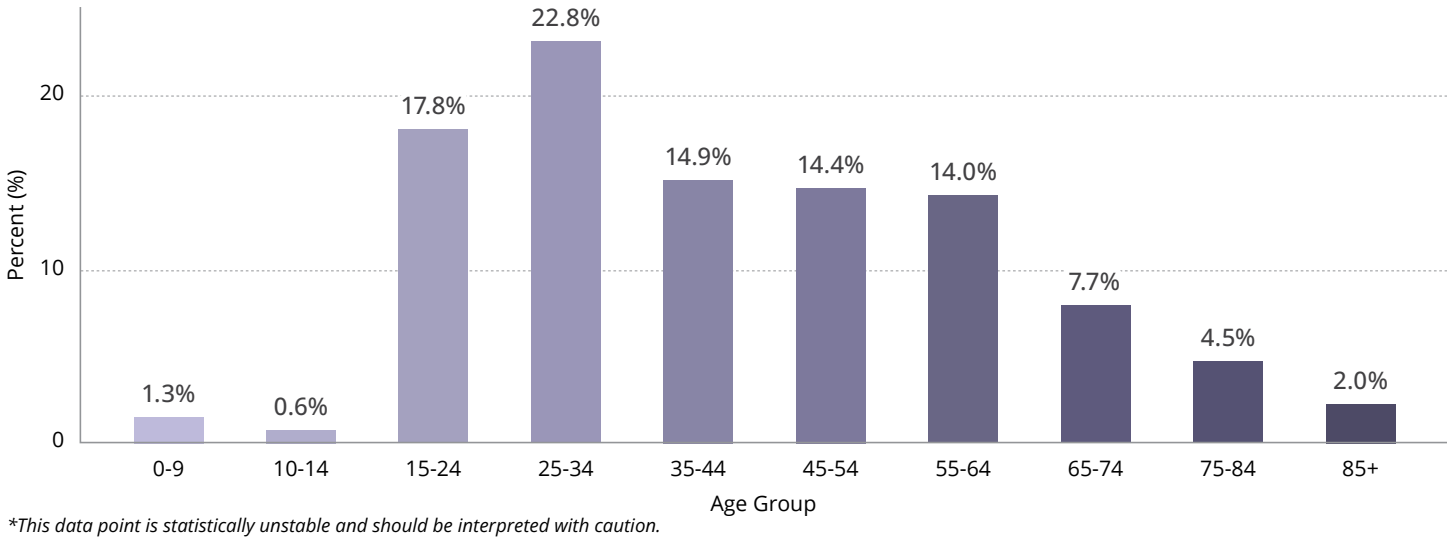
Key Findings

- American Indian / Alaska Natives saw the highest rates of Motor Vehicle (MV) injuries out of any other race / ethnicity group at 103.4 per 100,000 population, followed by Black / African Americans 92.3 per 100,000.
- The 25–34-year-old age group accounted for over 20.0% of all fatal MV injuries by age group. The 15-24-year-old age group came in second at 17.8%. [40]

Age Adjusted Death Rate of MV Injuries by Race / Ethnicity, 2018-2022



Percent of Fatal MV Injuries by Age Group, 2018-2022



This data point is statistically unstable and should be interpreted with caution.

Drug Overdose

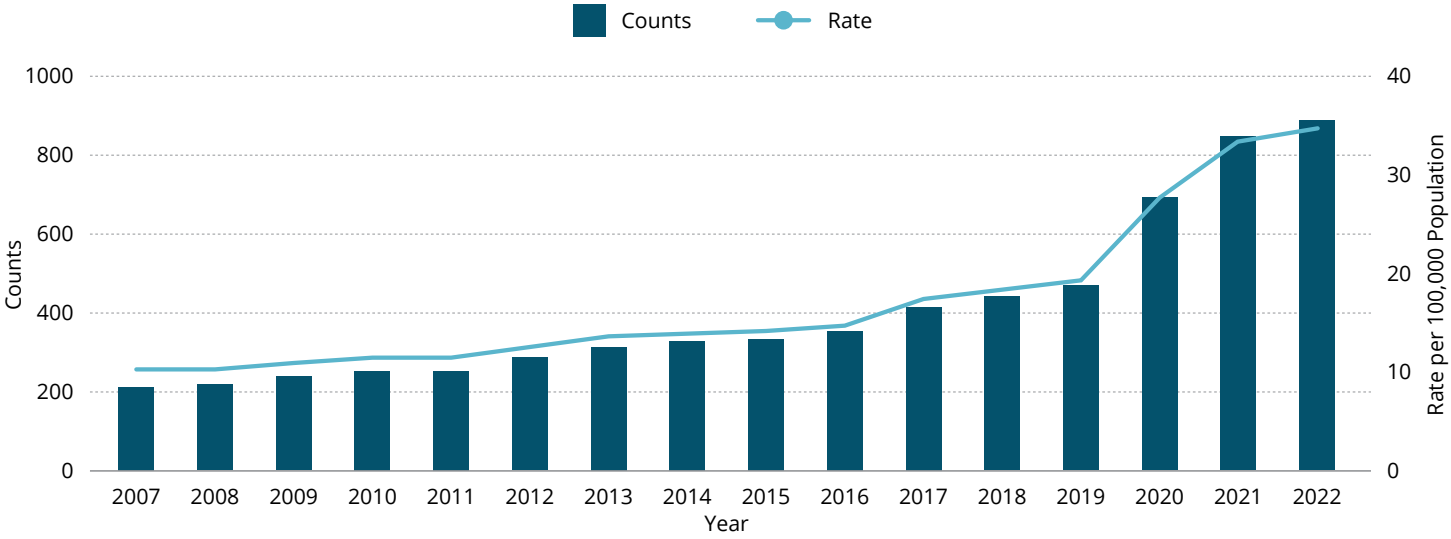
Drug overdose deaths are the leading cause of injury deaths in the United States and one of the top leading causes of deaths in Riverside County. This rapid rise in overdoses can be attributed to synthetic opioid's, particularly fentanyl, and methamphetamine. Riverside County established Riverside County Overdose Data to Action (RODA) in 2019 to counter the rapid rise of overdoses, using enhanced surveillance data to guide overdose prevention efforts. Funded by the Centers for Disease Control and Prevention (CDC), the program is organized around six overarching strategies, each requiring strong and invested collaboration, data sharing, and data-driven evidence-based practices to prevent new addictions, manage and treat existing addiction, and prevent overdose deaths. While the launch of the program has notable successes, the aim is to prevent and reduce drug overdoses and deaths in Riverside County during this spike in drug overdoses [48]. The data presented takes a look at 2018-2022 overdose data in Riverside County.

Overdose Deaths

Key Findings

- The death rate due to drug overdose has been increasing in Riverside County over the last few decades.
- Although the majority of drug overdose deaths are accidental, some may also be intentional or of undetermined intent. [49]
- Overdose deaths have doubled from 2018 to 2022 (from 445 to 890).
- The highest rate of overdose deaths was 34.6 per 100,000 population in 2022. [50]
- The Healthy People 2030 national health target is to reduce drug overdose deaths to 20.7 deaths per 100,000 population. [51]
- From 2019 to 2020, we saw an almost 50.0% increase in drug overdose death rates.

Death Counts and Rate due to Drug Overdose, 2007-2022



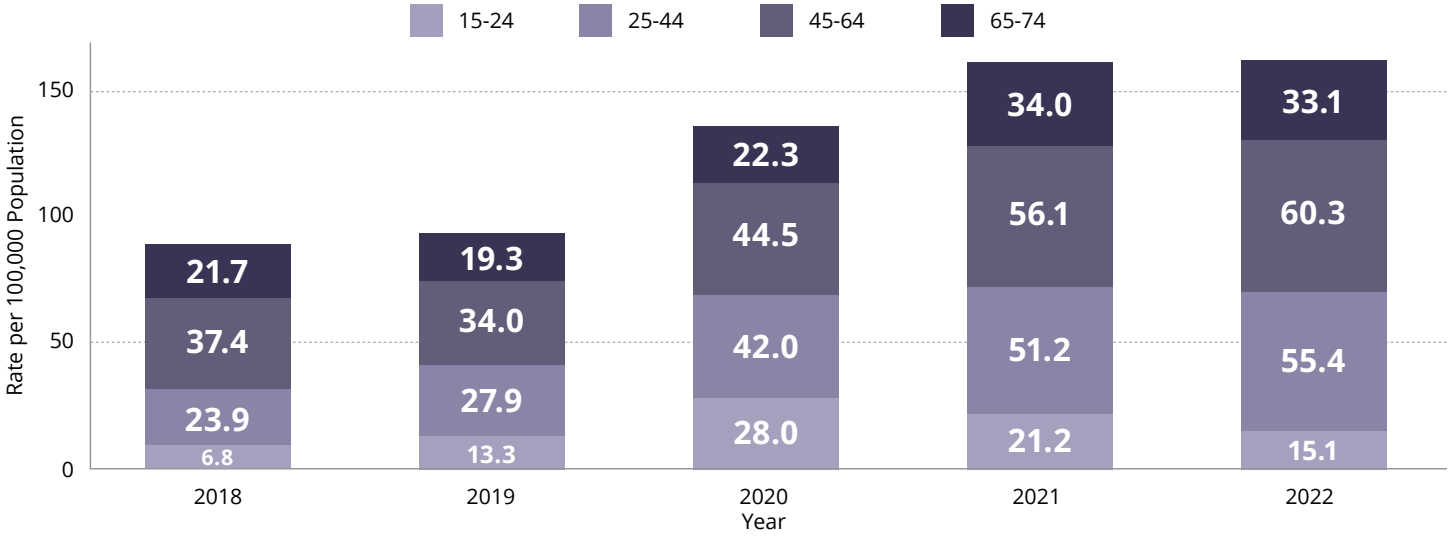
Year	Total Deaths	Rates	Percent Increase (Rates)	Percent Increase (Counts)
2017	418	17.5	–	–
2018	445	18.4	5.0%	6.0%
2019	472	19.2	5.0%	6.0%
2020	696	27.9	45.0%	47.0%
2021	848	33.5	20.0%	22.0%
2022	890	34.7	3.0%	5.0%

Overdose Deaths

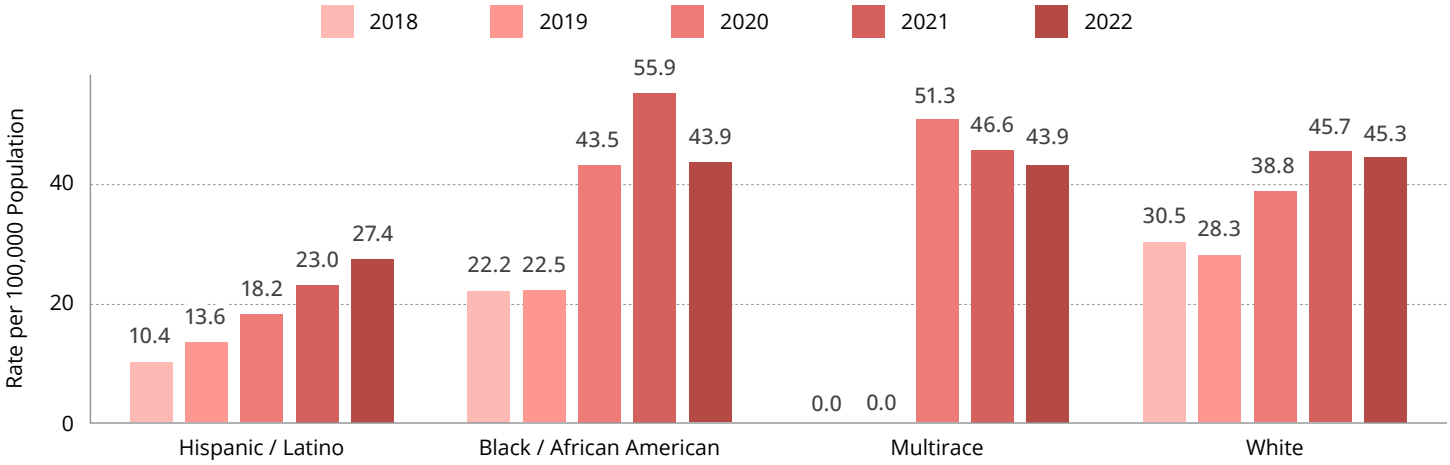
Key Findings

- Deaths in ages 15-24 have increased from 2018 to 2020, but since 2020 it has been steadily decreasing, while all other age groups (25+) have shown increases from 2020.
- Black / African American, Hispanic / Latino, and White groups observed an increase in overdose deaths in the five-year timeframe.
- Black / African American population had the highest rate percent increase of +93.0% in overdose deaths between 2019 to 2020.
- In 2022, those who died from drug overdose were most likely to be male and White. [50]

Age Rates of Overdose Deaths, 2018-2022



Race / Ethnicity Rates of Overdose Deaths, 2018-2022*



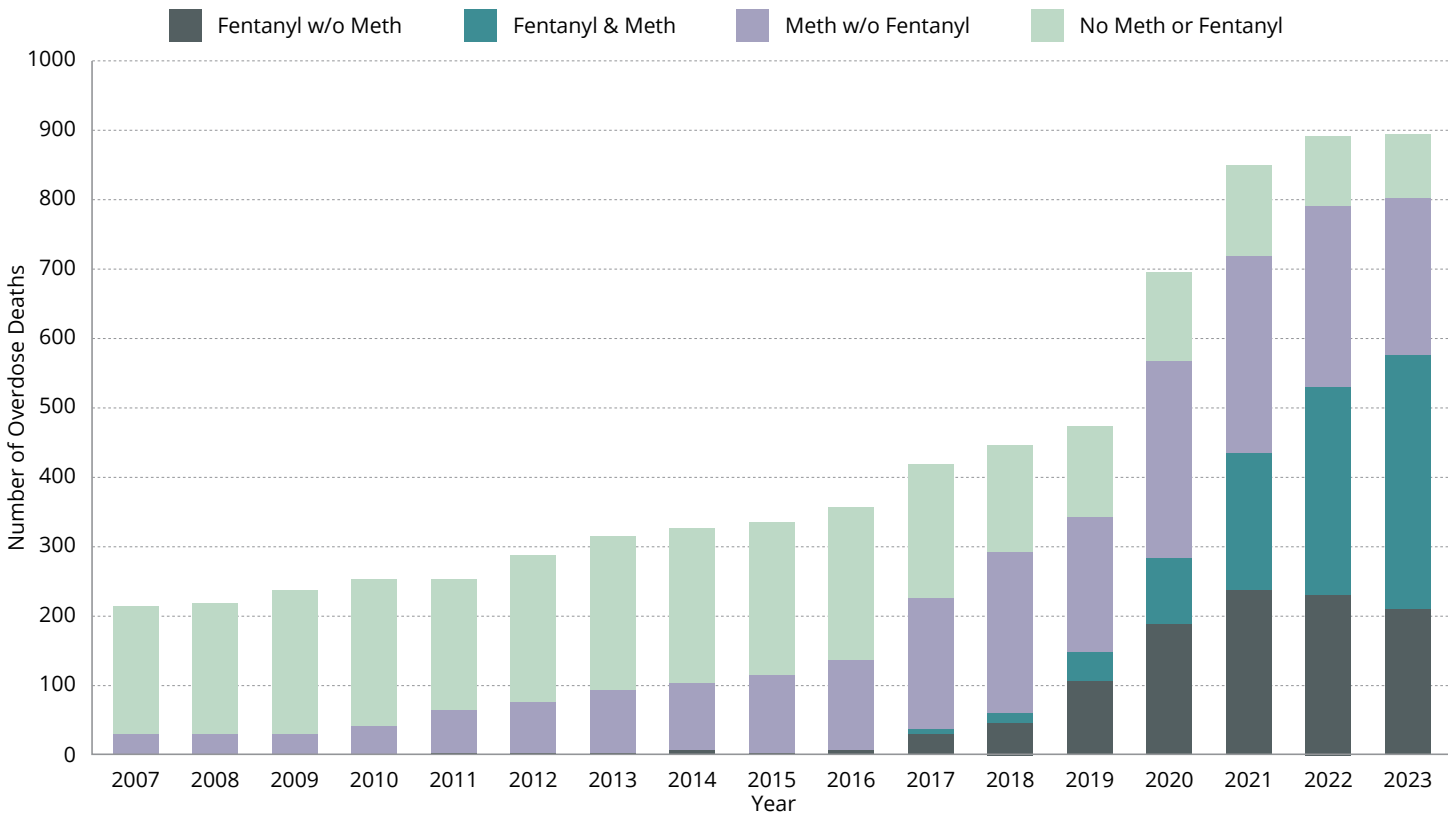
** Native Hawaiian / Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

Methamphetamine and Fentanyl Overdoses

Key Findings

- The primary drug responsible for overdose deaths continues to be methamphetamine but fentanyl-related deaths are becoming more common, especially in combination with other drugs.
- Fentanyl and / or Methamphetamine account for ~90.0% of overdose deaths.
- Methamphetamine related drug overdose deaths had the highest 5-year average counts (373) and rates (15 per 100,000 population) from 2018-2022.
- Fentanyl and Methamphetamine combined counts of drug overdose deaths have nearly doubled every year from 2017 to 2022.
- Fentanyl overdose deaths have seen an 80-fold increase in deaths since 2011 and there continues to be an increase within Riverside County. [52]
- The Healthy People 2030 national health target is to reduce overdose deaths to 20.7 deaths per 100,000 population. [53]

Fentanyl and Methamphetamine Counts of Overdose Deaths, 2007-2023

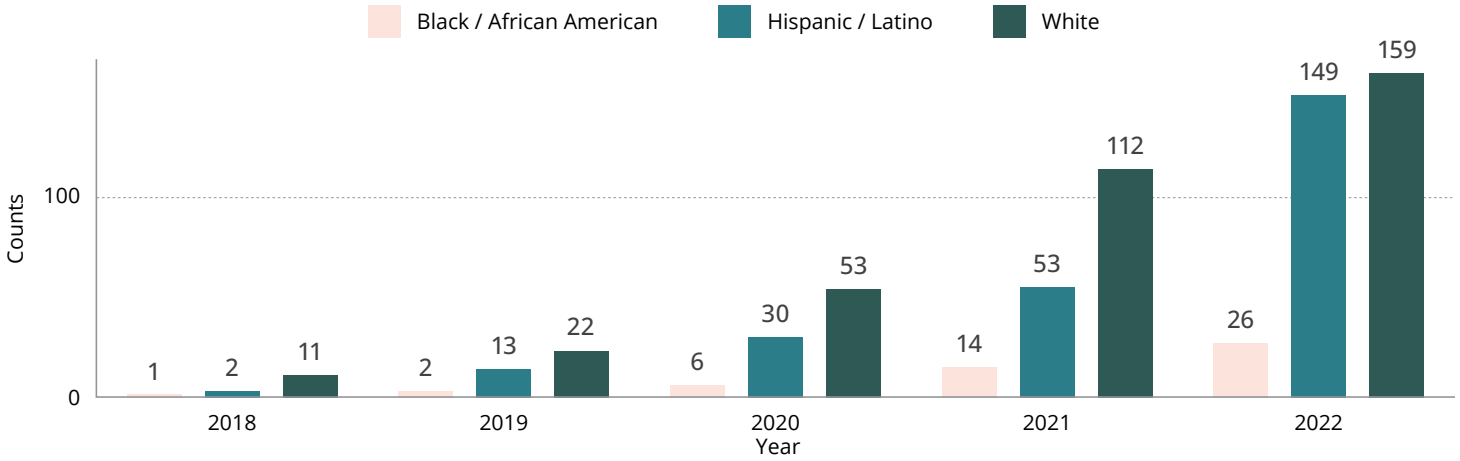


Methamphetamine and Fentanyl Overdoses

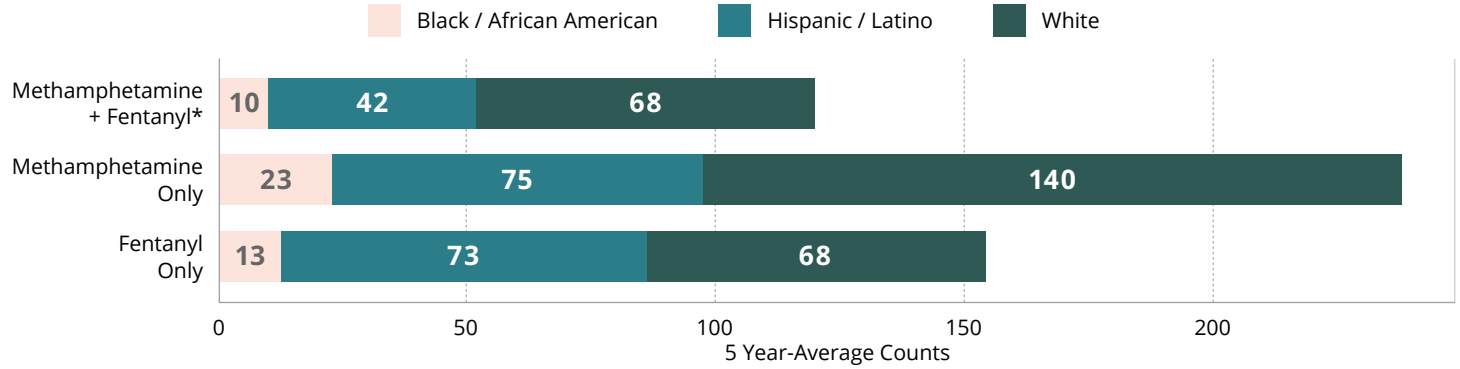
Key Findings

- Methamphetamine and fentanyl related overdose deaths have almost doubled every year from 2018-2022 for each race / ethnicity group.
- A chi-squared statistical analysis of five years (2018-2022) of data determined that there were significant differences between drug types and race / ethnicity groups ($X^2 < 0.01$).
- Notable differences observed methamphetamine alone and White population was the most prominent prevalence and conversely, and methamphetamine and fentanyl combined had the lowest 5 year-averages counts. [50]

Race / Ethnicity Counts of Methamphetamine and Fentanyl Overdose Deaths, 2018-2022*^



Race / Ethnicity 5 Year-Average Counts of Methamphetamine and Fentanyl Related Overdose Deaths, 2018-2022*^



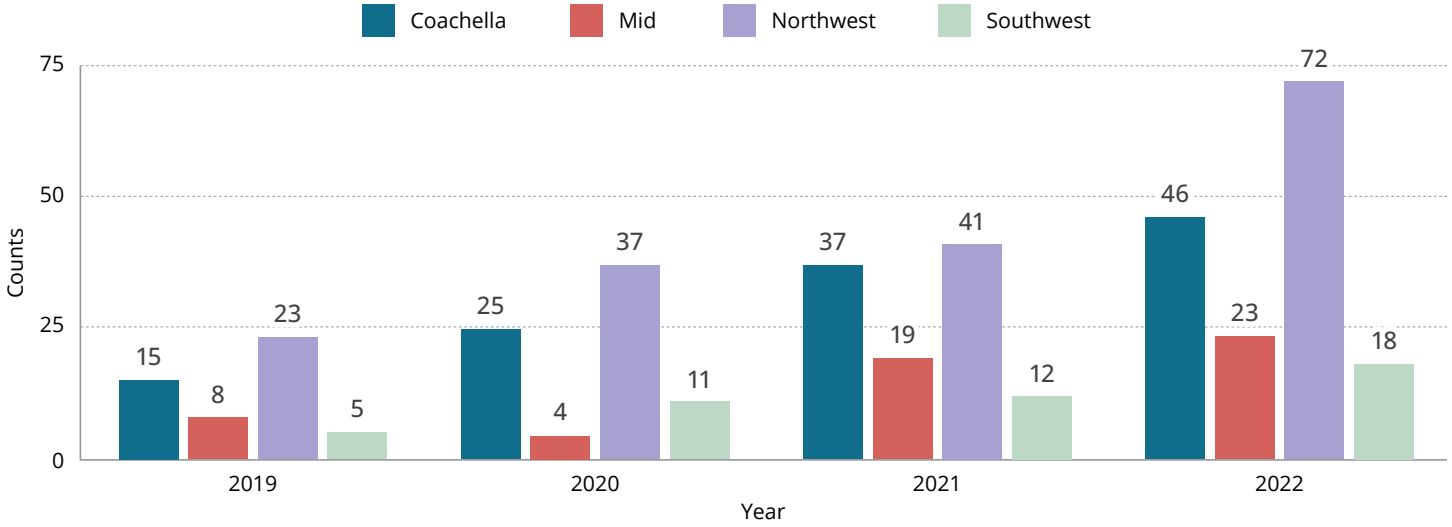
**Methamphetamine and fentanyl drug overdose counts consist of methamphetamine and fentanyl drug overdose deaths in combination of each other.*
^Native Hawaiian/Pacific Islander, Asian, Other or Unknown, Multirace, and American Indian/ Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.

