Dignity Health.
Community Hospital of
San Bernardino

Community Hospital of San Bernardino

Community Health Needs Assessment

2017

Contents

Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Community Hospital of San Bernardino. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California of Senate Bill 697) that not-for-profit hospitals conduct a Community Health Needs Assessment at least once every three years. This Community Health Needs Assessment was conducted in partnership with St. Bernardine Medical Center.

Community Definition

Community Hospital of San Bernardino (CHSB) is located at 1805 Medical Center Drive, San Bernardino, CA 92411. CHSB determines the community for the purposes of this CHNA by assigning ZIP Codes based on patient discharges. The service area was determined from the ZIP Codes that reflect 80% of patient discharges.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county, and state sources to present community demographics; social and economic factors; health access; birth indicators; leading causes of death; chronic disease; mental health and substance abuse; health behaviors; and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

For this Community Health Needs Assessment, primary data were obtained through focus groups and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

Prioritization of Significant Health Needs

The community stakeholder interviews and focus groups were used to prioritize the significant health needs base on how important the need was perceived to be. Importance was defined as a personal perception of how important an issue is in the community. This might be an issue that is getting worse or needs immediate attention.

The total score for each health need (possible score of 4) was divided by the total number of respondents for which data were provided, resulting in an overall average for each health need.

The community input yielded this prioritized list of significant health needs:

Interviewees	Focus Groups
1. Access to health care	1. Chronic diseases
2. Chronic diseases	2. Mental health
3. Substance abuse	3. Community safety/violence prevention
4. Mental health	4. Access to care
5. Community safety/violence prevention	5. Substance abuse
6. Homelessness	6. Sexually Transmitted Infections
7. Overweight and obesity	7. Homelessness
8. Preventive practices	8. Preventive practices
9. Birth indicators	9. Birth indicators
10. Sexually Transmitted Infections	10. Overweight and obesity

Resources to Address Significant Health Needs

The resources potentially available to address the significant health needs are documented in this report. Resources are also available at 211 Riverside County at http://connectriverside.org/about-211/ and San Bernardino County Community Resources at www.sbcounty.gov/uploads/dph/publichealth/documents/cah_community_resources.pdf

Report Adoption, Availability and Comments

This CHNA report was adopted by the CHSB Community Board on June 28, 2017.

This report is available to the public on the hospital's website and a paper copy is available for inspection upon request at CHSB's Mission Integration Office. 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 through the website at https://www.dignityhealth.org/san-bernardino/who-we-are/serving-the-community/community-health-needs-assessment-and-plan.

Purpose and Organizational Commitment

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Community Hospital of San Bernardino. The priorities identified in this report help to guide the hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act (and in California Senate Bill 697) that not-for-profit hospitals conduct a community health needs assessment at least once every three years. This Community Health Needs Assessment was carried out in partnership with St. Bernardine Medical Center, a sister hospital in the Dignity Health Inland Empire service area.

Community Hospital of San Bernardino (CHSB) was founded by Dr. Henry William Mills in 1910. The hospital joined the faith-based nonprofit system of Dignity Health hospitals in 1998. By joining a system with a shared mission and values, CHSB has furthered its collaboration in the community. The vision of Community Hospital of San Bernardino is to create and provide health care solutions, and meet the health care needs of our community. We are proud to be a trusted resource of community health services and educational support.

Licensed for 347 acute care beds and 84 pediatric sub-acute beds, the hospital has 1,330 employees and is supported by 236 physicians and 19 Allied Health Professionals. Major programs and service lines include: behavioral health services, obstetrics, pediatrics, emergency care and adult and children's sub-acute services. As one of two hospitals in the city of San Bernardino, CHSB has a busy Emergency Department that received 63,619 patients in FY2016.

Rooted in Dignity Health's mission, vision and values, Community Hospital of San Bernardino is dedicated to delivering community benefit with the engagement of its management team, Community Board and Community Benefit Initiative Committee. The board and committee include community members who provide stewardship and direction for the hospital as a community resource. The Community Benefit Initiative Committee (CBIC) ensures our community programs offer access for diverse communities, facilitate institution-wide alignment and accountability and deepen hospital engagement in local communities. The CBIC is a committee of the Community Board and is charged with oversight and decision making on community benefit issues (the CBIC members are listed on Attachment 1). The Committee is responsible for developing policies and programs which address the identified disproportionate unmet health needs of the poor and disenfranchised in the Inland Empire Service Area. The

CBIC also provides oversight in the development and implementation of the triennial Community Health Needs Assessment and annual Community Benefit Report and Plan. The Vice President of Mission Integration chairs the CBIC and membership includes members of the Community Hospital Board, key staff from Community Hospital of San Bernardino and St. Bernardine Medical Center, including the Director of Community Health who has oversight of our outreach programs. Key community stakeholders also participate on the committee and provide valuable insight into the special needs of the populations they serve.

Community Hospital of San Bernardino's community benefit program includes financial assistance provided to those who are unable to pay the cost of their care, unreimbursed costs of Medicaid, subsidized health services that meet a community need, health professions education and community health improvement services. Our community benefit also includes monetary grants we provide to not-for-profit community organizations that are working together to improve heath on significant needs identified in our Community Health Needs Assessment. Many of these programs and initiatives are described in this report. In addition, we are investing in community capacity to improve health – which includes addressing the social determinants of health – through Dignity Health's Community Investment Program. Dignity Health provides a line of credit to the Inland Caregiver Resource Center (ICRC) of working capital for health-related programs. ICRC provides an array of supportive services to family caregivers of adults with brain-impaired conditions (e.g., Alzheimer's disease, traumatic brain injury, etc.).

Dignity Health Mission Statement

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.

Climate Change

Climate change and the resulting increases in temperature, air pollution, extreme weather events, and rising seas will have profound impacts on the health of our population, particularly the most vulnerable (seniors, children, and lower income).[1] [2] These changes in our environment will likely exacerbate some of our current health

[1] Watts N, Adgar WN, et al. 2015. Health and climate change: policy responses to protect public health. *The Lancet*, June 2015.
[2] EPA. 2015. Climate Change in the United States: Benefits of Global Action. United States Environmental Protection Agency, Office of Atmospheric Programs, EPA 430-R-15-001.

priorities, including: obesity, diabetes, cardiovascular risks, asthma and respiratory risks. Our community benefit activities are an opportunity to address health priorities using strategies that also reduce greenhouse gas emissions, mitigating the health risks of a changing climate. Dignity Health will explore such opportunities as we develop our Implementation Strategies.

Community Definition

Community Hospital of San Bernardino is located at 1805 Medical Center Drive, San Bernardino, CA 92411. The service area encompasses 17 ZIP Codes representing 8 cities. CHSB's Decision Support Department tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The service area was determined from the ZIP Codes that reflect 80% of patient admissions.

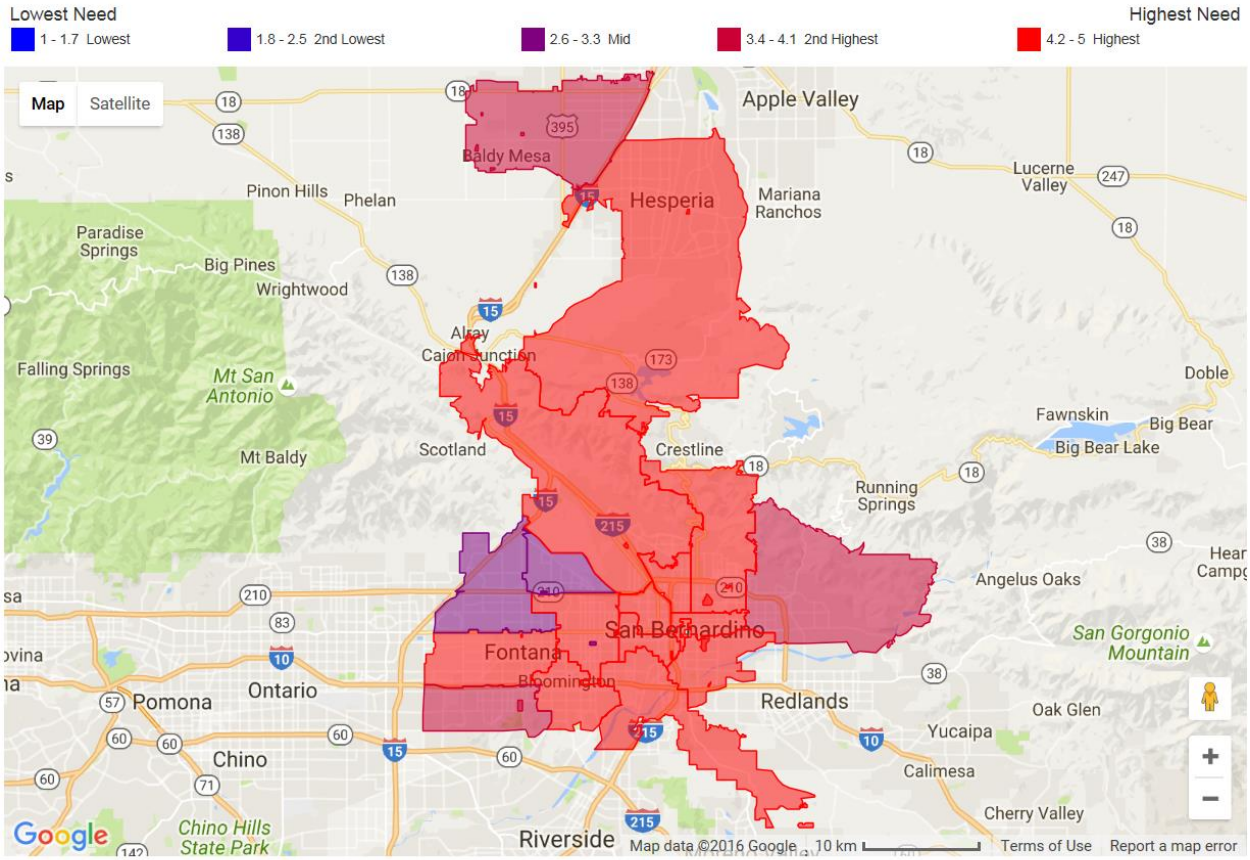
Place	ZIP Code	Place	ZIP Code
Bloomington	92316	San Bernardino	92401
Colton	92324	San Bernardino	92404
Fontana	92335	San Bernardino	92405
Fontana	92336	San Bernardino	92407
Fontana	92337	San Bernardino	92408
Hesperia	92345	San Bernardino	92410
Highland	92346	San Bernardino	92411
Rialto	92376	Victorville	92392
Rialto	92377		

Map

A map of the CHSB service area is presented below. One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics. 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.

The map of the service area has an overlay of the CNI scores, which illustrate the areas of high need. The average CNI for the service area is 4.3, which indicates a service area of high need. Attachment 2 lists the CNI scores (from 1- low need to 5 - high need) for each of the service area ZIP Codes.

Community Hospital of San Bernardino Service Area Map with CNI Scores Overlay



Mean(zipcode): 4.4 / Mean(person): 4.3 CNI Score Median: 4.6 CNI Score Mode: 5

Population

The population of the CHSB service area is 861,860.

Population by ZIP Code

	Number
92316 – Bloomington	31,720
92324 – Colton	58,013
92335 – Fontana	99,580
92336 – Fontana	91,510
92337 – Fontana	37,844
92345 – Hesperia	81,049
92346 – Highland	58,845
92376 – Rialto	85,647
92377 – Rialto	19,750
92401 – San Bernardino	2,104
92404 – San Bernardino	60,501
92405 – San Bernardino	29,526
92407 – San Bernardino	60,118

	Number
92408 – San Bernardino	15,318
92410 – San Bernardino	47,510
92411 – San Bernardino	26,364
92392 – Victorville	56,461
CHSB Service Area	**861,860**
San Bernardino County	**2,078,586**
California	**38,066,920**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. http://factfinder.census.gov

Gender

50.4% of the population in the CHSB service area is female, 49.6% is male. This is comparable to the gender distribution for both the county and state.

Population by Gender

	CHSB Service Area	San Bernardino County	California
Male	49.6%	49.7%	49.7%
Female	50.4%	50.3%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. http://factfinder.census.gov

Population by Age

Children and youth, ages 0-19, make up over one-third (34.9%) of the population; 36.2% are 20-44 years of age; 21.4% are 45-64; and 7.7%% of the population are seniors, 65 years of age and older. The service area has a higher percentage of children and youth than found in the county and the state.

Population by Age

	CHSB Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	70,339	8.2%	156,422	7.5%	2,521,299	6.6%
Age 5-19	229,840	26.7%	494,359	23.8%	7,792,542	20.5%
Age 20-24	73,749	8.6%	170,833	8.2%	2,887,213	7.6%
Age 25-44	237,776	27.6%	567,809	27.3%	10,688,884	28.1%
Age 45-64	184,056	21.4%	489,401	23.5%	9,559,075	25.1%
Age 65+	66,100	7.7%	199,762	9.6%	4,617,907	12.1%
Total	861,860	100.0%	2,078,586	100.0%	38,066,920	100.0%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. http://factfinder.census.gov

Race/Ethnicity

Over half the population in the CHSB service area (63.8%) is Hispanic or Latino, and 19.4% of the population is White. Black or African Americans make up 10.2% of the population in the service area, while Asians/Pacific Islanders are 4.2% of the population. In the CHSB service area there is a higher percentage of Hispanics/Latinos and Black or African Americans, and a lower percentage of Whites and Asians / Pacific Islanders than found in the county and the state.

Race/Ethnicity

	CHSB Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
White	166,797	19.4%	660,447	31.8%	14,905,601	39.2%
Asian	33,979	3.9%	133,270	6.4%	5,062,736	13.3%
Hispanic or Latino	549,866	63.8%	1,050,173	50.5%	14,534,449	38.2%
Other or Multiple	18,075	2.1%	50,445	2.4%	1,126,005	3.0%
Black or African American	88,204	10.2%	170,307	8.2%	2,155,929	5.7%
American Indian/AK Native	2,428	0.3%	7,479	0.4%	145,736	0.4%
Native HI / Pacific Islander	2,521	0.3%	6,465	0.3%	136,464	0.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. http://factfinder.census.gov

Citizenship

According to the Census Bureau they collect data from persons who are foreign born and who participate in the census and census surveys, regardless of legal status. The term foreign born refers to anyone who is not a U.S. citizen at birth. This includes naturalized U.S. citizens, lawful permanent residents (immigrants), temporary migrants (such as foreign students), humanitarian migrants (such as refugees and asylees), and unauthorized migrants. Thus, unauthorized migrants might be included in Census Bureau estimates of the total foreign-born population, although it is not possible to tabulate separate estimates of unauthorized migrants or any other legal status category.

