California Regional Markets: Inland Empire

Race/Ethnicity
Region vs. State Average, 2018

- **Inland Empire**
  - White: 31.5%
  - Latinx: 51.6%
  - Other: 3.0%
- **California**
  - White: 36.8%
  - Latinx: 39.3%
  - Other: 3.6%

Health Insurance
Region vs. State Average, 2019

- **Inland Empire**
  - Private: 43.5%
  - Medi-Cal: 33.1%
  - Medicare: 14.5%
  - Uninsured: 8.9%
- **California**
  - Private: 47.7%
  - Medi-Cal: 28.7%
  - Medicare: 15.9%
  - Uninsured: 7.7%

Population Statistics, 2018

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

Economic Indicators, 2018 (except where noted)

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

Age of Population
Region vs. State Average, 2018

- **Inland Empire**
  - Under 18: 25.7%
  - 18 to 64: 61.2%
  - 65 and older: 13.1%
- **California**
  - Under 18: 22.7%
  - 18 to 64: 62.9%
  - 65 and older: 14.3%

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.
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.

**Hospitals (acute care), 2018**

<table>
<thead>
<tr>
<th></th>
<th>Inland Empire</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beds per 100,000</td>
<td>158</td>
<td>178</td>
</tr>
<tr>
<td>Operating margin</td>
<td>2.3%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Total operating expenses per adjusted patient day</td>
<td>$3,088</td>
<td>$4,488</td>
</tr>
</tbody>
</table>

**Health Professionals**

Per 100,000 Population, 2020

<table>
<thead>
<tr>
<th></th>
<th>Inland Empire</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>125</td>
<td>191</td>
</tr>
<tr>
<td>Primary care</td>
<td>42</td>
<td>60</td>
</tr>
<tr>
<td>Specialists</td>
<td>83</td>
<td>131</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>8</td>
<td>12</td>
</tr>
<tr>
<td>% of population in HPSA</td>
<td>30%</td>
<td>28%</td>
</tr>
</tbody>
</table>

Note: HPSA is health professional shortage area.


**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.