People Experiencing Homelessness (PEH) Overdoses

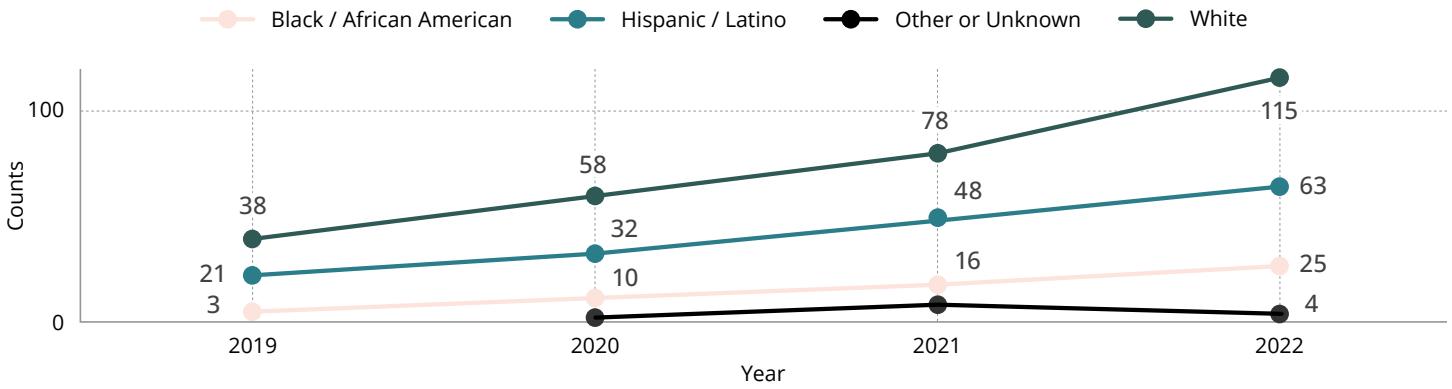
Key Findings

- The Northwest region had a 95.0% increase in overdose deaths, between 2020-2022.
- Between 2020 and 2022, overdose death counts among Black / African American, Hispanic / Latino, and White groups increased, due to fentanyl and methamphetamine combination-related overdoses. [50]

Region Counts of Overdose Deaths Among PEH, 2019-2022*



Counts of Overdose Deaths by Race / Ethnicity Among PEH, 2019-2022^



**East and the Unknown entered regions have been removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

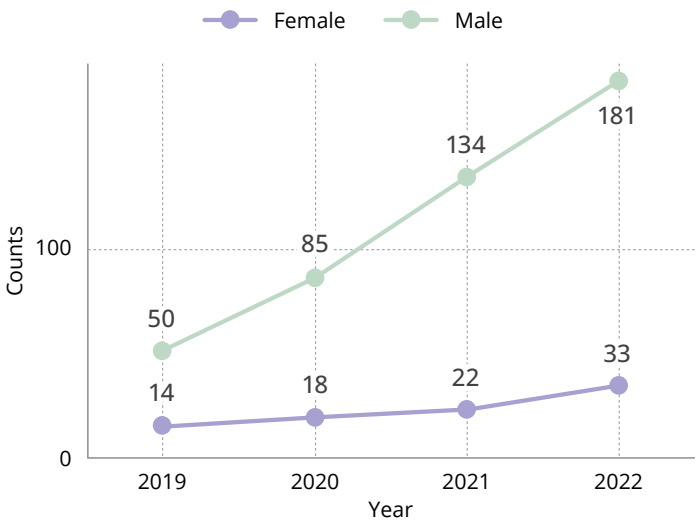
^Native Hawaiian / Pacific Islander, Asian, Multirace, and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.

People Experiencing Homelessness (PEH) Overdoses

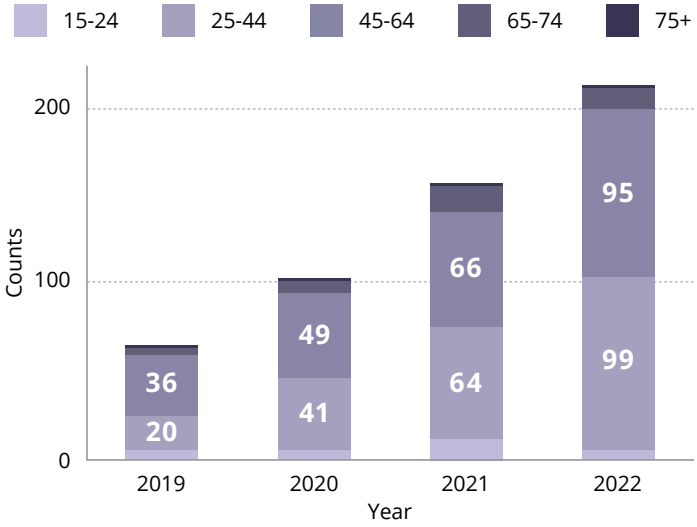
Key Findings

- ▼ 46.0% of overdose deaths among PEH was within the age group of 45-64 years, from 2019-2022.
- ▼ Males have consistently outnumbered females but in 2022, males outnumbered females in all overdose deaths 84% to 16%.
- ▼ Methamphetamine + fentanyl overdose deaths increased by 2.7x every year from 2019-2022. [50]
- ▼ Health goals are to reduce People Experiencing Homelessness stigma, structural and social barriers to health care, and overdose deaths. ■

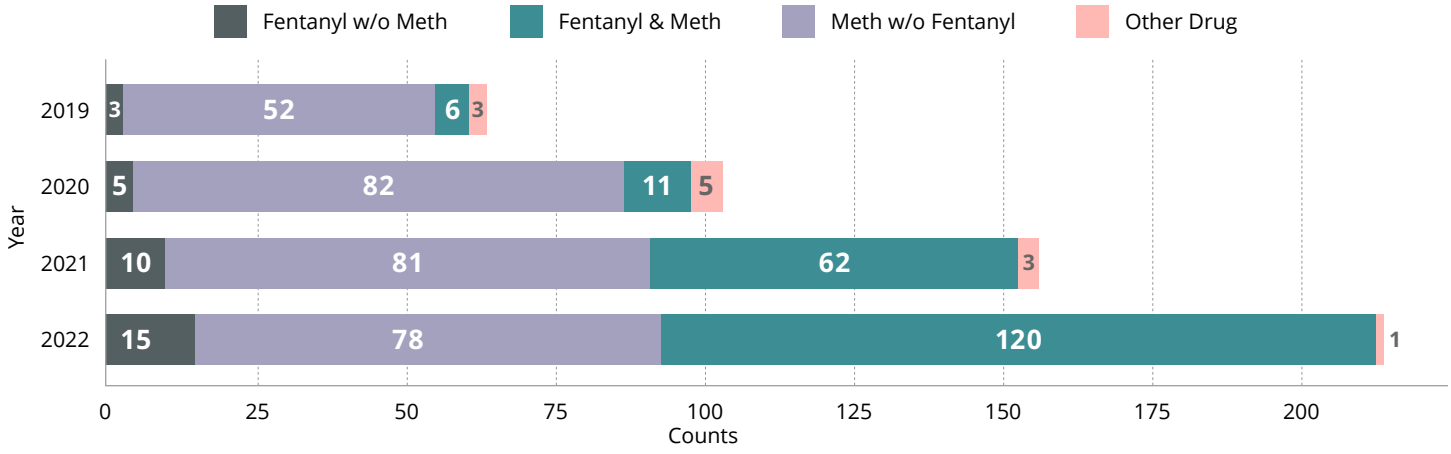
Counts of Overdose Deaths by Sex Among PEH, 2019-2022



Counts of Overdose Deaths by Age Among PEH, 2019-2022



Counts of Overdose Deaths by Drug Type Among PEH, 2019-2022



CLIMATE CHANGE

Climate change poses significant challenges to our community. Understanding its local impacts is crucial for protecting our residents and infrastructure. The following pages will explore the current effects of climate change on our county.

Asthma

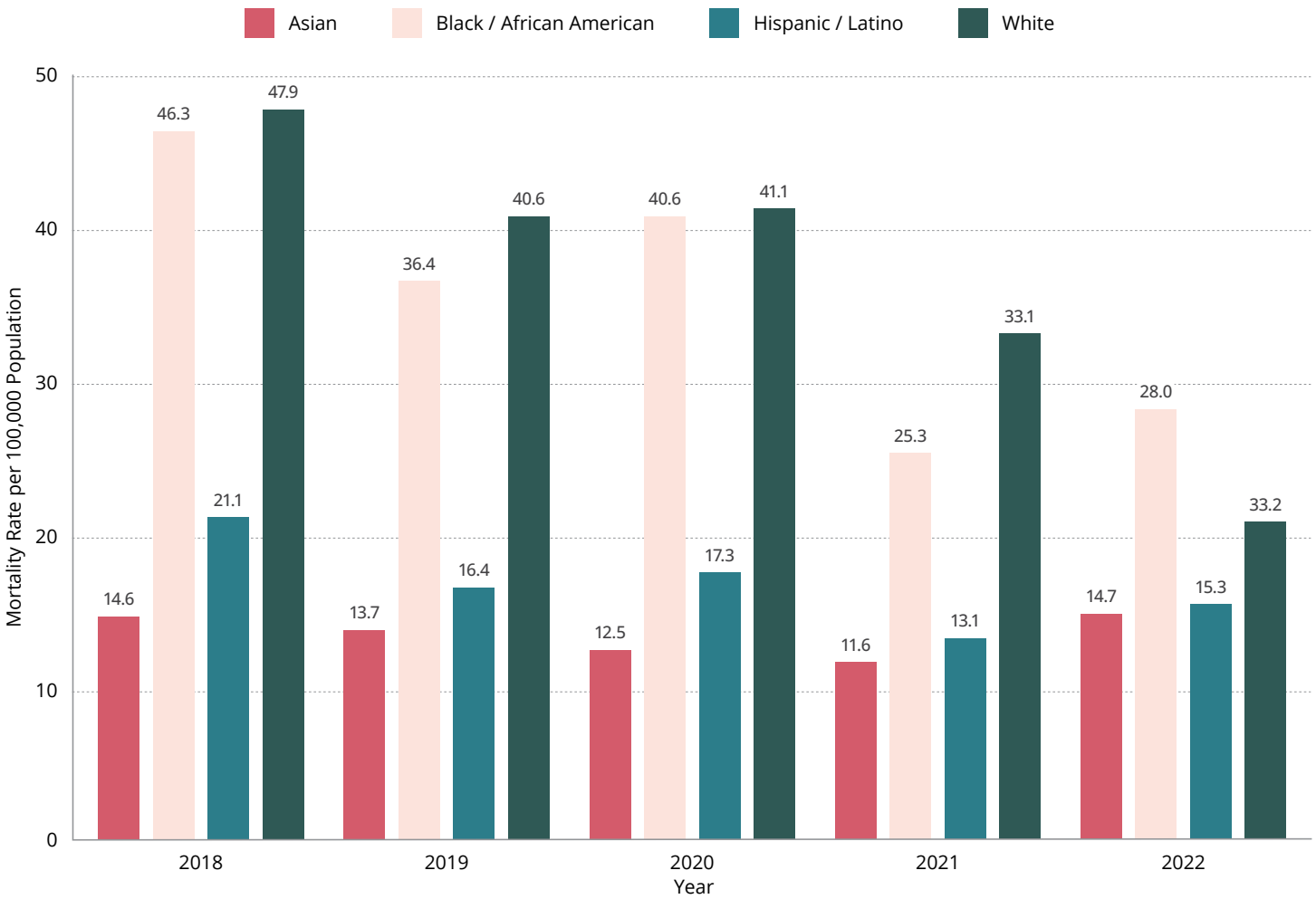
Chronic lower respiratory diseases have consistently remained a top cause of death in Riverside County. Reducing exposure to poor housing conditions, traffic pollution, secondhand smoke, changes to environmental triggers, and other factors impacting air quality can help prevent asthma and asthma attacks. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and quick short-term relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization and can result in death. The health goal aim is to reduce chronic lower respiratory disease death rates, prevalence, and disparities in race / ethnicity, age, sex, and geographic locations in Riverside County. [54-56]

Asthma [53,55,57]

Key Findings

- The age adjusted death rate for asthma in Riverside County has slowly been decreasing in all groups except Asian.
- From 2018 to 2022, White population held the highest average death rates from asthma compared to any other race / ethnicity group at 38.9 per 100,000 population.
- In 2018, all race/ethnicity groups had the highest death rates compared to other years.
- Since 2018, there has been a decline in death rates across all race / ethnicity groups.
- Asian and Hispanic / Latino groups saw the lowest death rates at almost half the rate compared to Black / African Americans and White groups.

Age Adjusted Death Rate of Asthma, 2018-2022*^



** Asthma in this context refers to asthma and chronic obstructive pulmonary disease (COPD).*

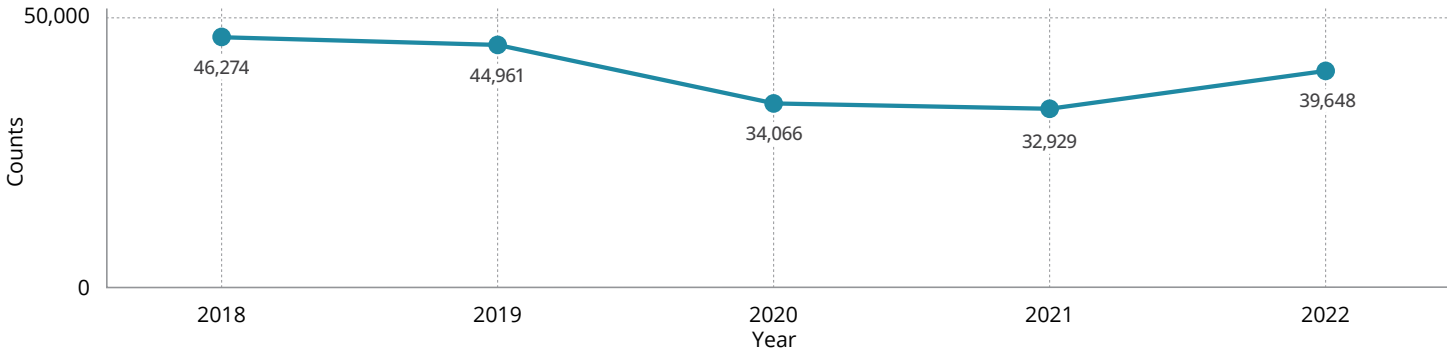
^ Native Hawaiian / Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.

Asthma Emergency Department (ED) Visits [54,55,57]

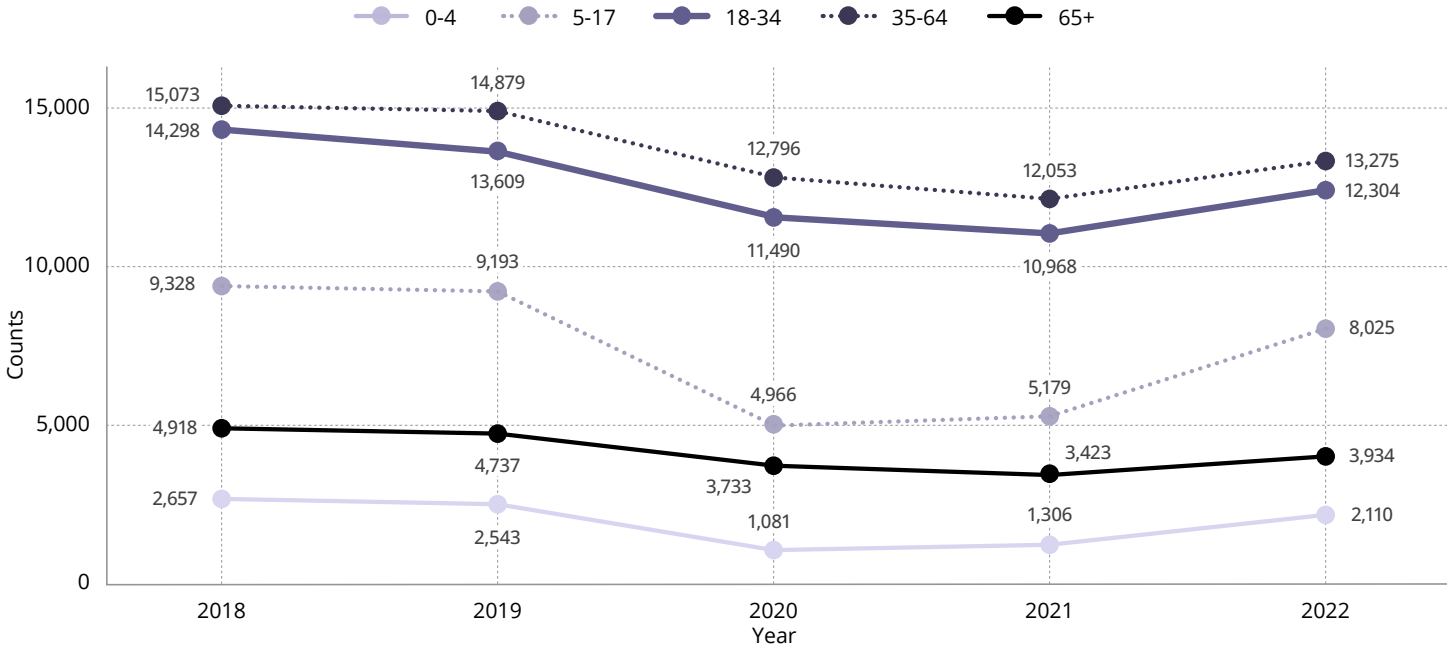
Key Findings

- The counts for asthma ED visits were the lowest in 2020, while 2018 was the highest.
- The counts of asthma ED visits by age group saw a steep decline in ED visits in 2020.
- 0-4 and 5-17 age groups were the only groups that saw a steady increase each year in asthma ED visit counts from 2020 onward.
- Age group 0-4 is the only group that has gotten close to pre-pandemic levels of asthma ED visit counts by 2022.

Counts of Asthma ED Visits, 2018-2022



Counts of Asthma ED Visits by Age Group, 2018-2022



Heat-Related Illness

Heat-related illness (HRI) accounts for the heat-related deaths and heat-related emergency department visits in Riverside County. These measures look at the heat-related illnesses in Riverside County from 2019 to 2023.

Populations at High Risk

- **Unhoused individuals**
- **People with disabilities**
- **Pregnant people**
- **Older adults**
- **Incarcerated people**
- **Student athletes**
- **Outdoor workers**
- **People taking specific medications**
- **Tourists and visitors**
- **People with chronic medical conditions**
- **Infants and children**

Preventative actions include checking in on groups at higher risk and getting them to cool places and ensuring they have access to fluids, providing heat education, addressing underlying causes of drug use, expanding cooling centers to provide safety to vulnerable populations, encouraging businesses to make sure their workers have water and cooling measures, and checking in on family and friends to ensure they have a cool place to shelter. [58,59]

Heat Related Deaths

Key Findings

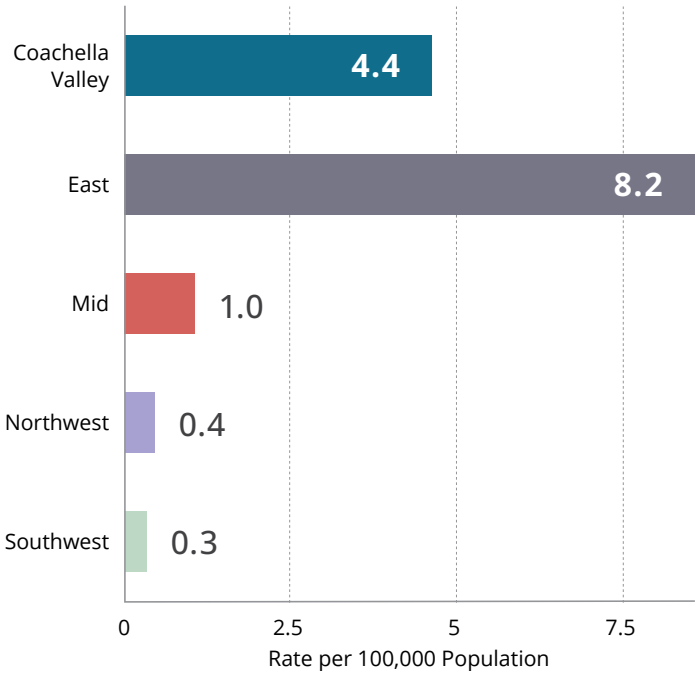
Trends of groups with higher 5-year heat mortality rates in Riverside County

- From 2018-2022, there were 172 heat-related deaths in Riverside County.
- A fatal HRI event is over 4x more likely to occur in the hot desert regions of the county compared to other regions. However, the East region displays the highest rate of a heat related death occurring at almost over double the Coachella region (8.2 per 100,000 population).
- Residents aged 65+ are the most affected age group (12.8 per 100,000 population).
- An HRI death is 2x more likely to be male than female (2.0 per 100,000 for males vs 0.8 per 100,000 for females)
- White and Black / African Americans are the most affected groups (2.0 and 1.7 per 100,000)[58]

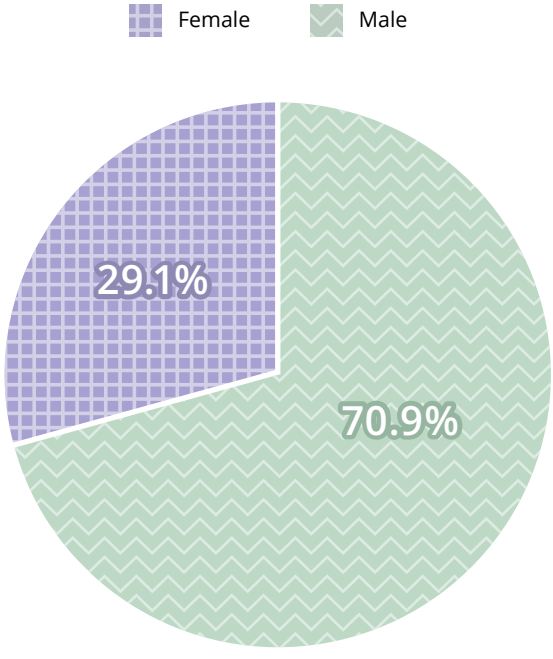
Heat Related Factors

Factors for increased rise in heat related deaths include higher temperatures, built environment with no shade and less tree canopy coverage, and residents with no A/C in their homes or in an area of high energy costs, people can't afford to use them.

