

Community Hospital of San Bernardino

2019 Community Health Implementation Strategy



Adopted September 2019



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At-a-Glance Summary

<p>Community Served</p> 	<p>Community Hospital of San Bernardino is located in San Bernardino County, in a metropolitan area called the Inland Empire. The Inland Empire is a region in Southern California located East of Los Angeles County. The hospital service area encompasses the cities of: Bloomington, Colton, Crestline, Highland, Fontana, Hesperia, Redlands, Rialto, San Bernardino and Yucaipa.</p>
<p>Significant Community Health Needs Being Addressed</p> 	<p>The significant community health needs the hospital is helping to address and that form the basis of this document were identified in the hospital’s most recent Community Health Needs Assessment (CHNA). Needs being addressed by strategies and programs are:</p> <ul style="list-style-type: none"> • Access to health care • Behavioral health (includes mental health and substance use and misuse) • Chronic diseases (includes overweight and obesity) • Housing and homelessness • Safety and violence
<p>Strategies and Programs to Address Needs</p> 	<p>The hospital intends to take several actions and to dedicate resources to these needs, including:</p> <p>Access to care: financial assistance, community grants program, Coordinated Community Network Initiative, Health Education Center and flu shots.</p> <p>Behavioral health: community grants program, Cultural Trauma & Mental Health Resiliency Program, and Health Education Center.</p> <p>Chronic diseases: community grants program, Health Education Center, Diabetes Wellness Center, Sweet Success Program, and support groups.</p> <p>Housing and homelessness: community grants program, Accelerating Investment for Healthy Communities, and Community Health Navigator.</p> <p>Safety and violence: community grants program and Stepping Stones Program.</p>
<p>Anticipated Impact</p> 	<p>Overall, these programs and strategies will increase access and reduced barriers to health care for the medically underserved. Additionally, we will increase access to behavioral health services in community settings and improve screening and identification of behavioral health needs, and increase identification and treatment of chronic diseases and improve compliance with chronic disease prevention and management recommendations. We will increase affordable housing and healthy and safe neighborhoods and improve educational attainment and employment opportunities for youth.</p>
<p>Planned Collaboration</p>	<p>Key partners include schools and school districts, colleges and universities, businesses, faith community, cities, parks and recreation agencies, community clinics, community-based organizations, housing agencies, funders, law</p>



enforcement, regional collaboratives, disease prevention organizations, mental health providers and substance use providers.

This document is publicly available online at <https://www.dignityhealth.org/socal/locations/san-bernardino/about-us/serving-the-community/community-health-needs-assessment-plan>.

Written comments on this report can be submitted to CHSB's Mission Integration Office at 1805 Medical Center Drive, San Bernardino, California 92411 or by email or by e-mail through the website at <https://www.dignityhealth.org/socal/locations/san-bernardino/about-us/serving-the-community/community-health-needs-assessment-plan>.

Our Hospital and the Community Served

About Community Hospital of San Bernardino

Community Hospital of San Bernardino (CHSB) is a member of Dignity Health, which is a part of CommonSpirit Health. CHSB is located at 1805 Medical Center Drive, San Bernardino, CA 92411. Community Hospital of San Bernardino is a 343-bed, not-for-profit health care facility.

Hospital services include:

- Baby & Family Services
- Behavioral Health Services
- Children’s subacute care
- Ear, nose and throat services
- Emergency services
- Health Education Center
- Medical imaging
- Neurological care
- Pediatrics
- Surgical services



Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Financial Assistance for Medically Necessary Care

Community Hospital of San Bernardino delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provides financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services. The financial assistance policy and a plain language summary and other materials are on the hospital’s web site.

Description of the Community Served

CHSB serves 21 ZIP Codes representing 10 cities in San Bernardino County. A summary description of the community follows (additional details can be found in the CHNA report online).

