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Executive Summary

San Antonio Community Hospital (SACH) is a full-service, acute care hospital located in the western portion of Southern California’s Inland Empire. This is a diverse area with community health needs driven by unique demographic factors influenced by gender, age, ethnicity, education, employment, and income. Understanding these demographic characteristics is an important step in planning a community benefit program that addresses the health needs of the community, along with gaining a better understanding of the drivers of increased utilization of hospital services and the need for the development or expansion of specific service lines.

The methodology employed in the community health needs assessment was to use secondary data to analyze the service area from a high level, pinpoint health and environmental concerns, and then compare the results to data at the state and national level. From that point, the assessment focused on the primary health concerns critical to the service area. To extrapolate these critical needs, primary data was collected to determine if the first-hand community concerns reinforced the secondary data, and whether that data had correctly forecasted the community’s needs. To successfully gather robust primary data, numerous demographic groups were provided an online survey, and diverse sets of focus groups and key informant interviews were conducted. After assessing these data sources, the following key areas were designated as critical points for in-depth analysis:

- **Demographic Composition.** Understanding and preparing for demographic particularities improves community relations and is critical in planning outreach programs and activities. Secondary data on this level demonstrated the distribution of characteristics by population, growth rate, age, education, income, ethnicity, and predominant health risks.

- **Healthcare Access.** Secondary data was analyzed on access to healthcare in the county, along with the factors that affect access, including employment status, income level, and insurance type. This data was then compared against external averages at the state and national level, with attention given to the distribution based on additional factors such as age and ethnic differences.

- **Health Disparities and Behaviors.** This analysis defined factors that are thought to affect the capacity for healthy behaviors in the community. These factors included healthy food options, free or low-cost outdoor activities, public transportation, and risky behaviors. This analysis allowed the community’s unique barriers and disparities to be defined.

- **Health Status and Chief Health Concerns.** Diseases with high incidence in San Bernardino County surpass the California averages and are far from meeting the Healthy People 2020 objectives. The county ranks near last in mortality rates for a number of diseases, along with deaths from illegal activities such as homicide and drugs. Childhood insurance rates have improved, but they are still below average for the state. Healthy behaviors in the county do not rank well and, accordingly, disease incidence rates are also above average. The chief health concerns include childhood health issues (most notably childhood obesity), diabetes, cardiovascular diseases, cancer, and respiratory diseases. These concerns, which are affected by unhealthy behaviors, socioeconomic characteristics, and the environment, were inspected in depth.

- **Community Focus Group, Key Informant Interview, and Survey Results.** Gathering primary data was meant to assist in exploring the community’s general health, children’s health, and adult health, as well as participants’ understanding of the causes and prevention factors related to
health concerns, i.e. obesity, cancer, cardiovascular disease, diabetes, and asthma. This process allowed the synthesis and interpretation of participants’ definition of healthy communities to be developed, along with the identification of their concerns and general awareness regarding the community’s health. In addition, the primary data collection was directed at identifying perceptions related to unmet health needs and the role San Antonio Community Hospital serves in the community.

- **Summation and Vision.** The major concerns found through the community, and health assessment can be grouped into four priority areas: Access to Healthcare, Health Literacy, Health Management, and Healthy Environment. The next step will be to develop a cohesive and effective three year Strategic Community Benefit Plan that incorporates the findings of the community assessment into specific strategies and tactics that will be undertaken to achieve measurable results. This is done with a pledge to continue meeting the SACH mission “to improve the overall health of our regional community...” by focusing our community outreach efforts on combating existing and newly arising health issues.

We recommend that the findings of this community health needs assessment be used in the best interest of improving community conditions. As an acute care hospital, we realize that there are limits to our influence over environmental barriers and unhealthy behaviors; however, our role of providing excellence in healthcare resources through direct patient care, health promotion and disease prevention, and leadership in community health improvement efforts remains of utmost importance. This community health needs assessment lays a foundation for the roadmap SACH will use in addressing these objectives over the next three years.
Assessing Our Community’s Needs

Responding to the health needs of our communities, especially to the most vulnerable among us, is central to the mission of San Antonio Community Hospital’s (SACH) Community Benefit Program. SACH is committed to understanding the needs of its diverse community and strives to respond in substantive ways to identified needs that are within its sphere of influence as a healthcare provider. To be effective in this goal, SACH uses a variety of ongoing assessment tools in addition to evaluating secondary data on an annual basis and conducting a formal community health needs assessment every three years. The report that follows is designed to provide the reader with a basic understanding of SACH’s community and to encapsulate the findings of the 2013 assessment. The desired end result of this endeavor is to generate discussion among key stakeholders regarding ways in which we can work together to improve the health status of the people who live, work, and play in the communities served by San Antonio Community Hospital.

San Antonio Community Hospital began planning and preparing its 2013 Community Health Needs Assessment in October 2012. The first step included collection, analysis, and synthesis of secondary data. An in-depth approach to collecting primary data followed with online surveys, focus groups, and key informant interviews.

California’s Community Benefit Legislation (SB697) and the U.S. Patient Protection and Affordable Care Act (H.R. 3590) require that nonprofit hospitals conduct a triennial assessment to determine health status and greatest areas of need in the communities served by each hospital. As noted, SACH goes beyond this requirement by updating and evaluating secondary data each year in addition to conducting primary research no less than every three years.

Methodology

The current triennial assessment evaluates SACH’s community from a wide perspective in terms of population, demographics, key health indicators, and residents’ perceptions about health needs and potential solutions. The assessment focuses to a large degree on the hospital’s primary service area, where over 80% of the hospital’s patients reside. This area is explained at length and defined geographically in the section entitled Our Community. Despite the attention given to SACH’s immediate community, care is taken to remember that beyond SACH’s service area are the wider health issues of San Bernardino County as a whole. There are benefits in examining county data, since many health indicators are only available at the county level. In addition, given the transient nature of the population in San Bernardino County, SACH is dedicated to understanding and sharpening its ability to handle the most pressing needs of the wider community. With this in mind, population and demographic data are presented for San Bernardino County, while general health indicators are compared to other California counties, state averages, and national goals. Primary service area data is also included to the extent available to provide greater insight into the specific health needs of SACH’s local community.

Secondary Data

A collection of secondary data sources served as the underpinning for the assessment. Secondary data provided facts on the community’s overall health status, disease-specific information, and population and demographic characteristics. The U.S. Census Bureau, Claritas, California and San Bernardino County Departments of Public Health, American Cancer Society, Centers for Disease Control, National Institutes of Health, National Research Corporation, and various other publicly available data sources were used as reference materials.
Primary Data

Primary data was used to validate secondary data findings. Firsthand accounts from local residents were collected through focus groups, key informant interviews, and an online survey. The focus groups were administered through a partnership with Loma Linda University’s School of Public Health MBA Health Care Administration and MPH Health Policy and Leadership programs. Graduate students from these programs facilitated the group discussions, which included community members representing various geographic, age, ethnic, socioeconomic, and occupational constituencies. The key informant interviews were conducted by both the graduate students and SACH’s Community Health Specialist. These interviews occurred in person or on the phone and were designed to gain an informed perspective on health issues affecting this region. The online survey was emailed to individuals within SACH’s primary and secondary service areas; and again, participant selection was carefully structured to solicit input from a broad spectrum of the community. All of the assessment instruments revealed community perceptions regarding health concerns, and, in many cases, common themes were revealed regarding areas in need of attention due inadequate resources, as well as programs and services that could be expanded due to widespread popularity.

Assessment and Community Benefits Planning

The extensive community-based research conducted through this triennial assessment will serve as the basis for enhancing SACH’s community benefits program. Through the quantitative and qualitative analysis of local and countywide health trends, a more accurate understanding of the area’s challenging needs can be established. The community outreach team will use these findings to evaluate the efficiency and efficacy of current programming and to develop new, expanded, or realigned strategies based upon the community’s growing needs. This research-based approach to strategic planning for community benefits is in keeping with SACH’s mission to improve the overall health of its community by offering healthcare services that both comfort and cure, in settings that inspire confidence, and in a manner that earns the trust of our patients, our physicians, and our employees.
Our Community

San Bernardino County

As described in the foregoing Methodology, understanding the breadth of San Bernardino County is an important concept and its relevance will become increasingly apparent in the context of the major health concerns identified throughout this triennial assessment.

San Bernardino County was founded in 1853 and is adjacent to Los Angeles County on the west and Orange and Riverside Counties to the south. The county comprises three geographic regions -- the Inland Valley, the Mountain region, and the Mojave Desert. Information gathered from the Healthy San Bernardino County online database shows that in 2012 San Bernardino County had a population of 2,081,313 and it had grown 2.3% over the last 2 years. This growth rate is above that of California, which increased only 2.1% during the same period.

The population under age 18 is also larger than the state overall, at 28.2% compared to 24.3%. On the other hand, the senior population in the county is lower at 9.6% versus the statewide total of 12.1%. The data also demonstrates that growth due to immigration is 21.4%, which is less than the statewide average of 27.22%; accordingly, the percentage of non-exclusive English speaking homes is also less at 40.9% compared to 43.2% statewide.

San Bernardino is the largest county in the contiguous United States in terms of physical size; it is also larger than nine States. In addition, the County’s total population ranks twelfth among the largest counties in the United States. Despite the population, the county’s large land mass translates into a lower population density of 103 persons per square mile compared to the statewide average of 282.5 residents per square mile. Density and unequal dispersion of the population is an important factor for healthcare organizations to consider given that an array of facility sizes and locations are essential to ensure that services are accessible and meet the health needs of the diverse communities.

Primary Service Area

In broad terms, SACH’s “community” is defined as the “West End” of San Bernardino County; however, like many hospitals, SACH identifies the community it serves in terms of its “service area,” which is the geographic area from which it receives the majority of its hospital admissions. The total service area is divided into “primary” and “secondary” areas, with the primary service area accounting for approximately 80% of the hospital’s admissions and the majority of SACH’s planning efforts. As illustrated on the map that follows, SACH’s Primary Service Area, denoted in yellow, is comprised of the cities of Chino, Claremont, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland. SACH’s Secondary Service Area, shaded in green, extends to Pomona on the west, Chino Hills on the southwest, parts of Corona and Norco on the southeast, and Rialto at the eastern edge of the service area.
As part of the annual community assessment, SACH’s service areas are reviewed for changes in market share and each city’s relative proportion of hospital discharges. Over the years, this analysis has led to minor modifications in the primary and secondary service area boundaries; however, the total service area has remained fairly constant and represents approximately 90% of SACH’s discharges. Although acute care discharges and market share data are at best a proxy for other measures that may be more relevant to community benefits planning (e.g., outreach and outpatient activities); it is apparent that SACH continues to maintain its dominant role in the Primary Service Area, particularly in the cities of Rancho Cucamonga, Upland, and Ontario where its market share is significant as shown below.

<table>
<thead>
<tr>
<th>City</th>
<th>Market Share</th>
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<tbody>
<tr>
<td>Upland</td>
<td>33.4%</td>
</tr>
<tr>
<td>Rancho Cucamonga</td>
<td>32.7%</td>
</tr>
<tr>
<td>Ontario</td>
<td>18.5%</td>
</tr>
<tr>
<td>Fontana</td>
<td>9.3%</td>
</tr>
<tr>
<td>Claremont</td>
<td>8.7%</td>
</tr>
<tr>
<td>Chino</td>
<td>8.2%</td>
</tr>
<tr>
<td>Montclair</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Given SACH’s dominance in the Primary Service Area and the fact that more than 80% of its hospitalizations are derived from this “community,” the following analysis focuses on providing a more in-depth understanding of this area.

**Demographic Characteristics**

The following charts produced from Claritas data provide a snapshot of key demographic features in SACH’s seven primary service area cities for the year 2013. Although these cities are geographically contiguous and share some basic similarities in terms of county and municipal governance, level of infrastructure, and general business environment, to name a few, there are some key demographic differences. For example, the median age is less than 30 in Fontana, while both Claremont and Upland have a median age greater than 35 years. Although the high educational level in Claremont is not
surprising given the presence of the Claremont Colleges, the low level of education, particularly in Montclair and Ontario, represents a significant concern in terms of earning capacity and the ability to purchase health insurance, which, in turn, has a direct impact on the ability to access basic healthcare. The demographic data confirms the correlation between education and earning capacity as noted by the lower household and per capita income levels in the cities in which educational attainment is low. The demographic analysis also reveals a disparity in the number of primary care and specialty physicians between Upland and Rancho Cucamonga where physicians are plentiful and Fontana where there are relatively few primary care physicians and specialists.

The following tables are arranged in the order of SACH’s market share for ease of comparison. The detail enables the reader to gain important insights about SACH’s Primary Service Area. An understanding of the disparities within the overall community can be gleaned by reviewing values within the individual tables and charts, as well as the associations between characteristics through a comparison of two or more tables or charts. This information will also serve as a foundation for the assessment’s more in-depth study of health concerns at the local and regional level. For example, a lack of educational attainment, which will be demonstrated at both the local community and regional county level, has been shown to negatively correlate with barriers to accessing healthcare. Such barriers, in turn, increase the prevalence of disease and are particularly relevant to uncontrolled ambulatory-sensitive conditions such as asthma and diabetes.