Rate of HRI Deaths by Hospital Region, 2018-2022

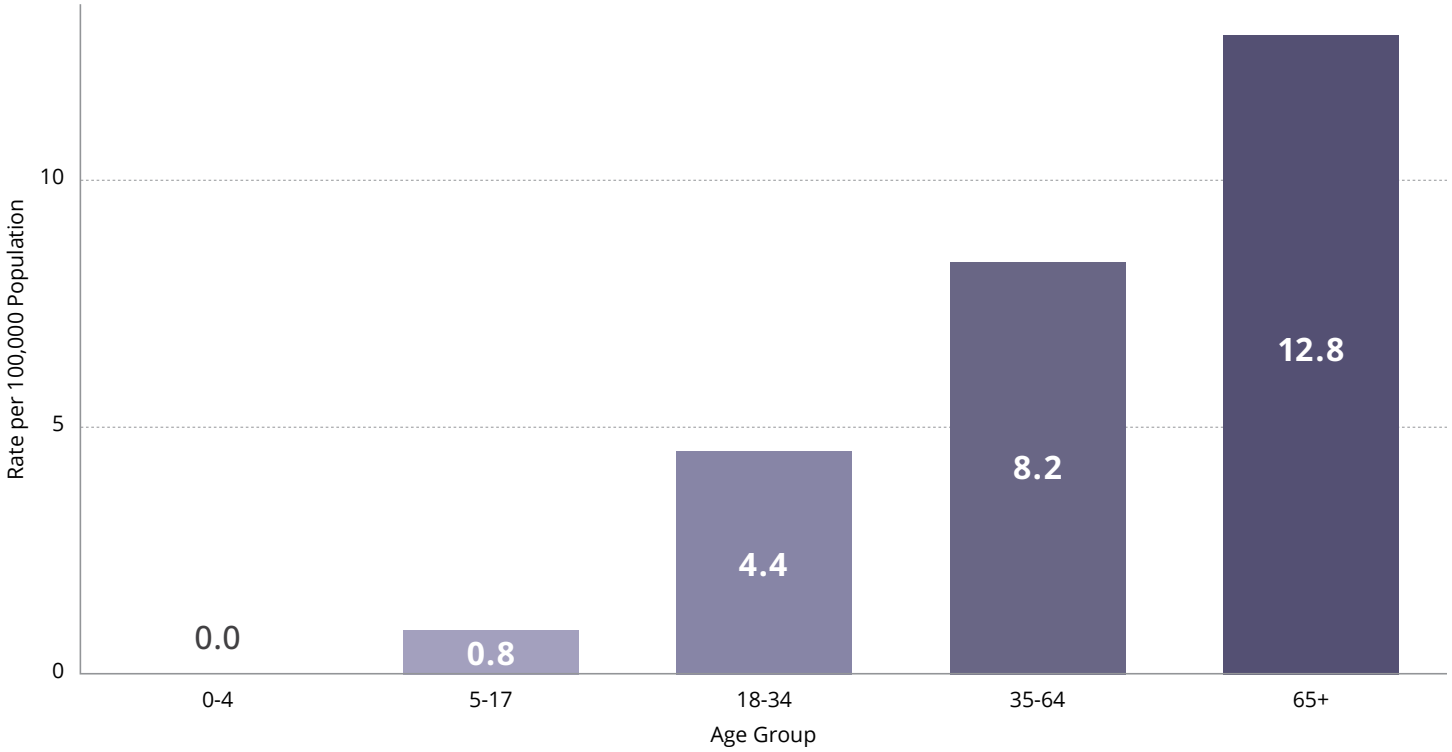


Percent of HRI Deaths by Sex, 2018-2022

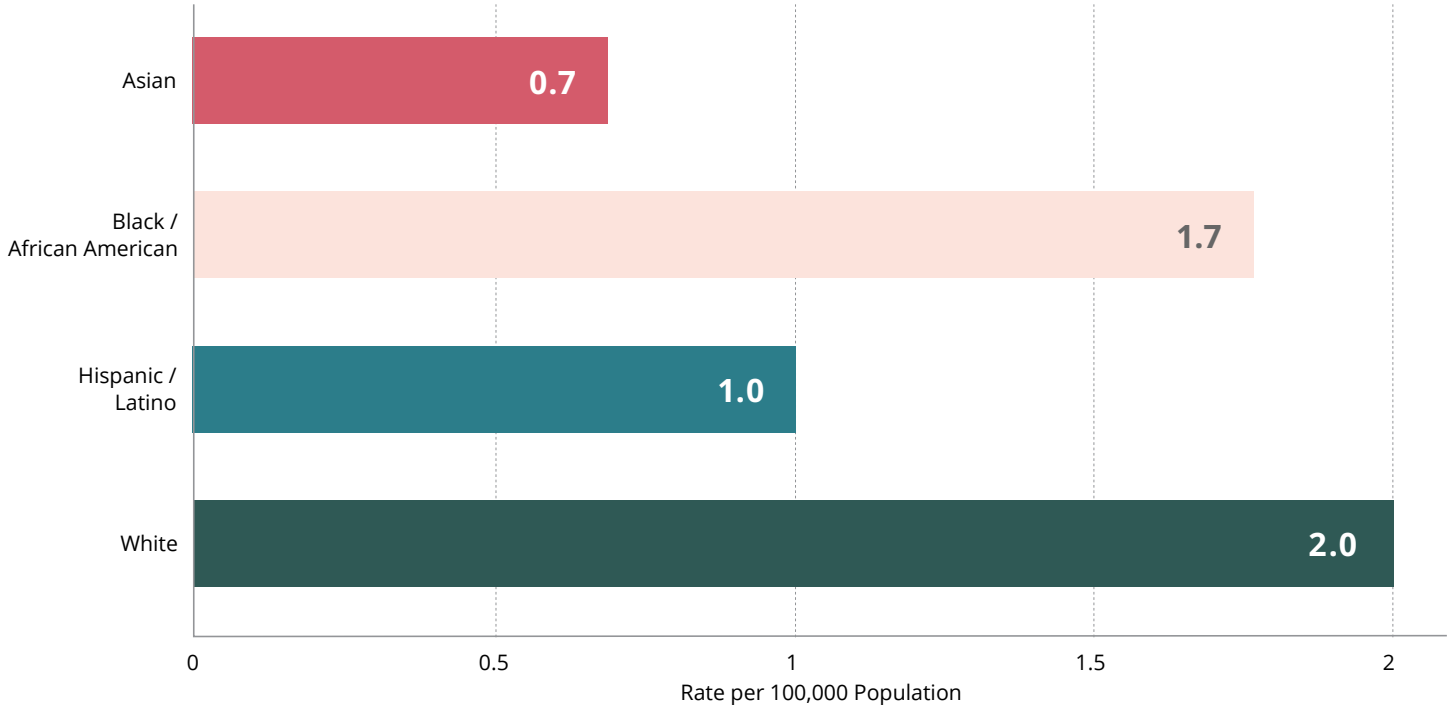


Heat Related Deaths

Rate of HRI Deaths by Age Group, 2019-2023 [58]



Rate of HRI Deaths by Race / Ethnicity, 2019-2023*



**Native Hawaiian / Pacific Islander, Multirace, and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

Heat Related Emergency Department (ED) Visits

Key Findings

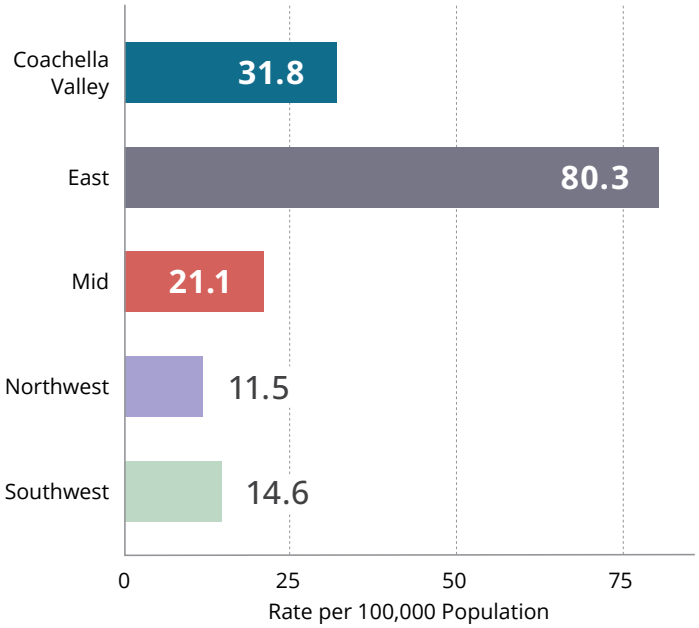
Trends of groups with higher 5-year heat related ED visits in Riverside County

- From 2018-2022, there were 2,196 Heat-Related ED visits in Riverside County.
- East region has the highest crude rate of HRI ED visits, 80.3 per 100,000 population.
- Males are over 2x more likely than females to be seen in the ED for an HRI visit (24.3 per 100,000 for males vs 11.0 per 100,000 for females).
- The 5-17 age group is the most impacted age group to see more HRI visits than any other age group at over triple that of any other group (145.0 per 100,000 population).
- Black / African American and White groups are the most affected group at 25.7 per 100,000 population and 18.6 per 100,000, followed by the Hispanic / Latino population at 17.0 per 100,000. [58,59]

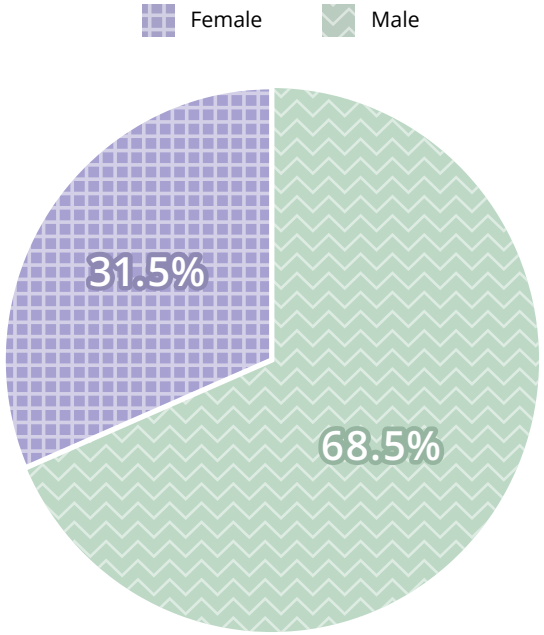
Heat Related Factors

High risk populations and a combination of using meth and similar drugs in a very hot environment can contribute to fatalities.

Rate of HRI Death by Hospital Region, 2018-2022

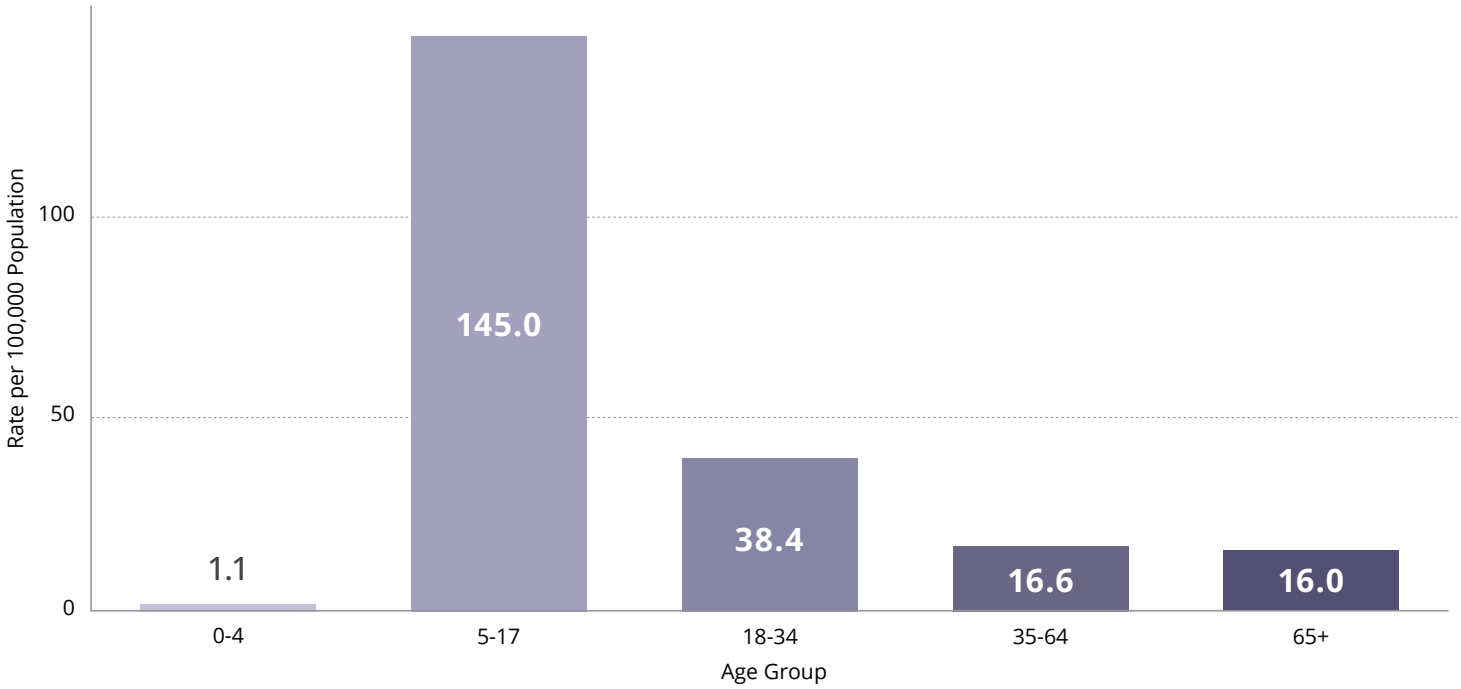


Percent of HRI Death by Sex, 2018-2022

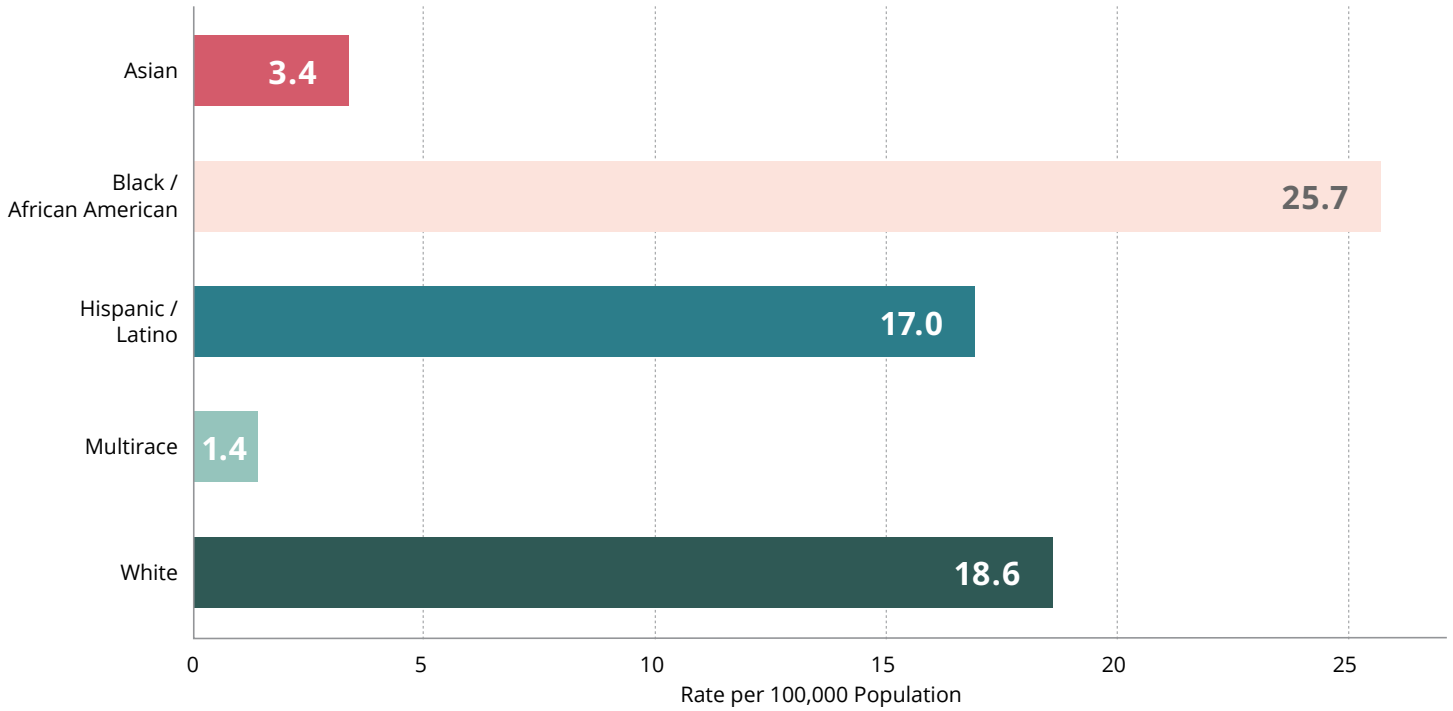


Heat Related Emergency Department (ED) Visits [59]

Rate of HRI ED Visits by Age Group, 2018-2022



Rate of HRI ED Visit by Race / Ethnicity, 2018-2022*



**Native Hawaiian / Pacific Islander, Multirace, and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

SEXUALLY TRANSMITTED DISEASES (STDs) AND HIV

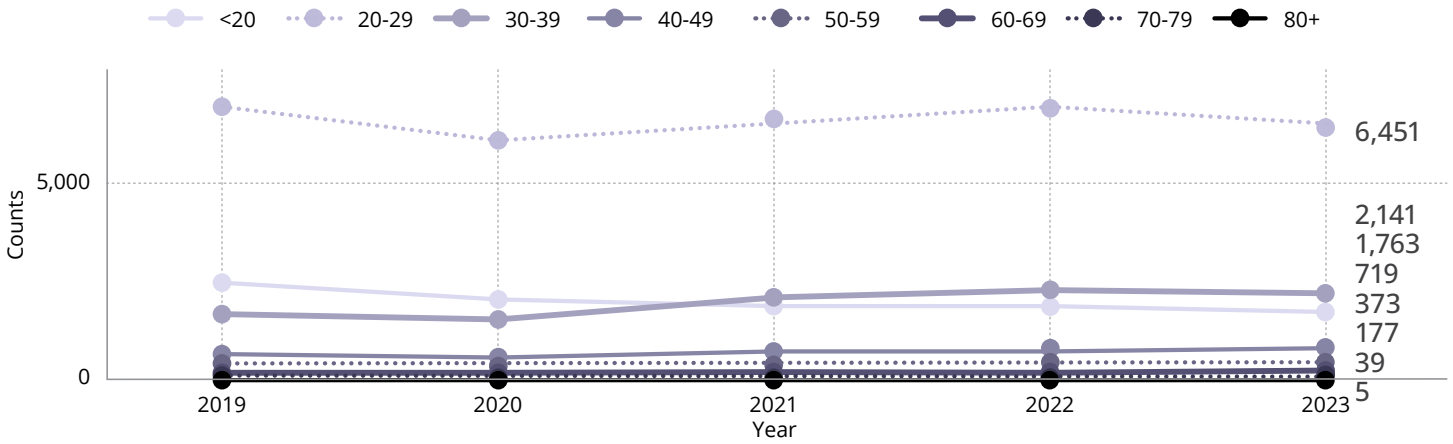
Riverside County actively tracks the trends of existing and emerging Sexually Transmitted Diseases (STDs). The county monitors transmission rates and gathers ongoing information on STDs, including risk behaviors, treatment, and prevention. Additionally, the county focuses on promoting healthy sexual behavior and minimizing the impact of HIV / AIDS and STDs within Riverside.

Chlamydia

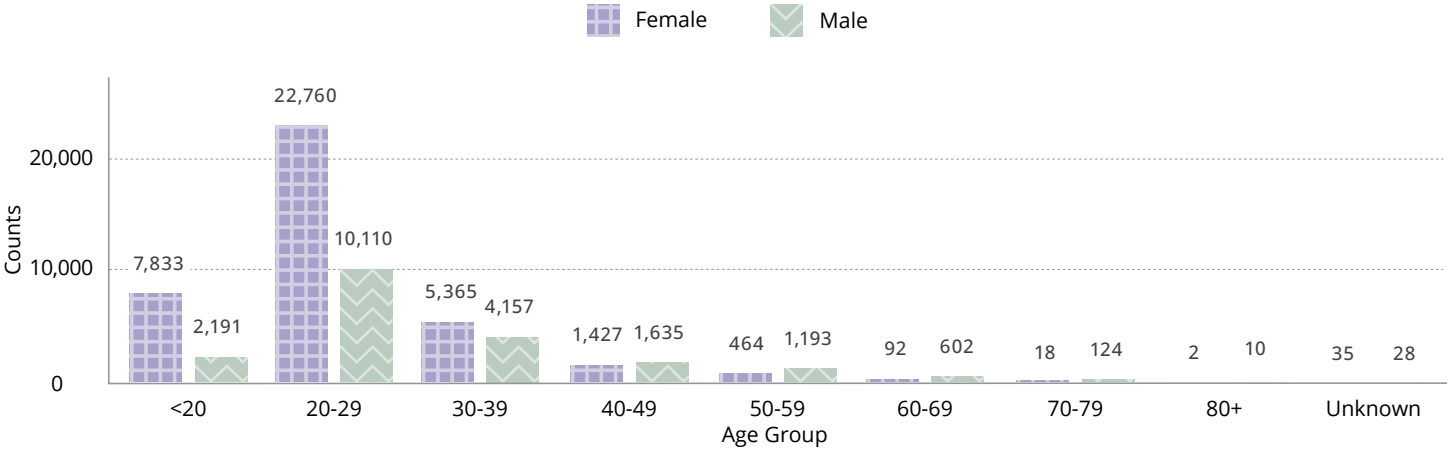
Key Findings

- Chlamydia has remained the most commonly reported sexually transmitted disease in Riverside County between 2019-2023.
- In 2023, the overall rate for the county was 479.0 per 100,000 population and 489.7 per 100,000 for the state.
- Chlamydia incidence was more prevalent in the female population of each age group than males.
- Chlamydia infection remained highest among young adults and had the highest incidence rate among females 20-29 years old. This statistic remains true for the State of California at a rate of 3,384.1 per 100,000 population for females aged 20-24 in 2023.
- Chlamydia is often asymptomatic, resulting in some individuals going untested and untreated for the disease. [60]

Chlamydia Counts by Age Group, 2019-2023



Chlamydia Counts by Sex and Age Group, 2019-2023

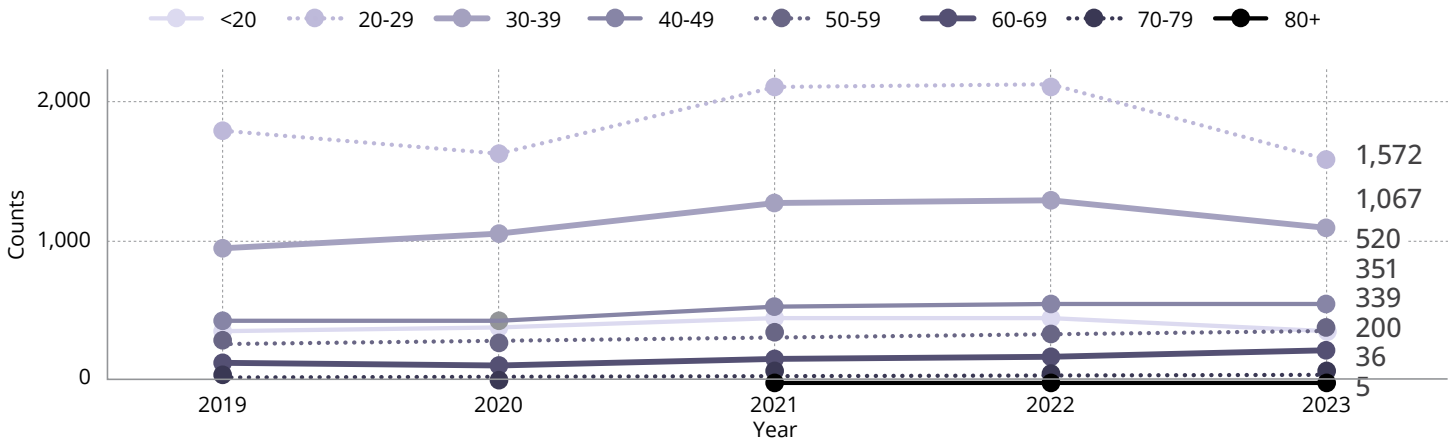


Gonorrhea

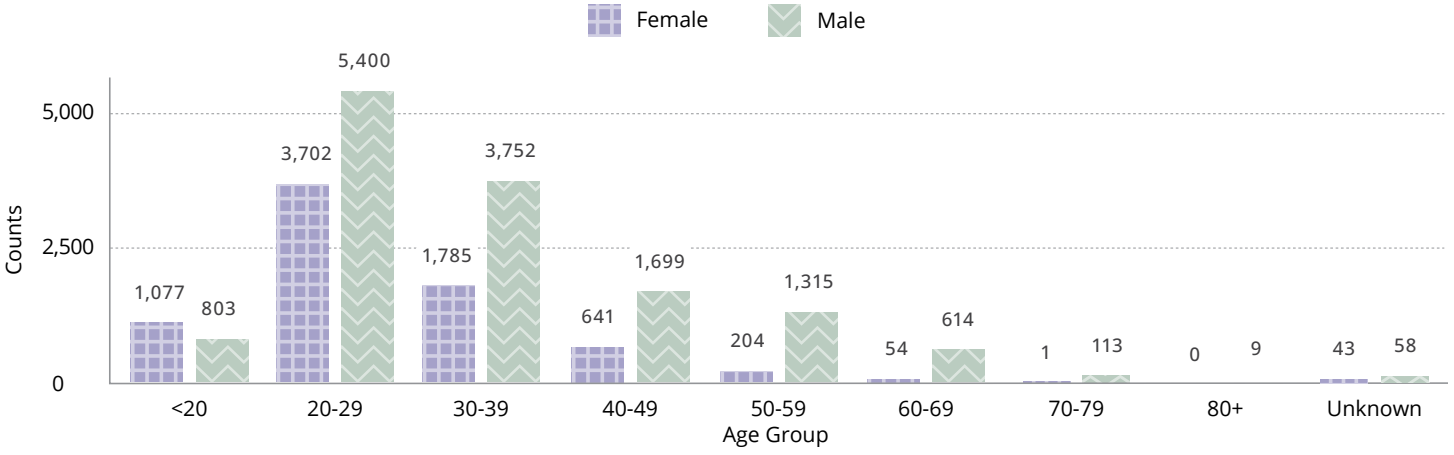
Key Findings

- Gonorrhea is the second most frequently reported sexually transmitted disease in Riverside County between 2019-2023. In 2023, the overall rate for the county was 167.8 per 100,000 population and 189.7 per 100,000 for the state.
- Similar to chlamydia, gonorrhea rates in the State remain highest among young adults aged 20-29.
- Rates were higher among males than females. In the State of California, the overall rate was 280.8 per 100,000 for males and 99.5 per 100,000 for females.
- Counts were increasing between 2019-2021 but have declined slightly from 2021-2023.
- Gonorrhea is typically asymptomatic. It is easy to treat, however gonorrhea has developed resistance to antibiotics over the years, complicating treatment. [60]