Community Hospital of San Bernardino Service Area

Place	ZIP Code	Place	ZIP Code	Place	ZIP Code
Bloomington	92316	Hesperia	92344	San Bernardino	92404
Colton	92324	Hesperia	92345	San Bernardino	92405
Crestline	92325	Redlands	92373	San Bernardino	92407
Highland	92346	Redlands	92374	San Bernardino	92408
Fontana	92335	Rialto	92376	San Bernardino	92410
Fontana	92336	Rialto	92377	San Bernardino	92411
Fontana	92337	San Bernardino	92401	Yucaipa	92399

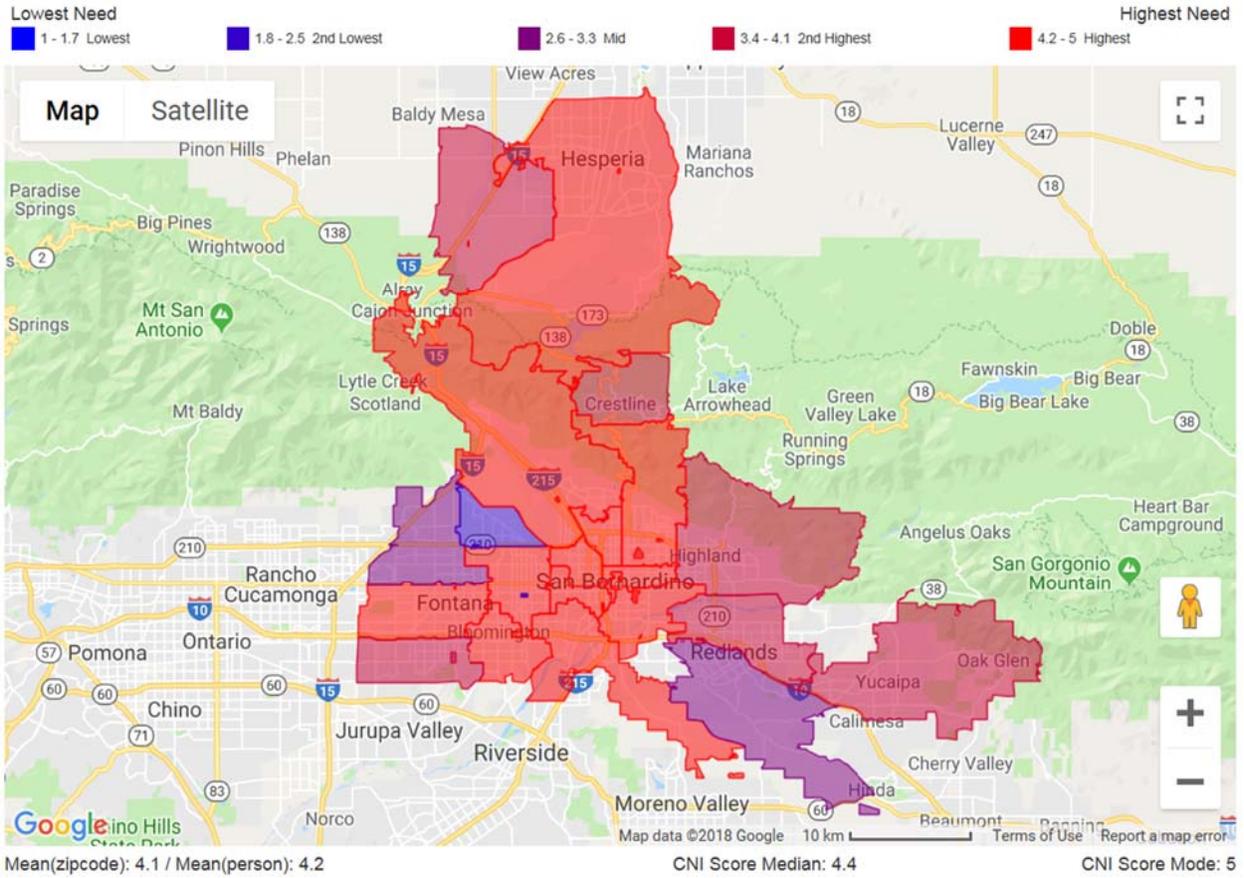
The population of the hospital service area is 974,029. Compared to the county and the state, the CHSB service area has a high percentage of children. Children, ages 0-19, make up one-third (33.3%) of the population. 35.5% are 20-44 years of age, 22.2% are 45-64, and 9% of the population are seniors, 65 years of age and older. Over half the population in the service area is Hispanic or Latino (60.5%) and 23.9% of the population is White. Black or African Americans make up 8.6% of the population in the service area, while Asians are 4.3% of the population. The percentage of Hispanics/Latinos and Black or African-Americans is higher in the hospital service area than found in the county and the state.