<table>
<thead>
<tr>
<th>Rancho Cucamonga</th>
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<tbody>
<tr>
<td>2013 Population (Estimated)</td>
<td>170,745</td>
</tr>
<tr>
<td>2018 Population (Projected)</td>
<td>185,474</td>
</tr>
<tr>
<td>Projected Annual Growth 2013 – 2018</td>
<td>8.6%</td>
</tr>
<tr>
<td>Inpatient Use Rate (2011)</td>
<td>83.7 Discharges/1,000 Population</td>
</tr>
<tr>
<td>Active SACH Physicians</td>
<td>57 Primary Care, 33 Specialists</td>
</tr>
<tr>
<td>Median Age</td>
<td>33.4</td>
</tr>
<tr>
<td>Educational Attainment (Age 25 &amp; Older)</td>
<td>9.0% No High School Diploma, 61.9% High School Graduate, 29.0% Bachelor’s Degree or Higher</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$94,929</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$31,961</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>40.8% Caucasian, 36.0% Hispanic, 8.9% African-American, 10.8% Asian-American, 3.4% All Other Categories</td>
</tr>
<tr>
<td>Median Home Value</td>
<td>$295,193</td>
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<thead>
<tr>
<th>Upland</th>
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<tbody>
<tr>
<td>2013 Population (Estimated)</td>
<td>77,865</td>
</tr>
<tr>
<td>2018 Population (Projected)</td>
<td>79,796</td>
</tr>
<tr>
<td>Projected Annual Growth 2013 – 2018</td>
<td>2.5%</td>
</tr>
<tr>
<td>Inpatient Use Rate (2011)</td>
<td>101.1 Discharges/1,000 Population</td>
</tr>
<tr>
<td>Active SACH Physicians</td>
<td>64 Primary Care, 150 Specialists</td>
</tr>
<tr>
<td>Median Age</td>
<td>37.9</td>
</tr>
<tr>
<td>Educational Attainment (Age 25 &amp; Older)</td>
<td>12.4% No High School Diploma, 57.5% High School Graduate, 30.1% Bachelor’s Degree or Higher</td>
</tr>
<tr>
<td>Average Household Income</td>
<td>$86,998</td>
</tr>
<tr>
<td>Per Capita Income</td>
<td>$31,134</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
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<tr>
<td></td>
<td>43.7% Caucasian, 38.8% Hispanic, 8.4% Asian-American, 6.5% African-American, 2.7% All Other Categories</td>
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<tr>
<td>Median Home Value</td>
<td>$312,354</td>
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## Community Health Needs Assessment

### Ontario

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<tr>
<td>2013 Population (Estimated)</td>
<td>168,543</td>
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<td>30.4</td>
<td>29.1% No High School Diploma</td>
<td>55.2% High School Graduate</td>
<td>15.7% Bachelor’s Degree or Higher</td>
<td>$62,110</td>
</tr>
<tr>
<td>2018 Population (Projected)</td>
<td>172,114</td>
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<td>2.1%</td>
<td>101.7 Discharges/1,000 Population</td>
<td>5 Primary Care, 6 Specialists</td>
<td></td>
<td></td>
<td>66% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$212,949</td>
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<tr>
<td>Active SACH Physicians</td>
<td>5</td>
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<td>30.4</td>
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<td>Median Age</td>
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<td>29.1% No High School Diploma</td>
<td>55.2% High School Graduate</td>
<td>15.7% Bachelor’s Degree or Higher</td>
<td>$62,110</td>
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<td>Educational Attainment (Age 25 &amp; Older)</td>
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<td>Average Household Income</td>
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<td>29.1% No High School Diploma</td>
<td>55.2% High School Graduate</td>
<td>15.7% Bachelor’s Degree or Higher</td>
<td>$62,110</td>
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<td>Per Capita Income</td>
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<td>30.4</td>
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<td>Ethnicity</td>
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<td></td>
<td>29.1% No High School Diploma</td>
<td>55.2% High School Graduate</td>
<td>15.7% Bachelor’s Degree or Higher</td>
<td>$62,110</td>
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<tr>
<td>Median Home Value</td>
<td>$212,949</td>
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<td></td>
<td>66% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$212,949</td>
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### Fontana

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<tr>
<td>2013 Population (Estimated)</td>
<td>228,443</td>
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<td></td>
<td>28.9</td>
<td>31.2% No High School Diploma</td>
<td>55.0% High School Graduate</td>
<td>13.8% Bachelor’s Degree or Higher</td>
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<td>2018 Population (Projected)</td>
<td>247,113</td>
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<td>8.2%</td>
<td>89.0 Discharges/1,000 Population</td>
<td>10 Primary Care, 0 Specialists</td>
<td></td>
<td></td>
<td>70.5% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$217,654</td>
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<tr>
<td>Active SACH Physicians</td>
<td>5</td>
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<td></td>
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<td></td>
<td>30.7% No High School Diploma</td>
<td>56.5% High School Graduate</td>
<td>12.8% Bachelor’s Degree or Higher</td>
<td>$69,759</td>
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<td>Median Age</td>
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<td>30.7% No High School Diploma</td>
<td>56.5% High School Graduate</td>
<td>12.8% Bachelor’s Degree or Higher</td>
<td>$69,759</td>
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<td>Educational Attainment (Age 25 &amp; Older)</td>
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<td>30.7% No High School Diploma</td>
<td>56.5% High School Graduate</td>
<td>12.8% Bachelor’s Degree or Higher</td>
<td>$69,759</td>
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<td>Average Household Income</td>
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<td>70.5% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$217,654</td>
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<tr>
<td>Per Capita Income</td>
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<td>70.5% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$217,654</td>
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<td>Ethnicity</td>
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<td>70.5% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$217,654</td>
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<tr>
<td>Median Home Value</td>
<td>$217,654</td>
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<td></td>
<td></td>
<td>70.5% Hispanic</td>
<td>16.9% Caucasian</td>
<td>5.5% African-American</td>
<td>$217,654</td>
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### Montclair

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<tbody>
<tr>
<td>2013 Population (Estimated)</td>
<td>36,696</td>
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<td></td>
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<td></td>
<td></td>
<td>31.0</td>
<td>30.7% No High School Diploma</td>
<td>56.5% High School Graduate</td>
<td>12.8% Bachelor’s Degree or Higher</td>
<td>$58,864</td>
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<td>2018 Population (Projected)</td>
<td>37,753</td>
<td></td>
<td>2.9%</td>
<td>122.0 Discharges/1,000 Population</td>
<td>5 Primary Care, 11 Specialists</td>
<td></td>
<td></td>
<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<tr>
<td>Active SACH Physicians</td>
<td>5</td>
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<td></td>
<td></td>
<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<td>Median Age</td>
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<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
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<tr>
<td>Educational Attainment (Age 25 &amp; Older)</td>
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<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<tr>
<td>Average Household Income</td>
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<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<tr>
<td>Per Capita Income</td>
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<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<tr>
<td>Ethnicity</td>
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<td></td>
<td></td>
<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
<td>$209,806</td>
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<tr>
<td>Median Home Value</td>
<td>$209,806</td>
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<td></td>
<td></td>
<td>72.5% Hispanic</td>
<td>12.9% Caucasian</td>
<td>8.6% Asian-American</td>
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<td>Claremont</td>
<td>Chino</td>
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<tr>
<td>2013 Population (Estimated)</td>
<td>35,905</td>
<td>77,663</td>
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<tr>
<td>2018 Population (Projected)</td>
<td>36,053</td>
<td>80,752</td>
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<tr>
<td>Projected Annual Growth 2013 – 2018</td>
<td>0.4%</td>
<td>4.0%</td>
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<tr>
<td>Inpatient Use Rate (2011)</td>
<td>84.3 Discharges/1,000 Population</td>
<td>104.7 Discharges/1,000 Population</td>
<td></td>
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<tr>
<td>Active SACH Physicians</td>
<td>4 Primary Care, 9 Specialists</td>
<td>12 Primary Care, 8 Specialists</td>
<td></td>
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<tr>
<td>Median Age</td>
<td>35.0</td>
<td>32.0</td>
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<td></td>
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</tr>
<tr>
<td>Educational Attainment (Age 25 &amp; Older)</td>
<td>9.0% No High School Diploma, 41.6% High School Graduate, 49.3% Bachelor’s Degree or Higher</td>
<td>23.3% No High School Diploma, 57.4% High School Graduate, 19.3% Bachelor’s Degree or Higher</td>
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</tr>
<tr>
<td>Average Household Income</td>
<td>$102,834</td>
<td>$89,485</td>
<td></td>
<td></td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>Per Capita Income</td>
<td>$36,526</td>
<td>$27,290</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ethnicity</td>
<td>57.4% Caucasian, 21.0% Hispanic, 12.9% Asian-American, 4.7% African-American, 4.0% All Other Categories</td>
<td>55.7% Hispanic, 26.1% Caucasian, 11.1% Asian-American, 5.0% African-American, 2.2% All Other Categories</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Median Home Value</td>
<td>$429,657</td>
<td>$299,671</td>
<td></td>
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<td></td>
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</tbody>
</table>

Source: 2013 Claritas Data within Truvent’s Market Expert Database
In addition to the preceding profiles, several demographic characteristics are presented in the following charts. The intent is to provide a direct comparison among the Primary Service Area cities with regard to key demographic indicators. This view demonstrates, for example, that Fontana is the largest city in the Primary Service Area, and as noted above, it is one of the fastest growing areas in SACH’s service area. The chart that follows illustrates that Fontana is also one of the youngest cities in the area based upon a median age of 28.9 years.

Data Source: Market Expert 2013
The correlation between education and income level is also readily apparent when comparing the results shown in the following two charts. The cities with the highest education level also have the largest household income.

The following chart illustrates the overall ethnicity of the Primary Service Area. The Hispanic population is more than double the size of any other ethnic group, and this segment of the population is projected to continue growing over the next few years. Given this powerful dynamic, area hospitals must adapt if they are to provide culturally competent services. To remove linguistic barriers, health and medical
information needs to be translated into the native language of those served. As the cultural diversity of the community is reflected in more diverse employees, hospitals will face fewer challenges in meeting the needs of the Hispanic community.

![Ethnicity Chart]

Data Source: Market Expert 2013

**Service Area Health Concerns**

Demographics are important in understanding the general nature of the service area and the population’s ability to access healthcare; however, health indicators are essential in planning outreach efforts to support SACH’s Community Benefits Program. While health outcome data is typically available only at the county level, data collected via formal health surveys conducted in SACH’s service area helps to provide more specific information at the community level. One such survey is conducted by the National Research Corporation (NRC). The NRC survey is administered on an ongoing basis using an online tool, and the results of the survey are reported annually in the Healthcare Market Guide. Selected health indicators from the NRC Health Consumer Report for SACH’s Primary Service Area were reviewed and included in the report. The information selected had a particular focus on the health risks reported by low income and uninsured populations in SACH’s community. Key findings from the survey responses included people’s perception of the best community health programs. Respondents identified San Antonio Community Hospital (23%), Kaiser Permanente Fontana Medical Center (24%), and Pomona Valley Medical Center (14%) as the hospital/facility best at providing community health programs. Another important finding was respondents’ identification of a hospital/facility that provides care to those unable to pay. San Antonio Community Hospital was a close second at 17% behind Pomona Valley Hospital Medical Center at 18%.

Health indicators from SACH’s service area mirror the statewide percentage of households reporting fair to poor health; 10% indicated that their health is “fair” and 3% reported “poor” health. However, among the health risks reported to be of greatest concern, the local area is experiencing a higher incidence of cases than the statewide averages in each area of risk. The top health risks in SACH’s service area are high blood pressure, high cholesterol, smoking, and diabetes; however, the ranking order of these risks varies by income level and insurance type. As shown in the following chart, the top three risks overall are high blood pressure, high cholesterol, and smoking tobacco. With minor variances in the percentages, these same risks apply to the low income population. However, the top three risks among the uninsured
and those with public health insurance are high blood pressure, high cholesterol, smoking, and diabetes, with smoking ranking number one.

The following chart reveals that SACH’s community health risk profile rates are above those of California on three of the four risk factors, excluding smoking. When compared to the nation, the service area is similar in terms of high blood pressure and high cholesterol rates, has fewer smokers, but a higher incidence of diabetes. Given that high blood pressure, high cholesterol, smoking, and diabetes have a high correlation with cardiovascular disease, it is not surprising that San Bernardino County continues to have one of the highest coronary heart disease mortality rates among California’s 58 counties.
The financial burden associated with these negative health indicators will continue to present a challenge for healthcare providers in the public and private sectors for the foreseeable future. With this in mind, these issues will be explored in greater depth in this assessment.

As the foregoing demonstrates, SACH’s community is facing significant health concerns. However, the service area does not exceed California in all risk factors. The following health risks are less problematic compared to the national average:

1. **High Blood Pressure**
   - **Service Area:** 31%  
   - **California:** 32%  
   - **Nationwide:** 36%

2. **High Cholesterol**
   - **Service Area:** 25%  
   - **California:** 26%  
   - **Nationwide:** 29%

3. **Allergies/Other**
   - **Service Area:** 21%  
   - **California:** 20%  
   - **Nationwide:** 24%

A key indicator in addressing community-wide health concerns is the propensity of individuals to engage in preventative health measures. These activities were also captured by the NRC survey. The following rates represent the top three preventative measures undertaken by each of the higher risk groups:

**Preventative measures taken by low income individuals:**

1. **Blood Pressure Test:** 45%  
2. **Flu Shot:** 30%  
3. **Eye Exams:** 28%

**Preventative measures taken by those who are publically insured:**

1. **Blood Pressure Test:** 50%  
2. **Eye Exam:** 39%  
3. **Dental Exam:** 34%
The preventative behaviors exhibited most often in SACH’s service area, blood pressure testing and eye exams, are closely in line with the results for California as a whole, but dental examinations are slightly behind the national average as shown in the following chart. This differential is most likely due to the higher cost of providing these services in California.

Source: NRC 2013
Major Health Influencers

There are many aspects of life that shape the physical condition individuals are able to maintain. Education, linguistic ability, municipal planning, economic climate, and media exposure all guide or impede the personal decision-making abilities that affect the quality of individual and community health.

Educational Attainment

San Bernardino County education levels are far below the national standard. Only 18% of the county’s school districts achieved the federal average yearly progress targets in 2013. This below average performance has resulted in a mere 77.8% high school graduation rate and only an 18.5% success rate in obtaining a Bachelor’s Degree or higher (San Bernardino County 2013 Common Indicators Report). This low percentage of college graduates is not the result of a lack of educational resources in the area; California State University and University of California schools, private universities, and junior colleges are located across the region. Despite the academic opportunities available, the educational attainment among San Bernardino County residents 25 years and older post high school is significantly lower than the State of California and across the United States as shown in the following chart.

The domino-effect of a lower educational status has serious repercussions on health status. In fact, evidence suggests that lower education levels lead to suboptimal health outcomes.

Another study conducted by the Institute of Medicine reported that nearly half of all American adults have difficulties understanding health information. This is even true of individuals with strong literacy skills. Communication barriers between health professionals and patients lead to misguided health decisions and lowered health status. The effect is compounded when the patient population being treated has limited English proficiency. Such is the case in San Bernardino County, where 14% of the population is characterized as having limited English proficiency. The following chart demonstrates the large
number of households for whom Spanish is the preferred language. For these individuals, communication barriers may prevent access to healthcare or may limit the ability to make informed decisions regarding treatment options.