Gonorrhea Counts by Age Group, 2019-2023



Gonorrhea Counts by Sex and Age Group, 2019-2023

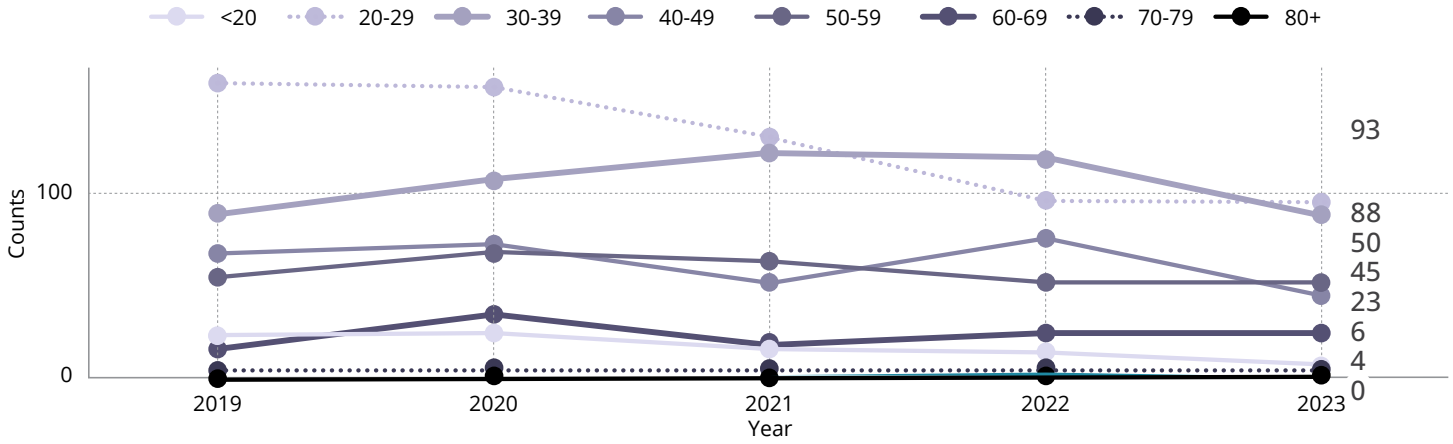


Syphilis

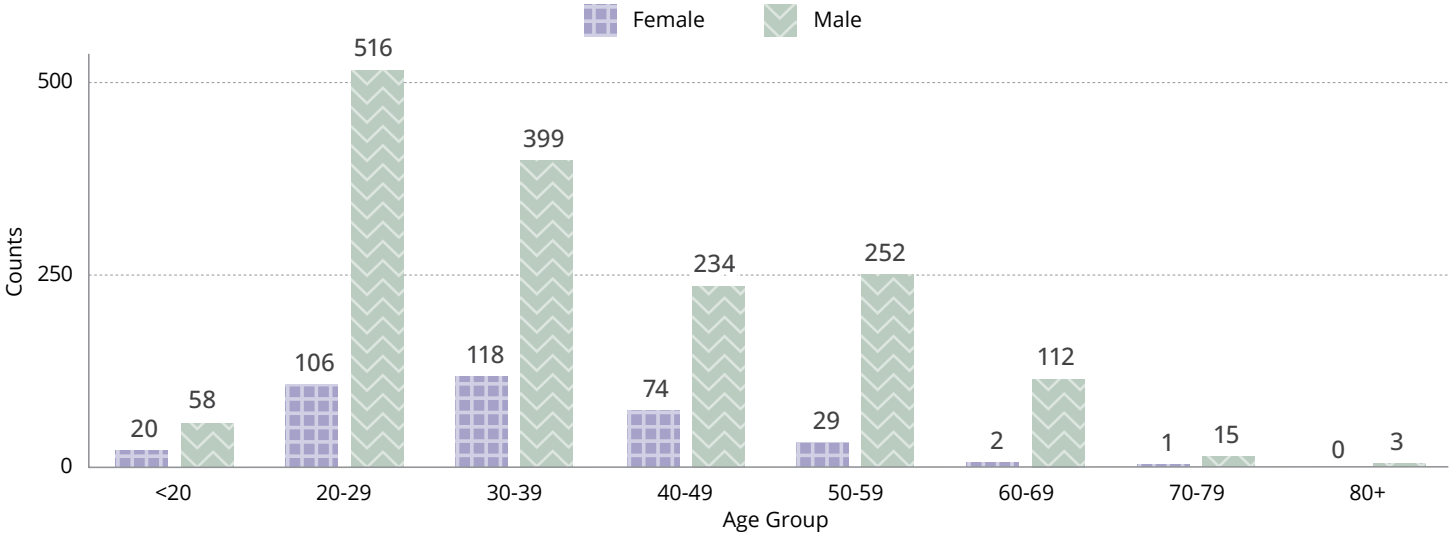
Key Findings

- Primary and Secondary Syphilis are most commonly reported among males aged 20-29, accounting for over 50.0% of all cases, and remains high in the 30-39 and 50-59 age groups particularly for males.
- In 2023, the overall rate for the county was 12.8 per 100,000 population and 16.3 per 100,000 for the state.
- Counts of Syphilis increased in 2019-2021 but decreased overall in 2022 for most age groups.
- Risk factors associated with syphilis infection include unprotected sex and having multiple sex partners. [60]

Syphilis Primary & Secondary Counts by Age Group, 2019-2023



Syphilis Primary & Secondary Counts by Sex and Age Group, 2019-2023

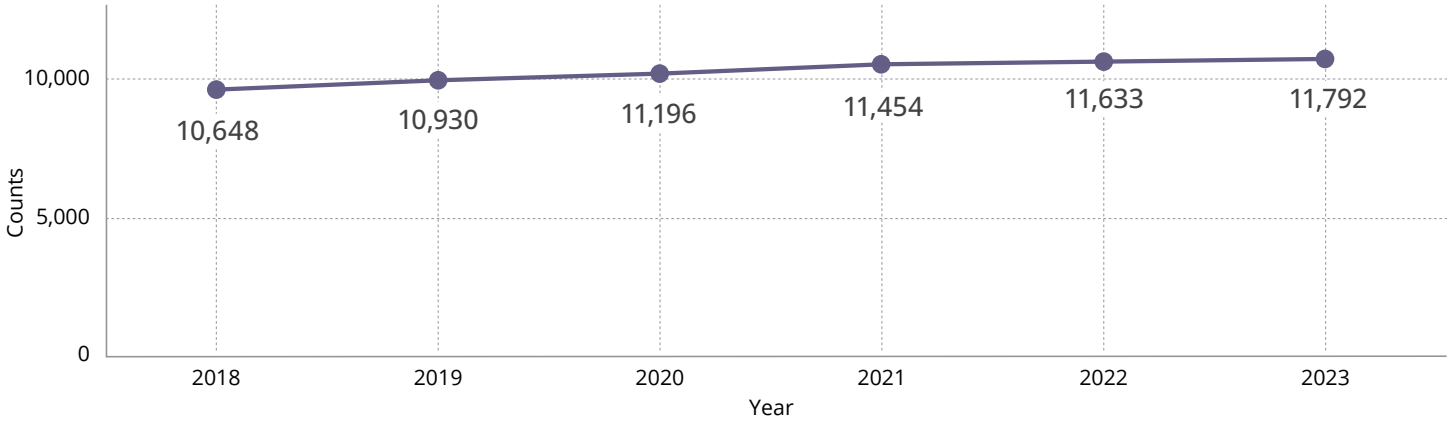


HIV

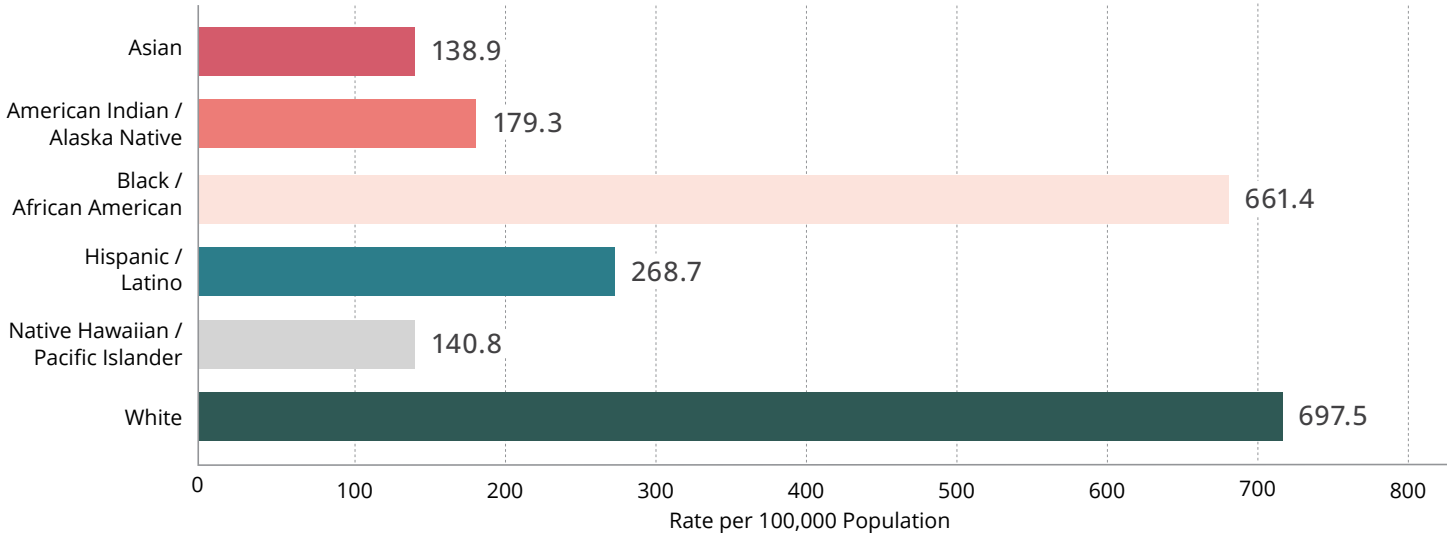
Key Findings

- The HIV prevalence rate in Riverside County was 481.8 per 100,000 for those aged 13+ as of 2023.
- In 2021, the overall rate of persons living with diagnosed HIV infection was 352.9 per 100,000 for the state.
- There has been an increase in cases since 2018.
- All race / ethnicity groups as well as men who have sex with men within all races are disproportionately affected by HIV. [60,61]

Total Count of HIV Cases, 2018-2023



HIV Prevalence Rates by Race / Ethnicity, 2023

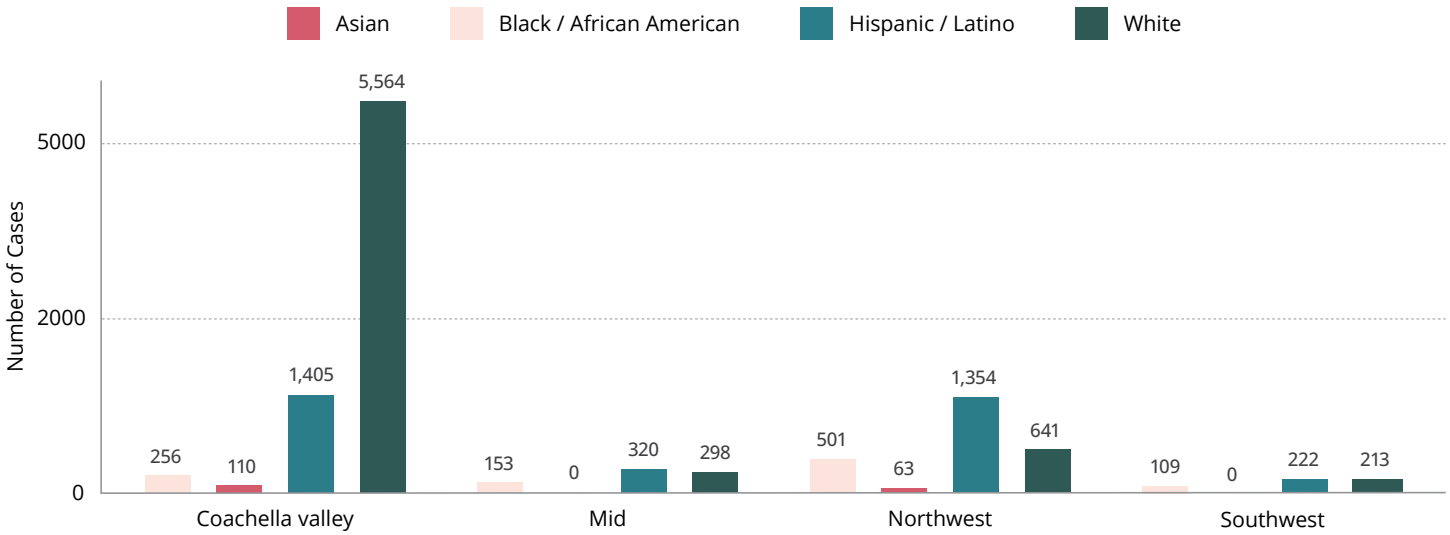


HIV

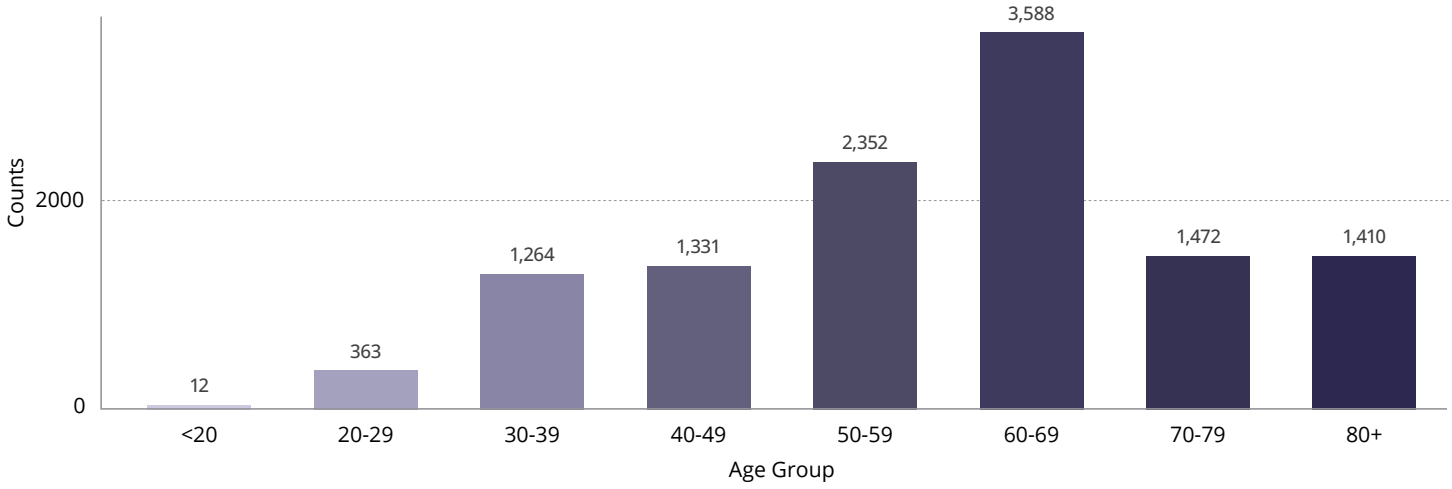
Key Findings

- In 2023, the majority of persons living with HIV (PLWH) in Riverside County were Hispanic / Latino (5,564 cases), followed by White (1,405 cases) and Black / African American (1,354 cases) residents, with the highest concentrations reported in the Coachella Valley region.
- HIV prevalence in the county has the largest count within the 60-69 age group. [61]

Counts of PLWH (All Stages) by Race / Ethnicity and County Region, 2023*



HIV Prevalence Counts by Age Group, 2023



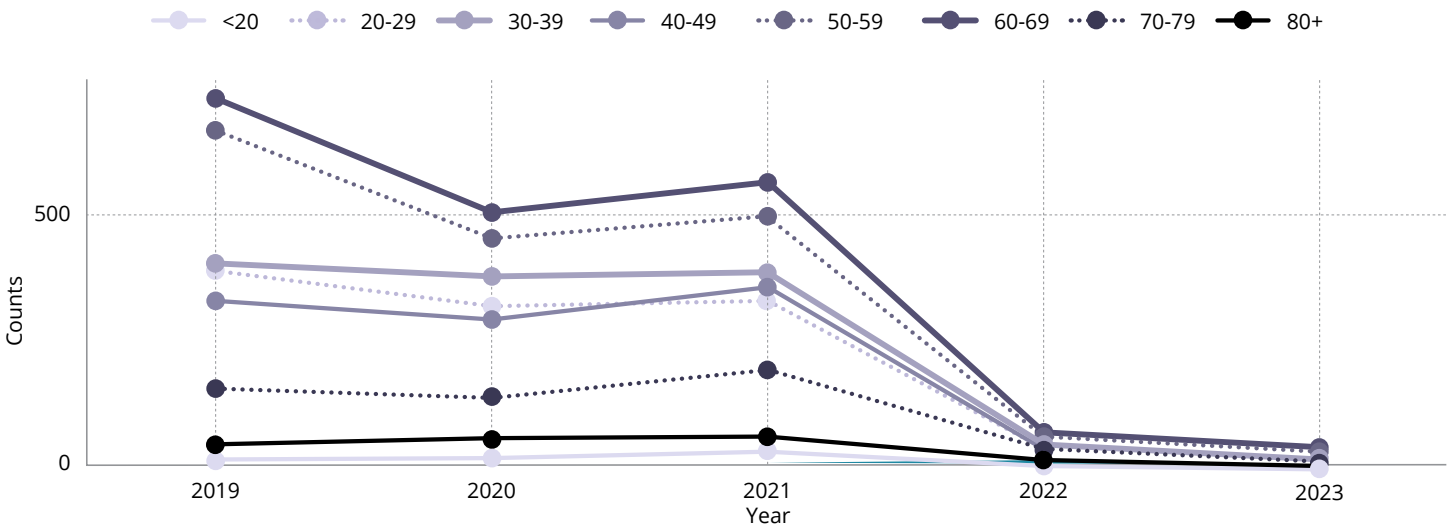
** East county region was pulled from counts as no counts were reported here for each race / ethnicity group.*
*** American Indian / Alaska Native, Native Hawaiian / Pacific Islander, and all other groups were removed from counts because counts were too low to be included.*

Chronic Hepatitis C

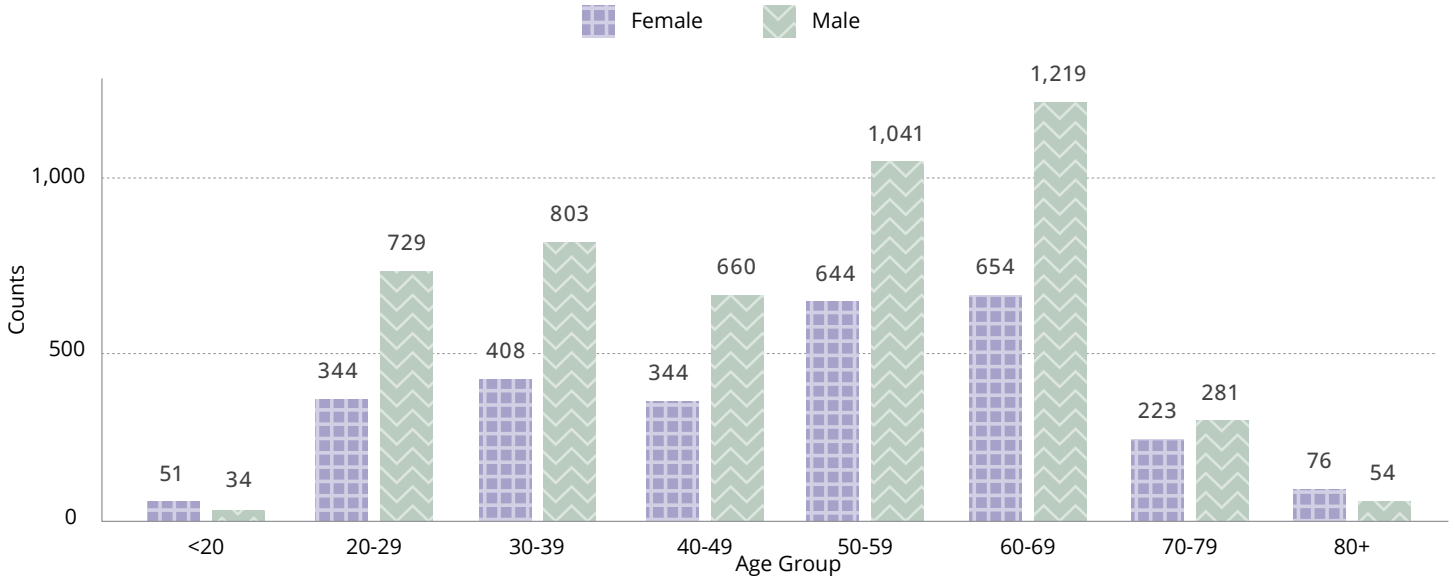
Key Findings

- Chronic Hepatitis C (HCV) infection is the most common chronic bloodborne infection in the United States, with an estimated 2.4 million persons living with chronic infection.
- Chronic HCV infection develops among 75.0%–85.0% of persons with HCV infection, and 10.0%–20.0% of persons with chronic infection develop cirrhosis in 20–30 years of active liver disease.
- Counts of Hepatitis C have decreased overall between 2019 to 2023.
- Counts were highest among males across all age groups except the <20 and 80+ age group. [60]

