



California Health Care Foundation

# California Regional Markets: Inland Empire

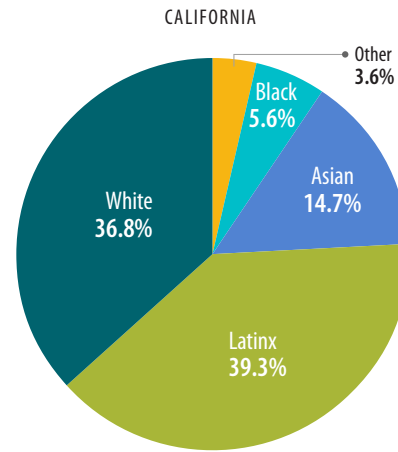
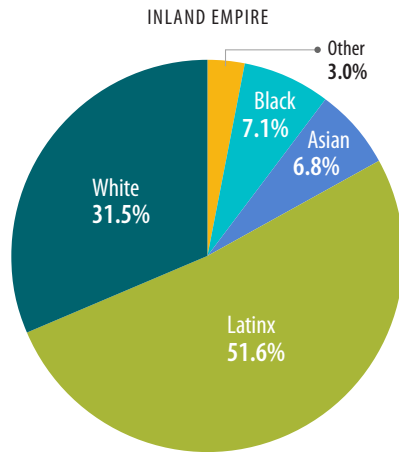
CALIFORNIA HEALTH CARE ALMANAC QUICK REFERENCE GUIDE

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## Race/Ethnicity

Region vs. State Average, 2018



## Population Statistics, 2018

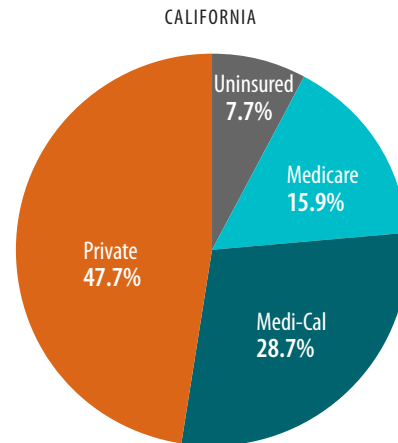
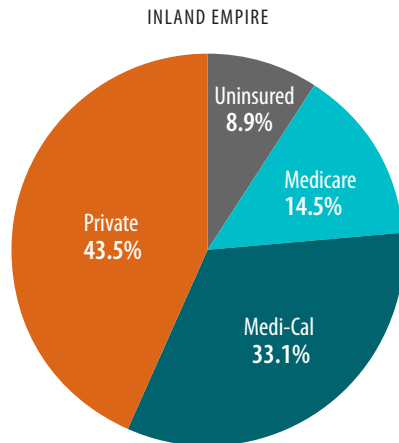
	Inland Empire	California
Total population (in millions)	4.622	39.557
Five-year population growth	5.5%	3.2%

## Economic Indicators, 2018 (except where noted)

	Inland Empire	California
Below 100% FPL	13.7%	12.8%
100% to 199% FPL	19.9%	17.1%
Unemployment rate	4.2%	4.2%
Able to afford median-priced home	44.9%	31.0%