![Primary Language Spoken in San Bernardino County Homes (2012)](image)

Source: Market Expert 2013

**Healthcare Access: Manpower Shortage**

Lack of access to medical care due to a shortage of doctors and inadequate health insurance coverage are also major causes of poor health outcomes. A study released by the California Healthcare Foundation “Fewer and More Specialized: A New Assessment of Physician Supply in California” reported that the overall supply of MD physicians in the state is lower than previous estimates and only 16 of 58 counties had sufficient primary care doctors as measured against standards set by the American Medical Association. Many of California’s most acute shortages are in the Inland Empire and the San Joaquin Valley, where communities struggle to attract and retain doctors. With an average of 36 physicians for every 100,000 residents, the Inland Empire, which is comprised of San Bernardino and Riverside Counties, faces many future challenges to meet the demands of a growing population. While the disease outcomes are illustrative of insufficient preventative care, the physician to patient ratio reveals an even greater problem: a dearth of manpower to provide this basic healthcare. Residents in San Bernardino County are faced with a sprawling geography and weak economy. The area has been hard hit by the slow economic recovery and a significant loss of employer-sponsored coverage. Access to care continues to be a problem for those with low incomes and in remote areas.\(^\text{vii}\)

**Healthcare Access: Income, Employment, Health Insurance**

Even if the physician to patient proportion was closer to the ideal value, individuals without health insurance coverage and few financial resources would continue to rely on emergency room care and their health conditions would still become chronic due to the lack of affordable access to care. For many people, seeking healthcare is a daunting task even with health insurance; for those without coverage and no financial resources, accessing care outside the emergency room is virtually impossible. In San Bernardino County, many residents find themselves in this situation.
The median household income in San Bernardino County was $51,642 in 2012, which is somewhat below Los Angeles and Riverside counties as shown in the following table.

<table>
<thead>
<tr>
<th>County</th>
<th>1990</th>
<th>2000</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles</td>
<td>34,965</td>
<td>42,189</td>
<td>51,908</td>
</tr>
<tr>
<td>Riverside</td>
<td>33,081</td>
<td>42,887</td>
<td>53,443</td>
</tr>
<tr>
<td>San Bernardino</td>
<td>33,443</td>
<td>42,066</td>
<td>51,642</td>
</tr>
</tbody>
</table>

Source: Market Expert

The percentage of children living in poverty in San Bernardino County is much higher than the overall poverty rate as shown in the following chart. According to U.S. Census Bureau estimates, the overall poverty rate was 17.0% compared to 23% for San Bernardino County children in 2012.

While children currently do not outnumber adults in terms of poverty status as shown in the preceding chart, this situation is cause for concern, particularly if sufficient attention is not given to the welfare of children in the county. Numerically, children make up over one third of the population in poverty throughout San Bernardino County, and this statistic could greatly affect the future health of the county.
In addition to constraining income growth and increasing the number of families living in poverty, the recent economic downturn has left a multitude of people jobless, and studies show that unemployment can be directly linked to increases in the number of uninsured residents. The California Health Care Almanac viii clearly demonstrates this relationship between unemployment and lack of insurance through the following general relationships that have been revealed:

- As employer-based insurance decreased from 61.9% to 51.8% in the 2000 to 2011 period, the use of Medicaid increased from 13.3% to 19.8% and the uninsured increased from 19.3% to 22.0%.
- Over a longer term period, employment-based insurance has substantially decreased over the last two decades, from 64.6% to 51.8%, while the number of uninsured increased by 5.0% and use of public programs increased by 7.0%. This inverse relationship occurred not just in California, but also nationwide, with very similar ratios.
- In businesses with fewer than ten employees, slightly more than 40% of workers are likely to have no insurance.
- In 2011, slightly more than one in five Californians was uninsured.
- The percentage of uninsured in California is greater than the national average in every income category. At the lower end, under $25,000 in income, there are 35.5% uninsured in California versus 32.6% nationwide. At the high end, over $75,000 in income, there are 9.1% uninsured in California compared to 6.7% nationwide.
- The transition away from use of private insurance to higher use of public programs is clear. For example, the likelihood that Californians with family incomes between $25,000 and $49,999 are covered by public programs more than doubled from 1994 to 2011.

SACH’s service area data supports these findings. Uninsured members of the local community were questioned regarding their reasons for being uninsured and the following answers were reported ix:
While almost 50% of SACH’s uninsured patients are without insurance due to the cost, 40%, say they are uninsured due to unemployment. As displayed above, another 26% reported that they did not have access to health insurance through their employer.

The economic deterioration that began in 2007 continued to escalate in 2008, and by 2009, huge increases in unemployment occurred in the county, state, and nation as shown in the following chart. Gradually, unemployment rates have been declining and job growth has been on the rise, San Bernardino County ranked 25th among California counties at 11.9% unemployment, placing it 1.4% above that of the state.
Given these trends, it is likely that the county, state, and nation will continue to see high numbers of uninsured and underinsured residents until there is greater improvement in the unemployment rates. Ironically, obtaining insurance without employment is costlier, yet those who are unemployed are least likely to be in a position to pay higher rates.

The following comparison with other counties in the area, as well as the state as a whole, reveals that 22.2% of San Bernardino residents of all ages have no health insurance, while 20.7% receive healthcare through Medi-Cal or Healthy Families enrollment. San Bernardino County’s rates in these areas are similar to those of the state, but they are somewhat lower than Los Angeles County and substantially higher than Orange and San Diego Counties. While Los Angeles County has a higher percentage of uninsured, San Bernardino has a higher number of Medi-Cal and Healthy Families beneficiaries.

![County and State Rates Compared](chart.png)

Source: Market Expert 2013
The following chart illustrates that the 78% of San Bernardino County’s residents with health insurance may not have adequate coverage to meet all of their healthcare needs.

![San Bernardino County Resident Insurance Status (2012)](image)

Source: Market Expert 2013

It appears that insurance costs and limited health plan benefits are major barriers to accessing healthcare for the uninsured patients in SACH’s service area, whether they are employed or unemployed.

The service area surveys and focus groups also found that young families have had an especially difficult time in obtaining health insurance. These families have expressed that they are in need of more affordable insurance options so they may access hospital services when needed.

Although challenges exist for adults seeking health insurance coverage, most families in the county have obtained health insurance for their children. Data from Healthy Families San Bernardino demonstrates that 3% to 5% of the children in the county still lack coverage, though there is ethnic variance as illustrated in the following chart.

![2009 Childhood Insurance Rates](image)

Source: Healthy San Bernardino County
Although these insurance coverage rates do not meet the 100% Healthy People 2020 goal for the country, they are still impressive given the lower overall rates in the past. A concentrated effort to increase child enrollment in Healthy Families has been undertaken by community hospitals like SACH and by nonprofit community-based organizations throughout the county. The major improvement that has been achieved in increasing childhood coverage rates in San Bernardino County is largely attributable to this collaborative effort to educate parents about the insurance options available for their children. This has resulted in greater youth enrollment and the insurance coverage percentages shown above.

Despite this success, there are still barriers to insurance coverage that keep San Bernardino County slightly below the average county rate. Among these barriers is youth homelessness, estimated to number between 2,600 and 3,200 children, in San Bernardino County. These children are not always counted in the health statistics and are a highly at-risk population without insurance, health education, or routine medical care. Without a stable home, they are transient throughout the county; as such, this group of children accounts for a large percentage of the pediatric patients that are treated at hospitals, primarily in emergency departments, without insurance or any financial support. Given its homeless youth, combined with low-income demographics, a high teen birth rate, and other hardship factors, San Bernardino County faces challenges in improving its childhood insurance rates.

Although childhood insurance coverage in San Bernardino County is nearly on par with the state, averaging 88.4% versus 89.9%, insurance status deteriorates substantially across all groups in the county as children grow into adulthood. As shown in the following chart, significantly fewer adults are insured in San Bernardino County compared to the state overall, with coverage rates at 73.3% compared to 78.2% statewide.

As noted in the following chart, health insurance coverage in San Bernardino County declines across all ethnicities for the 18 to 64 age group, although Asian Americans tend to be insured at a significantly higher rate than other ethnic groups in the county.
The Patient Protection and Affordable Care Act may help to remedy the uninsured situation in San Bernardino County overall; however, the provisions for Covered California to extend coverage to this population will not take effect until 2014. Until then, uninsured residents have few options outside of necessary trips to the Emergency Room. Currently, a few low-cost community clinics are available in San Bernardino County, but awareness of their existence is lacking among uninsured individuals.

**Environment and Health Disparities: Healthy Food Options**

Community resources are instrumental in shaping behaviors that promote public health, and, conversely, health disparities arise in areas that do not support a healthy lifestyle. As a result, obesity, diabetes, cardiovascular disease, and cancer are rampant among populations living in such areas. The scarcity of full service grocery stores, farmer’s markets, and restaurants with healthy options hinders the public’s ability to access healthy foods. Financially comfortable communities have greater access to fresh produce, while indigent communities are saturated with liquor stores and fast food outlets. People living in these food swamps are forced to consume sodium, cholesterol, and sugar saturated foods. High diabetes and cardiovascular disease rates are reflective of the disadvantages experienced by residents in such areas. The Patient Protection and Affordable Care Act require many restaurant chains to disclose the nutritional content of each menu item to the public. While this may raise awareness, it does not solve the core issue.

**Environment and Health Disparities: Physical Activity**

Cities such as Claremont, Rancho Cucamonga, and Chino Hills have numerous options for outdoor activities such as open green space and dedicated hiking, biking, and walking trails. Conversely, neighboring towns like Montclair and Ontario lack bike lanes and have sidewalks with scarcely enough width for one person to occupy. Such communities also lack a general sense of security on their streets. A study conducted by the CDC indicates that physical inactivity is directly correlated to perceived levels of neighborhood safety. For this reason, individuals in unsafe neighborhoods prefer not to spend time outdoors. The following chart reveals that adults in San Bernardino County and across California fall significantly short of the nation’s Healthy People 2020 goal for physical activity. Even more disturbing is the high percentage of the population, nearly 35% in the state of California, who report that they engage in no physical activity.
Environment and Health Disparities: Public Transportation

Public transportation in San Bernardino County is also limited. The county’s 2013 Common Indicators Report describes an increase in Metrolink ridership and a decrease in bus ridership. However, overall public transportation use is only 1.7%. The availability of accessible public transportation modalities encourages non-motorized traffic and physical activity. Lack of such resources within the community forces individuals to rely on driving for almost all transport, which supports inactivity and also contributes to poor air quality. For low income families who do not have private transportation, the inadequate public transportation options limit their ability to access healthcare resources, including the public health community clinics mentioned earlier.

Risky Behaviors

Exposure to risky behavior on television, magazines, movies and web-based entertainment influences real-life decision-making. When smoking was depicted as being “stylish,” for the majority of the 20th century, tobacco use was steady and showed little evidence of future declivity. Currently, promiscuity, alcohol use, and a disproportionate ratio of fast food references are prolific on the airways, billboards, and social media. San Bernardino County has staggering levels of sexually transmitted diseases, teen pregnancies, alcohol abuse, and obesity rates. Such behavior is portrayed as being acceptable through media. The factors just discussed fit into the Healthy Behaviors category by which all counties in California can be ranked.
Using the metrics displayed in the following chart, San Bernardino County exceeds the state and nation in three of the four unhealthy behaviors, and overall, it ranks 46 out of 58 counties in California. This is an improvement of 2 places from the previous assessment.

<table>
<thead>
<tr>
<th>2013 Unhealthy Behavior Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>SB County</td>
</tr>
<tr>
<td>Adult smoking</td>
</tr>
<tr>
<td>Adult obesity</td>
</tr>
<tr>
<td>Excessive drinking</td>
</tr>
<tr>
<td>Teen birth rate</td>
</tr>
</tbody>
</table>

Source: 2013 County Health Rankings

**State Budget Impact**

Lastly, in terms of major influences on health, state budget cuts to community programs can have dire consequences. If this occurs, it will likely create a reversal of fortune in many areas of health improvement, including the increased rates of health insurance coverage among children in San Bernardino County. According to a report from the Public Policy Institute of California, once the ACA becomes fully implemented and more uninsured residents secure health insurance, state funding for medically indigent programs is expected to shrink further. Over the last five years (2008-2012) children’s health coverage under Healthy Families was cut by $145 million. Such drastic reductions to health programs have undermined access to care and coverage for California children. On June 15, 2013 Governor Brown restored preventative and some restorative dental services for low-income adults, to take effect May 1, 2014. It still remains to be seen how the state led Medi-Cal expansion will affect population health. This expansion is intended to provide health care access to millions of low-income Californians; however, a realignment of services from the county to the state level will leave 3-4 million people living in California with no access to health care, and no health safety net.1
Quantitative Assessment Findings

The following section outlines the key areas identified as major health concerns during the review, analysis, and consolidation of the assessment findings. This process included a thorough understanding of the qualitative data captured through primary research in the form of surveys and focus groups, as well as the analysis of quantitative data gathered by researching a variety of secondary data sources. Before embarking on the details of the identified priority areas, a brief overview of basic health indicators will set the stage for the more in-depth discussion to follow.

Health Status Indicators

Based on recent findings from the California Department of Health Services, San Bernardino County fails to meet any of the Healthy People 2020 national objectives for diseases seen in high incidence in the area as shown in the following table. The national objective refers to the Healthy People 2020 goals established by the U.S. Public Health Service. Unless otherwise shown, the rates presented below describe the number of age-adjusted deaths or cases from a particular cause per 100,000 residents.

<table>
<thead>
<tr>
<th>Disease</th>
<th>San Bernardino</th>
<th>California</th>
<th>Healthy People 2020 National Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Artery Disease</td>
<td>164.8</td>
<td>122.4</td>
<td>100.8</td>
</tr>
<tr>
<td>Diabetes</td>
<td>33.9</td>
<td>20.2</td>
<td>-</td>
</tr>
<tr>
<td>All Cause Cancers</td>
<td>170</td>
<td>155.4</td>
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<td>33.8</td>
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Source: 2013 County Health Status Profiles

San Bernardino County also lags behind the majority of the counties in the state in terms of several socio-economic and health status indicators. A few key indicators are noted below, along with the county’s ranking when compared to the other 58 counties in the State of California. Higher placement signifies a more significant problem.

- The county ranked 40th in deaths due to all causes with a rate of 778.1 per 100,000 residents compared to the statewide average of 654.9 per 100,000 residents.
- The county ranked 22nd in deaths due to suicide with 11.0 per 100,000 residents.
- San Bernardino County ranked 40th in deaths due to homicide with 6.0 per 100,000 residents.
- The frequency of firearm related deaths was 8.9 per 100,000, ranking the county at 25th in the state.
- San Bernardino County ranked 14th for drug-induced deaths. This was a significant improvement from the prior profile at 24th place.
• The teen birth rate in San Bernardino County (39.6 per 1,000 births) continues to be higher than the statewide average. With a ranking of 43rd, the county’s teen birth rate exceeds that of other large counties, including Los Angeles, Riverside, Orange, and San Diego.

Source: County Healthy Status Profiles, 2013

**Children’s Health Issues: Childhood Obesity**

Childhood obesity is becoming increasingly prevalent across the United States. Findings from the National Health and Nutrition Examination Survey (NHANES) show that all adolescent age groups have an increased percentage of obesity rates over the last 30 years. In correlation, the Community Vital Signs 2013 report prepared by San Bernardino County Department of Public Health noted that 39% of 5th, 7th, and 9th graders were overweight or obese. This is a trend affecting the present and future health of SACH’s community.