Chronic Hepatitis C Counts by Age Group, 2019-2023



Chronic Hepatitis C Counts by Sex and Age Group, 2019-2023

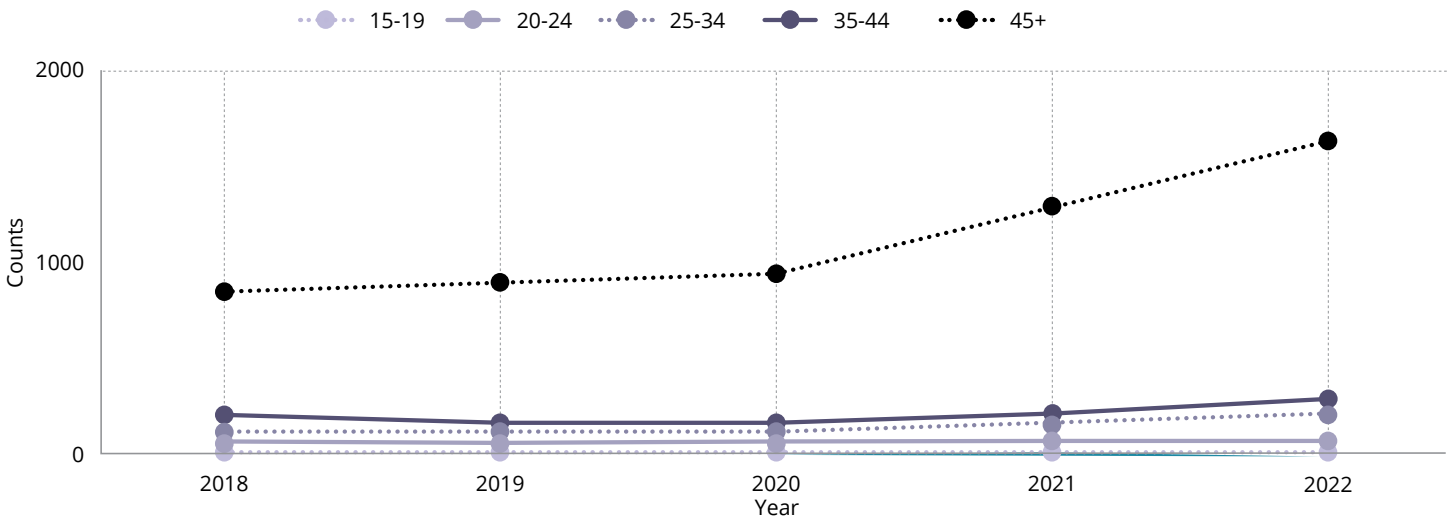


Chronic Hepatitis B

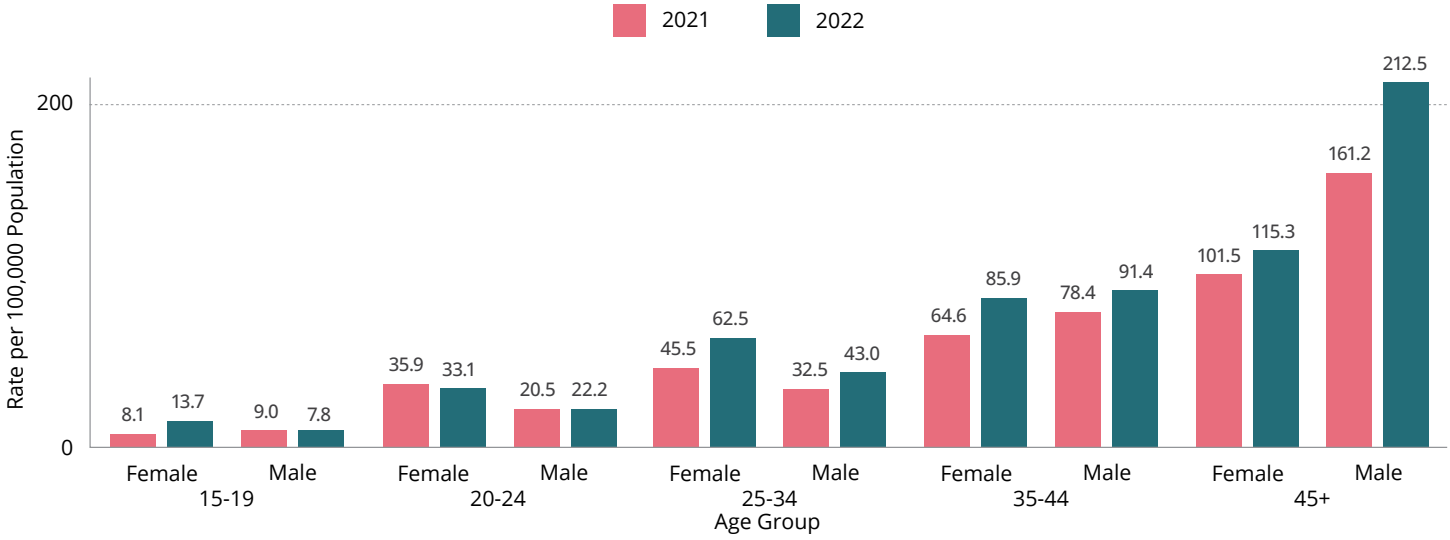
Key Findings

- Chronic Hepatitis B (HBV) is efficiently transmitted by percutaneous or mucous membrane exposure to HBV-infected blood or body fluids that contain HBV.
- The primary risk factors associated with infection among adolescents and adults are unprotected sex with an infected partner, having multiple partners, men having sex with men, having a history of other STIs, and injecting drug use.
- Counts of Chronic Hepatitis B have increased overall between 2018 to 2023.
- Rates were highest among those 45+ and male. [60] ■

Chronic Hepatitis B Counts by Age Group, 2018-2022



Chronic Hepatitis B Rates by Sex and Age Group, 2021-2022



INFECTIOUS DISEASES

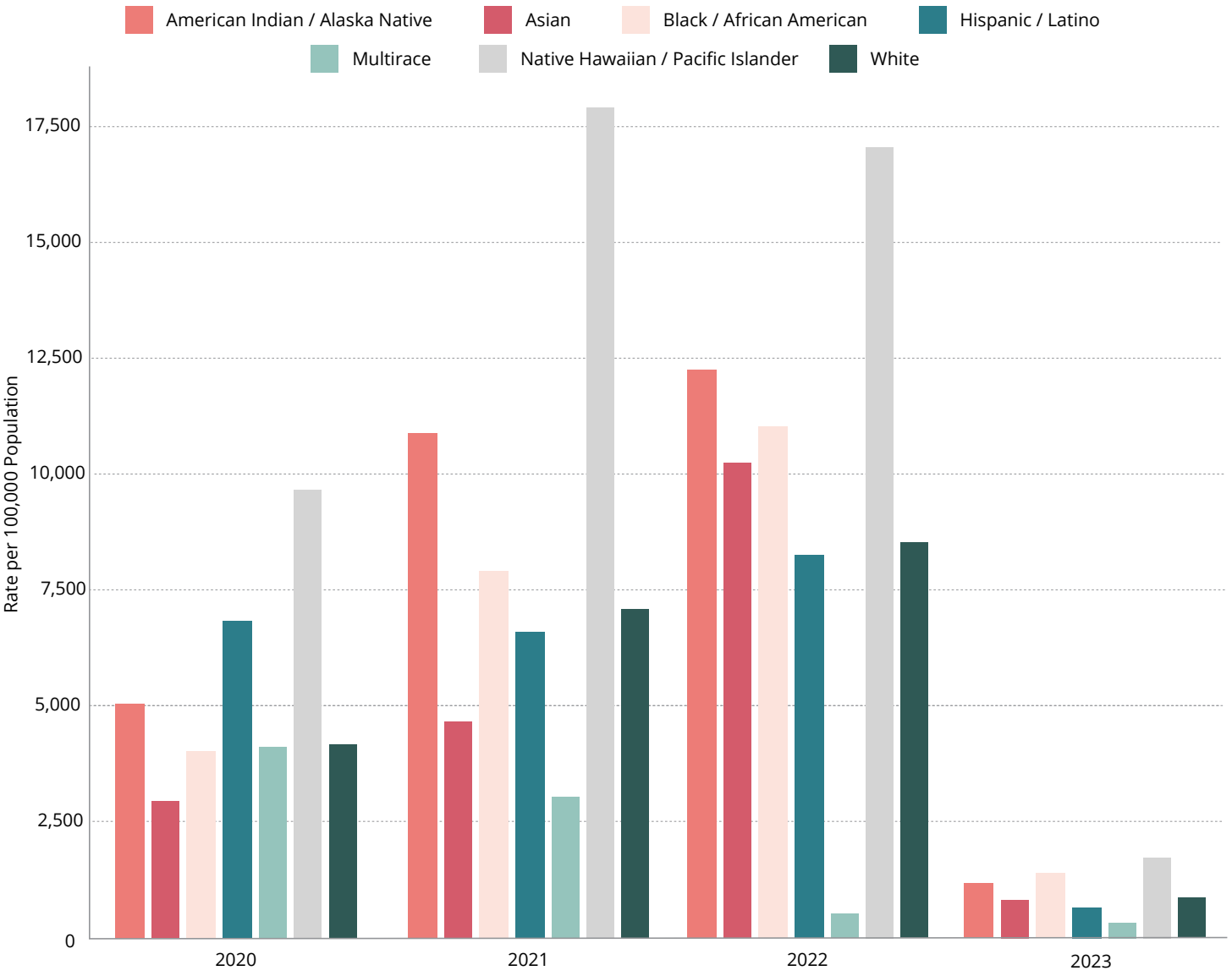
Infectious Disease surveillance is an important public health tool by allowing the identification of epidemiological patterns, at-risk demographics, early detection of outbreaks and new pathogens, and evaluating the effectiveness of interventions. Monitoring infectious diseases remains essential to safeguard public health, enabling prompt interventions and minimizing the impact of diseases on communities.

COVID-19

Key Findings

- Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The cases increased starting in 2020 and has continued to impact populations.
- COVID-19 cases increased in 2021 and 2022 and decreased in 2023* across all race / ethnicity groups.
- COVID-19 cases disproportionately affected Native Hawaiian / Pacific Islanders in Riverside County. [60,62]

COVID-19 Incidence Rates by Race / Ethnicity, 2020-2023*



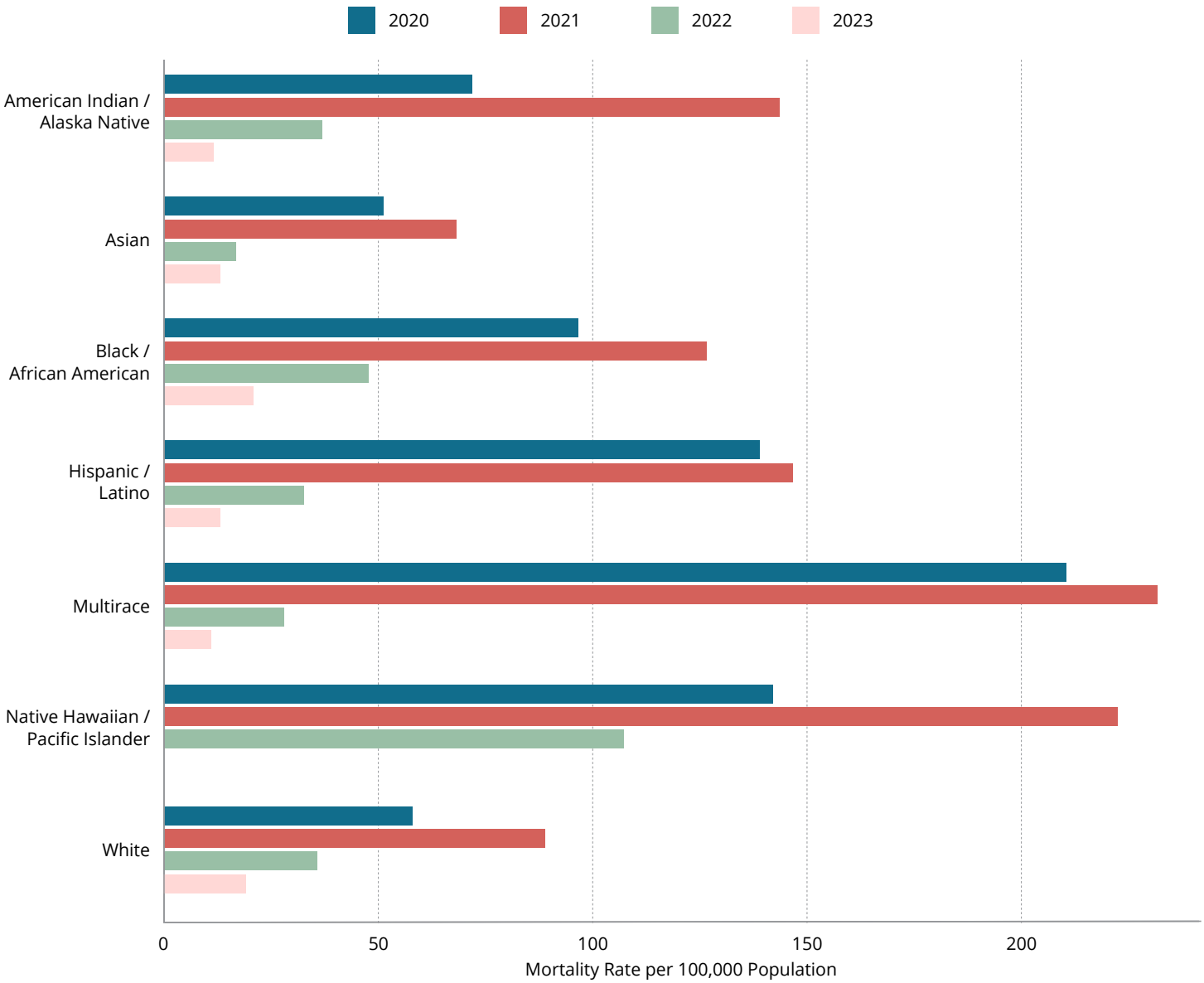
*Home tests became more common and thus detection of case numbers / rates was less accurate for 2023.

COVID-19

Key Findings

- COVID-19 ranked as the third most common cause of death in Riverside County in 2020 and 2021, respectively.
- COVID-19 death rates increased in 2021 and 2022, and decreased in 2023 across all race / ethnicity groups.
- COVID-19 death rates disproportionately affected Native Hawaiian/Pacific Islanders and Multirace groups in Riverside County. [60,62]

COVID-19 Death Rate by Race / Ethnicity, 2020-2023

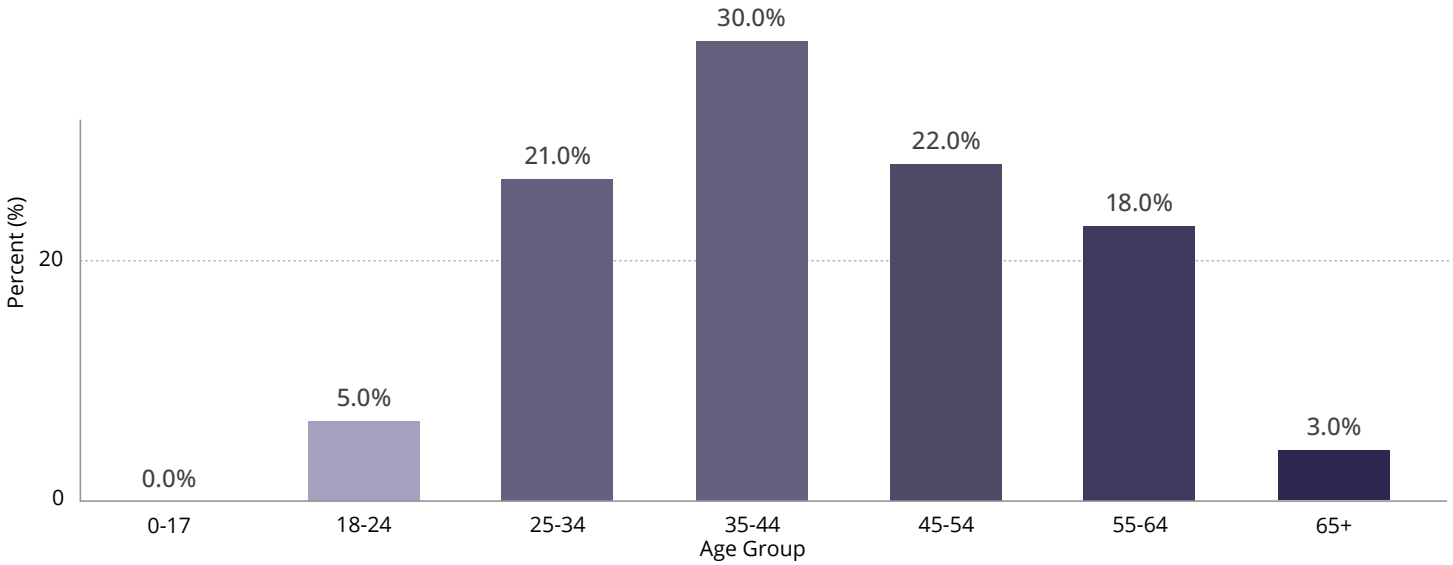


Mpox

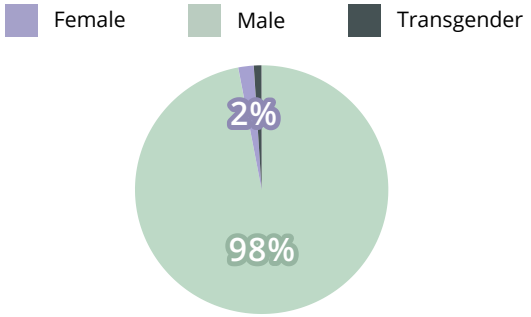
Key Findings

- Mpox (formerly monkeypox) is a rare disease caused by infection with the Mpox virus.
- Cases in the United States increased rapidly, peaking in August 2022. This outbreak of mpox is still ongoing and is different from past outbreaks because it is primarily spread through sexual contact.
- Approximately 98.0% of Mpox cases reported in Riverside County identify as male.
- Mpox mostly affects individuals between the ages of 25-64, with the highest number among those between the ages of 35-44. Most recent cases include gay, transgender, and other men who have sex with men, as well as household contacts.
- Within Riverside County, approximately 43.0% of the cases were White and 25.0% were Hispanic / Latino. [60,63]

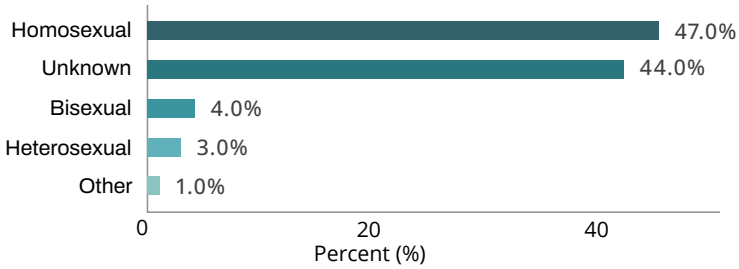
Percent Mpox by Age Group, 2022-2023



Percent of Mpox by Gender, 2022-2023



Percent Mpox by Sexual Orientation, 2022-2023

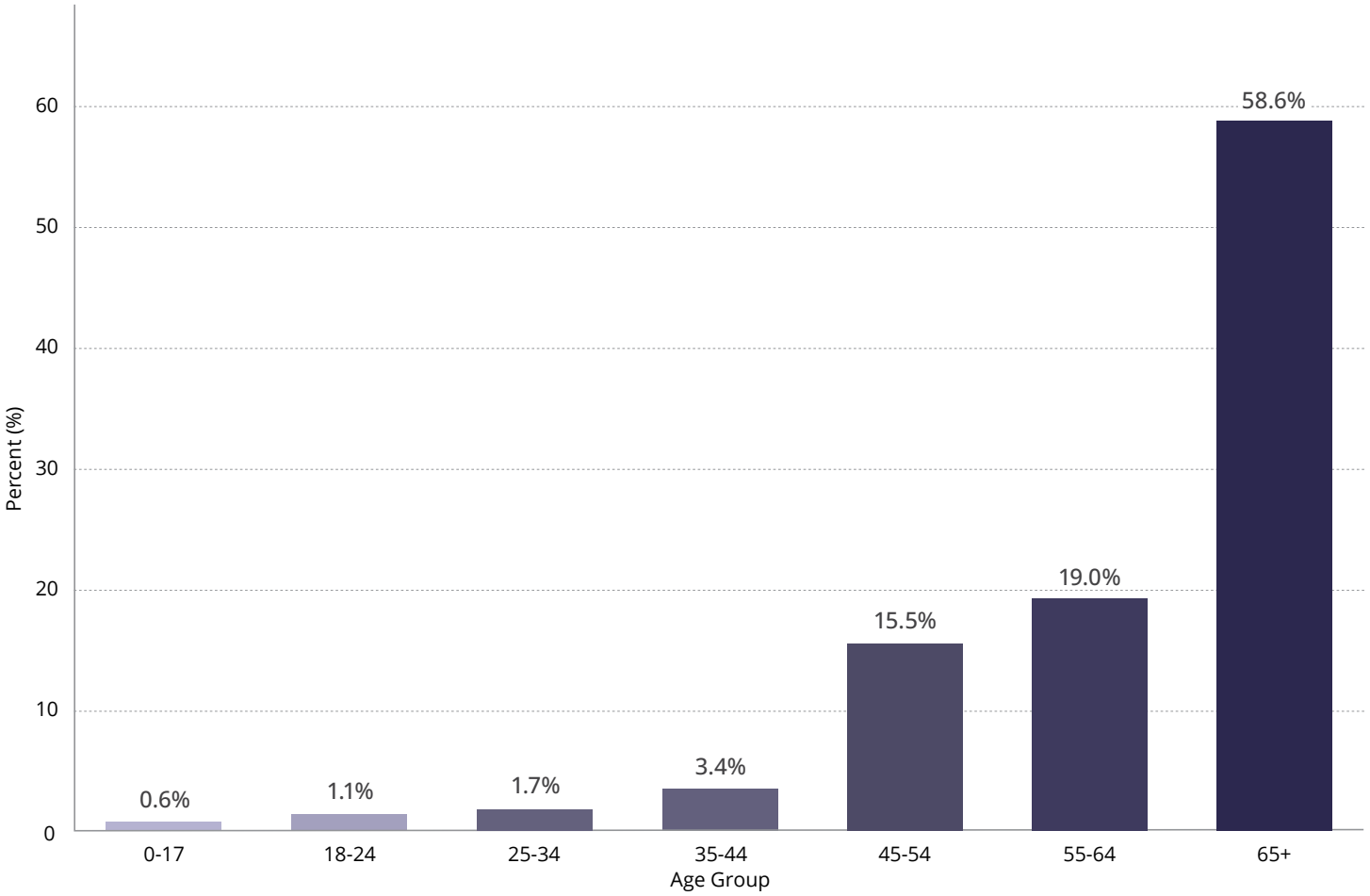


Legionella

Key Findings

- Legionnaires' disease is a serious type of pneumonia (lung infection) caused by Legionella bacteria.
- People get sick when they breathe in small droplets of water containing the Legionella bacteria.
- Legionella bacteria thrive and can potentially be spread from cooling towers, air conditioning units, pools, spas, or reclaimed water sources. Local cases are typically travel associated.
- The number of cases reported has been increasing over the years mostly affecting those over the age of 50, current or former smokers, and people with chronic lung disease or weakened immune systems.
- Riverside county accounts for approximately 7.0-8.0% of the cases within California per year. [60,64]

Percent of Cases of Legionnaires' Disease by Age Group, 2019-2023



MATERNAL, CHILD, ADOLESCENT HEALTH

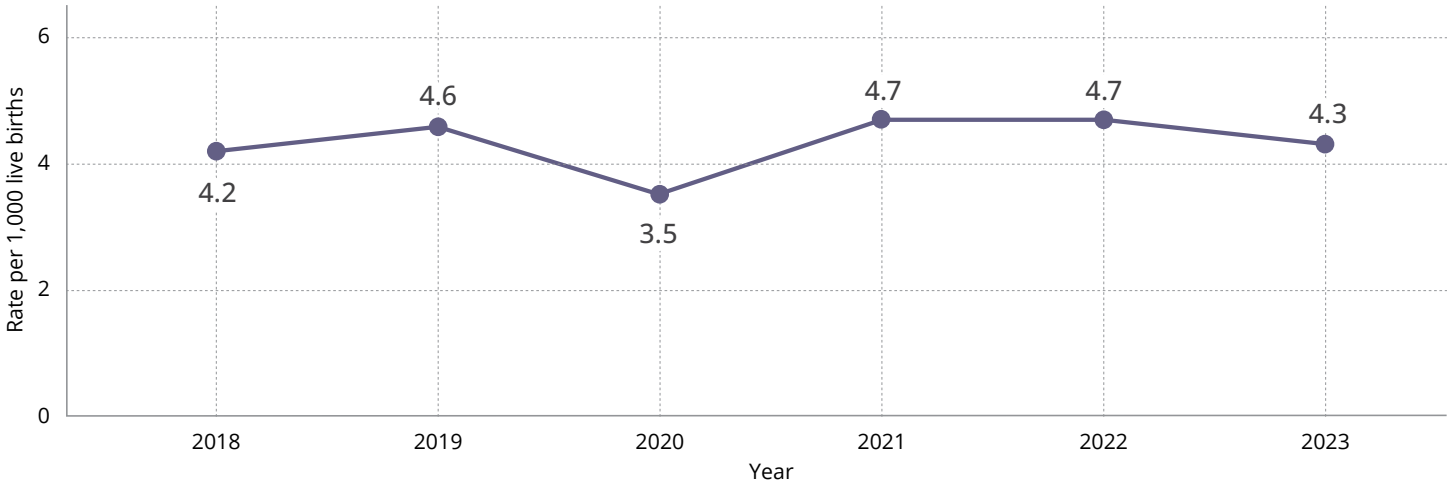
The Maternal, Child, and Adolescent Health (MCAH) division supports implementing prevention strategies to improve health, support the development of children and adolescents, and fosters the well-being and equity across the reproductive life course. The division oversees programs that serve Riverside County's diverse populations, as well as specialized collection and analysis of data related to reproductive health, pregnancy, child and adolescent health, equity, and more. MCAH recognizes the systemic inequities based on race / ethnicity, gender, and sexual orientation that can impact physical and mental well-being and are continuously working to address this need. [65,66]