The hospital service area has high rates of poverty. Among area residents, 21.5% are at or below 100% of the federal poverty level (FPL) and 46.6% are at 200% of FPL or below (low-income). 29.5% of children in the service area live in poverty; these rates are higher than in the county and state. For seniors in the service area, 12.7% live in poverty; these rates are also higher than county and state averages. The median household income for the service area is \$50,310. This is lower than the median income for the county (\$54,469) and state (\$77,952). Of the service area population age 25 and over, 26.4% have not attained a high school diploma, a rate higher than the county (21.2%) and state (17.9%). The health insurance coverage rate in the service area is 83.6%. This is below the rate for the county (85.9%) and state (87.4%). Among children in the service area, 92.8% have insurance coverage, and 77.2% of non-senior adults are insured. Nearly all seniors are insured (97.4%).

Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and IBM Watson Health. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage.

Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each zip code in the community. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.



Community Assessment and Significant Needs

The hospital engages in multiple activities to conduct its community health improvement planning process. These include, but are not limited to, conducting a Community Health Needs Assessment with community input at least every three years, identifying collaborating community stakeholder organizations, describing anticipated impacts of program activities and measuring program indicators.

Community Health Needs Assessment

The health issues that form the basis of the hospital's community health implementation strategy and programs were identified in the most recent CHNA report, which was adopted in June 2019. The CHNA contains several key elements, including:

- Description of the assessed community served by the hospital;
- Description of assessment processes and methods;
- Presentation of data, information and findings, including significant community health needs;
- Community resources potentially available to help address identified needs; and
- Discussion of impacts of actions taken by the hospital since the preceding CHNA.

Additional detail about the needs assessment process and findings can be found in the CHNA report, which is publicly available at <https://www.dignityhealth.org/socal/locations/san-bernardino/about-us/serving-the-community/community-health-needs-assessment-plan> or upon request at the hospital's Community Health office.

Significant Health Needs

The community health needs assessment identified the following significant community health needs:

- Access to health care – In San Bernardino County, 38.7% of the population has employment-based health insurance. 32.6% are covered by Medi-Cal and 7.8% of the population has coverage that includes Medicare.
- Chronic diseases (includes overweight and obesity) – In San Bernardino County, 13.9% of the population has been diagnosed with asthma. Among county youth, 3.2% have been diagnosed with asthma, and 14.4% have visited the ER as a result of their asthma. The cancer death rate in the service area is 189.8 per 100,000 persons, higher than the county rate (172.9 per 100,000 persons), the state rate (158.4 per 100,000 persons), and the Healthy People 2020 objective (161.4 per 100,000). Heart disease is the leading cause of death and stroke is the fourth leading cause of death in the service area. 11.4% of adults in San Bernardino County have been diagnosed with diabetes, and 15.2% have been diagnosed as pre-diabetic. In San Bernardino County, 34.8% of the adult population reported being overweight. 10.8% of teens and 20.8% of children in the county are overweight. Overweight children in the county exceed the state rate.