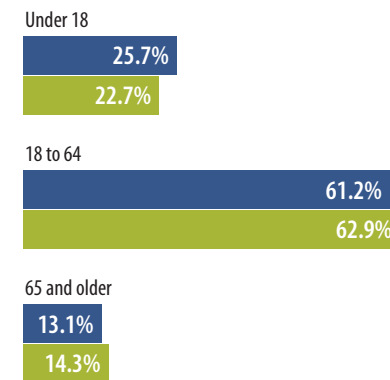
## Health Insurance

Region vs. State Average, 2019



## Age of Population

Region vs. State Average, 2018



Notes: *Private* includes any other insurance coverage (excluding Medicare and Medi-Cal). *Medicare* includes dual-eligible enrollees. *Asian*, *Black*, *White*, and *Other* categories are non-Latinx. Charts may not total 100% due to rounding.  
 Sources: "County Population by Characteristics: 2010–2019," US Census Bureau, last accessed June 1, 2020; "2018: ACS Supplemental Estimates Detailed Tables — Ratio of Income to Poverty Level in the Past 12 Months," US Census Bureau; "Employment by Industry Data: Historical Annual Average Data" (as of August 2020), Employment Development Dept., n.d.; "Housing Affordability Index - Traditional," California Association of Realtors; "Medi-Cal Certified Eligibles Tables, by County from 2010 to Most Recent Reportable Month," CHHS Open Data Portal; "Medicare Enrollment Dashboard," Centers for Medicare & Medicaid Services; "2019: ACS 1-Year Estimates Detailed Tables — Age by Disability Status by Health Insurance Coverage Status," US Census Bureau. All websites accessed June 1, 2020.

# California Regional Markets: Inland Empire, *continued*

California's Inland Empire region of Riverside and San Bernardino Counties is a study in geographic contrasts — with urban population centers in the west and rural, sparsely populated areas to the east. The region has enjoyed continued population and employment growth, although it continues to be poorer and less healthy than other parts of California.

**KEY FACTORS AFFECTING THE LOCAL HEALTH CARE MARKET INCLUDE:**

- ▶ **The number of FQHCs and patient visits continues to grow, bolstering the safety net.**  
As new FQHCs opened in the region, the number of FQHC patient visits more than doubled, from just under 500,000 in 2014 to more than 1.2 million in 2018. Nonetheless, the number of visits per capita in the region is still only half the statewide average.
- ▶ **Many physicians practice independently in solo or small practices.** But the physician practice landscape is shifting as financial pressures, market conditions, and demographics all combine to make independent practice less attractive. Additionally, many younger physicians increasingly prefer the stability of an employment relationship and are drawn to the region's larger providers, including Kaiser, FQHCs, and larger medical groups.
- ▶ **The region's hospital market remains unconsolidated.** San Bernardino and Riverside Counties have among the lowest levels of hospital market concentration in California, although countywide measures can mask the extent of hospital concentration, as some hospitals are dominant in their local submarkets.
- ▶ **Much of the innovation surrounding integration of behavioral and physical health care in the region has occurred in the Medi-Cal program and among safety-net providers.** Inland Empire Health Plan has supported several behavioral health integration efforts, many FQHCs in the region offer integrated behavioral health care, and both county departments of behavioral health are pursuing integration efforts. Nevertheless, access to behavioral health services remains an important issue in the region.
- ▶ **The region continues to struggle with recruiting primary care clinicians and specialists.** Compared to other California regions, the Inland Empire has fewer primary care and specialty physicians per person, with even greater disparities in the Inland Empire's eastern areas compared to the more densely populated communities to the west. New medical schools in the region, coupled with incentives to encourage newly minted physicians to practice in the area, may help mitigate this challenge in the future.

	Inland Empire	California
<b>Hospitals (acute care), 2018</b>		
Beds per 100,000 . . . . .	158	178
Operating margin . . . . .	2.3%	4.4%
Total operating expenses per adjusted patient day . . . . .	\$3,088	\$4,488

<b>Health Professionals</b>		
Per 100,000 Population, 2020		
Physicians . . . . .	125	191
▶ Primary care . . . . .	42	60
▶ Specialists. . . . .	83	131
▶ Psychiatrists. . . . .	8	12
% of population in HPSA. . . . .	30%	28%

Note: HPSA is health professional shortage area.  
Sources: "Hospital Annual Utilization Report & Pivot Tables," California Office of Statewide Health Planning and Development, accessed June 1, 2020; Healthforce Center at UCSF analysis of Survey of Licensees (private tabulation), Medical Board of California, January 2020; and Health Professional Shortage Area (HPSA) data from *Shortchanged: Health Workforce Gaps in California*, California Health Care Foundation, July 15, 2020.

**ABOUT THE REGIONAL MARKETS SERIES**

This quick reference guide is based on the full report *Inland Empire: Increasing Medi-Cal Coverage Spurs Safety-Net Growth* by Matthew Newman and James Paci of Blue Sky Consulting Group.