Infant Mortality

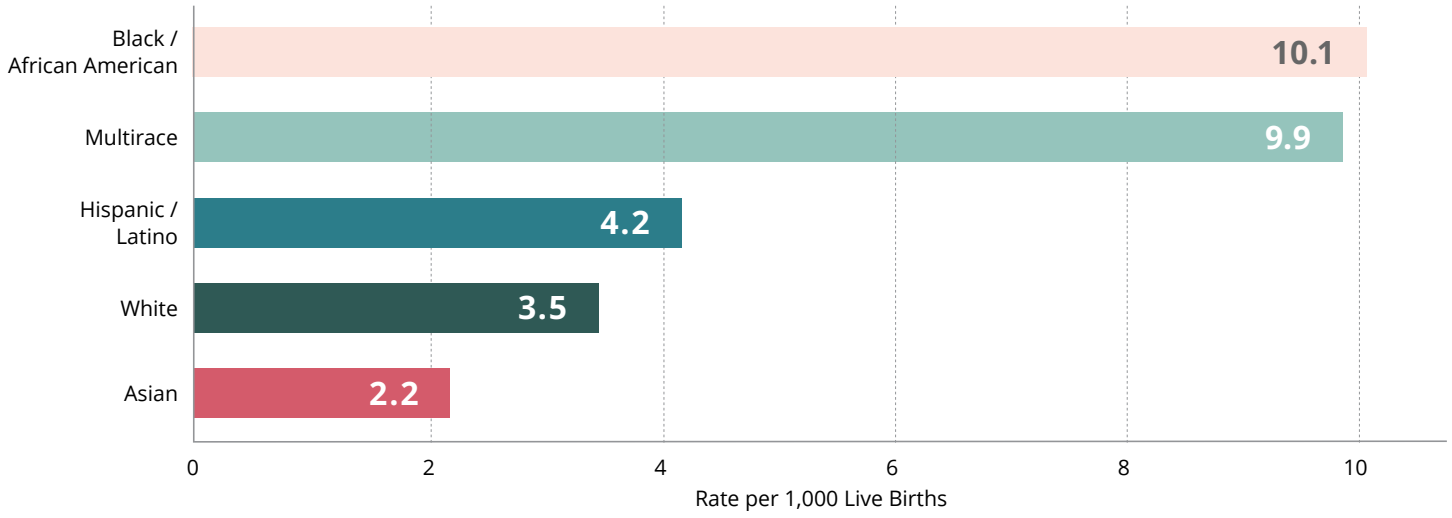
Key Findings

- 2021 and 2022 saw the highest rates of infant mortality at 4.7 per 1,000 live births.
- Riverside County saw a dip in infant mortality rates in 2020 at 3.5 per 1,000 live births but was followed by an incline in 2021 at 4.7 per 1,000 live births.
- Black / African Americans and Multirace infant mortality rates were over double and triple the rates of any other race / ethnicity groups at 10.1 and 9.9 per 1,000 live births, respectively. [60,30,35]

Infant Mortality Rate, 2018-2023*



Infant Mortality Rate by Race / Ethnicity, 2018-2023^



** Infant mortality is defined as death within the first year of life. Data was geocoded by zip code. Any records without zip code were excluded from this analysis. Data is preliminary.*

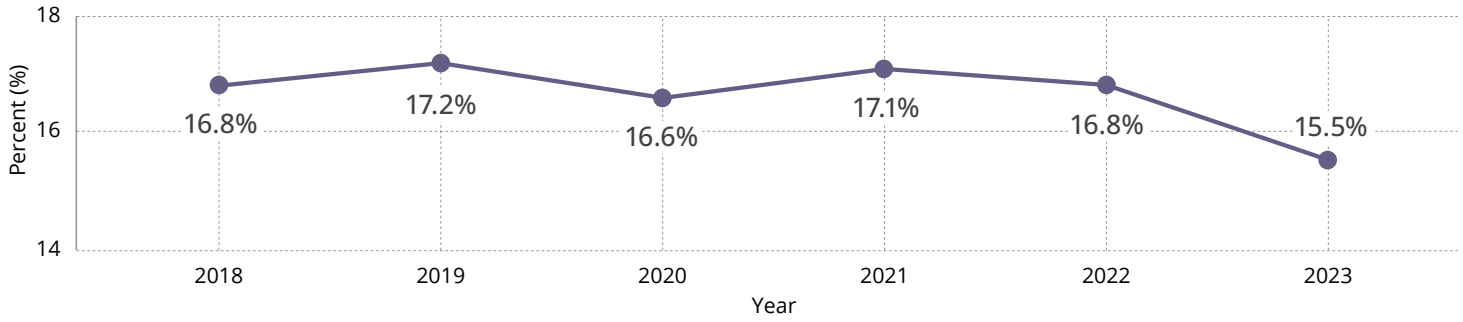
^ Native Hawaiian / Other Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.

Early Prenatal Care

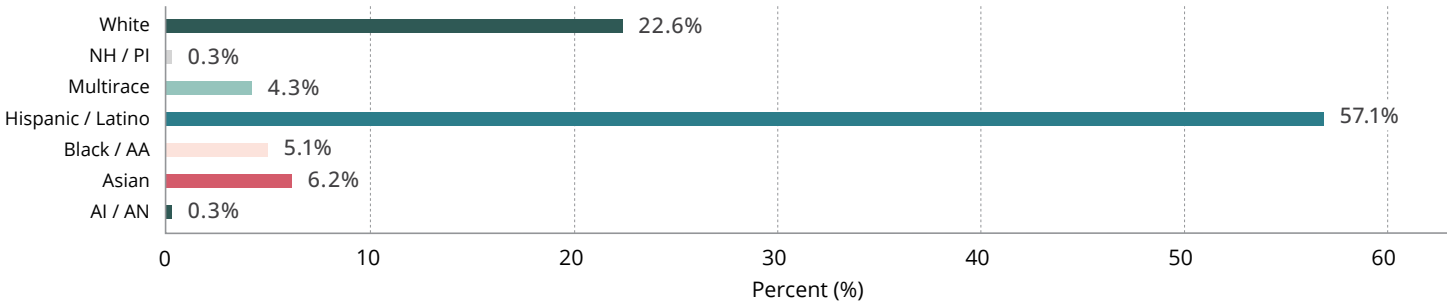
Key Findings

- Since 2021, the number of mothers who receive early prenatal care has been decreasing.
- Hispanic / Latino and White groups had the highest percentage of early prenatal care of all race/ethnicity groups while American Indian / Alaskan Natives, Native Hawaiian/Pacific Islanders, Multirace, Black / African Americans, and Asians saw the lowest percentages of early prenatal care.
- Educational levels suggests that individuals with lower levels of education are less likely to initiate prenatal care in the first trimester compared to those with higher educational levels. [60,63]

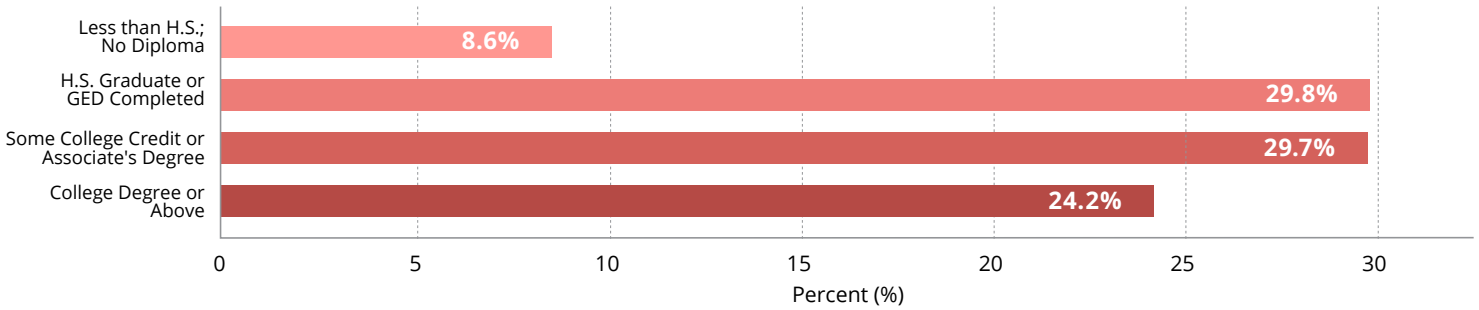
Percent of Mothers who Received Early Prenatal Care, 2018-2023*



Percent of Early Prenatal Care by Race / Ethnicity, 2018-2023^



Percent of Prenatal Care by Education Level, 2018-2023



** Early prenatal care is defined as parent giving birth who received early prenatal care in the first trimester of their pregnancy. Data was geocoded by zip code. Any records without zip code were excluded from this analysis.*

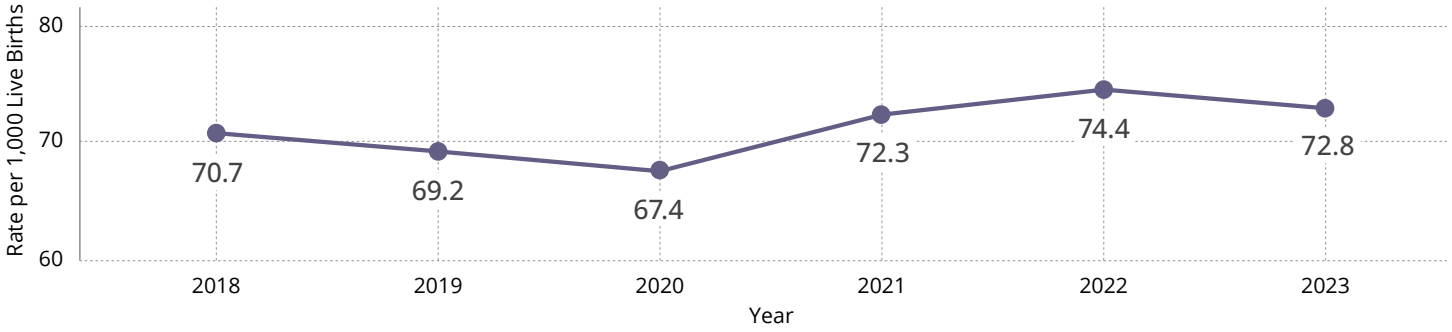
^ Native Hawaiian / Pacific Islander is reflected as NH / PI. American Indian / Alaska Native is reflected as AI / AN. Black / African American is reflected as Black / AA. Other and Unknown groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.

Low Birthweight

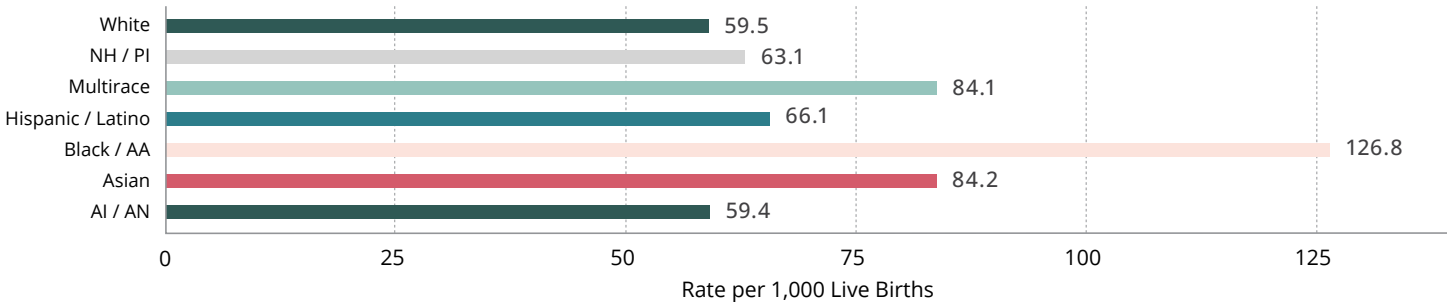
Key Findings

- The rate of babies with low birthweights have increased over the past years since 2020.
- Black / African American infants were almost twice as likely to be born with a low birthweight than any other race / ethnicity group.
- High school graduates or GED completed and Some College Credit or Associate's Degree parents who gave birth reflect the highest percentage of parents with babies of low birthweights. [60,63]

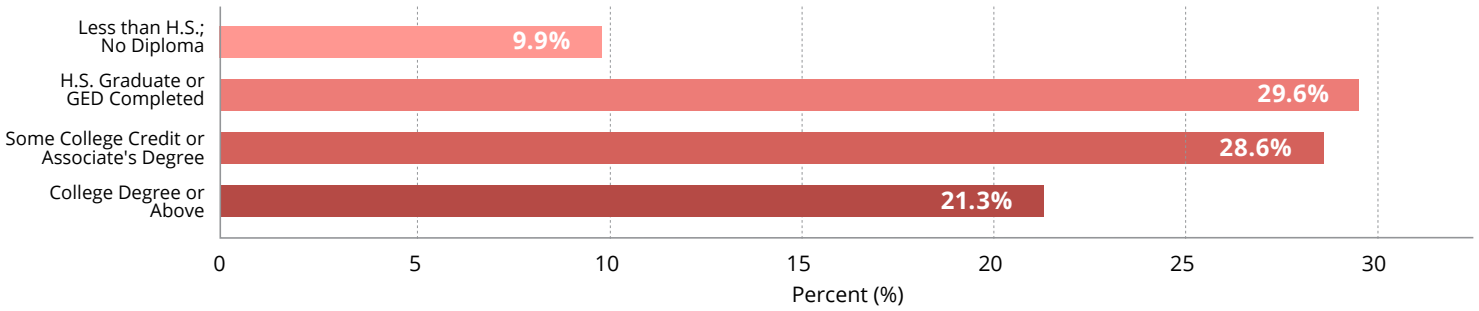
Low Birthweight Rate, 2018-2023*



Low Birthweight Rate by Race / Ethnicity, 2018-2023^



Percent of Low Birthweight by Educational Level, 2018-2023



** Low birthweight is defined as babies with low birthweight in which the newborn weighed 2,500 grams or less at birth. Data was geocoded by zip code. Any records without zip code were excluded from this analysis.*

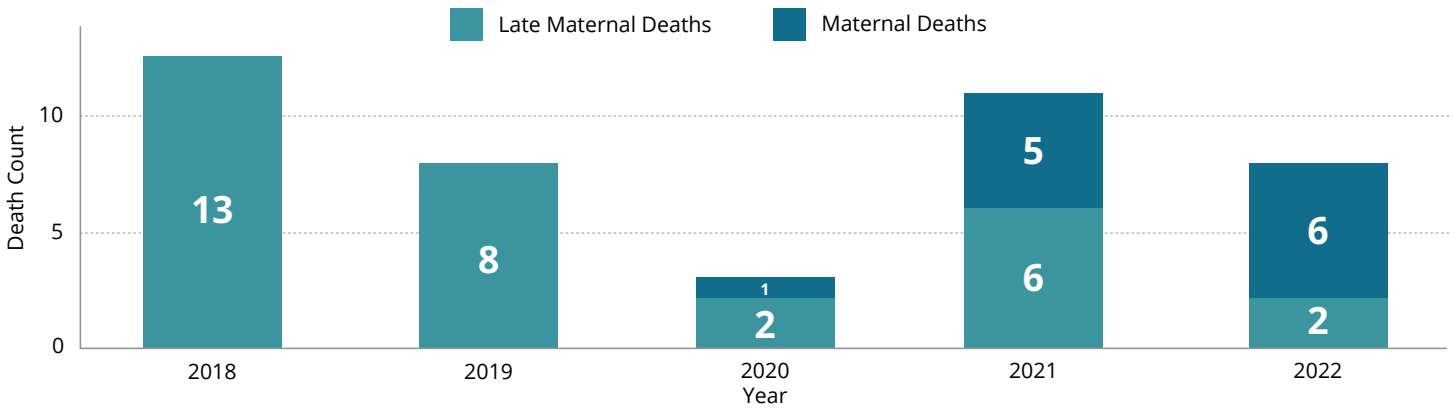
^ Native Hawaiian / Pacific Islander is reflected as NH / PI. American Indian / Alaska Native is reflected as AI / AN.

Maternal Mortality

Key Findings

- 12 women died from a pregnancy related condition from 2018 to 2022.
- Maternal mortality* has slowly increased between 2020 (25.0%) and 2022 (40.0%). In 2021, the State reported the rate of pregnancy-related mortality at 21.6 per 100,000 population.
- Late maternal deaths, which include both direct and indirect obstetric deaths, decreased between 2018 and 2022.
- No maternal deaths were reported during 2018 nor 2019.
- Over half of maternal mortality cases from 2018-2022 were attributed to pre-existing medical conditions, while one-third of cases were related to conditions specific to pregnancy. [67]
- Over half of late maternal deaths were related to pregnancy related conditions. ■

Counts of All Maternal Deaths by Year, 2018-2022*



Final Cause of Death for Maternal Mortality and Late Maternal Mortality, 2018-2022^

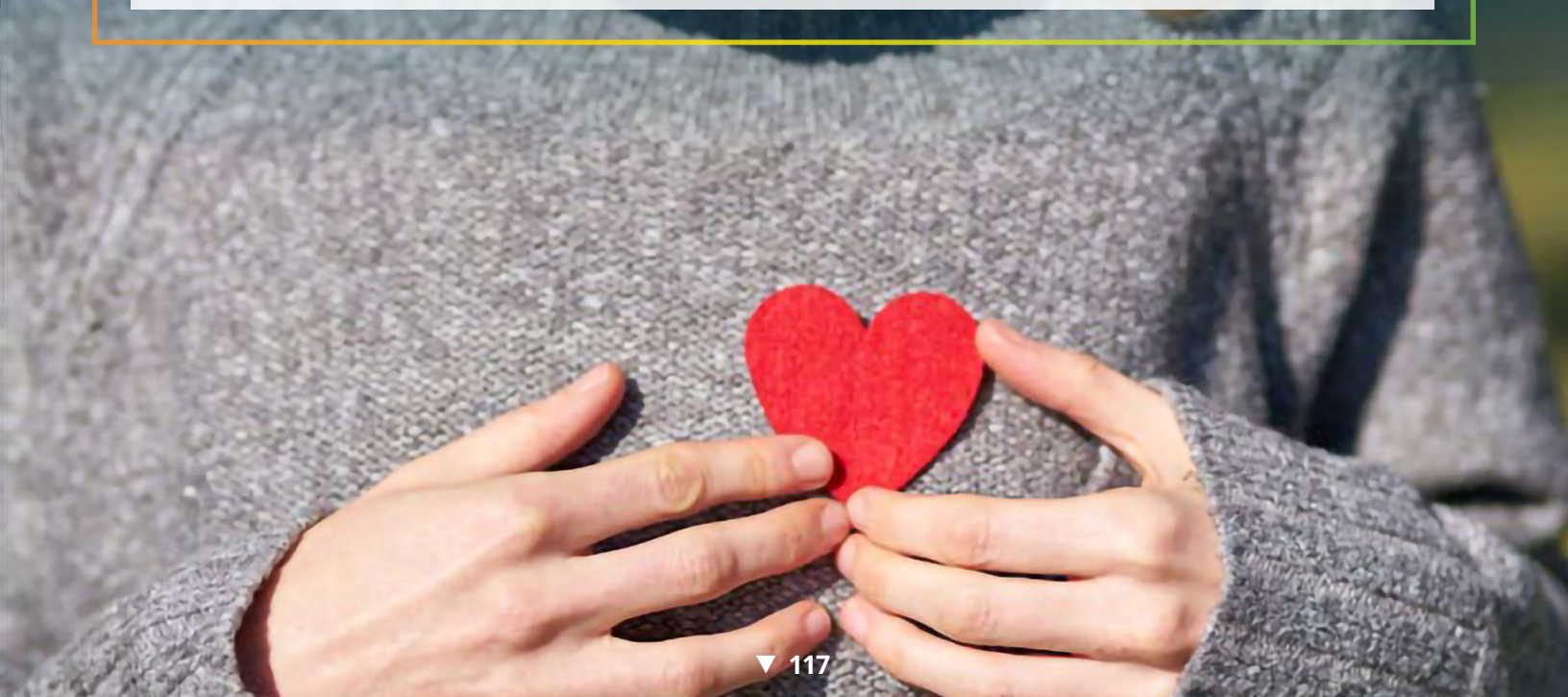
Category	Maternal Mortality Causes*		Late Maternal Mortality Causes	
	Count	Percent	Count	Percent
Pre-existing Medical Conditions	7	58.3%	5	13.9%
Pregnancy Related Conditions	4	33.3%	21	58.3%
Mental Health Conditions^	1	8.3%	6	16.7%
Other	0	-	4	11.1%

** Pregnant at the time of death or maternal deaths only up to 42 days.*

^ The total reflects the 12 maternal deaths in the county from 2018-2022 and only includes pregnant at time of death or maternal deaths only up to 42 days postpartum. Late maternal deaths, which include both direct and indirect obstetric deaths after 42 days postpartum.

CHRONIC DISEASE: HEART DISEASE

Heart Disease is the number one leading cause of death for people in Riverside County. Leading heart diseases include Cerebrovascular Disease, Coronary Heart Disease, and Hypertensive Heart Disease. Modifiable risk factors for heart disease include tobacco smoking, obesity, sedentary lifestyle, and high levels of low-density lipoprotein in blood serum. Though heart disease is common, in most cases it can be prevented by controlling risk factors like high blood pressure and high cholesterol through lifestyle changes and treatment. Riverside County aims to prevent and treat those with heart diseases, improve overall cardiovascular health, and decrease deaths due to heart disease. [55,68,69]

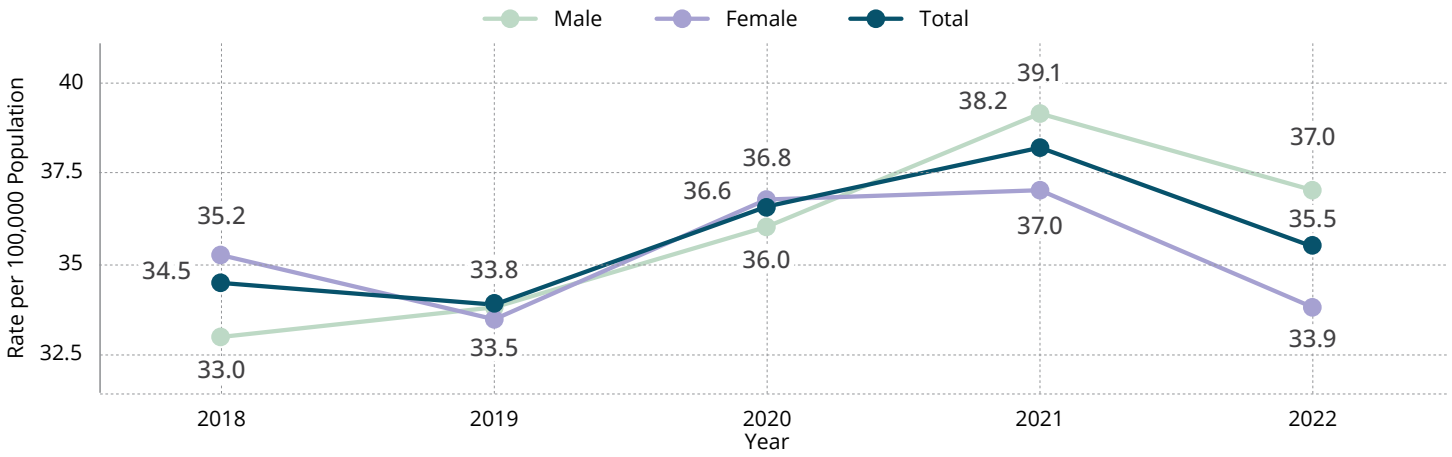


Cerebrovascular Disease

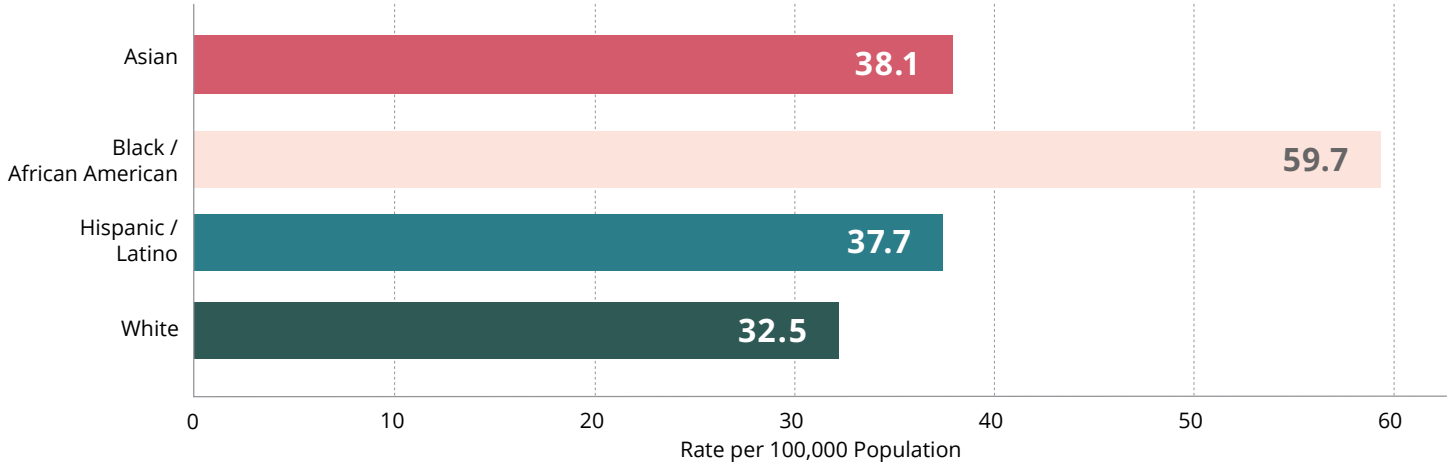
Key Findings

- Cerebrovascular disease (Stroke) is a leading cause of death in Riverside County with a rate of 35.5 per 100,000 population in 2022 - and although more common in older adults, Black African / American race / ethnicity groups are more likely to have a stroke and die of a stroke.
- Males tend to have higher death rates than females.
- Black / African Americans possess the highest age adjusted death rate of stroke deaths at 59.7 per 100,000 population from 2017 to 2022 out of all race / ethnicity groups.
- Overall, the death rate has been decreasing, however, there is no indication of positive or negative insights. [55,68,70,71]