Equally important is the fact that the overwhelming majority of obese school children will remain obese into adulthood; at a rate of 60-85%. In San Bernardino County, adult obesity is 3.6% worse than the California average and is among the worst of all counties in the state. Feeding this trend, research regarding the retail food outlet options in San Bernardino County reveals six times as many unhealthy food outlets as healthy; this is the worst ratio in the state. According to the Community Vital Signs report, San Bernardino County has the highest ratio of fast food restaurants/convenience stores as compared to grocery stores than any county in California. Fortunately, local city governments and Healthy City initiatives are working on solutions to this ongoing concern. In the meantime, food deserts and food swamps continue to affect children’s health and habits, as well as the health options available for adults and seniors. The American Nutrition Association defines food deserts as places lacking of fresh fruit, vegetables, and other healthful whole foods. Food deserts are usually found in impoverished areas. Whereas a food swamp, has been described as an immersion of fast food outlets and junk food marketing in similar areas. From a public health perspective, this ratio does not bode well for anyone, but it is particularly concerning for busy parents who are unable to provide healthy food options for their children.

The participants in SACH’s family focus groups overwhelmingly agreed that it is the responsibility of the parent to provide healthy food options for their children. They stated that busy work schedules and lack of time are to blame for poor eating habits. More than often, it is convenient to select the fast food option for time and money’s sake. Parents in this group also brought up the fact that while school meals are not always the healthiest choice, parents should be more proactive in packing a nutritious lunch for their child. Childhood obesity is a leading concern of parents across SACH’s community and resonates with stories being told by parents throughout San Bernardino County. It is clear that creative solutions are needed to slow the momentum of this growing problem.
Recent findings show that in San Bernardino County, female adolescents have an especially alarming rate of increase with regard to “obese or overweight” status. It is believed that the primary contributors to these results are differences in eating habits and females in the area have a lower inclination towards athletic activity than their male counterparts. Although the rates are high for both groups, an immediate effort needs to be directed toward reducing the female rate due to its multitude of public health consequences.

**Children’s Health Issues: Dental Care**

Good dental health begins in childhood and has lifelong consequences. Dental health is an essential component of overall wellness given that oral infections drain immune strength and weaken health status. In addition, poor dental health is associated with the risk of heart disease and stroke. A study published by the International and American Associations for Dental Research showed that the more teeth a person has lost, the more likely he or she is to have both advanced periodontal infections and clogged arteries. Poor oral health contributes to poor cardiac health due to inadequate nutritional intake; missing teeth or painful gums debilitates chewing, which tends to hinder the intake of adequate amounts of heart-healthy nutrients and fiber.

A study published in the July 2013 issue of *Health Affairs* reveals that nearly 25% of children in California have never been to a dentist and that disparities exist across race, ethnicity, and type of insurance when it comes to the length of time between dental care visits.® Medi-Cal’s fee-for-service dental program, Denti-Cal, was the chief dental care subsidizer for the majority of California’s eight million low-income, elderly, and disabled residents in 2007. However, due to major reductions in the state’s budget, most adult Denti-Cal benefits were eradicated in July 2009. Medi-Cal’s reimbursement rates for dental procedures that are still covered are currently far lower than national Medicaid and commercial insurance reimbursement rates; therefore, only 25% of California dentists accept Medi-Cal...
patients. As shown in the preceding map, San Bernardino County’s Denti-Cal has 8 to 11 dentists per 10,000 Medi-Cal beneficiaries on the provider referral list. This severely limits access to dental care for Medi-Cal beneficiaries.

Although children’s services were untouched during the 2009 elimination of adult Denti-Cal benefits, fewer than 10% of two year-old Medi-Cal enrollees have visited the dentist. According to the California Healthcare Foundation, most major public health organizations recommend that children see a dentist by age one, or by the time they have their first tooth, followed by regular dental check-ups. Unfortunately, data obtained by the California Healthcare Foundation implies a lack of adherence to these recommendations. By the third grade, two-thirds of the children in California suffer from poor oral health, and approximately 7% of California’s children have missed school due to a dental problem. One third of the children enrolled in Medi-Cal suffer from tooth decay. Preventative oral care is a crucial element in maintaining child health. Unattended pain and infections may impede eating, verbal development, and learning during this pivotal development period.

Source: California Healthcare Foundation; 2009 Denti-Cal Facts and Figures
**Diabetes**

Obesity and lack of physical activity are leading causes of diabetes, which has become an increasing health risk across the nation for both adults and children. Due to the high correlation between childhood and adult obesity, indicators of increased risk for diabetes begin with childhood obesity. However, there is a significant difference: people in their youth have a greater opportunity to decrease their risk factors and lessen the likelihood they will develop diabetes. A new study by the CDC reports that people with pre-diabetes who lose weight and increase their physical activity can prevent or delay type 2 diabetes and in some cases return their blood glucose levels to normal.\(^\text{xvi}\)

The current nationwide high rates of pre-diagnosed diabetes show the major effect that health changes could have for this population and their future costs of care. The alarming current rates of pre-diabetes are 35% for those over the age of 20 and 50% for people age 65 and older. In terms of medical costs, this is an epidemic of major financial proportions with an estimated cost of $116 billion nationwide.\(^\text{xvii}\) This is especially concerning from the hospital care perspective because the hospitalization and emergency room visit rates due to diabetes are among the worst percentiles in the nation\(^\text{xviii}\). Moreover, diabetes is a leading cause of other major health concerns including kidney failure, blindness, nervous system disease, limb amputations, hypertension, heart disease, and stroke. For these reasons, communities need to work together to fight the diabetes epidemic at the local level through awareness and prevention, treatment, and ongoing disease management.

**Cardiovascular Disease**

San Bernardino County is brimming with cardiac disease cases and the resulting mortality rate is exorbitant and will be shown in the charts that follow. While numerous factors affect cardiac health, increasing awareness of the potential risk factors is the first step in improving cardiac health within the community. Cardiovascular disease (CVD) is an umbrella term that is used in generic reference to a number of diseases of the heart and blood vessels. As shown in the following chart, CVD is the nation’s number one cause of death.

![Leading Causes of Death in California](chart)

Source: California Department of Public Health, 2011 California Heart Disease and Stroke Prevention Program
Coronary artery disease (CAD) leads to chest pain and heart attacks. It occurs as a result of cholesterol build-up within the arteries leading to the heart, which eventually causes blockages that restrict blood and oxygen flow to the heart. Overtime, CAD may progress into congestive heart failure, a condition in which the heart is incapable of pumping blood to the rest of the body. Cerebrovascular disease, also known as stroke, occurs when blood flow to the brain is interrupted by ruptured or cholesterol-obstructed blood vessels. If the brain is deprived of blood for more than a few seconds, the lack of oxygen causes brain cells to die, and permanent damage leading to disability and even death may result.

Approximately one in every three adults lives with one or more types of cardiovascular disease. This “silent killer” accounted for 117.2 deaths per 100,000 population in California, as reported in the 2013 County Health Status Profile. This rate was based on a 2009 through 2011 three-year average of 43,724 deaths, with a population count of 37,318,481 as of July 1, 2010. The current age-adjusted CAD death rate in San Bernardino County is 164.8 deaths per 100,000 populations. The Healthy People 2020 goal has been set at 100.8 per 100,000 populations.

Source: California Death Statistical Master File (2007); California Department of Finance Population Estimates
Cardiovascular disease, like most diseases, is a composite of uncontrollable and controllable risk factors. Some of the uncontrollable risk factors include age, gender, and genetics. Risk increases with age as blood vessels lose elasticity and durability, and certain families lack the enzymes necessary to digest cholesterol. Women are less likely to have cardiovascular disease than men before menopause, but risk increases significantly post-menopause. However, aside from these components, most risk factors are manageable. Smoking, diabetes, obesity, lack of exercise, high blood pressure and cholesterol, and excessive stress all negatively affect cardiac function. Healthy diet, frequent aerobic activity, regular health screenings, and an active avoidance of all tobacco-related products helps to mitigate these tractable risk factors.

**Cancer**

Cancer is the second leading cause of death in the United States. In San Bernardino County there are five primary types: breast, cervical, lung, prostate, and colorectal. Cancer is a major concern not only in this region, but in the nation as a whole; however, cancer incidence rates continue to decline in California and across the country. San Bernardino County has one of the highest age-adjusted death rates due to all cancers in the state. It ranks 40th out of California’s 58 counties and is substantially higher that the state and national goals as shown in the following chart.

![Age-Adjusted Death Rates for All Cancers 2009-2011](chart.png)

Source: California Department of Public Health, County Health Status Profiles 2013

The American Cancer Society reported in their 2013 Facts and Figures that nearly 171,330 Californians will be diagnosed with cancer this year. The only cancer for which San Bernardino County’s death rate met the Healthy People 2020 National Objectives was lung cancer, ranking 29th among the 58 California counties. Lung cancer is the most common cancer among men and women, and tobacco use is the cause for 85% of all cases. Abstaining from smoking and avoiding secondhand smoke is the best prevention against lung cancer. In California, lung cancer incidence rates have improved tremendously as a result of the state’s tobacco control initiative. Locally, San Antonio Community Hospital has partnered with San Bernardino County’s Healthy Cities initiative to reduce smoking, specifically in public open spaces. To further support these efforts, the hospital became a smoke-free campus in April 2013.
Obesity has also been linked as a contributing factor for many cancers. As obesity increases at an alarming rate, higher cancer incidence rates are expected in San Bernardino County. The hospital is being proactive in addressing issues that prevent or cause cancer. Prevention activities are designed to increase cancer awareness, help participants develop healthy habits through diet and exercise, and encourage regular screening and physicals.

Breast cancer is the most common cancer among women in California after age 30. Emphasis on regular screenings has increased early detection, effectively improving prognosis. In California, breast cancer mortality has declined by 30% because of these awareness efforts.

Cervical cancer is the most preventable form of female cancer. The American Cancer Society recommends screening beginning at 21 years of age. Studies show that the HPV vaccination has the potential to prevent up to 70% of the 1,300 invasive cervical cancer cases and more than 430 cervical cancer deaths in California each year.

Studies have indicated a strong link between high Body Mass Index (BMI) and death rates associated with most cancers. Poor diet, physical inactivity, and obesity are fundamental cancer contributors and are responsible for one-third of all cancer deaths. This finding is particularly disturbing as almost a third of San Bernardino County’s population is obese. According to the County Health Rankings & Roadmaps, San Bernardino County is 44th out of 58 counties in California for obesity.

Cancer risk varies by race/ethnicity as well. However, no concrete evidence has been produced to explain this difference. African American males exhibit the highest cancer rates, followed by non-Hispanic white males. Among women, those of non-Hispanic white descent are most likely to be diagnosed, while African American women are more likely to die of cancer. Aside from genetic tendencies, variances in diagnosis and survival rates may be attributed to differences in access to healthcare as a result of socio-economic disparities.

Gender and age play large roles in cancer risk as well. Men are more likely to die of cancer than women. This may be attributable to the fact that women tend to be more proactive with regard to health and seeking healthcare services. In addition, the risk of cancer expands with age. The body’s genetic defenses against cancer weaken and exposure to various mutagens accumulates.
Equipping the body with the best resistance is the most reliable safeguard against cancer of all types. The American Cancer Society recommends refraining from any tobacco use. Weight control, healthy dietary intake, and regular exercise are essential. Healthy eating habits: five or more servings of fruit or vegetables a day, whole grains as opposed to refined grains and sugars, and limiting red and processed meats. The optimal exercise level is defined as 30 minutes of exercise for adults and 60 minutes for children and teens on five or more days per week. Alcohol intake should be limited to no more than one drink per day for women and no more than two drinks per day for men. Communicating with one’s physician regarding exams and screenings is essential to ensure early stage detection and treatment. The following chart identifies the top five cancer diagnoses treated at SACH.

![Top 5 Cancer Diagnosis Sites Among SACH Patients 2012](image)

Source: SACH Cancer Registry 2013

The sources for the research presented in the foregoing cancer assessment included: American Cancer Society, California Department of Public Health, and California Cancer Registry.

**Smoking and Tobacco Use**

Responses from the hospital’s online survey suggest that knowledge about the health risks associated with tobacco use is fairly high. Unfortunately, San Bernardino County smoking rates tell a different story. It becomes incumbent upon healthcare providers, government entities, private organizations, and community members to collaborate in educating the large number of individuals who continue to exhibit this destructive behavior.

Tobacco use is well known as the number one preventable cause of death in the United States. Smoking is a key risk factor in the four leading causes of death: heart disease, cancer, stroke, and chronic obstructive pulmonary disease (COPD.) Worldwide, tobacco use causes more than 5 million deaths per year, and current trends show that tobacco use will cause more than 8 million deaths annually by 2030. Cigarette smoking is responsible for about one in five deaths annually, which is more than 440,000 deaths per year. Approximately 49,000 of these smoking-related deaths are the result of secondhand smoke exposure.
In California, 14% of the adult population smoke cigarettes. California’s smoking-attributable mortality rate ranks 6th among the states with 235 deaths per 100,000. While the county’s smoking rate is in decline, it still exceeds the rate for California and the Healthy People 2020 national target of 12% as noted in the following chart.

![Adult Smokers 2010 chart](chart.png)

Source: 2013 County Health Profiles

Those who discontinue smoking sooner have greater advantages; however, benefits accrue to everyone who stops this destructive habit. Current smoking among adults by demographic characteristics is presented in the following chart created by the Centers for Disease Control. Smoking is highest among American Indian/Native Americans, Hawaiian/Pacific Islanders, and African Americans. Additionally, those who have a high school diploma are more likely to smoke, and smoking is higher among males and young adults between 18 to 24 years of age.
Smokers who quit also improve the health of those around them by reducing exposure to secondhand smoke; 3,400 lung cancer deaths are caused by the inhalation of secondhand smoke each year. For every one person that dies from cigarette smoking, 20 people suffer from at least one serious health problem as a result of secondhand smoke. The only means of effectively eliminating the health risks associated with environmental smoke exposure is to eliminate smoking activity. The World Health Organization recommends a 100% smoke-free environment to protect the public from secondhand smoke exposure.

The American Lung Association issues grades on key tobacco control policies on a county level. San Bernardino County received failing marks on most categories as depicted in the following charts.

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Source: American Lung Association, State of Tobacco Control 2013 – California Local Grades
New healthcare legislation and its associated disease prevention initiatives will support the county’s efforts to reduce the devastating health and financial burden tobacco use has imposed. The Patient Protection and Affordable Care Act is mandating access to smoking cessation counseling at no additional cost for Medicare beneficiaries. In addition, $225 million has been allocated to promote comprehensive tobacco control and to expand national tobacco quit lines under the American Recovery and Reinvestment Act.