- Homelessness – The number of homeless persons in San Bernardino County increased 13.5% over the previous year. The unsheltered homeless make up the majority of the homeless and the percentage of unsheltered homeless increased in 2018.
- Behavioral health (includes mental health and substance use and misuse) – In San Bernardino County, 10.5% of adults experienced serious psychological distress in the past year. 8.1% of teens needed help for an emotional or mental health problem and 1% received counseling. Among adults, 66.4% of county adults had engaged in binge drinking in the past year. The rate of opioid prescriptions in San Bernardino County was 657.7 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (507.6 per 1,000 persons).
- Violence and injury prevention – Crime statistics indicate that the rate of violent crime in the service area is 515.3 per 100,000 persons; higher than the rates for the county (485) or state (461.9). The homicide rate in the service area (7.4 per 100,000 persons) exceeded the Healthy People objective of 5.5 per 100,000 persons.

Significant Needs the Hospital Does Not Intend to Address

CHSB will take action to address all of the significant health needs outlined above.

2019 Implementation Strategy

This section presents strategies and program activities the hospital intends to deliver, fund or collaborate with others to address significant community health needs over the next three years. It summarizes planned activities with statements on anticipated impacts and planned collaboration. Program Digests provide additional details on select programs.

This report specifies planned activities consistent with the hospital’s mission and capabilities. The hospital may amend the plan as circumstances warrant. For instance, changes in significant community health needs or in community assets and resources directed to those needs may merit refocusing the hospital’s limited resources to best serve the community.

The anticipated impacts of the hospital’s activities on significant health needs are summarized below, and for select program initiatives are stated in Program Digests. Overall, the hospital anticipates that actions taken to address significant health needs will: improve health knowledge, behaviors, and status; increase access to needed and beneficial care; and help create conditions that support good health.

The hospital works to evaluate impact and sets priorities for its community health programs in triennial Community Health Needs Assessments.



Creating the Implementation Strategy

Community Hospital of San Bernardino is dedicated to improving community health and delivering community benefit with the engagement of its management team, board, clinicians and staff, and in collaboration with community partners.

The following criteria were used by the hospital to determine the significant health needs CHSB will address in the Implementation Strategy:

- Existing Infrastructure: There are programs, systems, staff and support resources in place to address the issue.
- Established Relationships: There are established relationships with community partners to address the issue.

- Ongoing Investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus Area: Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission.



CHSB engaged internal leaders and the Community Benefit Initiative Committee to examine the identified health needs according to these criteria. The CHNA served as the resource document for the review of health needs as it provided statistical data on the severity of issues and also included community input on the health needs. As well, the community prioritization of the needs was taken into consideration. As a result of the review of needs and application of the above criteria, CHSB chose to focus on: access to care, behavioral health, chronic diseases, housing and homelessness and safety and violence.

For each health need the hospital plans to address, the Implementation Strategy describes: actions the hospital intends to take, including programs and resources it plans to commit, anticipated impacts of these actions, and planned collaboration between the hospital and other organizations. In most cases, the strategies identified to address the selected needs are based on existing programs that have evidence of success. For some strategies, CHSB is part of a larger collaborative initiative or grant-funded project that has identified evaluative measures designed to track impact.

Strategy by Health Need

The tables on the following pages present strategies and program activities the hospital intends to deliver to help address significant health needs identified in the CHNA report. They are organized by health need and include statements of the anticipated impact and any planned collaboration with other organizations in our community.



Health Need: Access to Care

Strategy or Program Name	Summary Description
Financial assistance	Community Hospital of San Bernardino delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital will provide financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
Coordinated Community Network (CCN)	Through the CCN, hospital care coordination and community partner agencies will work together to identify vulnerable patients' health and health-related social needs, and electronically link health care providers to organizations that provide direct services.
Health Education Center	Community education will be offered to the community free of charge and will address a variety of access to health care topics including local resources for primary and preventive care, and navigating the health care system.
Flu shots	Free flu shots will be offered at a number of community venues.
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased access and reduced barriers to health care for the medically underserved.