In the CHSB service area, 24.6% of residents are foreign born and 14.7% are not citizens. This is a higher percentage of foreign born residents than found in the county. The service area percentage of those who are not a U.S. citizen is higher than rates for the county and state.

Foreign Born Residents and Citizenship

	CHSB Service Area	San Bernardino County	California
Foreign born	24.6%	21.3%	27.0%
Not a U.S. citizen	14.7%	11.7%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. http://factfinder.census.gov

Language

In the CHSB service area 45.3% of population speaks Spanish. Asian or Pacific Islander languages are spoken in 3.2% of the homes in the service area, below the percentage spoken in the county (4.9%) or state (9.7%).

Language Spoken at Home, Population 5 Years and Older

	CHSB Service Area	San Bernardino County	California
Speaks only English	49.8%	58.9%	56.2%
Speaks Asian/Pacific Islander language	3.2%	4.9%	9.7%
Speaks Spanish	45.3%	33.7%	28.7%
Speaks other Indo-European language	1.0%	1.6%	4.4%
Speaks other language	0.8%	0.9%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. http://factfinder.census.gov

English Learners

The percentage of students who are English learners in the service area is 23.4%, greater than the rate of English Learners in the county (19.2%). When examining district level data it is important to note that within each district there are a number of schools with higher and lower rates of English Learners.

English Learners

	Percent
CHSB Service Area	23.4%
San Bernardino County	**19.2%**
California	**22.3%**

Source: California Department of Education DataQuest, 2014-2015 Language Group Data. http://dq.cde.ca.gov/dataquest/

Veterans

In the CHSB service area, 5.2% of the population 18 years and older are veterans.

Veterans

	Percent
CHSB Service Area	5.2%
San Bernardino County	**6.9%**
California	**6.4%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP02. http://factfinder.census.gov

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community profile; social and economic factors; health access; birth indicators; leading causes of death; chronic disease; mental health and substance abuse; health behaviors; and preventive practices. Sources of data include U.S. Census Bureau American Community Survey, San Bernardino County, County Health Rankings, California Health Interview Survey, California Department of Public Health; California Office of Statewide Health Planning & Development; California Department of Justice, California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, and others. When pertinent, these data sets are presented in the context of California State, framing the scope of an issue as it relates to the broader community.

The secondary data for the hospital community area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures findings with Healthy People 2020 objectives. Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

For this Community Health Needs Assessment, information was obtained through focus groups and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The interviews and focus groups focused on these significant health needs:

- Access to Health Care
- Birth indicators

- Chronic diseases (asthma, cancer, diabetes, heart disease)
- Community safety/violence prevention
- Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Sexually Transmitted Infections
- Substance Abuse

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, Community Hospital of San Bernardino partnered with St. Bernardine Medical Center to conduct the interviews. Twenty-one (21) interviews were completed during February through April, 2017.

The hospitals developed a list of key influencers who have knowledge of community health needs. They were selected to cover a wide range of sectors within San Bernardino County, represent different age groups, and racial/ethnic populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the community area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in the community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by the health needs.
- How the hospitals can respond to the identified health needs.
- Other comments or concerns.

Community Focus Groups

Four focus groups were conducted in February and March 2017 that engaged 68 persons. Two of the focus groups were conducted in English, one was conducted in Spanish with a Spanish-speaking facilitator, and one focus group was conducted in English and Spanish. The focus group meetings were hosted by trusted community organizations. An agency contact was available to answer any questions at each focus group. At the beginning of each focus group, the purpose of the focus group and the community assessment were explained, the participants were assured their responses would not be attributed to them as responses would be aggregated. The focus group discussions were voice recorded for ease of documenting the discussion. Before beginning the discussion, the facilitator asked for oral consent from each of the participants that they wished to participate in the focus group and agreed to be voice recorded.

Focus group participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the community area. Questions focused on the following topics:

- Biggest issues and health concerns in the community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Special populations or groups that are affected by the health needs.
- Services, programs, community efforts, resources available to address the health needs.
- Other comments or concerns.

A list of the stakeholder interview respondents and focus groups can be found in Attachment 3.

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some data resources are only available at the county level so community level information is

not available for all data indicators. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community. Primary data collection and the prioritization process are also subject to information gaps and limitations. Themes identified during interviews and focus groups were likely subject to the experience of individuals selected to provide input.

Public Comment

Community Hospital of San Bernardino makes the CHNA and its companion Implementation Strategy widely available to the public and welcomes comments on them. This CHNA report is available to the public on the hospital's website and a paper copy is available for inspection upon request at CHSB's Mission Integration Office. Written comments on this report can be submitted to CHSB's Mission Integration Office at 2101 N. Waterman, San Bernardino, California, 92404 or on the website at whttps://www.dignityhealth.org/san-bernardino/who-we-are/serving-the-community/community-health-needs-assessment-and-plan.

In compliance with IRS regulations 501r for charitable hospitals, public comment was requested on the previous CHNA and Implementation Strategy. All written comments were reviewed and, where appropriate, are included in the following Community Health Needs Assessment chapters.

Project Oversight

The Community Health Needs Assessment for CHSB was overseen by:

Kathleen McDonnell
Director of Mission Integration
Dignity Health Community Hospital of San Bernardino
Dignity Health St. Bernardine Medical Center

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Dignity Health Community Hospital of San Bernardino Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Biel Consulting's website is www.bielconsulting.com.

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. In 2017, San Bernardino County ranked 34 (up from 42 in 2015), putting the county in the third quartile of all California counties on social and economic factors.

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2014, the federal poverty level (FPL) for one person was an annual income of $11,670 and for a family of four was $23,850. Among area residents, 17.8% are at or below 100% of the federal poverty level (FPL) and 61.8% are at 200% of FPL or below (low-income).

Ratio of Income to Poverty Level

	Below 100% Poverty	Below 200% Poverty
CHSB Service Area	17.8%	61.8%
San Bernardino County	19.2%	42.3%
California	16.4%	36.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. http://factfinder.census.gov

Examining poverty levels by community paints an important picture of the population within the hospital service area. 22.4% of children in the CHSB service area live in poverty; this is lower than the county and state rate. For seniors in the service area, 12.3% live in poverty; this is a higher rate of poverty among seniors than found in the county and the state. San Bernardino (92401) has the highest rate of individuals (46.6%) and seniors (47.1%) living in poverty. San Bernardino (92410) has the highest number of children in poverty (54.2%). Rialto (92377) has the lowest rate for adults (8.5%) and children (10.3%) living in poverty; Fontana (92337) has the lowest rate for seniors at 4.3%.

Poverty Levels of Individuals, Children under Age 18, and Seniors 65+

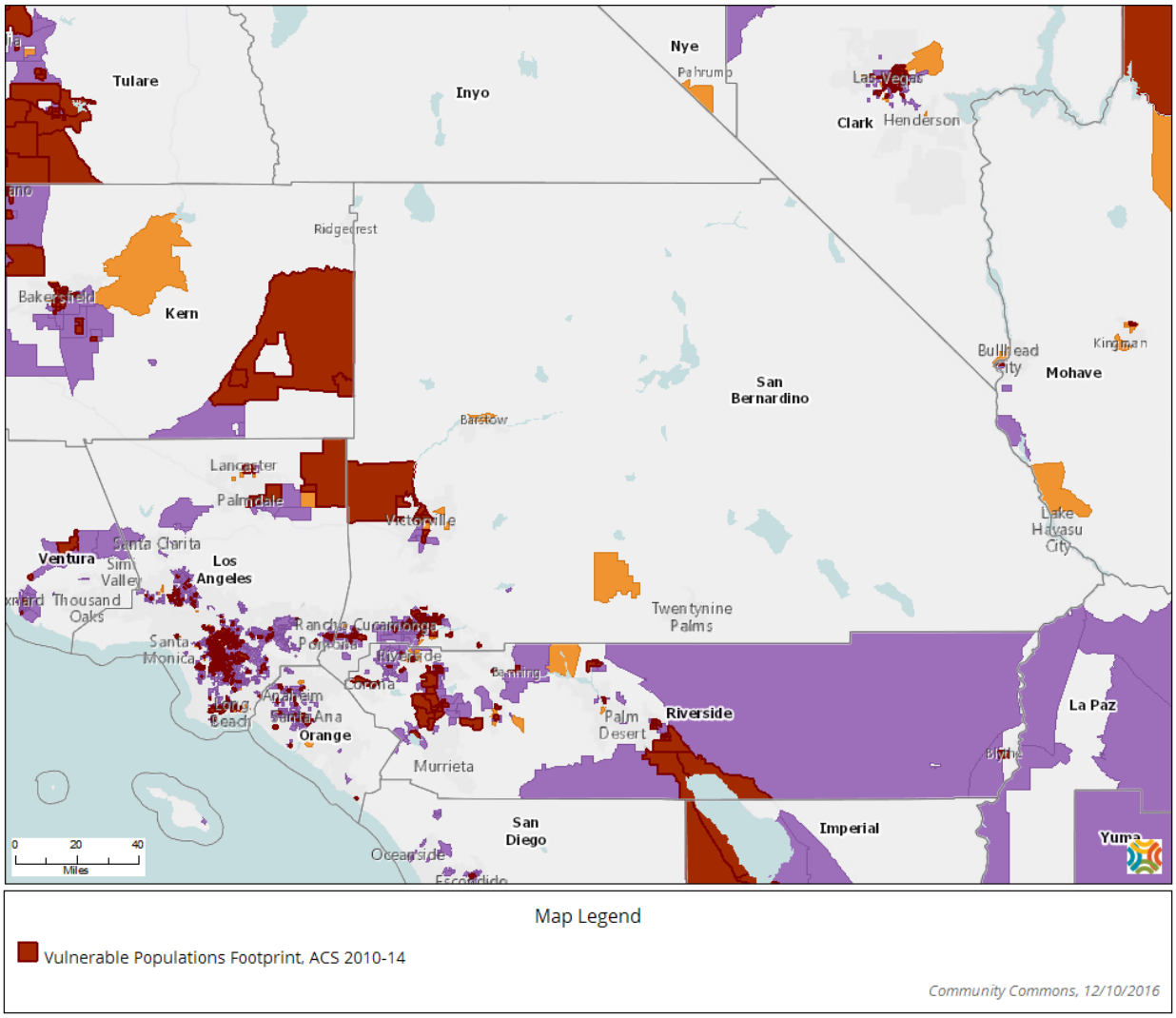
	ZCTA	Individuals	Children	Seniors
Bloomington	92316	19.4%	24.3%	13.1%
Colton	92324	19.1%	31.7%	15.5%
Fontana	92335	21.1%	32.0%	17.5%
Fontana	92336	8.6%	12.5%	6.6%
Fontana	92337	10.7%	16.2%	4.3%
Hesperia	92345	24.1%	31.2%	14.0%
Highland	92346	18.4%	23.3%	9.3%
Rialto	92376	21.1%	30.4%	13.2%
Rialto	92377	8.5%	10.3%	11.4%
San Bernardino	92401	46.6%	43.8%	47.1%
San Bernardino	92404	27.9%	43.8%	10.8%
San Bernardino	92405	30.0%	48.1%	13.3%
San Bernardino	92407	20.6%	29.2%	11.6%
San Bernardino	92408	32.5%	50.3%	22.8%
San Bernardino	92410	37.2%	54.2%	28.0%
San Bernardino	92411	31.3%	46.7%	24.5%
Victorville	92392	16.0%	29.8%	15.8%
CHSB Service Area		**16.1%**	**22.4%**	**12.3%**
San Bernardino County		**17.1%**	**26.4%**	**11.5%**
California		**15.1%**	**22.7%**	**10.2%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1701. http://factfinder.census.gov

Vulnerable Populations

Poverty and education attainment are two indicators that are predictive of at-risk or vulnerable populations. Visualization of vulnerable populations is provided in the following map. Communities where 30% or more of the residents are in poverty are shown as orange on the map. Communities where 25% or more of the adult residents over age 25 do not have a high school education are shown as purple on the map. The overlap of high poverty and low education attainment is depicted as brown on the map. The brown areas indicate communities with vulnerable populations and are clustered primarily in the west/southwest part of the county.

Vulnerable Populations Footprint for San Bernardino County



Households

The median household income for the CHSB service area is $43,092. This is lower than the median income for the county ($54,100) and state ($61,489).

Median Household Income

	Median Household Income
CHSB Service Area	$43,092
San Bernardino County	**$54,100**
California	**$61,489**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. http://factfinder.census.gov

There are 223,719 occupied housing units in the CHSB service area. The service area percentage of 1 and 2-person households is lower than that of the county or state. The service area has a higher percentage of 4-person households (45%) than does the county (36.5%) or state (29.5%). The percentage of 3-person households in the service area (17.2%) is just below the county's 17.4%, and above the state percentage of 16.5%.

Household Size

	CHSB Service Area	San Bernardino County	California
1 person households	15.3%	19.5%	24.1%
2 person households	22.5%	26.6%	30.0%
3 person households	17.2%	17.4%	16.5%
4+ person households	45.0%	36.5%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2501. http://factfinder.census.gov

In the CHSB service area, residents receive higher rates of supportive benefits than the county and state. 8.4% of service area households receive SSI benefits, 7.4% receives cash public assistance income and 19.9% of residents receive food stamp benefits.

Household Supportive Benefits

	CHSB Service Area	San Bernardino County	California
Households	223,719	607,604	12,617,280
Supplemental Security Income (SSI)	8.4%	7.0%	6.2%
Public Assistance	7.4%	5.8%	4.0%
Food stamps/SNAP	19.9%	14.2%	8.7%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP03. http://factfinder.census.gov

Food insecurity is the lack of access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. Food security then is access to sufficient, safe and nutritious food. This indicator was asked of adults ages 18+ with an income < 200% FPL. Among low-income adults in San Bernardino County, 36.9% reported food insecurity, which is lower than the state rate of 38.4%.

Low-Income (<200 FPL) Adult with Food Insecurity

Geographic Area	Percent
San Bernardino County	36.9%
California	**38.4%**

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Free or Reduced Price Meals

The number of students eligible for the free or reduced price lunch program is one indicator of the socioeconomic status within a region. The service area rate of eligibility was 79.9% in the 2014-2015 school year, higher than the county (69.5%) and the state (58.6%) rate.