Age Adjusted Death Rate Due of Cerebrovascular Disease (Stroke) by Race / Ethnicity, 2018-2022



Age Adjusted Death Rate of Cerebrovascular Disease (Stroke), 2017-2022*



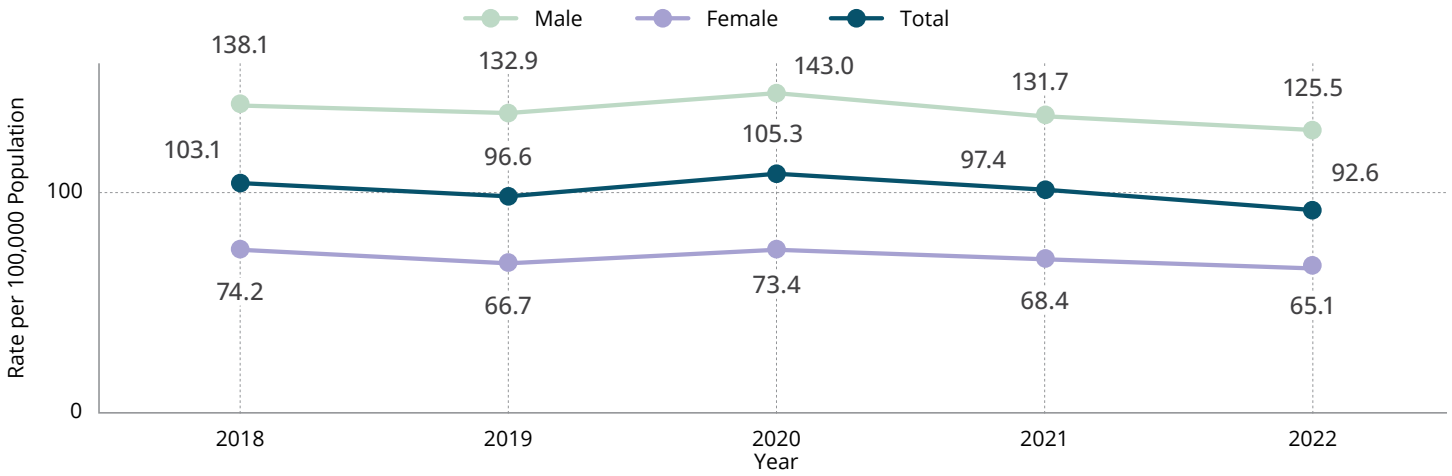
**Native Hawaiian / Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

Coronary Heart Disease

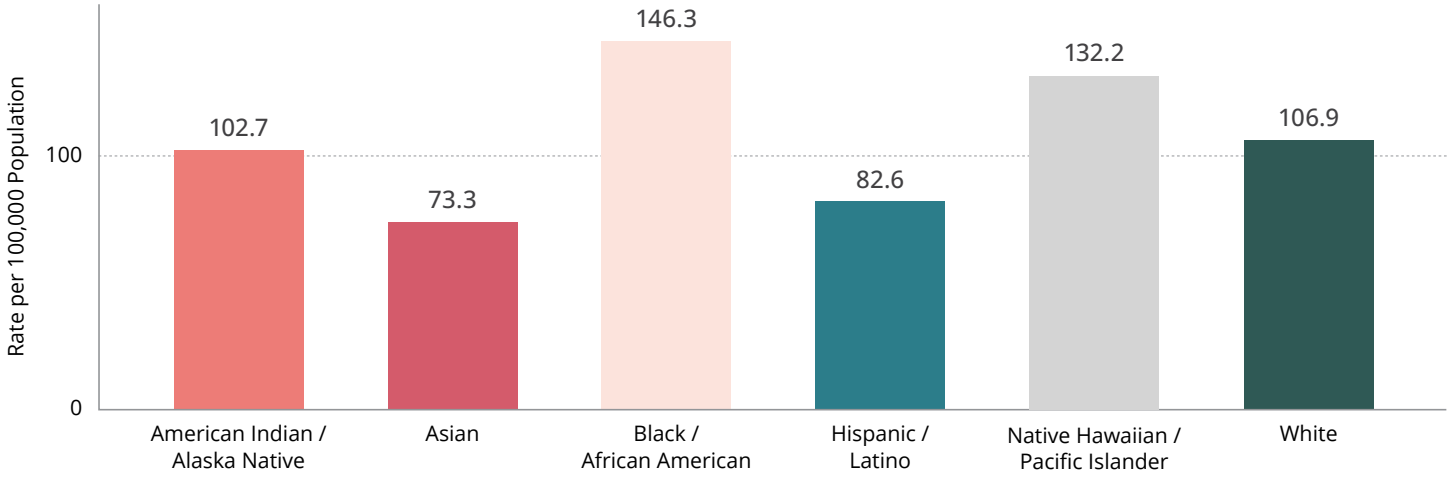
Key Findings

- Coronary Heart Disease is one of the most common types of heart disease in Riverside County and saw a death rate of 92.6 per 100,000 population in 2022.
- Overall, the death rate has been decreasing.
- Males generally see higher mortality rates than females at almost double the rate.
- Males saw a jump in death rates in 2020, as the highest rates within the 5-year span with 143.0 per 100,000 for males and 105.3 per 100,000 for the total population.
- Black / African Americans and Native Hawaiian / Pacific Islanders hold the highest death rates out of any other race / ethnicity group at 146.3 and 132.2 per 100,000 population respectively. [55,69,72]

Age Adjusted Death Rate of Coronary Heart Disease, 2018-2022



Age Adjusted Death Rate of Coronary Heart Disease by Race / Ethnicity, 2017-2022

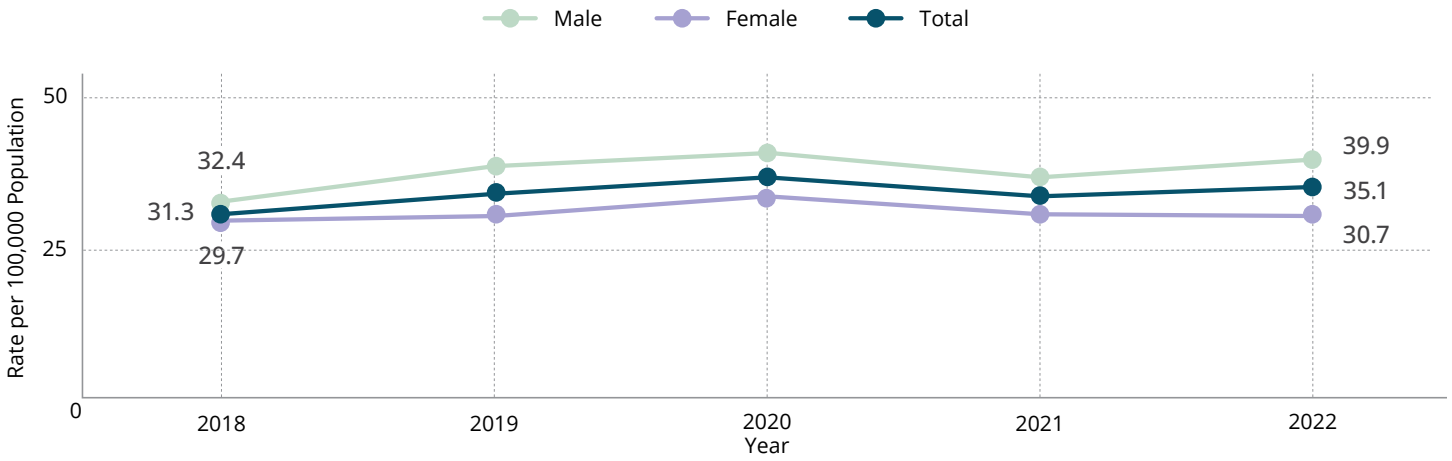


Hypertensive Heart Disease

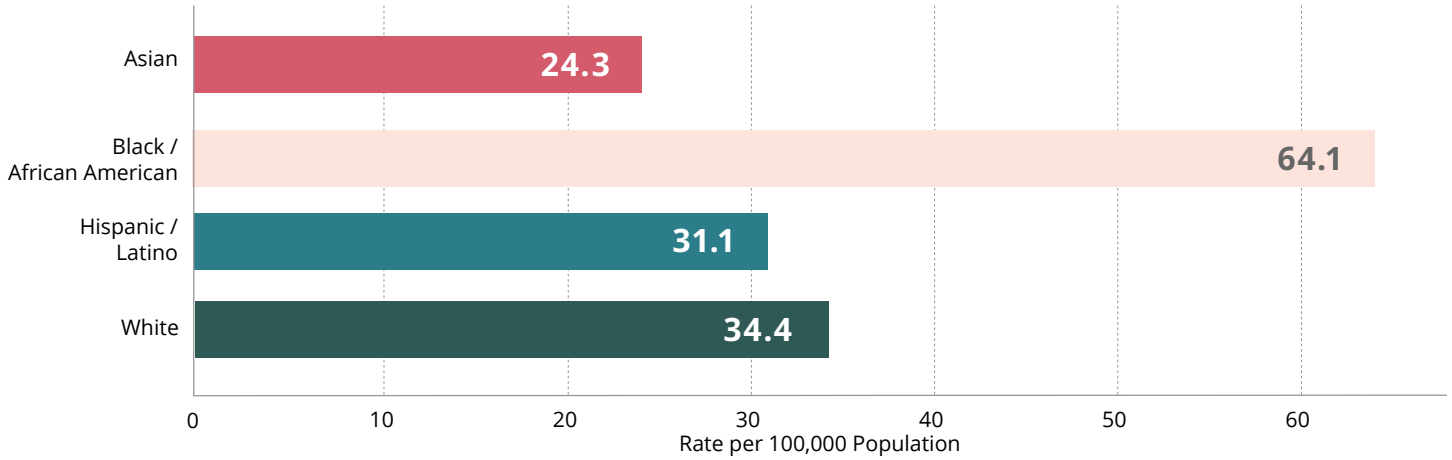
Key Findings

- Hypertensive heart disease is one of the most common types of heart diseases in Riverside County with a death rate of 35.1 per 100,000 population in 2022.
- It is particularly prevalent in Black / African Americans, older adults, adults who are obese, heavy drinkers, and women taking birth control pills.
- Overall, the death rate of hypertensive heart rate has been increasing.
- Out of all the race / ethnicity groups, Black / African Americans saw the highest death rates at 64.1 per 100,000, followed by the White population at half the rate of 34.4 per 100,000 population.
- Males generally have higher death rates than females. [55,68,73] ■

Age Adjusted Death Rate of Hypertensive Heart Disease, 2018-2022



Age Adjusted Death Rate of Hypertensive Heart Disease by Race / Ethnicity, 2017-2022*



** Native Hawaiian / Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

CHRONIC DISEASE: DIABETES

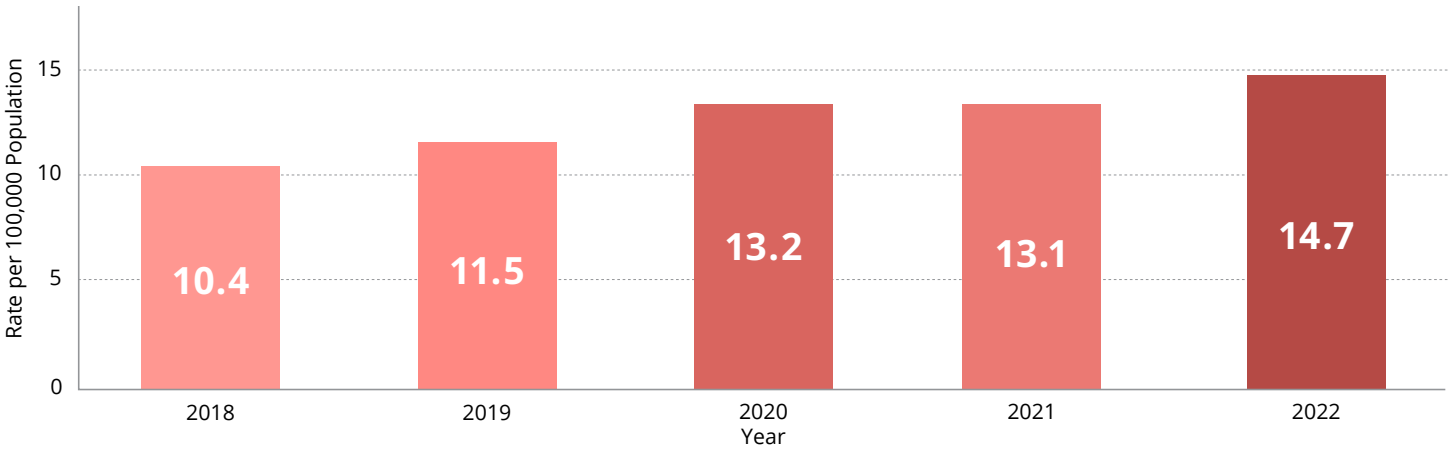
Diabetes is a leading cause of death in Riverside County. The prevalence of diagnosed type 2 diabetes increased sixfold in the last 30 years. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. Diabetes disproportionately affects minority populations and the elderly. Its incidence is likely to increase as minority populations grow and the population becomes older. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. Health goals for diabetes seeks to lower diabetes prevalence and lower the complication and death rate in Riverside County. [55,74-76]

Diabetes Death Rate

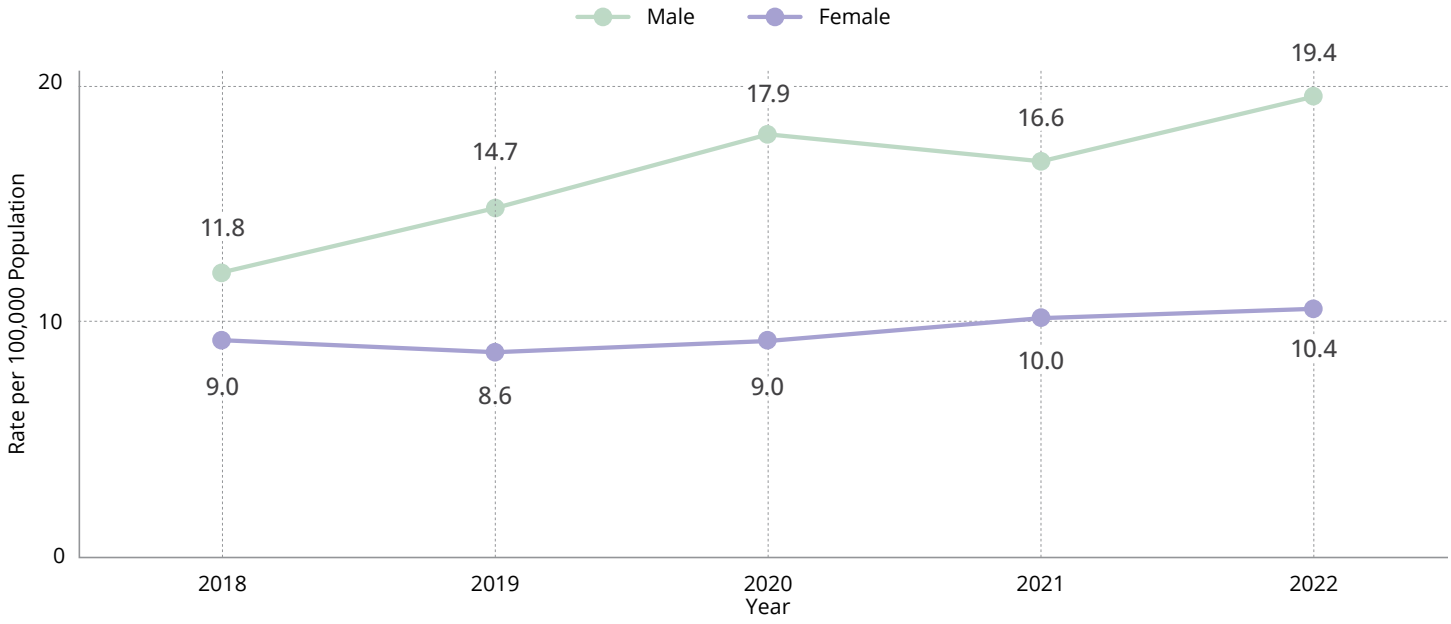
Key Findings

- Overtime, the death rate for diabetes has been steadily increasing. From 2018 to 2022, the death rate increased by almost 50.0% with a rate of 14.7 per 100,000 population.
- Males have consistently had higher death rates of diabetes than females.
- In 2022, males (19.4 per 100,000) had almost double the date rate of females (10.4 per 1000,000) from diabetes. [55]

Death Rate of Diabetes by Year, 2018-2022



Death Rate of Diabetes by Sex, 2018-2022

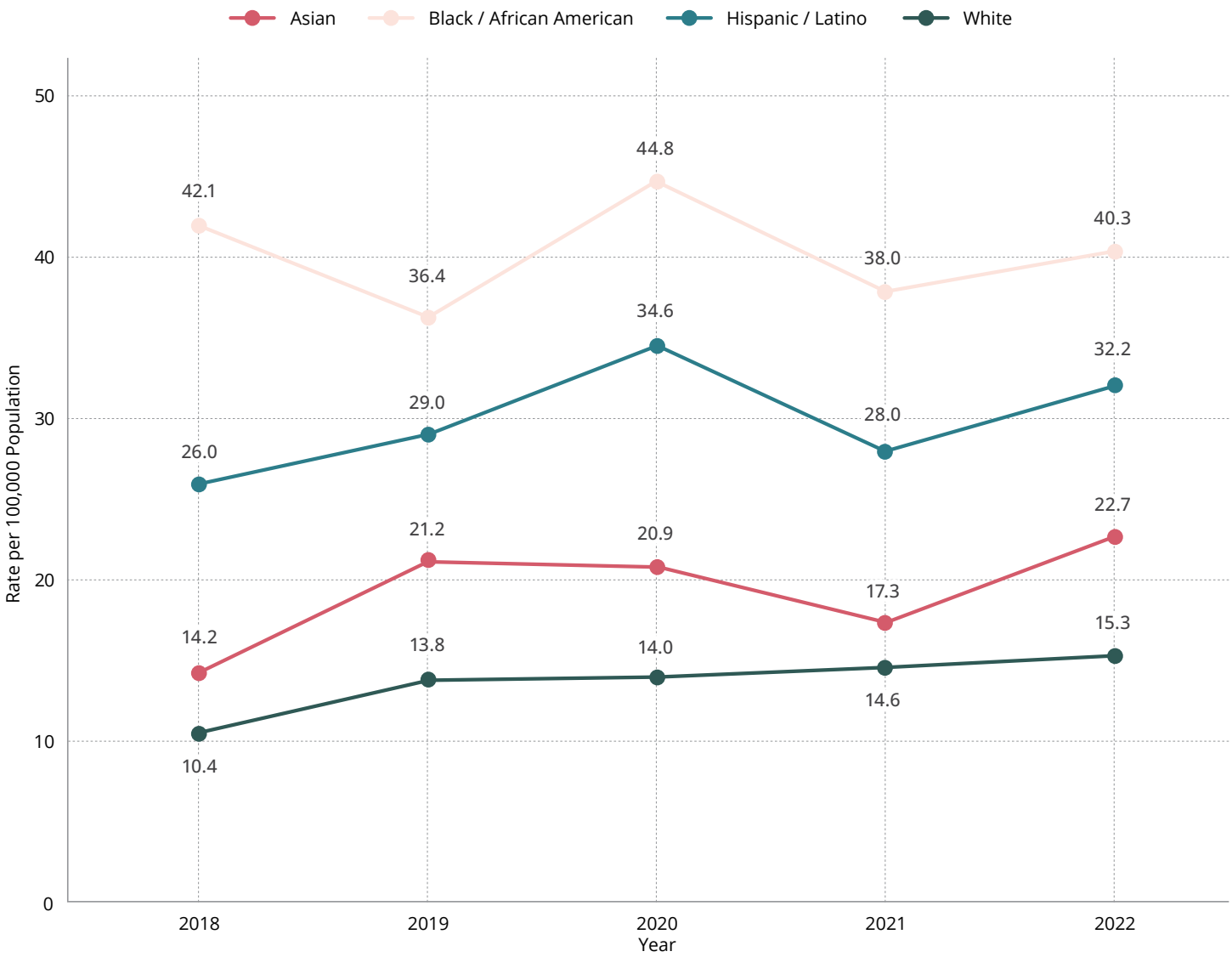


Diabetes Death Rate

Key Findings

- Higher mortality rates can be seen across Black / African American groups in comparison to other race / ethnicity groups.
- Hispanic / Latino groups saw the second highest rates in diabetes deaths.
- All race / ethnicity groups saw an increase in death rates from 2018 to 2022 except for Black / African Americans - they didn't see an increase and their death rate had lowered in 2022 (40.3 per 100.000) since 2018 (42.1 per 100,000). [35.77]

Age adjusted Death Rate of Diabetes, 2018-2022*



**Native Hawaiian / Pacific Islander and American Indian / Alaska Native groups were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

CHRONIC DISEASE: ALZHEIMER'S DISEASE AND OTHER DEMENTIAS

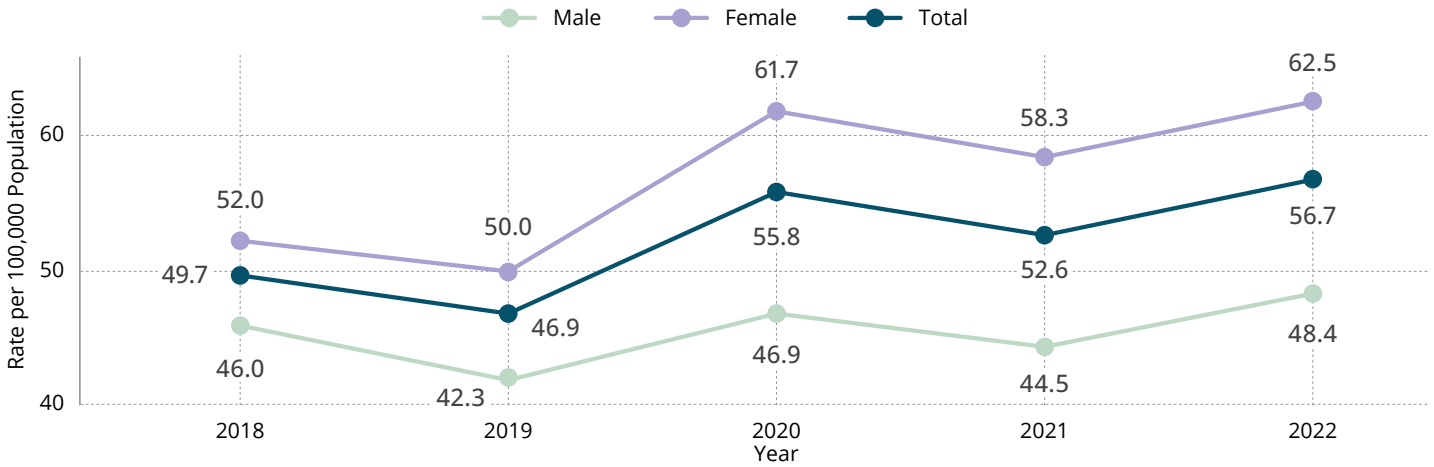
Alzheimer's disease is the most common form of dementia among the geriatric population, accounting for 50.0-80.0% of dementia cases and a top leading cause of death in Riverside County. It is a progressive and irreversible disease where memory and cognitive abilities are slowly destroyed making it impossible to carry out simple, daily tasks. Alzheimer's disease typically manifests after the age of 60. Current Alzheimer's treatments cannot stop the disease from progressing, they can only temporarily slow the worsening of dementia symptoms, and improve quality of life for those with Alzheimer's and their caregivers. The health goal for Riverside County is to decrease the prevalence of Alzheimer's and dementia diagnoses while enhancing the overall health and quality of life for individuals living with dementia, including those with Alzheimer's disease. [55,78,79]