Planned Collaboration: Key partners include community clinics, community-based organizations, schools and school districts, faith groups, public health and local cities. Examples include Lestonnac Free Clinic, Al-Shifa Clinic, Family Assistance Program and Mary's Mercy Center.



Health Need: Behavioral Health (includes Mental Health and Substance Use and Misuse)

Strategy or Program Name	Summary Description
Cultural Trauma & Mental Health Resiliency Program	CHSB is partnering with the UniHealth Foundation in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focuses on children and youth of color living in underserved neighborhoods.
Health Education Center	Community education will be offered to the community free of charge and will address a variety of behavioral health care topics.
Adult Behavioral Health Program	CHSB provides a vital community resource with its Behavioral Health Program. There is an inpatient adult behavioral health program with 50 beds, Psychiatric Medical Program, and Involuntary Adult Inpatient Program.
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased access to behavioral health services in community settings and improved screening and identification of behavioral health needs.

Planned Collaboration: Key partners include behavioral health providers, schools and school districts, community-based organizations, the UniHealth Foundation, Dignity Health Southern California Hospitals, law enforcement, and regional collaboratives that seek to support individuals' mental health, substance use and case management needs.



Health Need: Chronic Diseases (including Overweight and Obesity)

Strategy or Program Name	Summary Description
Health Education Center	Community education will be offered to the community free of charge and will address a variety of chronic disease-related health care topics, including the Chronic Disease Self-Management Program.
Diabetes Wellness Center	The Sweet Success program is housed at the Diabetes Wellness Center and will focus on gestational diabetes.
Support groups	Support groups will be offered to persons with chronic disease conditions, their families and caregivers.
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased identification and treatment of chronic diseases and improved compliance with chronic disease prevention and management recommendations.

Planned Collaboration: Key partners include public health, faith community, community clinics, community-based organizations, American Heart Association, American Cancer Society, and the American Diabetes Association.



Health Need: Housing and Homelessness

Strategy or Program Name	Summary Description
Accelerating Investment for Healthy Communities	CHSB will participate in a national initiative designed to increase investments in the social determinants of health with an emphasis on affordable housing.
Community Health Navigator	The Community Health Navigator will follow up with homeless persons who seek care in the ER, but are not admitted to the hospital. The Community Health Navigator will provide connections to social service agencies.
Community grants program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased affordable housing and healthy and safe neighborhoods.

Planned Collaboration: Key partners include National Community Renaissance and other nonprofit housing developers, City of San Bernardino and related city agencies, Diocese of San Bernardino, funders, the Center for Community Investment, hospitals and health systems, faith community, community clinics, community-based organizations, and other housing agencies.



Health Need: Safety and Violence

Strategy or Program Name	Summary Description
Cultural Trauma & Mental Health Resiliency Program	CHSB is partnering with the UniHealth Foundation in a multi-hospital initiative to increase the capacity of local community organizations and community members to identify mental distress, address the impacts of trauma, and increase resiliency via delivery of mental health awareness education. The project focuses on children and youth of color living in underserved neighborhoods.
Stepping Stones Program	The Stepping Stones Program will provide an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities. The Stepping Stones program provides teens and young adults with a way to give back to their community while keeping them off the streets, safe and out of harm's way.
Community Grants Program	Grant funds will be awarded to nonprofit organizations whose mission and values align with that of Dignity Health to deliver services and strengthen service systems, which improve the health and well-being of vulnerable and underserved populations.

Anticipated Impact: Increased healthy and safe neighborhoods and improved educational attainment and employment opportunities for youth.

Planned Collaboration: Key partners include San Bernardino City Unified School District, San Bernardino County Unified School District, Aquinas High School, colleges and universities, including California State University San Bernardino, Valley College and others, businesses, faith community, cities, parks and recreation agencies, community clinics, community-based organizations, housing agencies and law enforcement.