Eligibility for Free or Reduced Price Meals (FRPM) Program

	Percent Eligible Students
CHSB Service Area	79.9%
San Bernardino County	**69.5%**
California	**58.6%**

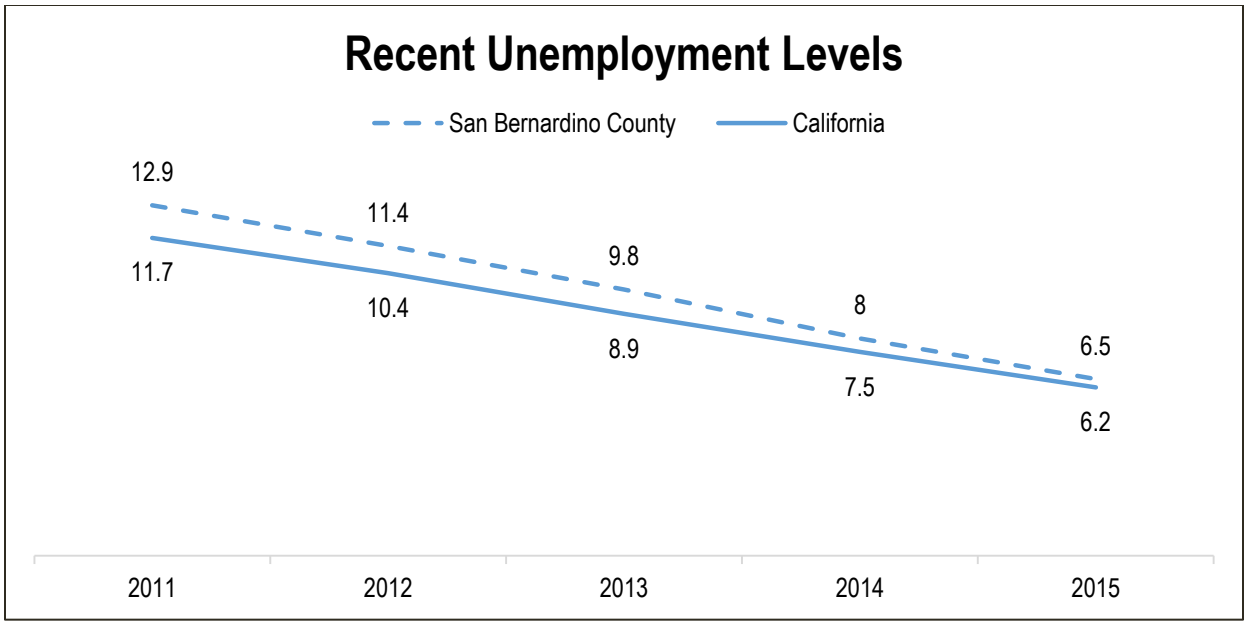
Source: California Department of Education DataQuest, 2014-2015. http://dq.cde.ca.gov/dataquest/

Unemployment

Within the service area unemployment had dropped to 7.5% by 2015. Areas with the highest unemployment were Hesperia (8.8%) and Bloomington (8.3%). Highland had the lowest rate of unemployment (5.6%)

Unemployment Rate, 2015 Average

	Percent
Bloomington	8.3%
Colton	6.5%
Fontana	7.0%
Hesperia	8.8%
Highland	5.6%
Rialto	7.7%
San Bernardino	8.2%
Victorville	6.9%
CHSB Service Area	**7.5%**
San Bernardino County	**6.5%**
California	**7.5%**



Source: California Employment Development Department, Labor Market Information, 2011-2015.

Educational Attainment

In the service area, 27.7% of adults are high school graduates, higher than the rate for the county (26.3%) and the state (20.7%). Less than one-fifth of the population in the service area has graduated college (19.3%), lower than the rate for the county (26.8%) and the state (38.8%).

Educational Attainment of Adults, 25 Years and Older

	CHSB Service Area	San Bernardino County	California
Population 25 years and older	487,932	1,256,972	24,865,866
Less than 9th grade	14.5%	10.0%	10.1%
Some high school, no diploma	15.3%	11.7%	8.4%
High school graduate	27.7%	26.3%	20.7%
Some college, no degree	23.2%	25.3%	22.0%
Associate degree	7.0%	8.0%	7.8%
Bachelor degree	8.3%	12.1%	19.6%
Graduate or professional degree	4.0%	6.7%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1501. http://factfinder.census.gov

Of the population age 25 and over, 29.8% in the CHSB service area have not attained a high school diploma, a rate higher than either the county (21.7%) or state (18.5%)

Population, 25 Years and Older, with No High School Diploma

	Percent
CHSB Service Area	29.8%
San Bernardino County	**21.7%**
California	**18.5%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S1501. http://factfinder.census.gov

High school graduation rates are the percentage of high school graduates that graduated four years after starting ninth grade. In the service area, the high school graduation rate is 85.2%, which is higher than the county (80.7%) and the state (82.3%). The service area rate exceeds the Healthy People 2020 Objective for high school graduation of 82.4%.

High School Graduation Rates, 2014-2015

	Percent
CHSB Service Area	85.2%
San Bernardino County	**80.7%**
California	**82.3%**

Source: California Department of Education DataQuest, Cohort Outcome Data for Class of 2014-2015.
http://dq.cohode.ca.gov/dataquest/

Community Input – Social and Economic Factors

Stakeholder interviews and focus groups identified the most important socioeconomic, behavioral and clinical factors contributing to poor health in the community. Following are their comments, quotes and opinions:

- Food insecurity is a concern. Evidence shows that individuals aren't able to sustain their family with the current lack of access to fresh fruits and food. Grocery stores are limited.
- Stigma, fear, lack of access to a facility in close proximity to where people live, language barriers, transportation and safety are the issues I see.
- Environmental, poverty and employment. There is an extreme shortage of rental properties in the area. That compounded with poverty results in rentals that are not kept in habitable conditions. At our residential law program we see upwards of five people per week with a problem. And 98% involve conditions in home that do not meet habitability: lack of heat, plumbing backs up, pests and vermin infestations.
- We were starting to make good headway on health care access but with the new administration there is a ton of fear in our communities. People think they can be deported just for going to the doctor.

- Poverty levels, navigation of health care system. I have trouble navigating the system. I can't imagine how non-English monolingual speakers get through the system.
- There is so much need among families in our county, but there aren't the resources in the helping institutions to rise up and be able to address the need. Police, schools, hospitals, don't have resources to meet all the needs. This impacts all of us. We all try to do with not enough. Our regions are resourced deprived and our families have a disproportion unmet need compared to the rest of the state.
- So many people are on the brink of eviction, they can't pay their utility bills, they need food for their families, it's the end of the month and benefits ran out. They need their basic needs met to sustain themselves so they can move forward.
- Seniors need housing. As people continue to age, it will get worse. There is a crisis in our region and everywhere else. Seniors can't pay their bills, they don't have heat, and they can't afford prescriptions.
- For the LGBT population it's a different world out there. There is a ton of discrimination. Anything related to that including, mental health, housing, even teachers who are gay are afraid to say they are. It tells you it's not safe for the kids either. Kids are not getting support they need.
- Lack of access to healthy food. Some areas don't have any supermarket access.
- With poverty there are issues with housing, no jobs, and mental health concerns.
- Access to health care is also an issue. We can argue that since the enactment of the ACA, many more people have been enrolled in health insurance programs. But when we look at the ratio of physician to residents, it's dismal. It's 1 doctor to 1,800 residents. The State average is 1 to 1,000. So, there is an issue there. People may have insurance, but access hasn't improved so people end up going to the ED as their primary care.
- Education, as well as income level is directly related to how well you eat. People have a hard time getting proper food (food insecurity), which leads to problems with chronic diseases.
- Lack of outside activity due to concerns over safety and crime.
- Maybe the awareness level of the importance of regular check-ups and physicals is not as important to people in the community. The working-class community is more worried about meeting basic needs and health issues get pushed to the side.
- Housing is a big one if you don't know where you are going to sleep you probably do not know where your next meal is coming from.
- Food deserts are experienced in lower socioeconomic areas and unincorporated areas. Being poor is really bad for your health.
- Environmental factors around the air we breathe and water we drink have a real impact on the health of our communities.

- Access to care because there is a lack of transportation. Transportation is an issue when people have to go to the doctor and come back for follow-up visits. People who are on the borderline of being able to have enough money to survive, they cannot afford transportation. Instead, they call 911 and get transported to the ED.
- Lack of provider awareness of what is available for those who are disenfranchised.
- Number one issue is air quality.
- Many people don't have an advocate.
- I feel so bad for the elderly. Those who are alone and don't have access to senior centers or transportation to senior centers and don't know transportation is available to the centers. How do you get the word out to them? We have some very active senior centers, but many people can't pay for it.
- Housing and poverty are foundations of much of problems. Lack of education and unemployment are also issues for some people.
- Undocumented people trying to get access to care have fear of discovery, which has worsened since the election.
- Transportation. Jobs are available, but they're outside the city. I work five hours and it takes me two hours each way to get there, and if I miss the bus ai have to wait another hour. Some buses don't run Saturdays. It is hard to afford the bus; forget about taking a taxi.
- Age discrimination for jobs. Employers would prefer to hire someone who may work there a whole career. A lot of construction workplaces will only hire if you're under 40.
- Housing. It is hard / impossible to find low-cost housing. You have to get 2 or 3 people together to be able to afford a place. The waiting lists for subsidized housing are more than a year long. Housing assistance placements won't take teenage boys, even along with their mothers. A woman I know got placement after a year on a waitlist and not once did they mention that they wouldn't take her 15 year old son, too, so they're both still on the street.

Homelessness

The U.S. Department of Housing and Urban Development (HUD) requires local jurisdictions to conduct a 'point-in-time' count of homeless every other year. The most recent count was undertaken on January 26, 2017. A person was considered homeless, and thus counted, when he/she fell within the HUD-based definition by residing:

- In places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings;
- In an emergency shelter; or
- In transitional housing for homeless persons.

Trends show that the number of homeless persons is slightly on the decline in San Bernardino County; however, the unsheltered homeless make up the majority of the homeless.

Homeless Count, San Bernardino County, 2016 and 2017

Year of Count	Total Homeless	Sheltered	Unsheltered
2016	1,887	36.9%	63.1%
2017	1,866	36.8%	63.2%

Source: San Bernardino County 2017 Homeless Count and Subpopulation Survey: Preliminary Report.
http://wp.sbcounty.gov/dbh/sbchp/community-projects/point-in-time-count/

Among the homeless subpopulations in San Bernardino County, 37% are chronically homeless; 31% have chronic health conditions; 27% are persons recently released from jail/prisons; and 26% have substance abuse issues.

Breakdown by Subpopulations, 2017

	2017
Chronically homeless adults	37.0%
Persons released from jail/prisons	26.6%
Persons with chronic health conditions	31.4%
Persons with HIV/AIDS	3.1%
Persons with mental health problems	22.3%
Seniors, ages 62+	9.2%
Substance abusers	25.8%
Veterans	9.6%
Victims of domestic violence	19.0%
Youth, ages 18-24	1.2%

Source: San Bernardino County 2017 Homeless Count and Subpopulation Survey: Preliminary Report.
http://wp.sbcounty.gov/dbh/sbchp/community-projects/point-in-time-count/

The only sheltered homeless subpopulation seen in higher rates when compared to the unsheltered are youth, ages 18-24. The other sheltered homeless populations are represented in smaller percentages than found among the unsheltered homeless.

Sheltered Homeless Subpopulations, 2017

	Percent
Chronically homeless individuals	1%
Persons with HIV/AIDS	1%
Persons with mental health problems	7%
Substance abusers	10%
Veterans	7%
Victims of domestic violence	12%
Youth, ages 18-24	9%

Source: San Bernardino County 2017 Homeless Count and Subpopulation Survey: Preliminary Report.
http://wp.sbcounty.gov/dbh/sbchp/community-projects/point-in-time-count/

Community Input – Homelessness

Stakeholder interviews and focus groups identified issues, challenges and barriers

related to homelessness. Following are their comments, quotes and opinions:

- Shelters are needed that allow day sleeping and showering / food at other times. Work is available, but a lot of available jobs are 3rd shift, which won't work if you live in a shelter, because you aren't allowed to sleep there during the day. Shower times are scheduled at certain times that won't work with 3rd shift or 12-hour shifts. Breakfast is over before you even get back from the job.
- The longer you're on the street, the more mentally-disabled you become. There's a program, and they put homeless people in an apartment for 1 year; the state pays. Because they've been on the streets so long – 2 years or more – they leave; they can't live indoors anymore. Or they move a bunch of people in, because they can't stand it that their friends are still on the street.
- We might see individuals on the street and recognize they are homeless. But the homeless are also those people who are living in cars, living on the couch with a family member, and individuals who hang out at the university (but are not on street). Homelessness impacts all races, ages, nationalities and it has to be addressed.
- Homelessness is community-wide. There is denial that it is all that bad.
- The VA hospital cares for quite a few homeless vets.
- There is a grossly insufficient supply of habitable affordable housing in our region. Barriers to get in to housing are money. People need first and last month's rent plus a deposit to get in and turn on the utilities. The result is a lot of people start renting garages and sections of houses not fit for habitation. Many landlords are close to impoverished themselves and cannot afford to fix the problems. We can get an order for the landlords to make the repairs but they cannot afford the repairs. In some large rental complexes the landlord re-leases rather than do the repairs. They just evict and rent to someone else that doesn't complain for lack of options.
- Getting to be a much bigger issue than we thought. Data is staggering. The county is working on solving this among vets. But there are still a large number of homeless who are not veterans. At the county level we have an Interagency Council that is looking at homelessness and how find affordable housing.
- A good number of homeless, probably 30%, have mental health issues.
- We face barriers building affordable homes. Cities are not anxious to have low-income housing in their community.
- No one wants to help the homeless. We do our best to provide services but a barrier is everyone says 'not in my community.'
- We try to get people off the streets for health and safety concerns. It comes back to funding enough places for people to stay while they get their lives back together.
- The homeless do not have vital documents, due to theft or being on street, lost birth certificates, IDs, etc. And they cannot get into programs if they don't have their documents.

- We have around 2,000 homeless persons and only about 140 beds. Especially during cold weather, we don't have additional shelters to provide them somewhere dry and warm to stay.
- The only way to solve the problem is to provide housing. Barriers are dramatic and housing is expensive. We do not have enough low-income housing. Some cities are getting on board for supportive housing. The model is a housing first model. People are housed regardless of drug use, mental health status, or family situation. Once housed, then we provide needed services.
- If we had a way to provide regular meals, a place to sleep, and a way people could take care of personal hygiene there would be less homeless in the ED. Hospitals and jails – it sure beats the street.
- Many homeless are in poor health and so physically dirty. If we just started with a safe place to get clean, provide food, and not be out in the cold, it would make a huge impact.
- So many people are just one to two paychecks away from being homeless because of the cost of food.
- More folks are unsheltered than there are places for them to shelter. We have beds for 10% of people who are homeless in our city. The issues involve lack of access to safe places for warmth and basic sanitation. Agencies are doing good work but there are not enough agencies.
- A Quality of Life Team works for the city and the team talks to these people to help them find some kind of shelter.
- The homeless need more safe places to camp at night.
- Lack of bathrooms is a real issue. If you are homeless, there is nowhere to use a bathroom, particularly at night.
- Some homeless individuals have a dog and the support program doesn't allow pets.
- We need places to shower or at least sinks with hot water so we can wash.
- We need safe, legal places to hang out during the day; if you hang out at the parks, playing cards or whatever, the cops will harass you and move you along.
- Clothing is needed; particularly warm clothing. It's been cold and raining.
- For the homeless, there is no safe place where you allowed to just 'be' during the day when the shelter is closed.
- We need somewhere to go to get a haircut; no one even has scissors out here.
- There's a waiting list for homeless housing assistance in San Bernardino County, but the waiting list is a yearlong; you have to go for an appointment first, and the appointment will be a month or two off.
- They make Section 8 and General Relief and other program requirements unrealistic, so that you can't qualify.