Asthma and Other Respiratory Diseases

The prevalence of respiratory problems experienced in San Bernardino County is approaching epidemic proportions, similar to cardiovascular disease, due to the area’s high rates of smoking and air pollution. San Bernardino County ranks among the worst in the state in both of these factors that contribute to poor respiratory health among residents. In fact, the air quality ratings for San Bernardino County are among the worst in the country. Poor air quality continues to be cited as a factor in the negative health effects of the area, particularly when considering the environmental impact on lung-related problems like asthma.

Along with Asthma, other high risk conditions affected by air quality are: chronic bronchitis, emphysema, cardiovascular disease, and diabetes. Most people aren’t aware that air quality affects those with cardiovascular disease and diabetes. The particle pollution is especially threatening to those with cardiovascular disease, as breathing it can potentially cause death and increase the risk of heart attacks and strokes. People with diabetes face a higher risk of cardiovascular disease which also puts them at risk.

The prevalence of these diseases is shown in the following table, along with the estimated population living in poverty as this group has been shown to be at higher risk for developing respiratory diseases. According to data from the American Lung Cancer, individuals with lower incomes face greater risk from.
air pollution because they often live closer to the sources of pollution, which includes major highways or factories. This population also is more likely have diseases that put them at higher risk.

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<th>Population</th>
<th>Percent of Total</th>
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<td>COPD</td>
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<td>Children Under 18</td>
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<tr>
<td>Adults 65 &amp; Over</td>
<td>188,958</td>
</tr>
</tbody>
</table>

Source: American Lung Association, 2013

The Community Vital Signs report stated that more than 22 million people are known to have asthma, and nearly nine million of them are children. In San Bernardino County the prevalence of asthma decreased from 14.9% in 2007 to 12.4% in 2009.

Source: Community Vital Signs, 2012

It is hard to ascertain absolute reasons for the decrease; however, there is a correlation with improved air quality over the same period. The American Lung Association reported in the State of the Air (SOTA) 2013 that San Bernardino County no longer ranks among the 25 most polluted counties in the nation. The county continues to make remarkable progress, with unhealthy particulate days dropping from 35.7 days as first reported in the 2004 SOTA to 3.5 in the current 2013 SOTA report, a 90% reduction in unhealthy particulate days.

The 2012 CDC publication, “Trends in Asthma Prevalence, Health Care Use, and Mortality in the United States, 2001–2010,” reported that asthma prevalence increased over the 10 year period, with an estimated 25.7 million persons diagnosed with asthma in 2010. Certain demographic groups tend to have higher asthma prevalence, specifically children aged 0–17 years, females, African-Americans, persons of multiple races, and those with a family income below the poverty level.
Asthma attacks interfere with daily activities such as attending school and going to work. In the United States, those who reported at least one asthma attack included:

- Children 5-17 years of age missed 14.4 million school days due to asthma
- Adults 18 years of age and over who were currently employed missed 14.2 million work days due to asthma

San Bernardino County ranks 26th out of the 43 counties in California for asthma diagnoses among children whose parents reported a child being diagnosed with asthma. Compared to the statewide average of 15.4%, 16.1% of children between the ages of 1 and 17 have been diagnosed with asthma in San Bernardino County.\textsuperscript{xxi}

Despite San Bernardino County’s average prevalence rates, there is a striking contrast in hospitalization rates. The county hospitalization rate due to asthma, for both males and females, as well as overall, is well above the national average as displayed in the chart below.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{San_Bernardino_County_(SBC)_Asthma_Hospitalization_Rates_Year_2011.png}
\caption{San Bernardino County (SBC) Asthma Hospitalization Rates Year 2011}
\end{figure}

\textsuperscript{xxi} Source: Healthy San Bernardino County

Unless there is a significant undercounting of the county prevalence rates for Asthma, the hospitalization rate for asthma symptoms in the county is substantially higher than the national average. This indicates the need for improvements in asthma-related education, screenings, and disease management to prevent asthma-related hospitalizations.
Qualitative Assessment Findings

San Antonio Community Hospital’s Community Health Specialist directed the CHNA research team in the collection of primary data to test the results of the foregoing quantitative analysis. The team, comprised of student interns from Loma Linda University’s School of Public Health MBA Health Care Administration and MPH Health Policy and Leadership programs, conducted four focus groups, 14 key informant interviews, and 277 electronic community-wide surveys with a completion rate of 66.8%. The information collected and analyzed by the CHNA team validates the quantitative findings from the secondary data research. Paired together, the information will be used to develop a Community Benefit Implementation Plan. This plan will address the major health priorities and will establish initiatives to improve the overall health and well-being of the community.

Community Focus Groups

The individuals identified to participate in the focus groups were selected because of their ability to provide multiple perspectives on health. The topics of the focus groups included general community health (community-based organizations), senior health (Generations Ahead members), and adult and child health (Healthy Eating Lifestyle Program (HELP) participants and Ontario Heal Zone community members).

Focus group sizes ranged from seven to fifteen participants per group with a total of 41 people. Participants gave verbal and written consent to have the focus group meeting sessions recorded and they provided their name and contact information on a sign-in sheet. Each group meeting lasted ninety minutes, and Loma Linda University MBA and MPH graduate students served as facilitators and note takers.

The focus group meetings with the nonprofit organizations and Generations Ahead were conducted in English at San Antonio Community Hospital. The CHNA team worked with community partners to organize focus group meetings with members of the HELP program and the Ontario Heal Zone, and these meetings were held at Upland Elementary School and the Ontario De Anza Community Center, respectively. Spanish translation was provided to enhance the dialogue with participants of these groups.

An exit survey was given at the end of each session to tabulate participants’ responses and to provide additional quantitative and qualitative information. The report that follows includes the results from these exit surveys.

Randall Lewis Public Health and Policy Fellowship students also organized focus groups within SACH’s service area. The findings from their summary reports are included in SACH’s primary data research. The Fellows conducted the following focus groups: senior health (City of Ontario, Senior Center), senior health (City of Claremont, Senior Center), and general health (City of Rancho Cucamonga, Community Champions).

The discussion guide used during the focus groups ranged from 7 to 11 questions and addressed the following topics:

- Participant’s understanding of health
- Major health issues
- Barriers to healthcare
- Awareness of health services
- Participants’ perception of San Antonio Community Hospital
Key Focus Group Findings

The focus group began with broader questions to assess participants’ views on general health, cardiac health, healthy lifestyles, and children’s health. When participants from the senior group and community based organizations (CBO) were asked to define health, the following terms were repeatedly mentioned by both groups: longevity, quality of life, mental stability, proactive state, feeling good, relation to education, and lifestyle attitudes.

While participants agreed that healthy lifestyle is related to education and attitude, it is a choice. One participant commented this choice may be unconscious in that people aren’t aware of their unhealthy lifestyle. Other comments regarding the definition of health included:

- A positive state of being; working to achieve potential; productivity in life. It incorporates all aspects of self, but it is also growth.
- Functioning to your fullest potential and being aware of your surroundings.
- Being aware of how you feel.

Members of the senior focus group portrayed healthy lifestyle as eating right, enjoying life, spirituality, and exercise.

When participants were asked to share their understanding about a healthy heart, they mentioned that having a healthy heart meant: healthy eating, exercising, sleeping well, managing stress, having a good diet, low cholesterol, screening for carotid artery screening, and regular physical examinations.

When participants from the Ontario Heal Zone and HELP program were asked to give their definition of a healthy child, participants indicated that:

- A healthy child exercises, eats at home, and is not overweight.
- A healthy child has good eating habits, has no fat, and sleeps well.
- Healthy all around with regular check-ups (dental, vision, physical.)
- A healthy child does not watch television all day.
- A healthy child is a happy boy or girl.
- A healthy child is integrated with the family unit. A child in a healthy family (parents, sibling relationships) has a good relationship with friends, teachers, and everyone they come in contact with.
- A healthy child has a good mental health.

Many participants felt that improving children’s health starts at home. Parents need to be more involved with children and engaged in their lives. Attendees agreed with the statement from a participant who said, “It is our responsibility to teach our children to eat healthy and to provide them with healthy snacks and food.” One of the participants stated that HELP is a great program to engage the parent and child in their health, but many parents often disregard the importance of health.

Major Health Issues

The following health issues identified by participants are listed in order of importance:
➢ Chronic disease: Obesity/Overweight, Diabetes, Hypertension, and Heart Disease

Participants acknowledged the high prevalence of obesity, diabetes, hypertension, and heart disease in the area. They recognized chronic conditions as pressing health issues. One participant commented “Adults only take care of themselves when they are sick; therefore, when a child observes their parent ignoring their condition until it becomes severe, the child will do the same. It becomes a cycle.” Childhood obesity was frequently mentioned, and participants felt this problem is continuing to grow.

➢ Mental Health

Mental health was identified as a major health issue, particularly given that mental health resources are exceedingly scarce. Participants noted that some school districts do not have counseling or other resources for offering mental health services. Attendees expressed the need for mental health screening in schools and felt that school staff are not equipped or trained to handle mental health issues. One participant stated that, “A child’s emotions can affect his/her health. A child who is hungry can express anger and other emotions (tiredness, inattentiveness, etc.).” In addition, the high costs of mental illness deter people from seeking needed treatment.

➢ Dental Care

Dental Care was a major health issue identified during the meetings, and participants faulted the lack of dental care access in communities. According to participants’ personal experiences, people do not seek dental care because of lack of insurance coverage. Participants noted that Medi-Cal does provide some dental coverage through their Denti-Cal program, but access to care is limited.

➢ Aging Population

The senior and CBO participants named aging as an important health concern. They expressed the need for aging services and care-giving support. One participant said, “There are not enough nursing homes. People are not interested in where older people live. Who is caring for them? We also don’t know how to keep people in their own homes or to care for them.” Participants expressed frustration in trying to access and navigate the healthcare system. They also indicated that the elderly resort to self-treatment which results in a lack of adequate healthcare.

Management of Health

Coordinated Care Network

When asked what it meant to belong to a coordinated care network, respondents did not understand the concept. The following definition was provided “It is a network of all types of healthcare providers (physical health, mental health, addiction, dental care, etc.) who have agreed to work together in their local communities to serve people who receive healthcare coverage under certain health plans. The network focuses on prevention and helping people manage chronic conditions like diabetes, heart disease, etc. This helps reduce unnecessary emergency room visits and gives people support to be healthy.” Several participants reacted unenthusiastically to the wording of the statement. They shared that “the community won’t know about it if they don’t know the meaning.” One participant stated, “It doesn’t mean a whole lot because I am thinking of the one I belong to. I don’t think they provide information on prevention. They only provide information after you have the condition.”
Participants agreed that belonging to a coordinated care network makes sense, but the average person needs to understand the concept. Too many people do not understand the healthcare system and when they have a serious health situation, they go directly to the emergency room (ER). People need to understand the difference between an emergency situation and a non-emergency situation. One participant stated “People use the ER as a clinic. With all the urgent cares around, I thought it would help, but it hasn’t. People still go to the ER for their needs.” Another replied, “If people don’t have insurance, they can’t pay at an Urgent Care. Also undocumented immigrants don’t want to be identified, so they go to the ER so they can hide in the system.”

Participants agreed that management of health is vital to achieve a sense of well-being and better quality of life. Additionally, attendees described management of health as crucial to longevity. One participant stated that, “Management of health increases life expectancy, decreases chronic disease, and eliminates stress.” Attendees reported that there is a proportional relationship between healthcare management and healthcare access; increasing access to healthcare improves healthcare management. Some mentioned that a healthy community, by definition, would educate them on how to take care of their own health and that of their family through better health management. Comprehending the healthcare system is essential to efficiently manage one’s own health.

Interestingly, one participant explained “We’re trying to make the healthcare environment more cost-effective and seamless so that consumers’ needs can be met in a variety of settings (primary, secondary, tertiary). It’s more cost effective to do it that way.” Another participant commented, “I belong to a coordinated care network (Kaiser) and it’s marvelous. I can email my doctor, and he emails me back. I hope that care moves towards that direction.”

**Barriers to Healthcare**

Three major themes emerged as barriers to healthcare: access to healthcare, healthy environment, and health education.

**Access to Health Care**

Concerns about costs, lack of providers, and health insurance were expressed during the focus group. According to attendees, there is a direct relationship between the emergence of chronic disease and limited access to care. They repeatedly complained about the shortage of primary care providers. They reported that doctors are not available and inadequate health insurance coverage often limits the use of healthcare services. Moreover, participants mentioned that prescriptions and other medical services are expensive, so individuals are fearful about seeking healthcare services.

- If we can have access to healthcare in our community and start eating well, we can start managing our health.
- Healthcare is not affordable and limited treatment is available for low-income families.
- Many people have problems accessing healthcare due to a lack of medical insurance, unaffordable health plans, or lack of information in their own language.
- Sometimes it is difficult to make an appointment with a doctor or go to other health programs.
- There is not enough information about illnesses that a child could contract and which doctor to see or what vaccinations are needed.
- Right now, there is a nine month waiting period for primary care.
Healthy Environment

- **Access to Healthy Foods**

According to CBO members, chronic diseases like obesity, diabetes, heart disease, and hypertension originate from not having access to healthy and affordable foods. One participant disclosed, “If you live in certain areas, places like Food-4-Less do not sell many healthy foods. You would have to go out of your way to get healthy foods.” Another participant shared that “In some cities, grocery stores have closed down. Some cities are now working with corner stores to stock fresh fruits and veggies.”

One participant from the senior group said, “It is hard to find a grocery store near your neighborhood. Therefore people rely on fast food.” Similarly, members from the HELP program and Ontario Heal Zone mentioned that junk foods are readily available and fast food outlets are easier and less costly. One participant said, “Soda is cheap and water is expensive.” Many parents need to purchase items on a budget so they get what is on sale (i.e., soda, chips, etc.) and children become malnourished. Overworked parents are not able to provide home cooked meals, and instead rely on fast food. Participants also denoted the lack of healthy meals in schools. They reiterated that improving children’s health begins at home, but schools share in this responsibility since children spend most of their time at school during the week.

- **Healthy Communities**

Participants from the senior focus group identified stress and anxiety as contributing factors to disease. One participant shared that, “Both parents have to work to maintain their lifestyle; it’s like being a slave, causing anxiety.” Attendees mentioned the Affordable Care Act as a new element of stress. They explained that the system is broken, and when healthcare reform takes effect, a flood of people with new insurance will enter the system and it will drown. One participant said, “I think there’s a bit of fear. Where am I going to get that? How are my children going to get it? How can I pay for this? This leads to anxiety.”

The lack of collaboration between hospitals and other healthcare service providers was mentioned as a contributing factor to chronic disease. One participant said, “It is important that all healthcare organizations and hospitals collaborate to effectively impact the community.”