Program Digests

The following pages include Program Digests describing key programs and initiatives that address one or more significant health needs in the most recent CHNA report. The digests include program descriptions and intervention actions, statements of the health needs being addressed, planned collaboration, and program goals and measurable objectives.

 Dignity Health Community Grants Program	
Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input checked="" type="checkbox"/> Housing and homelessness <input checked="" type="checkbox"/> Safety and violence
Program Description	Award grant funds annually to local non-profit organizations to be used to effect collective impact, addressing the health priorities established by the hospital (based on the most recent Community Health Needs Assessment). Awards will be given to agencies with a formal collaboration and a link to the hospital.
Community Benefit Category	E1 – Cash Donation
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Increased access and reduced barriers to health care, behavioral health care and chronic disease prevention and treatment for the medically underserved.
Measurable Objective(s) with Indicator(s)	Funding will be provided to implement programs that support hospital priorities and demonstrate strong collaboration with the hospital. 100% of funded programs will report objectives as a result of CHSB Community Grants on a semi-annual basis.
Intervention Actions for Achieving Goal	All awarded agencies will work with the Director of Education to ensure programs meet the objectives stated in their grant proposals.
Planned Collaboration	Non-profit community-based organizations, faith organizations, community clinics, mental health care providers.



Community Health Navigator

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input checked="" type="checkbox"/> Housing and homelessness <input type="checkbox"/> Safety and violence
Program Description	The Community Health Navigator follows up with patients who are high utilizers of the ED who are seen for diagnoses that could be addressed in an outpatient setting.
Community Benefit Category	A3 – Healthcare Support Services
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Increase access to primary health care and behavioral health services in community settings.
Measurable Objective(s) with Indicator(s)	10% of those contacted by the Navigator will receive a referral to a community clinic or social service agency.
Intervention Actions for Achieving Goal	Bilingual Navigator will follow up with high utilizers of the ED, primarily the uninsured. ED Admitting staff will provide Navigator with information on patients. Patients are provided with community resources, including sites offering specialty care. Assistance is provided for enrolling in government sponsored plans for health insurance, assisting with establishing a Primary Care Physician, and enrolling in CalFresh for food needs, as well arranging referrals for supportive services from local non-profit agencies, including housing.
Planned Collaboration	The Community Health Navigator works closely with the Director of Education and Care Coordination Team from the hospital, as well as local nonprofit clinics and social services agencies.



Health Education Center

Significant Health Needs Addressed	<input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Behavioral health (mental health and substance use) <input checked="" type="checkbox"/> Chronic diseases (including overweight and obesity) <input type="checkbox"/> Housing and homelessness <input checked="" type="checkbox"/> Safety and violence
Program Description	The Health Education Center is an education site providing a multitude of services targeted to the underserved individuals and families. Health educators lead a variety of community education sessions. Vulnerable populations are a high priority, and all staff and volunteers are bilingual.
Community Benefit Category	A1 – Community Education
Planned Actions for 2019 - 2021	
Program Goal / Anticipated Impact	Improve the health of families through education with an emphasis on chronic disease management and healthy lifestyles.
Measurable Objective(s) with Indicator(s)	Participation will increase 10% in each area of service (education, referrals, breastfeeding) in the HEC. Participants will reflect increased knowledge of education topic and how their actions affect their health.
Intervention Actions for Achieving Goal	Individuals will complete pre-and post-tests demonstrating knowledge gained from classes. Partnerships with local social services agencies will be strengthened.
Planned Collaboration	Key partners are local non-profit agencies, including: Riverside/San Bernardino Counties Indian Health, Inland Caregiver Resource Center, Blair Park Neighborhood Association, Striders and Inland Coalition (Reach Out West End).

Hospital Board and Committee Rosters

Community Hospital of San Bernardino Community Board

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