- There's a community center for Seniors, but there's no center for the homeless; some place for them to go and get resources, get out of the sun.
- L.A. County has a lot of resources; but not here in San Bernardino County. But this is the area we know; this is where we grew up, or this is where we have our established social circle. We know where things are here; where the resources are; we'd be lost in L.A. or Pomona (which is the closest place that's L.A. County).

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Crime statistics indicate that the rate of violent crime in the service area is 591.1 per 100,000 persons; higher than the state. San Bernardino County has higher rates of violent crime than the state, with 940.5 crimes per 100,000 persons, more than double the California rate of 423.1.

Violent Crimes, per 100,000 Persons, 2012

	Number	Rate
CHSB Service Area *	4,944	591.1
San Bernardino County	**3,010**	**940.5**
California	**160,944**	**423.1**

*Source: US Department of Justice, Federal Bureau of Investigation, 2012. * Data unavailable for Bloomington.*
http://www.ucrdatatool.gov/Search/Crime/Local/LocalCrime.cfm

Calls for domestic violence are categorized as with our without a weapon. The majority of domestic violence calls in the service area involved a weapon (51.1%), which was higher than the county average (42%).

Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
CHSB Service Area *	5,086	48.9%	51.1%
San Bernardino County	**7,919**	**58.0%**	**42.0%**
California	**155,965**	**57.3%**	**42.7%**

Source: California Department of Justice, Office of the Attorney General, 2014. http://oag.ca.gov/crime/cjsc/stats/domestic-violence
** No data available for Bloomington.*

Community Input – Community Safety

Stakeholder interviews and focus groups identified issues, challenges and barriers related to community safety and violence prevention. Following are their comments, quotes and opinions:

- Violence in the community is a big concern. It is not uncommon in this area for there to be violent activity that can result in wounds or death. Community safety is

important. When families experience deprivation day after day it has a profound impact on their health.

- There is a lack of confidence in law enforcement, especially among undocumented immigrants. Some people believe the police are racist.
- Crime rates seem to be going up in the past two years; this might be due to marijuana dispensaries opening up in the neighborhood.
- It is not safe to go outside and there are lots of fights at the high schools.
- You cannot call the police. They may end up arresting you if you call. It is better off minding your own business; we just don't call the police.
- There needs to be a safe zone, a place people can talk to someone. We need to create that wherever there is an opportunity of a safe place.
- Given the mission and vision of the hospital it is important we advocate for victims of violence individuals. We need to ask if there is violence in the many forms it takes, we have an opportunity for individuals to have information so they can reach out and partner with community agencies to assist someone that is experiencing physical violence.
- We experienced a very real danger here with the terrorist attack in 2015. There is still an ongoing discussion about safety in the workplace. There is fear. Danger is not just perception.
- Poverty conditions have forced multigenerational living conditions in families not accustomed to that. All are trying to survive on a senior's fixed income. There are too many mouths to feed on too little money and this creates a change in family dynamics. There is an increase in elder abuse and financial abuse, and domestic violence.
- With laws for early release of prisoners, most of them are not eligible for any public assistance. They are unemployed, unemployable, and cannot get food stamps or stipends. They have to move in with other family members to take care of them. There is no support system to feed or shelter them and no ability to work, what are their options? They return to crime.
- San Bernardino has one of highest death rates from gang violence in the country.
- When residents don't feel safe in a community their health doesn't improve. When there is a high rate of violence, community members are scared and they stay home and are inactive.
- There are a lot of gang issues. We need to fund diversion programs for teens and young adults and reward community service.
- Access to handguns is a huge barrier to safety.
- The homeless are at very high risk for violence and victimization.
- We are thinking of moving out of town. A shooting happened right next-door. Police force has been reduced in numbers. We just don't have enough police protection.

Also, the governor is releasing criminals early after incarceration and they come back to the community so we have a lot of paroles here. Unfortunately, the nice neighborhoods are being hit all the time, lot of burglaries and shootings. Crime is a big issue here.

- Many crimes are being committed by people from outside the city coming in; these people that feel their backs are up against the wall. Sometimes survival, addiction, bullying leads to innocent people being hurt, robbed or even murdered.

Health Access

Health Insurance

Health insurance coverage is considered a key component to accessing health care. The service area insurance rate is 77%. This is below the rate for the county (80.9%) and state (83.3%) Among children in the service area, 89.5% have insurance coverage, and 68.2% of non-senior adults are insured. Nearly all seniors are insured (95.4%). Insurance coverage rates for all age groups in the service area run below the rates for the county and state.

Insurance Coverage by Age Group

	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
CHSB Service Area	77.0%	89.5%	68.2%	95.4%
San Bernardino County	**80.9%**	**91.0%**	**73.7%**	**97.1%**
California	**83.3%**	**92.5%**	**76.9%**	**98.3%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701. http://factfinder.census.gov

In the Community Hospital of San Bernardino service area, health insurance coverage ranges from a low of 68.4% of adults with insurance in Fontana (92335) to a high of 84.4% of adults with insurance in Highland (92346).

Insurance Coverage

	Percent
92316 - Bloomington	70.9%
92324 - Colton	73.9%
92335 - Fontana	68.4%
92336 - Fontana	81.3%
92337 - Fontana	77.7%
92345 - Hesperia	80.1%
92346 - Highland	84.4%
92376 - Rialto	74.8%
92377 - Rialto	83.3%
92392 - Victorville	82.7%
92401 - San Bernardino	71.6%
92404 - San Bernardino	79.0%
92405 - San Bernardino	77.4%
92407 - San Bernardino	80.3%

	Percent
92408 - San Bernardino	73.7%
92410 - San Bernardino	71.4%
92411 - San Bernardino	70.9%
CHSB Service Area	**77.0%**
San Bernardino County	**80.9%**
California	**80.3%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014, S2701 http://factfinder.census.gov

In San Bernardino County, 43% of the population has employment-based health insurance. 29.4% are covered by Medi-Cal and 9.2% of the population has coverage that includes Medicare. San Bernardino County has lower rates of employment-based and private purchase insurance than found in the state.

Insurance Coverage by Type of Coverage

	San Bernardino County	California
Total Insured	87.7%	88.1%
Employment-based	43.0%	44.8%
Medi-Cal	29.4%	22.5%
Medicare and others	7.1%	9.0%
Private purchase	3.0%	6.4%
Medicare and Medi-Cal	1.7%	3.0%
Other public	2.1%	1.0%
Medicare	0.4%	1.4%
No Insurance	13.3%	11.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. A total of 84.3% reported a regular source for medical care. The source of care for 61.6% of San Bernardino County is a doctor's office, HMO, or Kaiser. This is higher than the state rate (60.7%). Clinics and community hospitals are the source of care for 20.2% in the county, while 15.7% of county residents have no regular source of care.

Sources of Care

	San Bernardino County	California
Have usual place to go when sick or need health advice	84.3%	85.8%
Dr. office/HMO/Kaiser Permanente	61.6%	60.7%
Community clinic/government clinic/community hospital	20.2%	23.0%
ER/Urgent Care	2.4%	1.4%
Other	0.1%	0.7%
No source of care	15.7%	14.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Accessing health care can be affected by the number of providers in a community. According to the 2017 County Health Rankings, San Bernardino County ranks 50 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers indicates there are fewer primary care physicians, dentists and mental health providers for its population when compared to the overall (average) California ratio and the national top performance ratio.

Ratio of Population to Health Care Providers

	San Bernardino County	California	National Top Performer (90th percentile)
Primary Care Physicians	1,740:1	1,280:1	1,040:1
Dentists	1,500:1	1,250:1	1,320:1
Mental Health Providers	550:1	350:1	360:1

Source: County Health Rankings, 2017. http://www.countyhealthrankings.org/app/california/2017/rankings/san-bernardino/county/outcomes/overall/snapshot

Delayed care may also indicate reduced access to care; 12.3% of county residents reported delaying or not seeking medical care and 9.7% reported delaying or not getting their prescription medication in the last 12 months.

Delay of Care

	San Bernardino County	California
Delayed or didn't get medical care in last 12 months	12.3%	11.3%
Delayed or didn't get prescription medicine in last 12 months	9.7%	8.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 19.9% of residents in San Bernardino County visited an ER over the period of a year. Children (those less than 18 years old) visited the emergency room at higher rates (26.2%) than other age groups.

Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	19.9%	17.4%
0-17 years old	26.2%	19.3%
18-64 years old	18.2%	16.5%
65 and older	12.7%	18.4%
<100% of poverty level	34.0%	20.6%
<200% of poverty level	29.3%	19.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Dental Care

In San Bernardino County, 1.3% of adults have never been to the dentist compared with 2.2% at the state level. 80.6% of adults have been to a dentist in the past two years.

Time since Last Dental Visit, Adult

	San Bernardino County	California
Less than 6 months to 2 years ago	80.6%	79.7%
More than 2 years to more than 5 years	18.1%	18.1%
Never been to dentist	1.3%	2.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Among children in San Bernardino County, 88.4% had been to the dentist in the last two years. 11.6% of children in the county had never been to the dentist.

Time since Last Dental Visit, Children, Ages 2-11

	San Bernardino County	California
Less than 6 months to 2 years ago	88.4%	83.8%
More than 2 years to more than 5 years	0.0%	0.9%
Never been to dentist	11.6%	15.3%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Community Input – Access to Care

Stakeholder interviews and focus groups identified issues, challenges and barriers related to access to health care. Following are their comments, quotes and opinions:

- Immigrants are concerned about their ability to access care.
- Veterans have an opportunity to go to a different hospital to get care that will have some positive outcomes because they have choice versus just going to the VA.
- Cost is a challenge and a barrier. Challenges are being able to provide culturally competent care. People can't afford to come back for multiple visits.
- In our region, we have a huge shortage of Primary Care Providers and we've been working on this issue for 10 years. We have new medical schools coming into the area, but there is still so much more we need to do. We can't have more providers without being able to train them.
- Medi-Cal recipients have a hard time getting appointments. They wait months for an appointment. These wait times are driven by a lack of primary and specialty care providers.
- We are a very large county and we don't have a lot of public health clinics, and we lack transportation. People cannot easily get to clinics so they may wait until a major issue occurs and then they go to the ED.
- Preventive care is the most cost effective way to keep people from developing chronic diseases.
- Access to specialty care for the uninsured is the biggest issue. We need a coordinated effort to provide social services to those in need. All these agencies provide services but they don't communicate with one another.
- If you go to more rural areas or unincorporated areas, you are not going to find low income or free clinics, or urgent care clinics.
- We have a lack of dental care. There are few affordable providers that exist in the system. They can't afford to operate in more rural and unincorporated areas.
- Transportation is a huge issue. Those without cars rely on the bus.
- Documentation is a big issue, many immigrant families may or may not be able to access care nor do they know what they are entitled to or what may put them at risk. Many members of family may be undocumented so the whole family shies away from care because of that.
- There is a lack of adult dental care.
- Fear is a barrier to accessing care for undocumented immigrants
- People lack healthy literacy. They don't understand health care or prevention, or the importance of annual exams.
- Long waits are demoralizing; people lose patience, especially waiting for appointments with specialists.

- Health care providers are not caring. They're so abrupt and uncaring and some of these people are shy or embarrassed and need some tact and patience.
- You have to keep coming back for appointment after appointment just to get a full treatment for something, with separate co-pays each time.
- You get less than 5 minutes with the provider. They'll even tell you, "You can only tell me about 2 things." And you're like – 2 things?! And wait another month to tell you about my other 2 things?!
- The first time you go in for something, they'll say it's just stress: mental health. It's not until the third visit when they'll finally order blood tests, and the fourth where they'll give you the actual diagnosis and treatment.
- It's cheaper to go to Tijuana and pay $400 to see a physician and he'll do all your tests and analysis and give you the diagnosis and treatment, instead of this drip-drip of $35 each time, plus the co-payment on tests and medication.
- I always get the same medication – it's for asthma – but they make me see the doctor each time.
- There is a lack of access to psychologists; they should be integrated into the care continuum.
- You never even see a doctor; just the nurses or physicians' assistants. Even if you try to insist, when you show up for the appointment with the doctor, they tell you 'doctor couldn't make it; he's at the hospital.'
- There's no money spent on prevention. They don't tell you how to prevent diabetes, only how to treat it.
- Appointments are always during weekdays when parents are busy working.
- Trying to change health plans takes forever, and you lose coverage in the meantime.
- ER waits are WAY too long.
- People have to travel long distances for specialty care.
- There may be resources available, but people don't know about them. You find out about what's available thru IEHP only from other people who've heard about it somewhere.
- Continuity of care; you go to the ER and they make sure you're ok for that moment, but they don't contact your provider. There's no follow-up.
- We need better education from doctors when they give you a diagnosis, i.e. what to expect when you have diabetes and how to keep from getting worse.

Birth Indicators

Births

In 2012, there were 14,080 births in the service area. The majority of births (70%) were to mothers who are Hispanic or Latino; 13.8% of births were to Whites, and 10.4% of births were to Blacks or African Americans.

Teen Birth Rate

Teen birth rates occurred at a rate of 113.6 per 1,000 births (or 11.4% of total births). This rate is higher than the teen birth rate found in the state.

Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
CHSB Service Area	1,600	14,080	113.6
California	**35,281**	**503,788**	**70.0**

Source: California Department of Public Health, 2012. http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Prenatal Care

Pregnant women in in the hospital service area entered prenatal care early – within the first trimester - at a rate of 82.8%. This rate of early entry translates to 17.2% of women entering prenatal care late or not at all, higher than the California rate of 16.2%. The service area exceeded the Healthy People 2020 benchmark of 77.9% of women entering prenatal care in the first trimester.

Early Entry into Prenatal Care (In First Trimester)

	Early Prenatal Care	Live Births*	Percent
CHSB Service Area	11,529	13,918	82.8%
California	**412,679**	**492,643**	**83.8%**

Source: California Department of Public Health, 2012. http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx
**Births in which the first month of prenatal care is unknown are not included in the tabulation.*

When prenatal care rates are examined by ZIP Code, rates ranged from a low of 69% receiving early prenatal care in San Bernardino (92401), to a high of 87.5% receiving early prenatal care in Fontana (92336).