Alzheimer's Disease

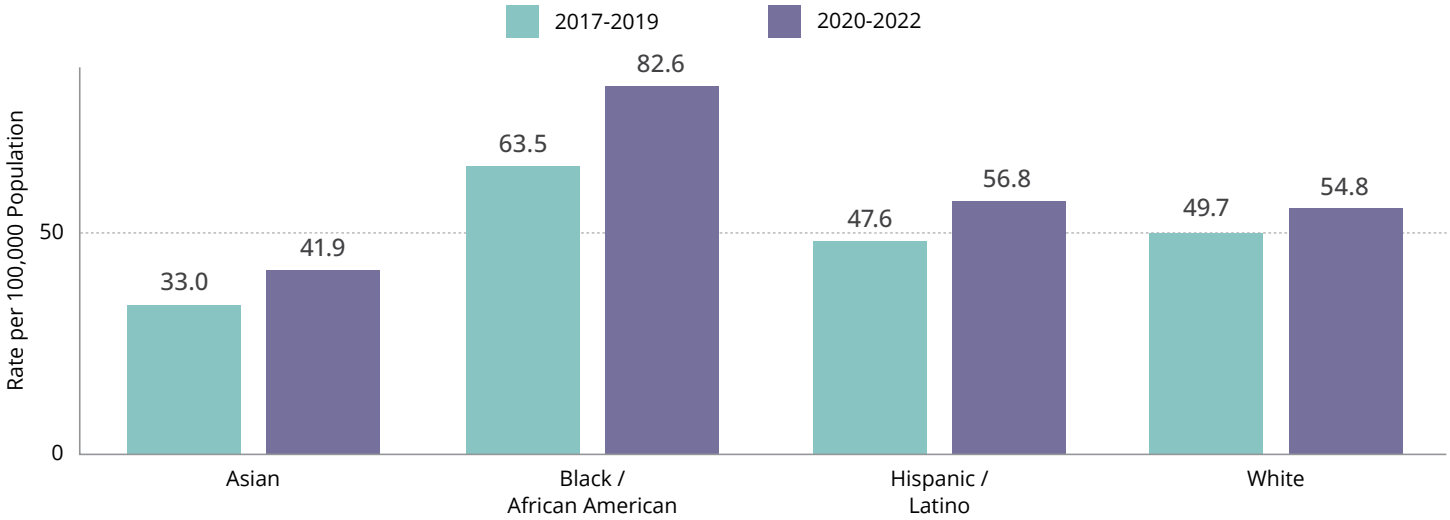
Key Findings

- Alzheimer's Disease is one of the overall top causes for death in Riverside County with a death rate of 56.7 per 100,000 as of 2022.
- Females tend to have higher rates of death from Alzheimer's Disease than males.
- From 2017 to 2022, Black / African Americans have typically observed the highest rates of death from Alzheimer's Disease.
- Black / African Americans saw the biggest death rate increase from 2017-2019 to 2020-2022 compared to any other race / ethnicity group. [55,79,80]

Age Adjusted Death Rate of Alzheimer's Disease, 2018-2022



Age Adjusted Death Rate of Alzheimer's Disease by Race / Ethnicity, 2017-2022*



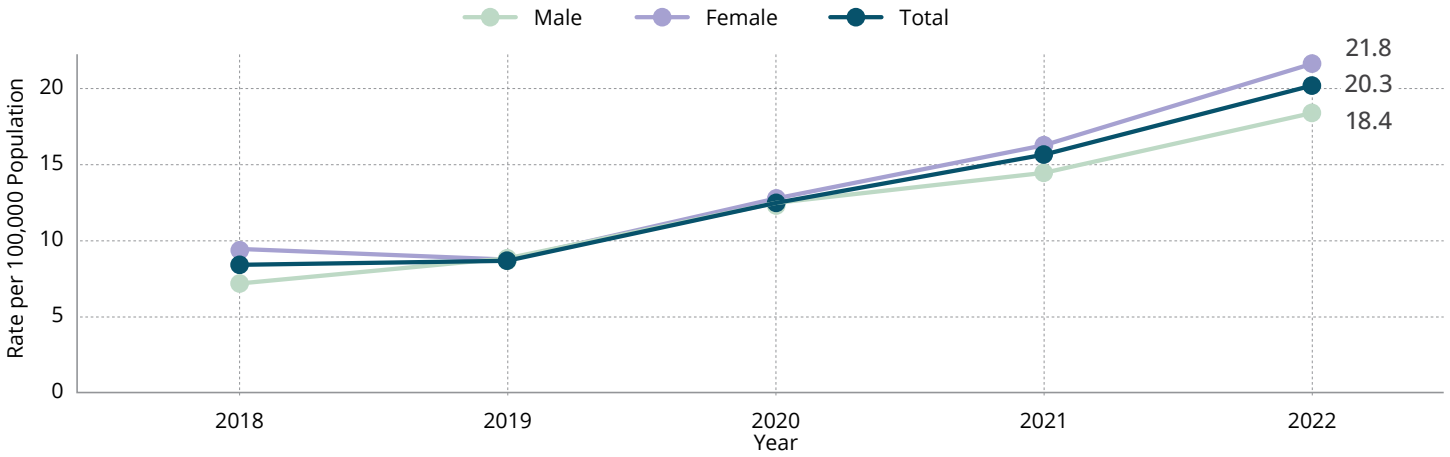
**Native Hawaiian / Pacific Islander and American Indian/Alaska Native were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

Unspecified Demetia

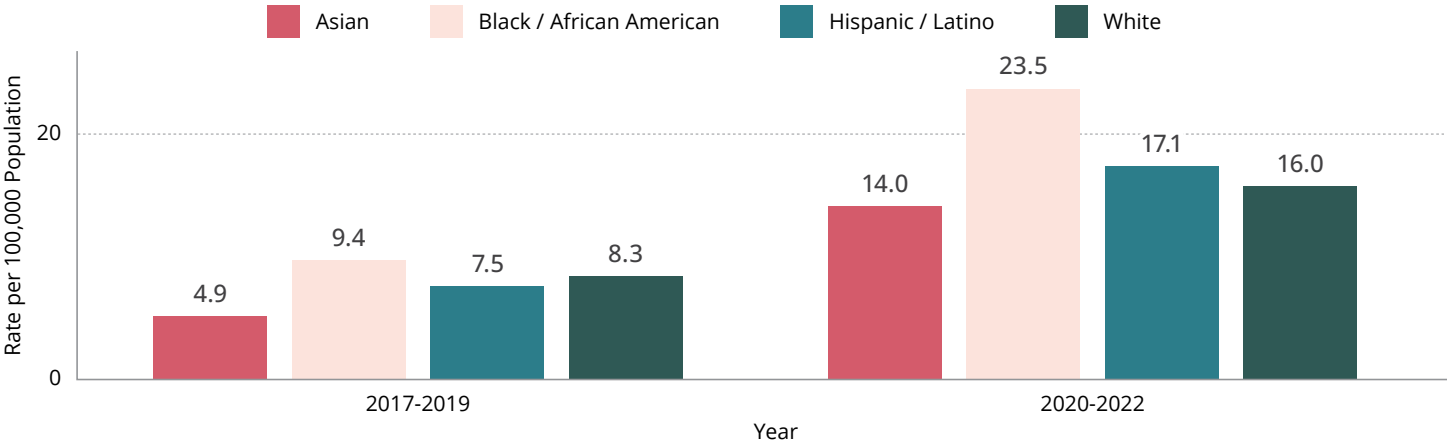
Key Findings

- Dementia is slowly moving up as a leading cause of death in Riverside County with a death rate of 20.3 per 100,000 population as of 2022, compared to the rate of 8.5 per 100,000 in 2018.
- Females have generally had higher age-adjusted death rates than males at 21.8 per 100,000 population, compared to males with a rate of 18.4 per 100,000 population in 2022.
- Black / African Americans observed the highest rates of age-adjusted deaths from unspecified dementias from 2017-2019, 9.4 per 100,000 population and 2020-2022, 23.5 per 100,000.
- All race / ethnicity groups at least doubled (some more than doubled) in death rates from 2017-2019 to 2020-2022. [55,79,80] ■

Age Adjusted Death Rate of Unspecified Dementia, 2018-2022



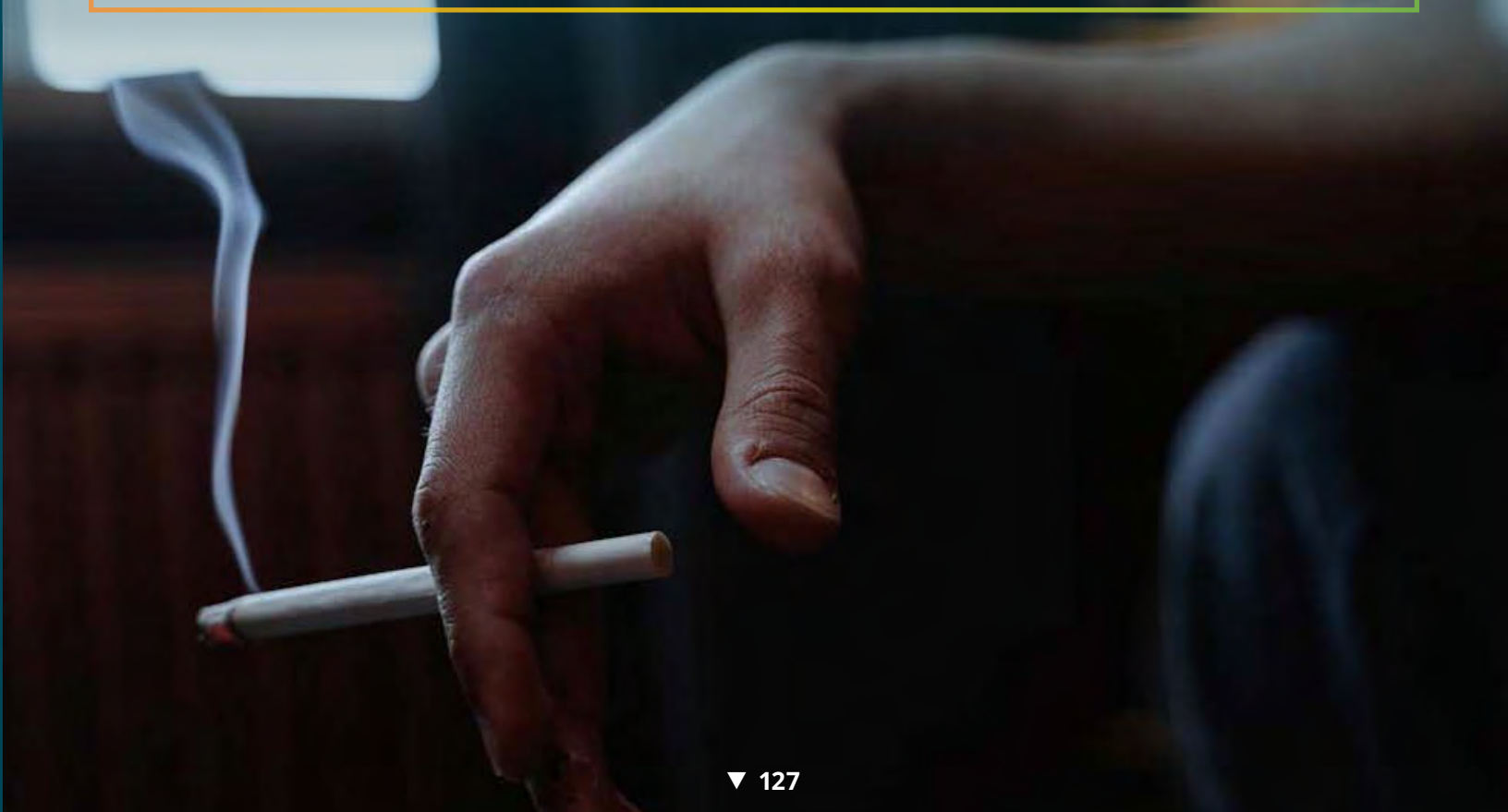
Age Adjusted Death Rate of Unspecified Dementia by Race / Ethnicity, 2017-2022*



**Native Hawaiian / Pacific Islander and American Indian/Alaska Native were removed due to the small number of cases observed for these populations, which can lead to distorted comparisons with other groups.*

SMOKING & TOBACCO

Smoking and tobacco use are public health concerns in Riverside County, contributing to a range of preventable diseases, including cancer, heart disease, and respiratory conditions. Despite progress in reducing smoking rates through education, policy, and cessation programs, tobacco use remains an important health risk, particularly among vulnerable populations such as youth, low-income residents, and certain racial and ethnic groups. The widespread availability of tobacco products, including vaping devices, presents ongoing challenges in addressing this issue. This section explores the prevalence, health impacts, and social determinants of smoking and tobacco use in Riverside County, aiming to guide targeted strategies for prevention and intervention. [3,81, 82]

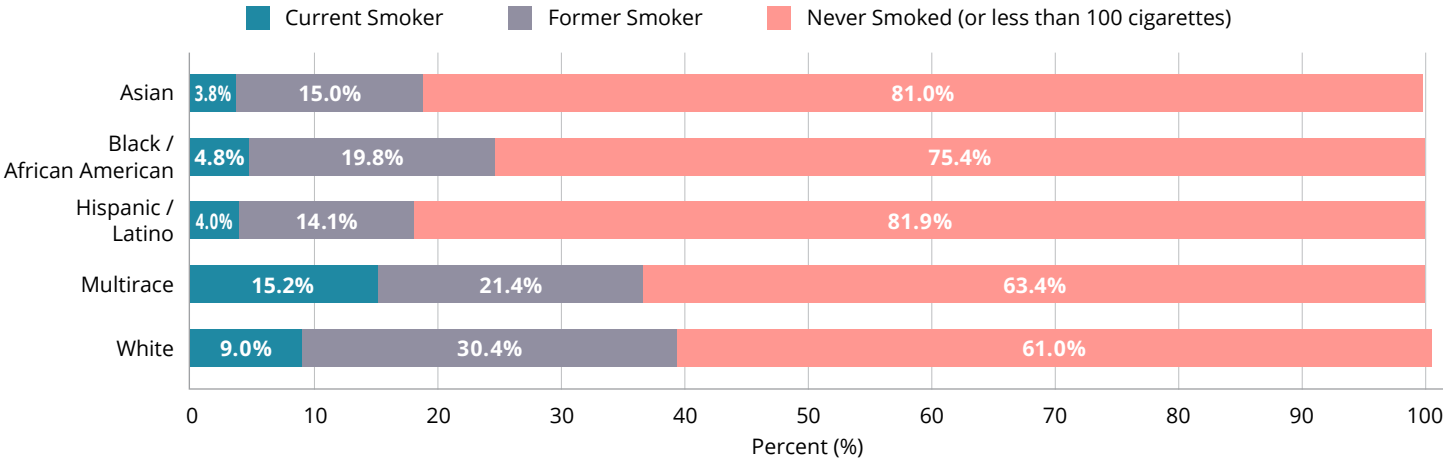


Smoking & Tobacco

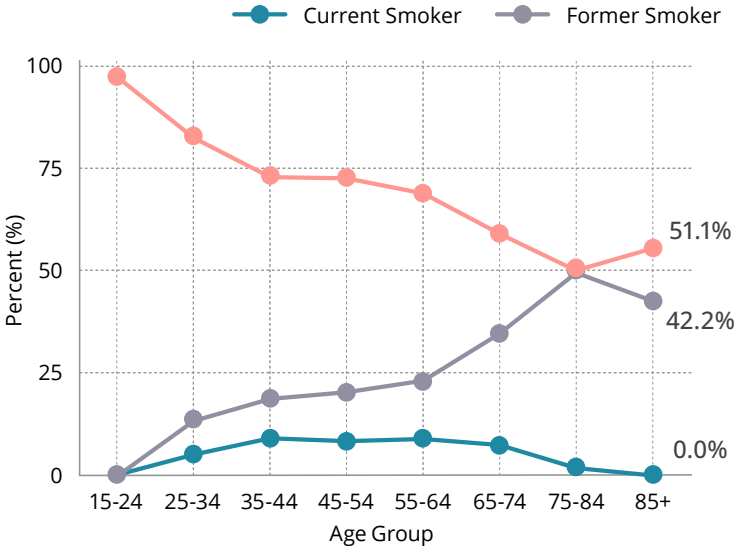
Key Findings

- Multiracial individuals reported the highest percentage of current smokers (15.2%), followed by White individuals (9.0%), while Asian and Hispanic / Latino groups had the lowest percentages of current smokers (3.8% and 4.0%, respectively).
- The age groups from 35–64 reported the highest percentage of current smokers, while the youngest (15–24) and oldest (75+) age groups consistently had the lowest percent of current smoking.
- The proportion of current smokers in Riverside County peaked in 2022 (8.2%), with a decline observed in 2023 at 2.8%, while the percentage of individuals who never smoked increased over the years which follows a very similar trend as the States. [19]

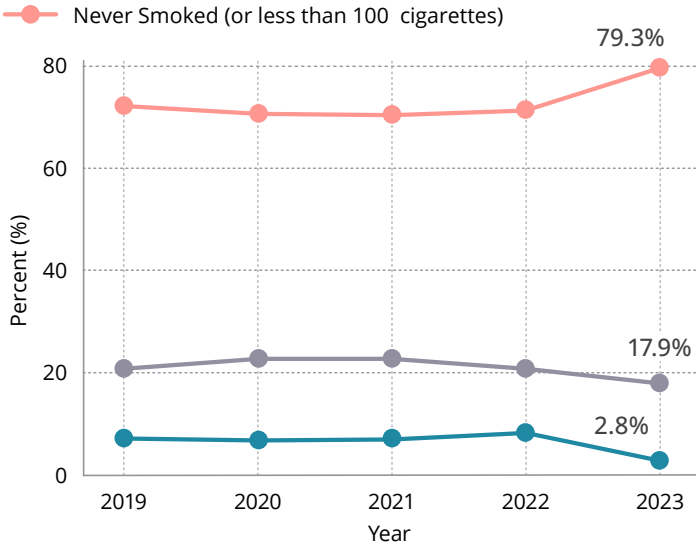
Smoking Status by Race / Ethnicity, 2019-2023*



Smoking Status by Age Group, 2019-2023



Smoking Status by Year, 2019-2023

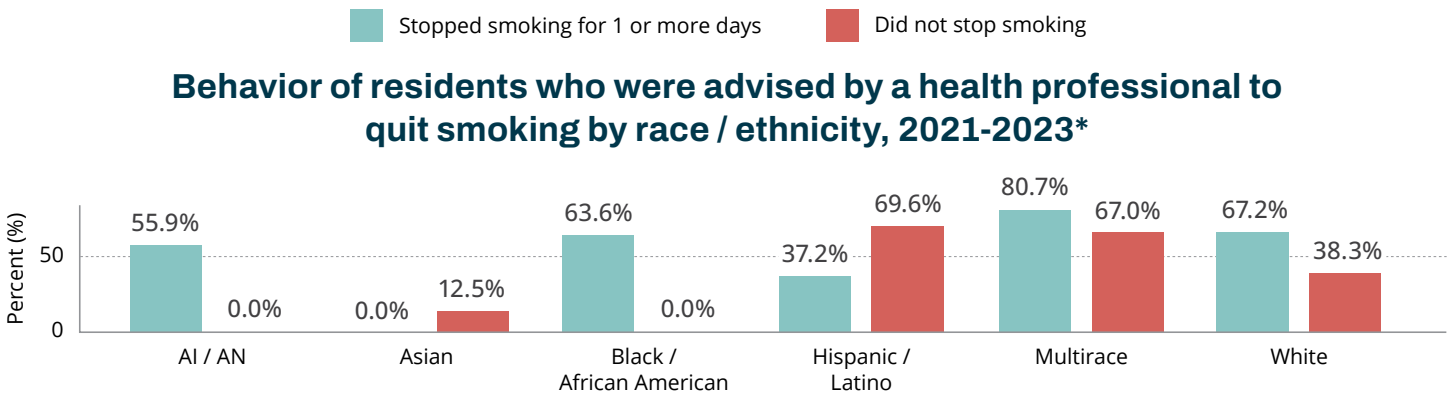


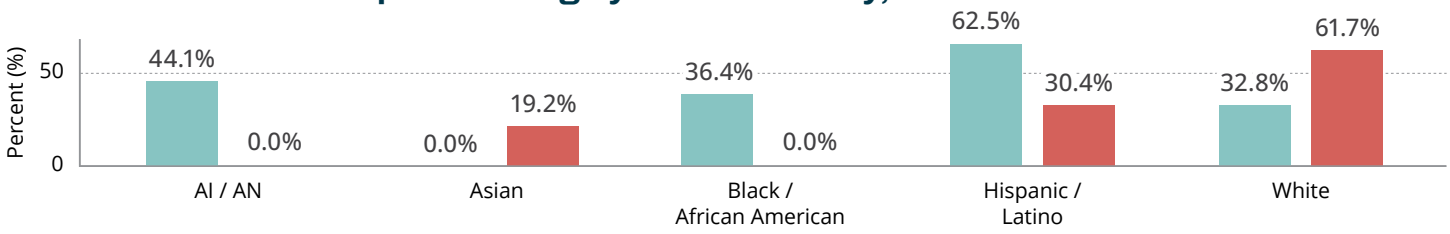
** Native Hawaiian / Pacific Islander and Multirace groups were removed due to the small number of cases reported for these populations, which can lead to distorted comparisons with other groups.*

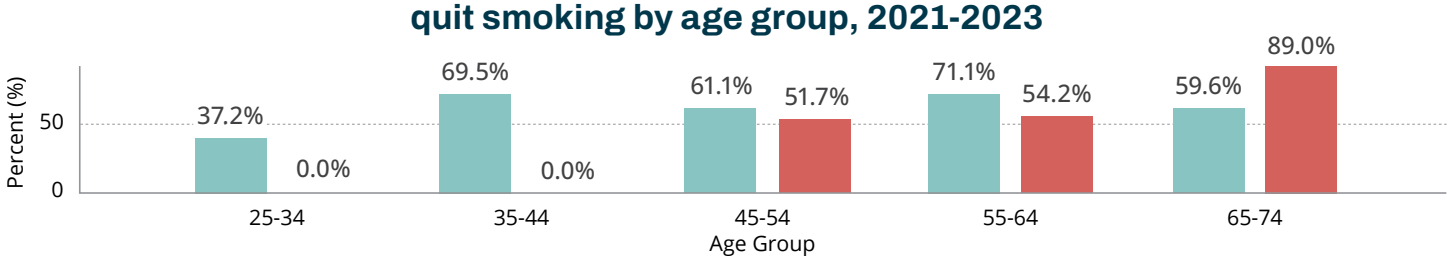
Smoking & Tobacco

Key Findings

- Multiracial individuals reported the highest success (80.7%) in stopping smoking for one or more days after receiving advice from a health professional. In contrast, Hispanic / Latino individuals showed the lowest success of quitting behavior (69.6%) when advised.
- Among those who did not receive advice to quit smoking, Hispanic / Latino (62.5%) and American Indian / Alaska Native (44.1%) individuals reported the highest success of stopping smoking for one or more days. However, White individuals reported the lowest success of quitting (61.7%).
- The 55-64 age group reported the highest success rate (71.1%) in stopping smoking for one or more days when advised by a health professional. Older age groups (e.g., 55+) reported lower success of quitting smoking. [19] ■







** American Indian / Alaska Native is reflected as AI / AN. Native Hawaiian / Pacific Islander and Multirace groups were removed due to the small number of cases reported for these populations, which can lead to distorted comparisons with other groups.*

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Data Report & Statistics

Data Requests

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