Participants from the CBO group defined healthy communities as a group of people working together so the community can learn how to manage their health. They commented on the benefits of networking and noted that collaborative partnerships facilitate patient care, integration, and referrals. Collaboration also highlights consumers’ needs and facilitates the allocation of resources to improve the health of the community. Residents’ involvement in decision-making and community building efforts was perceived to be a key element in healthy communities.

- **Access to Physical Activities**

Participants raised the problem of limited access to amenities designed to increase physical activity. One participant said, “The amenities are present (parks, gyms, walking trails, etc.) but accessing them is the problem. They are often far from people.” Participants also expressed concerns about safety. They want to be able to walk and run in safe neighborhoods.
A lack of family togetherness was cited as a contributing factor to poor health. It was noted that limited access to family-oriented activities in the community inhibits the promotion of healthy lifestyles and physical activity. One participant said that, “We have all become digitally-oriented, connecting virtually instead of playing outside. Nobody is walking anymore.”

The frequent use of video games and technology by children was another issue frequently mentioned. One participant explained, “Children don’t want to miss any time in their games so they sit in front of the TV while snacking or eating. Also, there are a lot of computers in school and no exercise.”

Air Quality

Air pollution was presented as a concern that jeopardizes health. Participants also pointed to the unhealthy environment as a contributing factor in the development of chronic diseases. Asthma, skin issues (rashes, psoriasis, dry skin, and eczema), allergies, and poor vision are consequences of air pollution. One participant stated, “There is smog all over San Bernardino; I saw in the newspaper today that this is one of the most unhealthy areas.” Another commented, “We have pollution because of too many cars and smoke.”

Transportation

The lack of public transportation was a common concern identified by participants. They stipulated that there is no transportation to meet their needs to purchase basic necessities or to go to the doctor. One member from the senior group said, “The Gibson Senior Center has a van that takes people to Target, Wal-Mart, etc., but it’s not enough for everyone who wants to go, especially for those wanting to go to a doctor’s appointment.”

Health Education and Promotion (Health Literacy)

Participants explained that the lack of education in the community negatively impacts chronic disease management. Members from all four groups discussed the need for educational classes on nutrition, diabetes, obesity, and other chronic diseases. They believe the community is not aware of health resources and the different options that are available. One participant explained “The lack of information about programs where parents can go and get educated constitutes a major health issue for our children.”

Other participants stated:

- Chronic diseases are prevalent because healthcare policies are hard to understand and change frequently.
- We need to understand health issues and knowledge is relative to each individual.
- Health literacy is the number one important issue facing youth.
- The language barrier can get in the way. Sometimes the health literature is bad. I don’t understand what the literature is about.
- How parents are educated also contributes to poor children’s health. Parents sometimes said to the kids, if you do this, I am going to give you cookies. Sometimes parent just think that if I eat it, the kid can eat it too. There is a disconnect between children’s health issues and parents’ education.
- Parents need education, information, and need to educate themselves in order to give to the kids what they need and not just what they want.
- Teach parents and they can be used to promote healthy eating.
- Teach families how to cook healthy meals in less than 30 minutes.

Participants suggested that schools can help parents improve their health literacy by putting information about health-related programs and resources on their bulletin boards. They also suggested that the hospital can help them achieve a healthy lifestyle and a healthy community by providing more information about health programs.

**Awareness of Health Resources**

Overall participants stated that healthcare services are not well advertised and people in the community are not aware of their existence. One participant pointed out that, “There are many oral health programs, but people don’t know about them.” Another participant confirmed, “There are a lot of resources (food, clothing), but there is no central location for information. There is no central way to give the information to the people.” Interestingly one participant noted that you can tell people what resources are available, but they do not take advantage of them for whatever reason. He continued by stating “We have a society that says, feed me everything. I can give you all the brochures you want, but if you don’t read them, the resources will continue to go unused”.

- When asked to identify available resources that aid in healthy lifestyles, participants mentioned community wellness fairs, SACH’s HELP program, SACH’s health and wellness program for employees, Generations Ahead, senior centers, schools, YMCA, churches, resource centers, city public access television channels, libraries, restaurants with healthy options, AARP, Gibson Senior Center, Salvation Army (food pantry), the Assistance League, Western University, Kaiser, Walgreens, CVS, and Kids Come First. These local organizations and businesses provide community programs including food, education, low cost immunizations, and many more.

- When asked where people generally obtain health information, participants designated local television (channel 3), newspapers, church bulletins, magazines, hospital newsletters, community agencies, and school systems as central sources of information.

**Participants’ Perceptions about SACH**

**Key programs at SACH:** The Heart Center, Emergency Department, and Women’s Breast and Imaging Center were identified as key hospital programs.

In general, focus group participants have positive perceptions of SACH.

- Participants from the CBO group praised the monthly seminars orchestrated by the hospital.
- Attendees from the senior group agreed with the CBO and stated the hospital does an excellent job with its program offerings.
- Participants from the HELP program mentioned that SACH has a lot of classes at different sites, including Healthy Beginnings.

Besides having positive thoughts about SACH, participants indicated that there is a lack of information about the hospital’s programs. Members from the HELP program and the HEAL zone agreed that programs are not well marketed. One participant voiced, “I don’t know how many programs, conferences, or classes San Antonio Hospital has available. For me, it is a lack of information.” One member from the senior group said, “There is a perception that SACH only serves a small subset. For example patients seen at Kids Come First have a perception that they can’t go to SACH.”
Suggestions for improvement:

When asked what SACH could do to improve health and quality of life in the community, participants mentioned the following suggestions:

- More presentations in the community as opposed to people coming to the hospital.
- Encourage more participation from residents who would use the services.
- Advertise more; get the word out through brochures, posters, and health fairs.
- Increase community outreach staff to broaden the scope of services and allow the staff to get to more places.
- Promote programs on Upland High School's television channel, on Channel 3 for Montclair, or through volunteer programs.
- Expand monthly seminars to include childhood obesity and medication management for chronic conditions such as diabetes, hypertension, heart disease, and cancer.
- Create a collaborative to take a role in reaching out to the community. We would like a collaborative on obesity management.
- More lectures and classes for young people.
- Education is really important because there is a lack of it.
- Free exercise classes, including zumba in the park, for all ages from children through elderly.
- More programs for younger children and more outreach to schools.
- There should also be programs for babies, programs like Mommy, Health and Me, parent-child exercise classes.
- Organize a 5K-walking/running-race event where families get together.
- Health fair for the community with some physical components.
- Be culturally sensitive and more accessible to the Hispanic population.
- Have bilingual materials (brochures and flyers, more classes available in Spanish).
- Spanish conferences on heart, breast cancer, childhood obesity, etc.
- Expansion of the HELP program to include older children.
- HELP can have a booth at the Upland Family Fitness Day and spread the word about the program.
- HELP leaders and volunteers should have official name tags (no photo) to wear when teaching the class and recruiting. It brings credibility to the program and more parents might sign up when they see the SACH logo on the badge.

Exit Survey Summary

Focus group participants completed an exit survey designed to summarize key points covered during the discussion. The following charts illustrate the results of the exit survey.

1. From the following list, which do you feel are the most pressing health issues in our community?

The top three most important health issues were identified as Management of Health, Access to Healthcare, and Healthy Communities.
2. What resources in our community aid in healthy lifestyles?

Health education programs represented 16% of the total responses, followed closely by health screenings at 14%.

* Includes a wide variety of health and fitness programs in the community
3. What do you feel is the main area of concern surrounding health in our community?

Lack of health education represented 26% of the total responses. A significant portion of the respondents (25%) felt that all identified concerns were equally important.

![Main Area of Concern Surrounding Health](image)

* Includes ignorance and personal responsibility

4. What do you value most about your community?

A safe place to live is the most valued with 24% of the total responses.

![Most Valued About the Community](image)
Randall Lewis Fellowship Focus Groups Findings

Lewis Group of Companies, one of the nation’s largest privately held real estate development firms, created the Randall Lewis Health Policy Fellowship Program. With the support of partners from local universities (Loma Linda School of Public Health and Claremont Graduate University) graduate students are placed in local municipalities where they work to promote health through public health policy, community planning, and programming. Fellows spend nine months working within their community. In an effort to help local hospitals with their community health needs assessment, the fellows conducted focus groups with community members in their respective municipality.

Twelve focus groups were held at various locations throughout San Bernardino County. For the purpose of SACH’s Community Health Needs Assessment, results are presented for the three focus groups held in the cities of Claremont, Ontario, and Rancho Cucamonga. The topics of the focus groups included: Access to Healthcare, General Community Health, Senior Health, and Adult and Children’s Health. The size of the focus groups ranged from five to twelve members with a total of 27 participants. The focus groups conducted in Rancho Cucamonga and Ontario required Spanish translation. The meeting in Claremont was led in English.

Major Health Issues

Chronic diseases such as diabetes, obesity, and heart disease were identified as major health issues facing the community.

Barriers to Healthcare

Access to Health Care

Participants expressed concerns about healthcare cost, lack of health insurance, and their inability to receive adequate care. They pointed to the triage system, long wait times, and inadequate service rendered in the end. They also expressed an inability to navigate through the healthcare system and addressed the benefit that could be generated if healthcare staff would be more patient and treat them more humanely. They believed that only individuals with adequate insurance can get the right access to hospital care. Some people in the group also mentioned their fear in being charged so much money due to the lack of insurance they go to the ER when ill. They attributed the use of the ER for primary care to the lack of understanding of the healthcare system.

Some women stated that some doctors would refuse to treat them if they had Medi-Cal, because the doctors would not get paid enough money for their visit. One member stated “I am worried about the costs of medications and hospital admission.” Participants also denoted the limited access to specialty medical care such as vision services. Seeing multiple physicians for different conditions was also mentioned as a barrier to health. One member said “I do not want to see a new physician; I love my existing doctor.”

Socioeconomic Status

Participants believed that those who are economically disadvantaged might not have access to medically essential services such that their well-being can be severely harmed. Members of the Claremont Joslyn Senior Center mentioned that residents of Pilgrim Place and Claremont Manor, two exclusive senior communities, have better access to much needed senior services including transportation, nursing, and
social support. This inequity has created an environment in which economically disadvantaged seniors have a much lower chance to maintain and restore their functioning, with a significant impact on their ability to lead an autonomous life.

Healthy Environment

➢ Access to Healthy Food

The group from Claremont Joslyn Senior Center mentioned food as an important health determinant. They were very partial to having meals provided at the senior center, presumably due to the ease of access.

➢ Transportation

Participants explained that public transportation to local places (supermarkets, nearby physicians’ offices, etc.) is adequate, but traveling further for more specialized medical visits is very difficult without assistance. One person pointed out that “Los Angeles County has decent transportation, but in San Bernardino the transportation is a “nightmare” and people could not even get to a nearby hospital.” Another said “I worry about transportation when I go to see my physician.” One member from the Claremont Joslyn Senior Center stated, “Some places would advertise at the center but would require seniors to go to the location of their business for services, and [they] do not provide transportation.”

Health Literacy (Health Education & Promotion)

The lack of information and community outreach was also mentioned as a barrier to health. According to participants, many people are not aware of some services because of lack of advertising. Participants expressed their desire to receive education on health, insurance coverage, and hospital bill management. One member said “If there are issues with hospital bills (mistakes, overcharging), it would be beneficial to have someone assist with dealing with those issues.” Another stated “Insurance coverage information is confusing.”

Participants also mentioned language and culture differences as barriers to health. They commented on the lack of Spanish speaking personnel and culturally competent healthcare providers. They feel misunderstood in the hospital, and also noted a lack of consistency and continuity of services. They shared that people are getting different information and direction all the time. Finally, they mentioned the lack of communication between nurses and physicians.

Suggestions

Participants made the following suggestions for improving the health of the community:

- Train healthcare providers to be more culturally competent.
- Reduce wait times.
- Hire more nurses.
- Increase the number of Spanish-speaking staff.
- Reach out more to the community.
- Increase awareness of available resources.
• Provide free health education classes in Spanish for community members, and make the classes more accessible.
• Increase activities that encourage people to get up and be active.
• Reduce healthcare cost.
• Improve collaboration between healthcare providers.
• Increase access to transportation.

Key Informant Interview Findings

New IRS requirements mandate that the Community Health Needs Assessment should include persons representing the broad interests of the community. Fourteen targeted interviews were conducted between April and June to gather information and opinions about the health of the community. Community stakeholders representing both broad and specific constituencies were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, minority and chronic disease populations, as well as those representing regional health or other departments or agencies that have current data or other information relevant to the health needs of the community served by the hospital facility.

The following is a list of key informant interviews: public health officers from San Bernardino County Department of Public Health, representatives from the cities of Rancho Cucamonga, Ontario, Chino, Montclair, representative from the school system, and representatives from community-based organizations including: First 5 San Bernardino, American Heart Association, Inland Empire Affiliate of Susan G. Komen for the Cure, United Way, Assistance League of the Foothill Communities, and Community Senior Services. The interviews were conducted in person or by telephone and the duration of each interview was approximately 30 minutes. Informants were made aware that the information gathered would be made available to the public. Questionnaires used during the interview were structured to cover two categories, ranging from a broader group of questions to specific field of expertise questions.

The objectives of these interviews were to seek informants’ views on:

• Health and quality of life in the west end of San Bernardino County
• Major health issues
• Barriers to health
• Healthy communities/healthy cities initiatives

West End Health and Quality of Life

In general, stakeholders shared that the health and quality of life in the West End is better than other parts of San Bernardino County, but there is still work to be done. Informants expressed that health and quality of life were directly related to one’s socioeconomic level and health insurance status. One participant shared “If you have money, you are in a great place. If you are low-income you struggle more.” The West End still has pockets of lower socioeconomic populations; however, there are numerous amenities available that aid in healthy lifestyles. It seems that many people in the West End are informed about community health.

Major Health Issues

The following major health issues are listed by number of responses:
 Chronic disease: Obesity, Diabetes, and Heart Disease

Informants mentioned that obesity, particularly childhood obesity, has become a major issue. One participant reported that 61% of 7th graders and 70% of 5th graders did not pass the health fitness zone standards test. It is estimated that 31% of 12 to 17 year-olds are at risk for obesity. Informants pointed to the prevalence of diabetes, while noting that cardiovascular disease is a major culprit in the decline of health in the county. Since heart disease does not manifest itself as an exterior ailment, people tend to ignore the warning signs and risk factors. Key informants commented on the prevalence of heart disease risk factors among women, and they also identified the lack of physical activity as one of the leading risk factors for heart disease.

 Mental and Behavioral Health

Key informants believe there is a high rate of mental health-related issues including depression, dementia, suicide, autism, and ADHD. In addition, the growing homeless population, which includes homeless youth, is dealing with a number of mental health concerns. Despite the need, available resources for mental health services are scarce given that services previously available no longer exist or have limited scope and duration. As a result, behavioral health is an unmet health need, and there are not enough resources to help address this very important health issue.