Early entry into Prenatal Care (in First Trimester)

	Percent
92316 – Bloomington	85.0%
92324 – Colton	80.9%

	Percent
92335 – Fontana	84.5%
92336 – Fontana	87.5%
92337 – Fontana	83.6%
92345 – Hesperia	79.2%
92346 – Highland	80.1%
92376 – Rialto	83.6%
92377 – Rialto	85.7%
92392 – Victorville	80.4%
92401 – San Bernardino	69.0%
92404 – San Bernardino	79.3%
92405 – San Bernardino	79.3%
92407 – San Bernardino	81.0%
92408 – San Bernardino	78.0%
92410 – San Bernardino	80.4%
92411 – San Bernardino	76.4%

Source: California Department of Public Health, 2012. http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area has a higher rate of low birth weight babies (74 per 1,000 live births) when compared to the state (66.9 per 1,000 live births). The rate of low birth weight (7.4%) is lower than the Healthy People 2020 Objective of 7.8%

Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Percent of Live Births
CHSB Service Area	1,042	14,080	7.4%
California	**33,723**	**503,788**	**6.7%**

Source: California Department of Public Health, 2012. http://www.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the service area is 6.7 deaths per 1,000 live births. This rate is higher than the California rate of 4.5 and the Healthy People 2020 Objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate, 2012

	Infant Deaths	Live Births	Rate
CHSB Service Area	94	14,080	6.7
California	**2,247**	**503,788**	**4.5**

Source: California Department of Public Health, 2012 http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. In 2015, CHSB had 1,863 births. Breastfeeding rates at CHSB show 81.5% of new mothers use some breastfeeding and 47.8% use breastfeeding exclusively. The rates of breastfeeding at CHSB are slightly below the Healthy People 2020 Objective of 81.9% of mothers who breastfeed and fall below the rates for county and state.

In-Hospital Breastfeeding, 2015

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Community Hospital of San Bernardino	1,518	81.5%	890	47.8%
San Bernardino County	**20,702**	**88.6%**	**14,293**	**61.2%**
California	**401,018**	**93.9%**	**293,071**	**68.6%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2015
https://archive.cdph.ca.gov/data/statistics/Documents/Hospital%20Totals%20Report%202015.pdf

Community Input – Birth Indicators

Stakeholder interviews and focus groups identified issues, challenges and barriers related to birth indicators. Following are their comments, quotes and opinions:

- We know about low birth weight babies among African Americans. Low birth weight puts children at-risk for other factors that could affect cognition, doing well in school, and availability of opportunities. The challenge is addressing the importance of getting prenatal care from the start of the pregnancy. There is a parental responsibility – on both sides male and female.
- We are hearing about threats to family planning facilities such as Planned Parenthood where teens and women can go for family planning options.
- We have managed to start reducing teen pregnancy in the area but we still regularly get very young parents that need assistance with family law. We see involvement of violence and domestic treatments at that age. There is also a problem here of foster kids that age out of the system and have no available support.
- It is difficult to access maternal health care, but we also hear from health plans that it

is hard to get moms to follow up with their post-natal care. With some people, you need to go out and help them.

- Teen pregnancy rates have improved, that is good news. Delivery rates have gone down slightly countywide. So that has improved. Also, slightly improved rates of prenatal care. What has not improved is low birth weight births. African American women are still having issues with low birth weight babies.
- In some lower-income communities, there isn't a brick and mortar place to easily get accessible answers. Or people don't have the resources or knowledge to have that conversation.
- To prevent low-birth weight babies, women need access to fresh food and produce. If they are on WIC, Cal Fresh, and food stamps it doesn't mean they have a local store to get fresh milk and meat and greens. If the mom is breastfeeding and does not have access to fresh food, the child is not getting the nutrients needed to be as healthy as possible.
- Most schools don't even teach sex education anymore; they think it leads to sex.
- Some pregnant teens drop-out and don't finish school and it leads to catastrophic consequences for parent and child. I don't know if teenagers feel they have access to birth control. If there is an unplanned pregnancy, they may not know they are pregnant and when they do get around to access care, they are already in the second trimester and that isn't good for the baby.
- One of things we are seeing is our babies are having babies now. And it used to be that we had sex education classes and things to prepare kids. We had parents that were able to help their children in terms of understating the importance of education and priorities in life and now kids feel they are grown because if they have a baby it is something that belongs to them. They don't even know how to live themselves.
- It is important to break that cycle of teen pregnancy.
- There is a lack of information especially for teen moms; they need a lot of information and support. There may be a language and culture barrier between generations (for teens). Parents are working too much and they don't spend enough time with their teens.
- There are high rates of teen pregnancy in San Bernardino. The girls experience shame or fear and they don't want their parents or anyone else knowing they're pregnant. Some girls starve themselves so they won't gain weight.

Mortality/Leading Causes of Death

Mortality Rates

The top five leading causes of death in San Bernardino County are 1) cancer, 2) heart disease, 3) chronic lower respiratory disease, 4) stroke, and 5) Alzheimer's disease. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. Death counts and death rates are averages for the three-year period, 2012-2014.

The cancer death rate is 164.7 per 100,000 persons, higher than the state average and the Healthy People 2020 Objective target rate of 161.4. The heart disease mortality rate in the county is 113.4 per 100,000 persons, higher than the state rate (96.6) and the Healthy People 2020 Objective of 103.4 deaths per 100,000 persons. The death rates due to Chronic Lower Respiratory disease ranked third at 54.9, which is higher than the state rate of 33.7. The death rate due to stroke was 29.9 per 100,000 persons, which exceeded the both the state rate of 34.4 and the Healthy People 2020 Objective of 34.8. Alzheimer's disease death rate in San Bernardino County was 32.7 per 100,000 persons; this exceeds the state rate of 30.1 per 100,000 persons.

Mortality Rates, Age Adjusted, per 100,000 Persons, 2012-2014

	San Bernardino County		California	Healthy People 2020
	Number	Rate	Rate	Rate
Cancer	2,870	164.7	146.5	161.4
Heart disease	1,811	113.4	96.6	103.4
Chronic Lower Respiratory Disease	877	54.9	33.7	No Objective
Stroke	620	29.9	34.4	34.8
Alzheimer's Disease	479	32.7	30.1	No Objective
Diabetes	555	32.4	20.4	No Objective
Unintentional Injuries	513	26.2	28.2	36.4
Liver Disease	287	14.7	11.7	8.2
Pneumonia and influenza	235	14.4	15.3	No Objective
Motor Vehicle Traffic Crashes	238	11.5	7.9	12.4

Source: California Department of Public Health, 2012-2014. http://www.cdph.ca.gov/programs/ohir/Pages/CHSP.aspx

Leading Causes of Death

The leading causes of death in the service area are heart disease, cancer and chronic lower respiratory disease. Rates of death in the CHSB service area exceed the state rates for all causes of death shown below, with the exception of Alzheimer's disease. A more complete picture of disease risk and mortality is seen when the service area is examined by disease condition.

Mortality Rates, per 100,000 Persons, 2012

	CHSB Service Area		California
	Number	Rate	Rate
Heart disease	1,045	434.2	243.6
Cancer	987	410.1	237.2
Chronic Lower Respiratory Disease	325	135.0	53.3
Diabetes	250	103.9	32.5
Stroke	215	89.3	55.5
Unintentional injuries	199	82.7	44.3
Alzheimer's disease	108	44.9	48.0
Liver disease	102	42.4	19.2
Kidney disease	80	33.2	18.6
Pneumonia and Influenza	77	32.0	24.0

Source: California Department of Public Health, 2012. http://www.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx

Cancer Mortality

The five-year average cancer death rate for all cancer sites in San Bernardino County was 167.3 per 100,000 persons. This rate is higher than the state rate (152.1 per 100,000) and the Healthy People 2020 Objective (160.6 per 100,000).

Cancer Mortality Rates, per 100,000 Persons, 2009-2013

	San Bernardino County		California
	Number	Rate	Rate
Cancer, all sites	13,814	167.3	152.1
Digestive system	3,741	44.8	41.6
Respiratory system	3,231	40.3	35.8
Breast	1,162	13.3	11.5
Female genital	765	16.3	14.9
Male genital	765	24.8	21.0
Urinary system	787	9.8	7.7
Leukemia	538	6.5	6.5
Lymphoma	493	6.1	6.0

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2009-2013.
http://www.cancer-rates.info/ca/

Chronic Disease

Health Status

Among the San Bernardino County population, 15.1% reported being in fair or poor health. This rate is lower than the California rate of 17%.

Health Status, Fair or Poor Health

	San Bernardino County	California
Persons with fair or poor health	15.1%	17.0%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Diabetes

Diabetes is a growing concern in the community; 12.5% of adults in San Bernardino County have been diagnosed with diabetes, and 10.2% have been diagnosed as pre-diabetic. Among adults with diabetes, 41.6% are very confident they can control their diabetes; 4.6% of adults in San Bernardino County are not confident that they can control/manage their diabetes.

Adult Diabetes

	San Bernardino County	California
Diagnosed pre/borderline diabetic	10.2%	10.5%
Diagnosed with diabetes	12.5%	8.9%
Very confident to control diabetes	41.6%	56.5%
Somewhat confident	53.8%	34.7%
Not confident	4.6%	8.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For all indicators, hospitalization rates were higher in San Bernardino County than for California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	San Bernardino County	California
Diabetes long term complications	153.7	103.4
Diabetes short term complications	69.4	56.5
Lower-extremity amputation among patients with diabetes	20.1	15.5
Uncontrolled diabetes	11.0	8.0

Source: California Office of Statewide Health Planning & Development, 2014.
http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html
** Risk-adjusted (age-sex) annual rates per 100,000 population.*

Heart Disease

For adults in San Bernardino County, 4.1% have been diagnosed with heart disease. Among these adults, 57.9% are very confident they can manage their condition and 4.2% were not confident they could control their heart disease. 75.6% have a disease management care plan developed by a health care professional.

Adult Heart Disease

	San Bernardino County	California
Diagnosed with heart disease	4.1%	6.1%
Very confident to control condition	57.9%	53.6%
Somewhat confident to control condition	37.9%	34.9%
Not confident to control condition	4.2%	11.5%
Has a disease management care plan	75.6%	67.1%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The three PQIs related to heart disease are hypertension, heart failure, and angina without procedure. In 2014, rates of Congestive Heart Failure, Hypertension and Angina were higher in the county than in the state.

Hospitalization Rates* for Prevention Quality Indicators – Heart Disease

	San Bernardino County	California
Congestive Heart Failure	376.5	289.9
Hypertension	55.3	32.6
Angina without procedure	30.7	15.9

Source: California Office of Statewide Health Planning & Development, 2014.
http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html
** Risk-adjusted (age-sex) annual rates per 100,000 population.*

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In San Bernardino County, 24.7% of adults have been diagnosed with high blood pressure, and of those, 62.9% take medication to control their hypertension. The Healthy People 2020 Objective is to reduce the proportion of adults with high blood pressure to 26.9%.

High Blood Pressure

	San Bernardino County	California
Ever diagnosed with hypertension	24.7%	28.5%
Takes medicine for hypertension	62.9%	68.5%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Cancer

In San Bernardino County, the five-year, age-adjusted cancer incidence rate is 420.7 per 100,000 persons, higher than the California average (418). Rates for cancers of the breast (either sex), skin, lymphoma, endocrine system/thyroid, leukemia, oral cavity and brain/nervous system were lower than the state average. Cancers of male genitals, digestive system, respiratory system, female genitals and urinary systems were all higher than the state average.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2009-2013

	San Bernardino County	California
All sites	420.7	418.0
Male genital	137.3	125.79
Digestive system	83.1	79.7
Breast, either sex	61.2	64.9
Respiratory system	53.1	49.7
Female genital	51.0	47.4
Urinary system	34.2	33.2
Skin	18.4	23.2
Lymphoma	19.1	21.1
Endocrine system/thyroid	11.6	13.1
Leukemia	12.4	12.6
Oral Cavity and pharynx	9.8	10.4
Brain and nervous system	6.0	6.1

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2008-2012. http://www.cancer-rates.info/ca/

Asthma

In San Bernardino County, 14.5% of the population has been diagnosed with asthma; 87.7% have had symptoms in the past year and 48.6% take daily medication to control their asthma. Among county youth, 15.5% have been diagnosed with asthma, and 14.3% have visited the ER as a result of their asthma.

Asthma

	San Bernardino County	California
Diagnosed with asthma, total population	14.5%	14.0%
Diagnosed with asthma, 0-17 years old	15.5%	14.5%
ER visit in past year due to asthma, total population	12.2%	9.6%
ER visit in past year due to asthma, 0-17 years old	14.3%	13.9%
Takes daily medication to control asthma, total population	48.6%	44.2%
Takes daily medication to control asthma, 0-17 years old	57.4%	39.0%
Had asthma symptoms in the past 12 months	87.7%	88.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

The Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults, and Asthma in Younger Adults. In 2014, hospitalization rates for COPD and younger adult asthma were higher in the county than the state.

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	San Bernardino County	California
COPD or asthma in older adults	354.3	296.0
Asthma in younger adults	32.0	25.2

*Source: California Office of Statewide Health Planning & Development, 2014. * Risk-adjusted (age-sex) annual rates per 100,000 population.*http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html

Disability

Among of adults in San Bernardino County, 28.6% had been identified as having a physical, mental or emotional disability. 3.4% of adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	San Bernardino County	California
Adults with a disability	28.6%	28.5%
Couldn't work due to impairment	3.4%	5.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Community Input – Chronic Diseases

Stakeholder interviews and focus groups identified issues, challenges and barriers related to chronic disease. Following are their comments, quotes and opinions:

- Wait times to see specialists is long.
- It is not safe to exercise on the streets or in the parks.
- Fruits and vegetables are expensive. Sometimes the only food you can get in the neighborhood is at the gas station.
- The food you get at homeless shelters isn't very healthy.
- It's tough to get access to any treatment options other than medication for chronic diseases.
- We don't have good access for breast cancer diagnostic work. You need a doctor's order to get it done. This is a problem in poorer parts of community like the West side.
- We have a very elderly population so cardiac issues are a concern. There is a lack of access for many of the elderly for multiple health needs. Transportation and lack of knowledge of what is available are concerns. They have a primary care physician but don't ever see the physician, for whatever reason, and they don't have an advocate to give them guidance, no family members.
- We see a high volume of asthma and breathing-related problems, COPD, and high rates of obesity and diabetes. What we see is the extreme presence of health harming factors in rental properties that are detrimental to the renters.
- African American women have a higher incidence and mortality rates from breast cancer. When they have cancer they are more likely to die of this disease. This may be because they lack access to treatment.
- African American benefit from 3D mammograms that can specifically detect types of breast cancer in dense breast tissue.
- Children with asthma are missing school. When they miss school that affects how they perform and the information they obtain is limited.
- The issues faced with chronic diseases are the cost of services, access to specialists, and affordable and accessible medications.
- So many people live without transportation and are forced to do shopping at little neighborhood markets. They buy packaged meals and don't prepare nutritious meals. People eat fast food and junk food instead of nice healthy products.
- Asthma is an issue in our community due to the poor air quality especially around rail yards and truck traffic along 215 and 210 freeways. Railyards are using better fuels but they operate with impunity and do whatever they want. I still see engines belching out black smoke, but they are under federal protection and not locally governable.

- Some families live in a group setting and some of them smoke, which can impact asthma.
- Get information out there so people know if they have a certain condition where they should go to get information.
- We have high rates of cancer causing compounds in the county due to our proximity to warehouses, trucks, trains and freeways.
- For many of these problems, education is super important. But we don't go about it in a way that is responsive to the realities of the community. Let's explore other ways to incorporate the needed information into their lives. Like using a *Promotoras* model. While they are there, we will slip them some additional information. Slip it to them - it's not why I came but I learned something while I was there.
- Food deserts in our community impact on chronic diseases. I don't know where to go by my building to get fresh foods. But I can get a burger. I wish there were more farmers' markets and community gardens and access to fresh fruits and veggies.
- Our population is struggling financially. About 50% of the population use some form of government assistance to survive. If we try to provide more vegetables and fruits, it needs to be in an attractive way; otherwise they will buy the more affordable Doritos.
- There is no care coordination for any of these folks. There is no pay for coordination of chronic disease over time.
- Usually by the time people come into our centers they are pretty sick. We need to get to them before they are sick.
- Lifestyle choice is part of it. Lack of physical activity is a big part of chronic diseases. And the ease of purchasing fast food over non-fast food is often a lifestyle choice but also an access issue.
- Healthy San Bernardino program existed to try to get people exposed to fresh vegetables through a farm share program. But they had to pay $400-$500 to get the program. I don't know too many residents who could afford to pay that much money to participate.

Mental Health and Substance Abuse

Mental Health

In San Bernardino County, 5% of adults experienced serious psychological distress in the past year. 14.7% of adults saw a health care provider for emotional, mental health, alcohol or drug issues, however, 47.8% of those who sought or needed help did not receive treatment. The Healthy People 2020 Objective is for 64.6% of adults with a mental disorder to receive treatment (35.4% who do not receive treatment). 7.3% of adults took prescription medicine for emotional/mental health issues in the past year.

Mental Health Indicators, Adults

	San Bernardino County	California
Adults who has likely had serious psychological distress during past year	5.0%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	14.7%	15.9%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	11.0%	12.0%
Adults who sought/needed help but did not receive treatment	47.8%	56.6%
Adults who took prescription medicine for emotional/mental health issue in past year	7.3%	10.1%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

In San Bernardino County, 14.7% of teens needed help for an emotional or mental health problem and 11.4% received counseling.

Mental Health Indicators, Teens

	San Bernardino County	California
Teens who needed help for emotional/mental health problems in past year	14.7%	23.2%
Teens who received psychological/emotional counseling in past year	11.4%	11.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

In San Bernardino County, 5.6% of adults had seriously considered suicide. This is less than the state rate.

Thought about Committing Suicide

	San Bernardino County	California
Adults who ever seriously thought about committing suicide	5.6%	7.8%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Community Input – Mental Health

Stakeholder interviews and focus groups identified issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions:

- If the undocumented are hospitalized (i.e. for suicide attempt), they won't be allowed to legalize. So they or their families will avoid trying to find help.
- What we experience is that services are available, they inform us about it, we promote it and when someone takes the step to reach out for help, the service no longer exists because the funds ran out or the waitlist is completely full.
- At school, they only talk about behavior; mental illness is never discussed at all.
- It would be helpful to have access to counselors, access to any counselors, not just psychiatrists.
- Community outreach is needed for people who are obviously suffering from a mental illness but are not aware enough to go look for help for themselves.
- Mental health is not something talked about among many people. Maybe we need to operationalize the phrase differently. Use a different phrase that has same meaning but not characterize it as an illness – yes I've had some days when I'm not feeling peachy, does that characterize an illness?
- There is a stigma associated with mental health problems and few places to go to get help.
- We need more providers so people can get seen in a timely manner. This is especially true of rural areas that struggle with access to care. Lack of mental health providers is a problem as we can't recruit nurses and primary care providers. It is very difficult to get qualified practitioners to care for low-income populations.
- There is a larger demand for mental health care services compared to the providers available to supply the care. People may have to wait for 3 months for treatment, when in the best of circumstances they would be seen weekly.
- Support programs that incorporate mental health into primary care are needed.
- One of the barriers to accessing mental health care services is that providers are not able to bill for same day visits. If a patient sees a primary care provider and the same day sees the mental health practitioner, one of them will be denied payment. If we schedule a second appointment for mental health, they won't come. Integration of behavioral and physical health care is very important.
- In the community we need education and outreach communication on mental health.
- There is a stigma attached to getting mental health care help. In the Hispanic community, they cringe when they are told to get marriage and family counseling or go to a therapist. When they do go they learn so much.
- There is a complete lack of available psychiatric care without hospitalization. Also we see overmedication of people. There is a proliferation of medications used to treat symptoms not the problems. Could be more attention paid to preventive care –

emotional care could impact the psychiatric community.

- I see it on a daily basis where someone takes medications and once he feels good he stops taking the medicine. This is a vicious cycle people get themselves in.
- People are still recovering from the county terrorist incident. They are more fearful. Now terror feels local and nearby and they feel fragile and vulnerable. People experience trauma and weariness from daily violence.
- Allow providers to be educated about resources available for mental health.
- Many kids go undiagnosed. Or some go to the doctor and are given medications. But the meds had unpleasant side effects so they discontinued their medications.
- There needs to be better coordination with those groups that offer services and have information so people can get access and be pointed in the right direction.
- Behavioral health and mental health are the hardest to access. A person needs an official diagnosis before he can get any help. That means a person has to go to doctor. If he does not want to go or has access issues or is homeless, he may not get that diagnosis and those services to get better.

Cigarette Smoking

In San Bernardino County, 12.8% of adults smoke cigarettes, higher than the state rate of 11.6% and the Healthy People 2020 Objective of 12%.

Cigarette Smoking, Adults

	San Bernardino County	California
Current smoker	12.8%	11.6%
Former smoker	19.1%	22.4%
Never smoked	68.1%	66.0%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Among current smokers in San Bernardino County, 36.7%% of adults smoke 6-10 cigarettes a day, 18.3% smoke 11-19 per day, and 35.9% smoke 20 or more a day; smokers in San Bernardino County tend to be smoke more than Californians in general.

Number of Cigarettes Smoked per Day

	San Bernardino County	California
One or less	0.0%	2.7%
2-5 cigarettes	9.1%	25.9%
6-10 cigarettes	36.7%	35.9%
11-19 cigarettes	18.3%	17.0%
20 or more cigarettes	35.9%	18.5%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Among teens in San Bernardino County, 0.9% have smoked an electronic (vaporizer) cigarette.

Smoking, Teens

	San Bernardino County	California
Ever smoked an e-cigarette	0.9%	10.3%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 42.2% of county adults had engaged in binge drinking in the past year.

Alcohol Consumption Binge Drinking, Adult

	San Bernardino County	California
Reported binge drinking in the past year	42.2%	32.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Among San Bernardino County teens, 9.6% reported having an alcoholic drink and 0% had engaged in binge drinking in the past month.

Alcohol Consumption and Binge Drinking, Teens

	San Bernardino County	California
Ever had an alcoholic drink	9.6%	22.5%
Reported binge drinking in the past month	0.0%	3.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

14.8% of teens in San Bernardino County had tried marijuana, cocaine, sniffing glue or other drugs; this is higher than the state rate of 12.4%. 6.9% of county teens had used marijuana in the past year; lower than the state rate.

Illicit Drug Use, Teens

	San Bernardino County	California
Ever tried marijuana, cocaine, sniffing glue, other drugs	14.8%	12.4%
Marijuana use in the past year	6.9%	8.6%

Source: California Health Interview Survey, 2012. http://ask.chis.ucla.edu

Community Input – Substance Abuse

Stakeholder interviews and focus groups identified issues, challenges and barriers related to substance abuse. Following are their comments, quotes and opinions:

- Everyone smokes mostly marijuana, but also vape and cigarettes.
- All the high schools smell like pot. It is like the schools have given up the fight against marijuana, particularly since it is legalized. As long as they don't catch you doing it, the schools don't look for it.
- We see abuse of legal and illegal drugs, and alcohol.
- There is a lack of pain specialists in this area. We only have a few we can refer to. Providers need more competency training in pain management.
- San Bernardino County at one point was the hotspot for methamphetamine production in Southern California. There are not enough treatment options and people do not have the needed support to change their lifestyles.
- There has been an uptick in heroin and opioid dependency.
- Police are not arresting for substance abuse. It's not getting prosecuted and no one is going to jail. All diversion programs have shut down. The threat of jail was one of the things we could use to keep people out of jail. Now, because there are no consequences of substance abuse anymore, we have no leverage. People need to be in treatment and they won't go to treatment unless threatened with jail.
- We don't have enough treatment centers in county. I don't know of any county that does have enough.
- Tobacco use has been on downward trend with more state funding.
- There is a huge drug issue in the county among all populations, including the homeless. There is accessibility to pot through city legal dispensaries. We lack providers. Very few organizations provide substance abuse services for the amount of people that have substance abuse issues.
- Tobacco and alcohol are legal and in poor income areas there is easy access. There tends to be more liquor stores in lower-income areas because those are the areas that apply for liquor licenses.
- Substance abuse programs that can work for low-income families are very difficult to access, often times full, particularly the inpatient programs. Statistics show that particularly with child abuse, high percentage of family problems can be tied to substance abuse. A top priority item is the availability of truly affordable systems.
- Drugs are prevalent and accessible to just about everybody.
- Everywhere you look, drugs are easier to find than kale. We have a city ordinance that does not allow cannabis dispensaries, but I know of at least seven of them in the city. Resources are limited and police made decision to not prosecute them or shut them down.

- Among the general population there has been a reduction in tobacco use, however, there is an increase in tobacco use with young people. Traditional cigarettes, not vaping.
- There is a huge gap in substance abuse youth treatment. Especially if the need is inpatient care. Loma Linda is the only one that offers it and it is very expensive. If you are a poor person with kids on drugs, you are on your own to a certain extent.
- Drugs and alcohol use start out just as a coping mechanism then it gets out of control and they want more. They were doing pretty well and then whole world starts crumbling and there is a domino effect on the whole family. We have a community that really tries. Sometimes it takes a while to get what you need but we try.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. In 2017, San Bernardino County ranked 39, putting the county in the bottom third of all California counties on healthy behaviors. This is an improvement over the past two years at which time San Bernardino County ranked 41.

Overweight and Obesity

In San Bernardino County, 38% of the adult population reported being overweight. The county adult rate of overweight exceeds the state rate of 35.5%. 26.3% of teens and 31.5% of children in the county are overweight, both exceed the state rate.

Overweight

	San Bernardino County	California
Adult (ages 18+ years)	38.0%	35.5%
Teen (ages 12-17 years)	26.3%	16.3%
Child	31.5%	13.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

The Healthy People 2020 Objectives for obesity are 30.5% of adults and 16.1% of teens. In San Bernardino County, 34% of adults and 11.1% of teens are obese.

Obesity

	San Bernardino County	California
Adult (ages 18+ years)	34.0%	27.0%
Teen (ages 12-17 years)	11.1%	14.6%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

When adult obesity levels are tracked over time, the county has experienced a variable trend, increasing over time.

Adult Obesity, 2007-2014

	2007	2009	2011	2012	2013	2014
San Bernardino County	26.2%	30.4%	33.5%	31.2%	35.9%	34.0%
California	**22.6%**	**22.7%**	**25.15**	**24.2%**	**24.7%**	**27.0%**

Source: California Health Interview Survey, 2007, 2009, 2011, 2012, 2013, 2014. http://ask.chis.ucla.edu

Adult overweight and obesity by race and ethnicity indicate high rates among African Americans (80.7%) and Latinos (77.1%). Asians also report higher levels of overweight and obesity (69.9%) compared with state averages (43.7%). Whites in San Bernardino County have the lowest rates of overweight and obesity (66.2%), these rates are higher than the state average of 58.9%.

Adult Overweight and Obesity by Race/Ethnicity

	San Bernardino County	California
Latino	77.1%	73.2%
African American	80.7%	71.2%
White	66.2%	58.9%
Asian	69.9%	43.7%
Total Adult Population	72.0%	62.5%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). In the CHSB service area, 22.8% of 5th grade students and 20.9% of 9th graders tested as needing improvement or at high risk for body composition.

5th and 9th Graders, Body Composition, Needs Improvement + High Risk

	Fifth Grade	Ninth Grade
CHSB Service Area	22.8%	20.9%
San Bernardino County	**22.8%**	**18.9%**
California	**20.9%**	**17.2%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015.
http://data1.cde.ca.gov/dataquest/

Fast Food

In San Bernardino County, 21.9% of children and 35.6% of adults consume fast food three or more times a week. This rate of fast food consumption is higher than the state rate.

Fast Food Consumption

	San Bernardino County	California
Children who were reported to eat fast food 3 or more times a week	21.9%	14.6%
Adults who reported eating fast food 3 or more times a week	35.6%	22.2%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Soda Consumption

14.6% of children in San Bernardino County consume at least two sodas or sweetened drinks a day. Among county adults, 15.3% drank at least seven sodas or sweetened drinks weekly; 50.5% of adults drank no soda or sweetened drinks.

Soda or Sweetened Drink Consumption

	San Bernardino County	California
Children reported to drink at least 2 sodas or sweetened drinks a day*	14.6%	14.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly^	15.3%	10.1%
Adults who reported drinking no soda or sweetened drinks weekly^	50.5%	61.4%

*Source: California Health Interview Survey, *2012, ^2014.* http://ask.chis.ucla.edu

Fresh Fruits and Vegetables

77.4% of children and teens in San Bernardino County consume two or more servings of fruit in a day. Adults (89.2%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. 74.9% of adults reported the fruits and vegetables were always or usually affordable.

Access to and Consumption of Fresh Fruits and Vegetables

	San Bernardino County	California
Children and teens who reported eating 2 or more servings of fruit in the previous day	77.4%	63.3%
Adults who reported finding fresh fruits and vegetables in the neighborhood always or usually	89.2%	86.7%
Adults who reported fresh fruits and vegetables were always or usually affordable in the neighborhood	74.9%	78.1%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Physical Activity

For school-aged children in San Bernardino County, 67.7% engage in physical activity for at least one hour a day, 7 days a week, which is higher than the state rate of 45%. 72.5% of San Bernardino County teens and children visited a park, playground or open space in the last month.