Nonprofit providers, including those that typically partner or contract with school districts, are seeing a reduction in their funding sources. Informants pointed that school shootings and youth suicides are related to bullying and poor self-esteem. According to the informants, some causes of mental illnesses in children may include:

- Stress: low-income families are most vulnerable; they worry about food, housing, where to sleep, and job security. Children are not focused on school because of their living conditions. When the stress level in the family is high, there tends to be more fighting.
- Relationships, dating, bullying, peer pressure, wanting to fit in, and popularity in school are social factors that can lead to disengagement, failing classes, and eventually dropping out.
- Single parent homes can experience challenges that may adversely affect a child’s development. In these situations, some children do not have anybody to talk to and may not have positive role models, which can lead to feelings of hopelessness.
- Drinking and drugs also contribute to mental illnesses affecting children.

 Dental Health

Informants mentioned the lack of dental hygiene and dental care access as another unmet health need. Dental health for children in particular is extremely important and often lacking. Informants said that dental issues are often the number one reason children miss school. One respondent commented, “We see children with poor dental hygiene, caries, and cavities. I believe it is because parents do not instruct children on the benefits of dental care or parents do not brush their children’s teeth.”

 Allergies and Respiratory Illness

Informants shared that there is a high rate of allergies, asthma, and rhinitis in the community.
➢ Cancer

Cancer was identified by one key informant as a major health issue. Breast cancer in men was also presented as an unmet health need.

Barriers to Health

Socioeconomic Status

Key informants mentioned socioeconomic status as a key barrier to health. Several informants felt that socioeconomic status can explain the high prevalence of diabetes, obesity, and heart disease. Diabetes is rampant among the Latino community, mostly because their socioeconomic status inhibits the ability to purchase healthy foods like fruits and vegetables or to engage in physical activities like sports or going to the gym. Community residents often think of the gym as a primary source of exercise, but say membership is too costly which prevents them from exercising. They also express that there are no walking paths in their neighborhood to engage in daily walking activities.

Socioeconomic status also drives the ability to afford medication for many conditions including ADHD, mental health disorders, diabetes, and asthma. One informant shared “Wealthy people are healthier compared to low-income.” Overall, informants were in agreement that the lack of financial resources is a key barrier to improving the health outcomes of children, as well as the general population.

Access to Health Care

➢ Shortage of Healthcare Providers

Many informants expressed a concern about the shortage of primary care physicians stating, “This is the biggest issue that we face.” One informant mentioned the limited number of certified breast cancer nurse navigators available to help guide people through the process from education, diagnosis, treatment, and survivorship. Access to imaging services for low-income patients is a challenge and treatment options are limited if you are in a state or federal program. In addition, long-term programs for cancer survivorship are lacking.

One informant commented, “In Montclair there is difficulty accessing specialty type medical care, e.g., dermatology services. Indigent patients (low income/no insurance) often have suspicious moles and may require a biopsy, but the county hospital doesn’t offer this specialty so it’s often a struggle to help patients find the care they need for those issues.”

Undocumented individuals present another challenge for the community. When someone is undocumented, it is very hard to find locations where they can receive diagnostic services. Fortunately, they can receive treatment through the state for 18 months if they are diagnosed with breast cancer; but after 18 months, they can no longer receive treatment. At this time, SACH is the only hospital serving high desert breast health patients under age 40 through the Susan G. Komen for the Cure community grant. Informants also mentioned the complexity of navigating the healthcare system as a barrier.

➢ Health Insurance

Respondents reported that there are many uninsured and underinsured people living in the region. While some residents may have insurance, their co-payments and deductibles are so high that they
begin putting everything on credit cards, including their medications. Many people face financial hardships and incur bills for treatment long after services are rendered. One of the biggest challenges in the community is that there are few resources available for people who are going through cancer treatment or for those trying to manage chronic conditions.

Healthy Communities

➢ Access to Healthy Food

Informants shared that the retail food environment also needs improvement. Access to fresh food is a major concern as healthy food options are often limited. Many cities in San Bernardino County are considered food deserts, lacking access to high quality, nutritious food. Retail stores are saturated with junk food and liquor stores and fast food establishments are abundant in this region. People are busy and the lack time to prepare nutritious meals, instead relying on whatever is quick and easy. The education component of healthy living needs to be broadly disseminated to achieve substantive changes in the social and environmental norms.

➢ Transportation

Informants mentioned that San Bernardino County is large and transportation poses a significant problem for many residents, and it is viewed as the number one problem in the senior community. Certain participants indicated that some cities have good transportation programs, but improvement is still needed overall.

➢ Air quality

Participants explained that air quality contributes to children’s poor health, noting that San Bernardino is among the worst counties in the state for air quality.

➢ Amenities

Informants reported that the community has a dearth of walking paths, parks, and other outdoor venues to facilitate physical activities.

Health Literacy (Health Education & Promotion)

Informants described the link between education and health. Overall, there is a lack of nutritional education which has contributed to the high incidence of chronic conditions in the community including cancer, diabetes, and cardiovascular diseases. Informants explained that a lack of knowledge leads to poor eating habits, which, in turn, affect blood sugar levels. While most people know that diabetes is a disease relating to high blood sugar, they do not realize that their eating habits affect their blood sugar levels, and they do not make the connection that changing their diet and increasing physical activity can prevent the onset of this debilitating disease.

Some residents are not utilizing their health insurance coverage because they do not understand how it works. Navigating the healthcare system is often daunting and intimidating. People are unaware of the different types of screening services and how to access them. Parents often do not know how to manage their child’s health conditions, and they don’t take their child for medical treatment even when there are resources available to them.
Cultural Factors

Cultural factors were identified as barriers to health. A portion of the uninsured population is comprised of immigrants who are undocumented, and in such cases, parents are often afraid to seek care, and, consequently, their children cannot benefit from the services available to them. These families do not establish a medical home, and when healthcare is required, they turn to the emergency room; however, health status will continue to decline if there is no follow-up or available support.

In terms of mental health, certain cultures refrain from talking to counselors because they are unwilling to admit that they need help. On the other hand, those who may wish to talk with a counselor are unable to access services due to the out-of-pocket costs that may be incurred.

Social Support

A lack of social support was also mentioned as a barrier to health. According to informants, isolation can cause health crises. For example, the first week at home after a patient has been discharged from the hospital is critical. The patient requires follow-up and interaction. If the person needs health assistance, a home health nurse is often engaged to provide specific nursing care, but oftentimes, people just need someone to give them their medication and to make sure they are in compliance with their discharge instructions.

Informants’ Perceptions of Healthy Communities/Healthy Cities Initiatives

Key informants believe that San Bernardino County is slowly making strides to improve the health and quality of life in this region. However, the county’s health rankings indicate that there is still room for improvement. Through the healthy communities/healthy cities initiatives, participants believe they are able to impact 86% of the county through their efforts to make the healthy choice the easy choice in their respective communities.

Healthy Chino representatives shared that the city incorporated elements of health into its general plan, the city’s guiding document for making development decisions or recommendations. Most recently, the Chino planning department introduced language to require incoming retail food marts to offer healthy food options in their store. As new development takes place within the city, it is being designed with active living opportunities in mind.

Cities in the West End receive support from city management to pursue healthy city initiatives. Many cities are focusing their efforts on the development of policy and less on programming. As a result of the healthy cities and communities movement within the county, informants feel that improvement has been made in regard to active living and access to healthy food. They are in agreement that there is still work to be done, but are eager to see change.

Suggestions for improvement:

- Create a diabetes support group to encourage peer support for positive lifestyle changes.
- Offer social opportunities for the community at large. One participant commented “I think we need to get away from the expensive medical model and work more on how do we socially integrate people in the community, bring services down to a lower level, and involve volunteers and our community more.”
- Address children’s health issues at an early stage so we don’t have to deal with poor outcomes later on in life.
- Make sure that we have productive, confident, and successful citizens in our county.
- Provide education on navigating the healthcare system. Hospitals should serve as educators in this effort.

Summary

Focus group and key informant participants expressed their gratefulness for the opportunity to share their feelings and experiences. Based on the feedback from both groups, management of chronic disease, mental health, and dental health are major health issues in the community. Both groups felt that access to healthcare, a healthy environment, health education, and awareness of available health resources can be important success factors or barriers to health.

Residents in San Bernardino County encounter many obstacles including, but not limited to, access to healthcare, living in food deserts, air pollution, lack of education, low socioeconomic status, and disease management. Findings from the focus groups and key informant interviews demonstrated that undocumented immigrants and uninsured persons delay medical care and resort to using the emergency room for primary care. The results of the focus groups conducted by the Randall Lewis Fellows parallel SACH’s focus group and key informant data collection.

In summary, respondents believe that efforts should be made to reduce the incidence of chronic disease and improve the health outcomes of residents. Specific recommendations include:

- Establish a coordinated care network system that aims to provide quality, affordable healthcare services.
- Educate the population on chronic care management, healthy choices, system navigation, and existing programs.
- Provide an atmosphere of reassurance for undocumented, uninsured residents seeking healthcare.
- Enrich neighborhoods with quality food outlets (i.e., grocery stores, restaurants, farmer’s markets.)
- Design frameworks for better health (e.g., access to healthy food outlets).
- Improve and expand public transportation.
- Create or enhance existing amenities to encourage physical activity (designated walking and biking trails, sidewalks, and safe crossings.)
- Improve mental and behavioral health services.
- Improve dental health services.
- Advance health status by adopting new approaches through collaborative partnerships and building community capacity

Community Survey Results

Background

A web-based survey was conducted among community members in San Antonio Community Hospital’s primary service area. During the three week survey period, community members submitted opinions about the healthcare needs of the region, barriers faced by people attempting to access care, challenges in
navigating the healthcare system, areas for improvement within the community, and ways the hospital might enhance its services.

The empirical information collected from the survey is a reliable supplement to the foregoing summaries of the focus groups and key informant interviews, as well as the synthesis of secondary data representing the community’s current health status. Survey participants included community members from various constituencies and geographic areas within the SACH’s primary service area. For certain questions, survey participants had the option of selecting from more than one factor. After the results of the survey were compiled, a number of themes emerged and will be explored in the following analysis.

**Demographics**

Of the 277 respondents, 72.2% were female, 27.8% were male, and 61% were under age 65. Respondents represented the following geographic areas: Claremont, Chino, Fontana, Montclair, Ontario, Rancho Cucamonga, Upland, and other cities throughout the Inland Empire. The table below depicts respondents’ self-reported segmentation.

<table>
<thead>
<tr>
<th>Generally speaking, please tell us if you are:</th>
<th>Response Percent</th>
<th>Response Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>A member of a nonprofit or community based organization</td>
<td>28.2%</td>
<td>78</td>
</tr>
<tr>
<td>A member of a civic organization</td>
<td>5.1%</td>
<td>14</td>
</tr>
<tr>
<td>A member of county leadership</td>
<td>0.4%</td>
<td>1</td>
</tr>
<tr>
<td>A member of a county department</td>
<td>3.6%</td>
<td>10</td>
</tr>
<tr>
<td>A member of city leadership</td>
<td>1.1%</td>
<td>3</td>
</tr>
<tr>
<td>A member of a city department</td>
<td>2.5%</td>
<td>7</td>
</tr>
<tr>
<td>A member of a school district administration or school board</td>
<td>2.2%</td>
<td>6</td>
</tr>
<tr>
<td>A member of a college or university staff</td>
<td>2.9%</td>
<td>8</td>
</tr>
<tr>
<td>A member of a faith-based organization</td>
<td>19.5%</td>
<td>54</td>
</tr>
<tr>
<td>A member of the business community</td>
<td>14.4%</td>
<td>40</td>
</tr>
<tr>
<td>A physician or other health professional</td>
<td>18.4%</td>
<td>51</td>
</tr>
<tr>
<td>Retired</td>
<td>33.2%</td>
<td>92</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>13.0%</td>
<td>36</td>
</tr>
</tbody>
</table>

Source: Survey Monkey, 2013

**Coordinated Care Network/Management of Health**

Many survey respondents indicated that accessing healthcare is challenging due to the high cost of health insurance, but also because navigating the healthcare system is extremely confusing. The Affordable Care Act (ACA) attempts to address some of these issues by increasing the number of people with health insurance, and, at the same time, reducing the per capita cost of healthcare delivery while improving patient outcomes. Healthcare providers are coming together to form Coordinated Care Networks in response to the additional provisions of the ACA that will become effective in 2014. These networks, comprised of both clinicians and non-clinicians, will be committed to ensuring that hospitalized patients receive appropriate care and follow-up post-discharge to prevent a relapse or other complications requiring readmission to the hospital.
General Health

The survey posed questions designed to assess the general health of the community. According to the survey responses, the most important aspect of health is avoiding disease; and specifically, heart disease, cancer, or other life-threatening diseases. In support of this perception, it is estimated that more than 25% of the deaths in California are due to heart disease (National Vital Statistics Report, 2009). In addition to avoiding diseases, other important aspects of health reported by survey participants are depicted in the chart below.

Survey Monkey, 2013

In addition to important aspects of health, respondents identified the following factors as having a positive or negative effect on health: exercise, balanced diet, access to healthcare, stress, family history, and physical environment. However, the primary concern affecting health status was noted to be a lack of health education.

Disease Prevention

Preventing disease is a major priority in the development of community health improvement programs, and disease prevention is paramount to achieving increased longevity. As noted in the following chart, respondents identified entities and organizations involved in disease prevention in the community as: local hospitals, physicians, county health clinics, schools, nonprofit organizations, other government agencies, and faith-based organizations. As noted in the chart below, local hospitals lead disease prevention efforts (75.2% of the survey responses).
The most effective disease prevention efforts were noted to be community health education programs or events, health screenings, school-based health education programs, and marketing campaigns.

Source: Survey Monkey, 2013
Chronic Conditions

San Bernardino County residents have higher rates of diabetes and hypertension when compared to the State of California. Specifically, 27% of adults in the county have been diagnosed with hypertension and roughly 68% of them take medication. The primary areas of concern among survey participants included hypertension, arthritis, cancer, diabetes, congestive heart failure, osteoporosis, and asthma as noted in the chart that follows. Many felt the main reason for not managing chronic conditions was a lack of understanding of the condition, but other reasons included confusion in navigating the healthcare system; inability to access alternative treatments; problems with medications/prescriptions; no access to primary care physicians; and the inability to locate community-based services. Furthermore, problems encountered when trying to access healthcare professionals included availability, co-pay costs, lack of insurance, limited appointments, and transportation. Many felt that follow-up appointments, physicians, nurses, clinics, and access to medication are needed to help manage their condition.