Physical Activity, Children and Teens, Ages 6-17

	San Bernardino County	California
Activity available one hour or more per day, 7 days per week	67.7%	45.0%
Visited a park, playground or open space in the last month	72.5%	79.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

One of the components of the physical fitness test (PFT) for students in schools is measurement of aerobic capacity through run and walk tests. 51.5% of 5th grade students and 48.4% of 9th graders in the service area meet the Healthy Fitness Zone standards for aerobic capacity.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Ninth Grade
CHSB Service Area	51.5%	48.4%
San Bernardino County	**57.5%**	**55.2%**
California	**63.5%**	**63.8%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2014-2015.
http://data1.cde.ca.gov/dataquest/

Community Input – Overweight and Obesity

Stakeholder interviews and focus groups identified issues, challenges and barriers related to overweight and obesity. Following are their comments, quotes and opinions:

- It is important to measure girth, waist circumference. This is more predicative of obesity status than BMI.
- As society, we are moving in the right direction less salty calories, more greens, more fruits, etc. But there are still pockets of communities where there are morbidly obese individuals. It is so important that we meet individuals where they are, it's a team effort – I'm invested in you.
- Multiple families living in one dwelling affects exercise, mobility, etc. we don't have enough low-income housing in an area people can access exercise.
- There is food insecurity and a lack of access to healthy foods. People do not know how to prepare and serve healthy foods. There are a high number of people with no transportation so they have trouble accessing fresh foods. Instead they eat

packaged foods, which are not the most nutritious foods. The number of fast food restaurants around is phenomenal. Many people resort that that.

- People are not eating proper food. It is cheaper to eat at McDonald's. We have to educate the community about what carbs and sugars are. Diabetes is a freight train out of control. If we don't educate people on diet, that train is going to crash.
- We treat 9,000 patients a year and there are not enough nutritionists to send them to.
- Kids get picked up from school and head home and are kept inside. Poor diets and the ability to quickly go to McDonald's or Del Taco do not contribute to a healthy lifestyle.
- Overweight is one of the most preventable illnesses there is. While it is not an illness, it leads to diabetes, hypertension, stroke, cancer, etc.
- Violence in the city keeps kids indoors for safety. We lack access to exercise facilities where people can safely play and exercise.
- We lack of education of healthy dietary choices and availability and affordability of those choices.
- Some of the medications we prescribe can cause obesity. We don't have a great approach to handle this. It complicates the medical concerns needs and requires more time for chronic care and complex case management.

HIV/AIDS

The 2015 County Health Rankings reports an HIV prevalence rate, or the number of persons living with a diagnosis of human immunodeficiency virus (HIV) per 100,000 population. The San Bernardino County rate was 201, lower than the California rate of 363. There were 3,264 documented cases of HIV in the county in 2015.

Sexually Transmitted Infections

The rate of chlamydia in San Bernardino County is 519.8 per 100,000 persons, higher than the state rate of 486.1. The county rate of gonorrhea is 129.5 per 100,000 persons, lower than the state rate of 138.9. Rates of syphilis are lower than state rates.

STI Cases, Rate per 100,000 Persons, 2015

	San Bernardino County		California
	Cases	Rate	Rate
Chlamydia	11,059	519.8	486.1
Gonorrhea	2,756	129.5	138.9
Primary & Secondary Syphilis	134	6.3	12.5
Early Latent Syphilis	110	5.2	11.4

Source: California Department of Public Health, 2015. http://www.cdph.ca.gov/data/statistics/

Community Input – Sexually Transmitted Infections

Stakeholder interviews and focus groups identified issues, challenges and barriers related to STIs. Following are their comments, quotes and opinions:

- Denial and lack of education are challenges for people to prevent STIs.
- Folks are afraid. They don't know what they have. HIV and AIDS, you don't even see campaigns now. It's silent since it's become chronic.
- It is necessary to ask a person about his/her sexual orientation, otherwise you don't know what to screen for.
- Lot of kids and seniors even don't think they need to use protection; prevention is ongoing. There is a lot of ignorance that is causing disease. Boys have girls so convinced they need to do things in a certain way and girls do not know they have power to counteract it. School Districts are under mandates to do education and they are not doing it, and no one is checking up on them. Until there is a curriculum that is taught with stability in all schools there is not going to be a change. There is too much misinformation out there.
- Rates of STIS went up. There is geographically high concentration in San Bernardino area, where the 2 hospitals are located, and around the jail. Why is it going up? We don't know exactly. There is a Gonorrhea, HIV, syphilis task force at the county level to address and work with stakeholders.
- Education is a key issue, getting providers to test more frequently and treat right then, point of contact treatment and partner treatment. Do not let patients leave until treated.
- Some diseases don't have enough symptoms for people to know they have it so education and treatment is crucial.
- People always do things in the moment. If we put the education out there, it seems that a person should be able to walk in, be seen, get materials to stay safe. It's educating, and getting word out there to be screened and get treatment.
- A small population of homeless has STIs. They don't always want assistance that is available.
- Sex education in schools is important. Parents need to also know the appropriate education and have family conversations. The biggest roadblock is the comfortability factor. Parents don't like having that conversation, or think their children aren't active at such a young age. They lack of understanding or don't believe that something could happen.
- Biggest problem I see is that girls are afraid to tell their families they are are sexually active. And girls say the young men don't want them to use protection – 'if you really love me you'll trust me.' We try to get girls to take care of themselves. It used to be it was mandatory to have these classes. Now we have to give incentives to get them there because they are no longer mandatory. The challenge to get people to come out and participate.

Preventive Practices

Immunization of Children

Most San Bernardino County school districts have high rates of compliance with childhood immunizations upon entry into kindergarten, with the county rate higher than the state average. The CHSB service area has a higher rate of compliance when compared to the county or state.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014-2015

	Immunization Rate
CHSB Service Area	95.6%
San Bernardino County	**93.8%**
California	**90.8%**

Source: California Department of Public Health, Immunization Branch, 2014-2015. https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54

Flu Vaccine

35% of San Bernardino County residents have received a flu shot. 43.9% of children, 0-17, and 64.2% of seniors in San Bernardino County received flu shots. The Healthy People 2020 Objective is for 70% of the population to receive a flu shot.

Flu Vaccine in Past 12 months

	San Bernardino County	California
Vaccinated for flu in past 12 months	35.0%	45.8%
Vaccinated for flu in past 12 months, 0-17	43.9%	53.7%
Vaccinated for flu in past 12 months, 18-64	27.2%	37.4%
Vaccinated for flu in past 12 months, 65+	64.2%	72.7%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu

Mammograms

In San Bernardino County, 67% of women have obtained a mammogram in the past two years. This rate is less than the Healthy People Objective of 81% of women 50 to 74 years to have a mammogram within the past two years.

Mammograms

	San Bernardino County	California
Women ages 50-74 who reported having a mammogram in the past 2 years	67.0%	65.1%

Source: California Health Interview Survey, 2012. http://ask.chis.ucla.edu

Colorectal Cancer Screening

In San Bernardino County, the rate of compliance for colorectal cancer screening is 76.2%, which exceeds the Healthy People 2020 Objective for colorectal cancer screening of 70.5%. Of adults advised to obtain screening, 62.2% of county residents were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+

	San Bernardino County	California
Sigmoidoscopy, colonoscopy or fecal occult blood test	76.2%	78.0%
Compliant with screening at time of recommendation	62.2%	68.1%

Source: California Health Interview Survey, 2009. http://ask.chis.ucla.edu

Community Input – Preventive Practices

Stakeholder interviews and focus groups identified issues, challenges and barriers related to prevention. Following are their comments, quotes and opinions:

- Getting to the place to get the vaccine is sometimes the issue. It becomes hard to comply with the cost of transportation and co-pays. People need places like foodbanks and churches to get services.
- There are a lot of health fairs that provide screenings for diabetes and hypertension; do a finger stick and a cholesterol check and tell a person he has high levels but the health fair personnel don't give a solution – that is useless. It does not make sense to spend money to screen and then not have a solution – you need a solution as well.
- We started doing health care fairs. We bring doctors, blood test equipment and nurses. We screen people and then they see a doctor to talk to them about issues. They might get blood work, results, a prescription, and get an appointment and into a medical home. We also bring dental equipment for dental extractions right on the spot. We do this 13 times a year. Health fairs are mostly for the uninsured. Some may have Covered CA, but they don't have access because they can't get an appointment with a doctor. They have insurance but can't use it so they end up in the ED.
- By law, kids have to have certain vaccines to go to school. Hospitals do a good job ensuring vaccines are happening. When I go to the doctor they are good about telling me this is what I need. Schools and hospitals are working well together.
- With vaccines, we have two camps: the anti-vaxers and everyone else. Education is important on why it's important to vaccinate.
- Preventive health care is fundamental; it's something that comes with more education. When you have to drive 45 minutes to 2 hours to get to a provider or a

hospital you are less likely to get frequent screenings, vaccinations, preventive care or well-baby checkups. This is a barrier.

- It's all about accessibility. We need to educate people with primary services. We need to go to them where they work, live, and play. That will really increase accessibility to those resources. A challenge is to be more responsive to populations that can't come to us. How do we go to them and how can we be more accessible to them? What is in their best interests?
- Get the people to get in for the blood test, etc. small mini physical. Get them into the clinic and follow-up. If this happens in the neighborhood it is a bit friendlier and more accessible.
- Some of the clinics push being vaccinated for the flu and pneumonia shots. For those that don't get to the clinic, they don't get the vaccine. Availability is needed for people who are not in the mainstream of health delivery.

Prioritized Description of Significant Health Needs

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

To determine size and seriousness of the problem, health indicators identified in the secondary data were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, where available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and focus group participants) were asked to identify and validate community and health issues; information gathered from these sources helped determine the significant health needs.

Significant Health Needs

The following significant health needs were determined:

- Access to Health Care
- Birth indicators
- Chronic diseases (asthma, cancer, diabetes, heart disease)
- Community safety/violence prevention
- Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Sexually Transmitted Infections
- Substance Abuse

The community stakeholder interviews and focus groups were used to prioritize the significant health needs. The stakeholder interviews used the following criteria to prioritize the health needs:

- Severity – the perceived impact of the health need on the community.
- Change over time – determination if the health need has improved, stayed the same or worsened.

- Resources – availability of resources in the community to address the health need.

The stakeholder interviewees were sent a link to an electronic survey (Survey Monkey) in advance of the interview. They were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage of absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Community safety, mental health access to health care and homelessness had the highest severity scores in the survey. Community safety and overweight received the highest scores for worsening over time. Community safety, mental health and substance abuse rated high on insufficient resources available to address the need. These results are listed in the following table.

Significant Health Need	Severe and Very Severe Impact on the Community	Worsened over Time	Absence of or Insufficient Resources in the Community
Access to health care	90%	25%	88%
Birth indicators	60%	0%	67%
Chronic diseases (asthma, cancer, diabetes, heart disease)	70%	50%	75%
Community safety/violence prevention	100%	71%	100%
Homelessness	89%	29%	71%
Mental health	100%	43%	100%
Overweight and obesity	80%	63%	75%
Preventive practices	29%	0%	43%
Sexually Transmitted Infections	33%	40%	50%
Substance abuse	67%	29%	100%

The stakeholder interviewees were also asked to rank order the health needs according to highest level of importance in the community. The total score for each health need (possible score of 4) was divided by the total number of surveys for which data were provided, resulting in an overall average for each health need. The top ranked priority needs were access to health care, chronic diseases, substance abuse and mental health. The calculations resulted in the following prioritization of the significant health needs:

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	3.90
Chronic diseases	3.90
Substance abuse	3.80
Mental health	3.70
Community safety/violence prevention	3.56
Homelessness	3.50
Overweight and obesity	3.30
Preventive practices	3.30
Birth indicators	3.11
Sexually Transmitted Infections	2.75

During the focus groups the participants were also asked to identify the priority needs. The focus group participants used the following criterion to prioritize the health needs:

- Importance – this is a personal perception of how important an issue is in the community. This might be an issue that is getting worse or needs immediate attention.

The focus group participants were asked to categorize a health need as not important, somewhat important, important or very important. The total score for each health need (possible score of 4) was divided by the total number of respondents for which data were provided, resulting in an overall average for each health need. The top ranked priority needs were chronic diseases, mental health and community safety. The scores resulted in the following prioritization of the significant health needs:

Significant Health Need	Rank Order Score (Total Possible Score of 4)
Chronic diseases	3.70
Mental health	3.70
Community safety/violence prevention	3.63
Access to care	3.54
Substance abuse	3.53
Sexually Transmitted Infections	3.51
Homelessness	3.49
Preventive practices	3.38
Birth indicators	3.28
Overweight and obesity	3.21

Resources to Address Significant Needs

Through the interview and focus group process, community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. For additional resources refer to 211 Riverside County at http://connectriverside.org/about-211/ and San Bernardino County Community Resources at www.sbcounty.gov/uploads/dph/publichealth/documents/cah_community_resources.pdf

Health Need	Community Resources
Access to health care	• 211 • American Roundtable to Abolish Homelessness • Arrowhead Regional Medical Center • Catholic Charities • Central City Lutheran Mission • Churches • Community Action Partnership San Bernardino Gang Taskforce • Community Clinic of San Bernardino Consortia • Community Hospital of San Bernardino • Community Vital Signs • El Sol • Foothill AIDS Project • Inland behavioral health • Inland Empire Health Plan • Lestonnac Clinic • Office of Homeless services • Promotoras • Social Action Community Health System (SACHS) • St. Bernardine Medical Center • The Blessing Center • Well of Healing Mobile Clinic
Birth indicators	• Borrego Health Specialty • Community Colleges • Community Hospital of San Bernardino • First Five • Lighthouse • Planned Parenthood • Pregnancy Resource Center • St. Bernardine Medical Center • Sweet Success Program • Veronica's Home • WIC
Chronic diseases	• American Diabetes Association • American Heart Association

Health Need	Community Resources
	• American Lung Association • Borrego Health • Casa Ramona • Catholic Charities • Community Clinics • Community Hospital of San Bernardino • El Sol • HEAL Zone • Inland Behavioral Health • Inland Empire Health Plan • Medical Legal Partnership project • Molina Healthcare • St. Bernardine Medical Center
Community safety	• Churches • Community Vital Signs • Domestic violence coalition • Healthy Cities • House of Ruth • Lutheran Social Services • Lutheran Valley • Morongo Basin Unity Home • Neighborhood Watch Groups • Operation Cease Fire • Option House • Redlands Shelter • San Bernardino County Department of Behavioral Health • San Bernardino County Department of Public Health • San Bernardino Sexual Assault Services, Inc. • School Districts
Homelessness	• Central City Lutheran Mission • Interagency Council on Homelessness • Lutheran Church • Option House • Salvation Army • San Bernardino City Quality of Life Team • St. John Missionary Baptist • The Blessing Center
Mental health	• African American Coalition • Central City Lutheran Mission • Community Health Clinics • Community health workers • El Sol • Inland Behavioral Health • Lutheran Social Services • Salvation Army

Health Need	Community Resources
	• San Bernardino County Department of Mental Health • Valley Star • Victor Community Support Services • Young Visionaries
Overweight and obesity	• Loma Linda University • School districts
Preventive practices	• Arrowhead Regional Medical Center • Borrego Health • Community Clinic of San Bernardino Consortia • Community Clinics • Community Hospital of San Bernardino • Community Vital Signs • Foothill AIDS Project • Inland Empire Health Plan • Molina Healthcare • Social Action Community Health System • St. Bernardine Medical Center
Sexually Transmitted Infections	• Borrego Health • Community Health Centers • County Taskforce • Family Assistance Clinic in Victorville • Foothill AIDS Project • Planned Parenthood • Schools and School Districts • Woman to Woman Clinic
Substance abuse	• Alcoholics Anonymous • Cedar House • Central City Lutheran Mission • Drug Court • El Sol • Gibson House • Inland Behavioral and Health Services • Life Change Center • Narcotics Anonymous • New Hope Village • Salvation Army • San Bernardino County Department of Behavioral Health • Time for Change Foundation • Young Visionaries • Youth Action Partnership

Impact of Actions Taken

In 2014, CHSB conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2014 CHNA, CHSB chose to address access to care, chronic conditions and youth development through a commitment of community benefit programs and resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2014 CHNA.