![Chronic Health Conditions Chart]

Source: Survey Monkey, 2013

Cardiac Health

Being overweight or obese has a direct impact on cardiac health, and heart disease leads to other chronic health problems later in life. San Bernardino County is considered the fourth most obese region in the United States, with two out of three residents considered overweight or obese. This problem begins in childhood as evidenced by the fact that 71% of area school children fail the national standards for fitness. Given the area’s obesity epidemic, it is not surprising that San Bernardino County has the third highest heart disease rate in California.

When asked to identify factors that contribute to a healthy heart, survey participants noted the following key elements:
• Not smoking/stopping smoking
• Maintaining healthy eating habits:
  • A diet with an abundance of fruits and vegetables
  • Limiting fatty foods
  • Limiting the consumption of salt and sugar
• Receiving regular health screenings
• Engaging in daily cardiovascular exercise
• Maintaining low levels of stress

Cancer

Cancer is a major health concern in San Bernardino County. The county’s cancer incidence rate is estimated at 436 cases per 100,000 population. From 2005 to 2009, men had a higher incidence rate than women, with 512 cases per 100,000 population compared to 381 cases per 100,000 population, respectively.

Important factors in the prevention of cancer include:

• Limited or no tobacco use
• Obtaining professional screenings
• Adequate sun protection
• Eating plenty of fruits and vegetables
• Performing regular self-exams
• Daily physical activity
• Maintaining a healthy weight

Source: Survey Monkey, 2013
- Limiting fatty foods
- Receiving recommended immunizations
- Limiting salt and sugar intake

According to survey participants, community members are concerned about the availability of resources for cancer patients and not knowing how to access them. Some of the community resources that were identified included specialized cancer treatment facilities, cancer resource centers providing education and support, nurse navigation, and the American Cancer Society.

Source: Survey Monkey, 2013

**Community Health/Healthy Lifestyles**

According to survey responses (depicted by the chart that follows), the most important community resources contributing to healthy lifestyles are:

- Walking/biking trails
- Health education programs
- Healthy dining choices
- Free health screenings
- Farmers markets
- Community center programs
- Adult and youth sports leagues
- Local athletic clubs
Child Health Concerns

Survey respondents identified the following child health concerns:

- Access to parenting education
- Breastfeeding support
- Postpartum follow-up care
- Access to prenatal care
- Routine dental care
- Immunizations at appropriate intervals
- Routine medical care
- Opportunities for physical activity
- Adequate nutrition
- Asthma
- Obesity
- Diabetes

As the following chart illustrates, adequate support for breastfeeding mothers and infants had the highest relative ranking among survey respondents, following by asthma and access to parenting education.
Summary

The survey results indicate that the community views San Antonio Community Hospital as the leader in disease prevention efforts. The results also show that respondents believe health education programs and events are one of the best mechanisms to improve the health status of this region. The data collected confirms that hypertension is a great concern to our community. Heart disease is rampant throughout the county as a whole and patients are seeking support from their healthcare provider to better understand, manage, and control their chronic conditions. The community survey results are reflective of the information collected through the focus groups, key informant interviews, and secondary data analysis.
Prioritization Process

All of the assessment instruments revealed community perceptions regarding health concerns, and, in many cases, common themes were revealed regarding areas in need of attention due to inadequate resources, as well as programs and services that could be expanded due to widespread popularity. The identified health needs were summarized into the following categories (listed alphabetically) through a compilation and analysis of the CHNA findings:

- Access to Healthcare
- Behavioral Medicine
- Economy
- Health Literacy
- Health Management
- Healthy Environment
- Transportation

Once the master list of identified community needs was compiled, the CHNA research team was asked to score each need based on the following criteria:

- Importance of the need to the community
- Alignment with the hospital’s mission, scope, and strategic Plan
- Resources required to address the community need
- Hospital’s Ability to impact the community need

To determine the relative importance of each criterion, a weight was assigned to each health need from one (low importance) to five (high importance). The following table illustrates the scoring instrument used to prioritize each need.

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Importance</th>
<th>Alignment</th>
<th>Resources</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highest Priority= 5</td>
<td>High</td>
<td>Consistent with two or more SACH strategies</td>
<td>No additional resources needed, or services are currently in place</td>
<td>Can provide a service likely to measurably improve the community's health status</td>
</tr>
<tr>
<td>Moderate Priority= 3</td>
<td>Moderate</td>
<td>Consistent with one of the SACH strategies</td>
<td>Minimal resources needed to initiate new or extend a current service</td>
<td>Can provide a service likely to measurably improve the community's health status; may involve collaboration with other community organizations</td>
</tr>
<tr>
<td>Lower Priority= 1</td>
<td>Low</td>
<td>Inconsistent with SACH strategies</td>
<td>Requires significant resources</td>
<td>Inability to measurably improve this need; outside hospital scope</td>
</tr>
</tbody>
</table>
Scoring Community Health Needs

Using the scoring criteria described in the foregoing matrix, CHNA team members jointly assigned a rating for each category of health need. Based on the detailed findings of the assessment and the resulting prioritization score, four major priority areas were identified to describe the most pressing health needs: Access to Healthcare (20 points), Health Literacy (20 points), Health Management (20 points), and Healthy Environment (18 points). As the table below illustrates, the remaining categories received substantially lower scores, i.e., Behavioral Medicine (8 points), Economy (6 points), and Transportation (10 points). This result was due, in part, to the hospital’s limited ability to impact these areas, but it was also due to a lower importance ascribed to these needs by the community.

<table>
<thead>
<tr>
<th>Identified Community Needs</th>
<th>Importance</th>
<th>Alignment</th>
<th>Resources</th>
<th>Impact</th>
<th>Priority Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to Healthcare</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Behavioral Medicine</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>Economy</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>Health Literacy</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Health Management</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>Healthy Environment</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>18</td>
</tr>
<tr>
<td>Transportation</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>

Given the results illustrated in the prioritization table above, the hospital will focus the development of its implementation plan within the areas of Access to Healthcare, Health Literacy, Health Management, and a Healthy Environment. A brief description of each category follows:

Access to Healthcare
The Access to Healthcare category encompasses the need to collaborate with other community and governmental agencies and organizations to improve accessibility for individuals who are uninsured or underinsured and lack the ability to obtain routine medical care. Factors contributing to this significant need in SACH’s regional community include the area’s low educational attainment, which leads to lower wages and higher unemployment; a high blue collar work force with limited access to affordable employer-sponsored health insurance plans; and limited to non-existent options for disenfranchised segments of the population, particularly families with one or more undocumented members. Creative solutions are needed to develop and implement programs targeting individuals and families that are currently or are projected to slip through the diminishing healthcare safety net as the result of increasing local, state, and federal financial pressures and the associated reductions in health and human services programs.

Health Literacy
Health Literacy concentrates on the community’s concern regarding the ability to understand and navigate the health system. More extensive and expansive health education is needed to increase the general population’s awareness of prevention and wellness, as well as the health benefits of behavioral and lifestyle changes. Promoting these concepts will support a healthy environment, improve the overall health status of residents, and will address the major, controllable factors contributing to chronic diseases.
Health Management
The Health Management category represents a significant area of need in terms of both prevention and management of diseases such as cancer, diabetes, asthma, and cardiovascular disease. A number of health indicators, such as high blood pressure, high cholesterol, inadequate or inappropriate nutrition, and physical inactivity, revealed significant, ongoing health risks that will continue to exacerbate the high incidence of chronic diseases and their associated mortality rates. Raising awareness of these factors and the associated risks they represent, as well as providing education on appropriate management techniques for those already suffering from a chronic disease, will improve health outcomes for people in SACH’s regional community.

Healthy Environment
The final category, Healthy Environment, addresses the need to encourage and support healthy communities, by improving the overall health status of residents and by addressing the major, controllable factors contributing to chronic diseases. SACH is an active member of the healthy cities collaborations and seeks to increase its partnership with primary and secondary service area cities by introducing opportunities to bring the exceptional services provided at the hospital into community settings. This is evident in the HELP program, which engages community members in advocating for healthier lifestyles for their children, their families, and their community.

Three Year Strategic Plan
Preventing and managing chronic diseases through health management; increasing healthcare access for vulnerable populations; promoting healthy environments using techniques that encourage lifestyle changes and civic engagement; and increasing health literacy through education and health promotion will provide better health outcomes for SACH’s regional community. The synergy among these four priority areas will enable SACH to employ the lessons learned through its extensive Community Health Needs Assessment to develop a cohesive and effective three-year Strategic Community Benefit Implementation Plan to address the identified health needs of its regional community.
### Appendix

**Other Healthcare Facilities and Community Resources**  
**Addressing Community Needs**  
*(Partial listing)*

<table>
<thead>
<tr>
<th>Hospitals</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chino Valley Medical Center</td>
<td>5451 Walnut Ave. Chino, CA 91710</td>
<td>(909) 464-8600</td>
</tr>
<tr>
<td>Kaiser Permanente Fontana</td>
<td>9961 Sierra Ave. Fontana, CA 92335</td>
<td>(909) 427-5000</td>
</tr>
<tr>
<td>Kaiser Permanente Ontario</td>
<td>2295 S Vineyard Ave. Ontario, CA 91761</td>
<td>(909) 724-5000</td>
</tr>
<tr>
<td>Montclair Hospital Medical Center</td>
<td>5000 San Bernardino St. Montclair, CA 91763</td>
<td>(909) 625-5411</td>
</tr>
<tr>
<td>Pomona Valley Hospital Medical Center</td>
<td>1798 N Garey Ave. Pomona, CA 91767</td>
<td>(909) 865-9500</td>
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<thead>
<tr>
<th>Community Clinics/Community Health Centers</th>
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<tbody>
<tr>
<td>Kids Come First Community Center</td>
<td>1556 S. Sultana Ave. Ontario, CA 91761</td>
<td>(909)984-7384</td>
</tr>
<tr>
<td>LaSalle Medical Associates-Fontana</td>
<td>17577 Arrow Blvd. Fontana, CA 92335</td>
<td>(909) 823-4454</td>
</tr>
<tr>
<td>Montclair Medical Clinic</td>
<td>5111 Benito St. Montclair, CA 91763</td>
<td>(909) 399-3173</td>
</tr>
<tr>
<td>Pomona Community Health Center</td>
<td>1450 E Holt St. Pomona, CA 91767</td>
<td>(909)-630-7927</td>
</tr>
<tr>
<td>Upland Health Center</td>
<td>918 W Foothill Blvd. Upland, CA 91786</td>
<td>(909) 890-5511</td>
</tr>
<tr>
<td>Water of Life Community Church Mobile Clinic</td>
<td>14418 Miller Ave., Suite K Fontana, CA 92236</td>
<td>(909) 463-0103</td>
</tr>
<tr>
<td>Well of Healing Mobile Clinic</td>
<td>119 Belmont Ave. Ontario, CA, 91761</td>
<td>(909)-463-0103</td>
</tr>
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<table>
<thead>
<tr>
<th>Dental Health</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Assistance League of the Foothill Communities</td>
<td>8555 Archibald Ave. Rancho Cucamonga CA 91730</td>
<td>(909) 484-7853</td>
</tr>
<tr>
<td>First 5 Dental Care Program</td>
<td>952 S Mt Vernon , Suite C Colton, CA, 92324</td>
<td>(909)-546-7530</td>
</tr>
<tr>
<td>San Joaquin Valley College</td>
<td>10641 Church St. Rancho Cucamonga, CA, 91730</td>
<td>(909)-291-8121</td>
</tr>
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<table>
<thead>
<tr>
<th>Mental Health</th>
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<tbody>
<tr>
<td>Inland Valley Recovery</td>
<td>934 N Mountain Ave. Upland, CA, 91786</td>
<td>(909) 931-0128</td>
</tr>
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</table>
### Other Healthcare Facilities and Community Resources

#### Addressing Community Needs

(Partial listing)

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<th>Mental Health</th>
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<tr>
<td>Samaritan Counseling Center</td>
<td>1126 W Foothill Blvd., Suite 110</td>
<td>(909) 985-0513</td>
</tr>
<tr>
<td>Shelter Plus Care</td>
<td>9500 Etiwanda Ave. Rancho Cucamonga, CA, 91739</td>
<td>(909)-387-8619</td>
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<tr>
<td>San Bernardino County Department of Behavioral Health</td>
<td>850 E Foothill Blvd. Rialto, CA 92376</td>
<td>(909) 421-9495</td>
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<tr>
<th>Other Healthcare</th>
<th>Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Inland Empire Health Plan</td>
<td>10801 6th St., Suite 120 Rancho Cucamonga, CA, 91730</td>
<td>(909) 890-2000</td>
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<tr>
<td>Molina Healthcare</td>
<td>190 E Highland Ave. San Bernardino, CA 92404</td>
<td>(909) 882-4788</td>
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<tr>
<td>Chino Valley Unified School District</td>
<td>12970 Third St. Chino, CA, 91710</td>
<td>(909) 628-1201</td>
</tr>
<tr>
<td>San Bernardino County Department of Public Health</td>
<td>1647 Holt Blvd. Ontario, CA, 91761</td>
<td>1-800-722-4777</td>
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<tr>
<th>Other Community Resources</th>
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<tr>
<td>American Cancer Society</td>
<td>1240 Palmryita Ave. Riverside, CA 92507 (951)-683-6415</td>
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<tr>
<td>American Diabetes Association</td>
<td>5060 Shoreham Place, Suite 100 San Diego, CA 92122 (619) 234-9897</td>
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<tr>
<td>American Heart Association</td>
<td>1700 Iowa Ave. Riverside, CA 92507 (909) 424-1670</td>
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<tr>
<td>Catholic Charities West</td>
<td>904 East California St. Ontario, CA 91761 (909) 391-4882</td>
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<tr>
<td>Healthy Start Healthy Future</td>
<td>390 N. Euclid Ave. Upland, CA 91786 (909) 949-7804</td>
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<tr>
<td>Inland Empire United Way (211 Referral System)</td>
<td>9644 Hermosa Ave. Rancho Cucamonga, CA 91730 211 or 888-435-7565 <a href="http://www.211sb.org/">http://www.211sb.org/</a></td>
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<td>Montclair Community Collaborative</td>
<td>10200 Lehigh Ave. Montclair, CA, 91763 (909)-445-1616</td>
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<td>Reach Out</td>
<td>1126 W. Foothill Blvd. Upland, CA 91786 (909)-982-8641</td>
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<tr>
<td>YMCA (Various Locations)</td>
<td>1325 San Bernardino Rd. Upland, CA 91786 (909)-946-6120</td>
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References

http://quickfacts.census.gov/qfd/states/06/06071.html

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Riverside County Medical Association and the San Bernardino County Medical Society


http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/C/PDF%20CaliforniaUninsured2012.pdf


http://www.healthysanbernardinocounty.org/modules.php?op=modload&name=NS-Indicator&file=indicator&iid=24741

http://www.california-partnership.org/2013/06/27/california-restorations/


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