Community Grants Program

The Dignity Health Community Grants Program works to achieve collective impact for the community's most challenging health needs. Knowing the hospital cannot meet all needs on its own, it partnered with community collaboratives to address identified priority health needs. The Dignity Health Community Grants Program funded 17 organizations with a total of $263,741[3] in grant funds in FY14.

Grants Program FY14

Organization	Amount	Funded Program
Al Shifa Clinic	$25,000	Primary and specialty health care
Alzheimer's Association	$5,254	Educational series in English and Spanish
American Lung Association	$5,254	Asthma education for children and their caregivers
Assistance League of San Bernardino	$18,750	Dr. Earl R. Crane Children's Dental Health Center
Boys & Girls Club of Redlands	$13,750	Education and healthy activities at Waterman Gardens
Catholic Charities	$18,750	Links impoverished families with services
Central City Lutheran Mission	$11,250	Health care for homeless men
El Sol Neighborhood Center	$13,483	Obesity prevention and nutrition education
H Street Clinic	$11,000	Primary care and preventive health care
Inland Caregivers Resource Center	$13,750	Bilingual in-home assessments,

[3] Total commitment from CHSB and SBMC.

		case management, education and counseling
Inland Empire Palliative Care Coalition	$13,750	Reduce unnecessary hospital admissions
Legal Aid Society of San Bernardino	$25,000	Assist guardians with legal status on behalf of children and/or disabled persons
Lestonnac Free Clinic	$13,750	Primary health care for the uninsured
Mary's Mercy Center	$25,000	Case management for homeless women and children
Salvation Army Riverside and San Bernardino Counties	$15,000	Shelter and basic needs for homeless men
San Bernardino Sexual Assault Services	$25,000	Provide crisis intervention, counseling and support services
Special Olympics	$10,000	Exercise for disabled youth

In FY15, the grants program funded 5 collaborative proposals, representing 15 local non-profit agencies, with $258,364[4] in grant funds.

Grants Programs FY15

Organization	Amount	Funded Program
Catholic Charities San Bernardino Sexual Assault Services American Lung Association	$40,000	HOPE in the City
Dr. Earl R. Crane Children's Dental Health Center San Bernardino Unified School District Assistance League of San Bernardino	$50,864	Oral health care and resources for low-income children and adults in San Bernardino
Legal Aid of San Bernardino San Bernardino Sexual Assault Services Liberia del Pueblo	$67,500	Bridging Barriers to Healthy Homes
Mary's Mercy Center Inland Behavioral Health Services Volunteers of America	$25,000	Better Parenting Through Partnership
Well of Healing Mobile Medical Clinic El Sol Neighborhood Education Center Lestonnac Free Clinic	$75,000	Community Health and Education Collaborative

In FY16, the program funded 7 collaborative proposals, representing 18 local non-profit agencies, with $252,469[5] in grant funds.

[4] Total commitment from CHSB and SBMC.
[5] Total commitment from CHSB and SBMC.

Grants Program FY16

Organization	Amount	Funded Program
Central City Lutheran Mission Highland Avenue Lutheran Church Lutheran Church of our Savior	$27,700	Care supplies and self-care skills
Inland Caregivers Resource Center California State University, San Bernardino Shella Care Foundation	$24,750	Family Caregiver short-term counseling
Legal Aid of San Bernardino San Bernardino Sexual Assault Services Libreria del Pueblo	$32,519	Building Bridges
Mary's Mercy Center Inland Behavioral Health Services Volunteers of America	$25,000	Better Health Through Partnership
Lestonnac Free Clinic Well of Healing Mobile Medical Clinic El Sol Neighborhood Education Center	$75,000	Community Health and Education Collaborative
Salvation Army Dr. Garcia (in-kind) Dr. Nguyen (in-kind)	$33,750	Salvation Army San Bernardino
San Bernardino Sexual Assault Services Children's Assessment Center of San Bernardino Gwen Washington, LCSW	$33,750	Putting Children First

Access to Care

Access to Care included access to preventive care, dental care resources and mental health resources. From FY14 through FY16, CHSB accomplished the following:

- Provided financial assistance for uninsured/underinsured and low-income residents. Following Dignity Health's Financial Assistance Policy, the hospital provided discounted and free health care to qualified individuals. The hospital served 63,759 Medi-Cal patients in FY15, compared to 53,960 in FY14, an 18% percent increase. In FY16, 63,803 Medi-Cal patients were served and 169 persons received financial assistance.
- Community Education was offered free of charge to community members, addressing a variety of health issues.
- The Emergency Department (ED) Patient Navigator began as a collaborative effort with Inland Empire Health Plan (IEHP) to identify those who could be better served by linking with a community health care provider rather than accessing the ED for their health needs. The ED Navigator saw all IEHP and uninsured patients upon discharge. The ED Navigator also followed up by phone (as time permitted) for those patients who were seen in the ED when the Navigator was not on site. Uninsured patients are provided with community resources (English and Spanish), including the sites offering specialty care. The ED Navigator is

housed at the Health Education Center (HEC) to ensure those struggling with insurance coverage and connection to needed social services are also made aware of the services provided free of charge at the HEC. In FY14, the ED navigator made contact with 1,807 uninsured individuals. In FY15 the ED Navigator made contact with 814 uninsured individuals. In FY16, 3,481 uninsured patients were seen in ED and not admitted. The Navigator made contact with 30.6%. Of the 1,066 contacted, 685 (64.3%) received a referral to a free clinic.

- Free flu shots to the community were offered through a variety of flu shot clinics, as well as going to various social agencies to serve their populations.
- Behavioral health crisis assessment and referral service for area facilities were offered.

Chronic Conditions

Chronic health conditions include diabetes/obesity, heart disease, cancer, asthma, and COPD. From FY14 through FY16, CHSB accomplished the following:

- The Health Education Center is an education site providing a multitude of services targeted to the underserved and their families. In addition to breastfeeding support and education, the site provided health educators who led a variety of community education sessions. Vulnerable populations were of highest priority. 183 unduplicated individuals received education at the Health Education Center in FY2014. An additional 647 individuals received information and referrals to social services agencies to assist them with a variety of needs. The Breastfeeding Center contained within the HEC educated 255 new mothers on techniques and the benefits of breastfeeding. 618 unduplicated individuals received education at the Health Education Center in FY15 (237% increase over FY2014). An additional 1,240 individuals received information and referrals to social services agencies to assist them with a variety of needs (91.6% increase over FY14). The Breastfeeding Center contained within the HEC educated 695 new mothers on techniques and the benefits of breastfeeding (172% increase over FY14). 329 unduplicated individuals received education at the Health Education Center in FY2015 (42% decreases from FY15). An additional 1,193 individuals received information and referrals to social services agencies to assist them with a variety of needs (3.79% decrease from FY15). The Breastfeeding Center contained within the HEC educated 290 new mothers on techniques and the benefits of breastfeeding (58.27% decrease from FY15).
- Stanford Model Chronic Disease Self-Management Programs provided classes at the HEC for chronic diseases and diabetes offered in English and Spanish to community members free of charge.
- The Diabetes Wellness Center includes the Sweet Success Program, which provided monitoring and education to gestational diabetic women to ensure a

healthy birth with a second goal of ensuring better health for the mother in the post-partum period. 165 unduplicated gestational diabetic mothers received care in the program in FY14. 110 unduplicated gestational diabetic mothers received care through the Sweet Success Program in FY15. None of the women seen through Sweet Success Program experienced a fetal demise. In FY16, The Sweet Success Program educated 193 women with gestational diabetes.

- Community Education classes focused on healthy eating and active living were provided at hospital outreach centers.
- Support Groups were offered for persons with chronic health conditions and their caregivers.

Youth Development

Youth Development focused on: healthy lifestyle alternatives, teen pregnancy avoidance, education promotion and career development. From FY14 through FY16, CHSB accomplished the following:

- Stepping Stones provides an opportunity for teens and young adults to gain valuable hospital workplace experience through both volunteer and mentor activities. These key programs were monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Initiative Committee, Executive Leadership, and the Community Board received updates on program performance and news. In FY14, 130 unduplicated participants volunteered in the Stepping Stones Program, an increase of 13% over FY13. The following departments were added to our programs: Critical Care Unit and Baby & Family Center. Additionally, a new position – the Emergency Department Ambassador – was added as an opportunity for college age volunteers.
- Catholic Charities Focus 92411 Community Homework Center received in-kind space.

Attachment 1. Community Benefit Initiative Committee

Fr. Michael Barry
Mary's Mercy Center

Tarrisyna Bartley
IESA[6] Manager, Social Work Services
Dignity Health

Joanne Claytor, LCSW
St. Bernardine Medical Center

Claudia Davis, PhD
Associate Professor & Faculty Fellow
Center for Health Disparities Research & Training
College of Natural Science │ Department of Nursing
California State University San Bernardino

Deborah Davis
Legal Aid of San Bernardino

Sr. Deenan Hubbard, CCVI
SBMC Board Member
Villa de Matel

Stephanie Johnson
Manager Marketing & Advertising
Southern California
Dignity Health

Vicki Lee
Homeless Liaison, SBCUSD
Family Resource Center

Christopher Lopez
San Bernardino Mayor's Chief of Staff

Linda McDonald
VP Mission Integration Southern California
Dignity Health

Kathleen McDonnell
IESA Director of Mission Integration
Dignity Health

Dan Murphy
IESA Vice President Foundation
Dignity Health

Rev. Tom Rennard

Jordan Wright
Policy Advisor
Board of Supervisors, Supervisor 5th District

Margo Young, C.PP.S., MD
IESA Director of Community Health
Dignity Health

[6] Inland Empire Service Area

Attachment 2. CNI Scores by ZIP Code

Lowest Need — Highest Need

1 - 1.7 Lowest | **1.8 - 2.5 2nd Lowest** | **2.6 - 3.3 Mid** | **3.4 - 4.1 2nd Highest** | **4.2 - 5 Highest**

Zip Code	CNI Score	Population	City	County	State
92316	4.2	32702	Bloomington	San Bernardino	California
92324	4.6	58686	Colton	San Bernardino	California
92335	4.6	97899	Fontana	San Bernardino	California
92336	3	97498	Fontana	San Bernardino	California
92337	3.8	38466	Fontana	San Bernardino	California
92345	4.4	84404	Hesperia	San Bernardino	California
92346	4	56747	Highland	San Bernardino	California
92376	4.6	82709	Rialto	San Bernardino	California
92377	2.6	20206	Rialto	San Bernardino	California
92392	4	60618	Victorville	San Bernardino	California
92401	5	2161	San Bernardino	San Bernardino	California
92404	5	59490	San Bernardino	San Bernardino	California
92405	5	29672	San Bernardino	San Bernardino	California
92407	4.4	62807	San Bernardino	San Bernardino	California
92408	5	15228	San Bernardino	San Bernardino	California
92410	5	51463	San Bernardino	San Bernardino	California
92411	5	26482	San Bernardino	San Bernardino	California

Attachment 3. Interview and Focus Group Participants

Community Hospital of San Bernardino and St. Bernardine Medical Center gathered input from the community as part of the Community Health Needs Assessment. Twenty-one community representatives were interviewed.

Interviewees

Name	Title	Organization
Deborah Armstrong-Davis	Chief Administrator	Legal Aid Society of San Bernardino
Toni Callicott	Chairperson, Board of Directors	St. Bernardine Medical Center
Claudia Davis	Associate Professor	California State University, San Bernardino, School of Nursing
Sarah Eberhardt-Rios	Deputy Director	San Bernardino Department of Behavioral Health
Diana Fox	Executive Director	Reach Out
Ed Gerber	Executive Director	Lestonnac Free Clinic
Meredith Hall	Senior Director	Central City Lutheran Mission
Michael Hein	Vice President	Mary's Mercy Center
Gary Henderson	Deputy Director	Transitional Assistance Department
Mike Jones	Deputy Sheriff	San Bernardino Homeless Outreach Proactive Enforcement Program (HOPE)
Vicki Lee	Homeless Student Liaison	San Bernardino City Unified School District
Christopher Lopez	Chief of Staff	City of San Bernardino Office of the Mayor
Dr. Maxwell Ohikhuara	Health Officer	San Bernardino County Department of Public Health
Nancy Olson	Community Crisis Services Program Manager	San Bernardino Department of Behavioral Health
Sendy Sanchez	Director of Policy and Projects	Community Health Association Inland Southern Region
Ken Sawa	Chief Executive Officer and Executive Vice President	Catholic Charities
Dr. Deane Stover	Chief Executive Officer	Community Health Association Inland Southern Region
Pastor Sandy Tice	Pastor	First Presbyterian Church of San Bernardino
Eric Vetere	Emergency Manager	San Bernardino City Unified School District
Jordan Wright	Policy Advisor	Supervisor Josie Gonzales' Office
Georgina Yoshioka	Deputy Director of 24-Hour and Emergency Services	San Bernardino Department of Behavioral Health

Four focus groups were conducted, representing 68 persons. The focus group sites and attendees are listed below.

Focus Group Participants

Organization	Date of Focus Group	Persons Attended	Language
Mary's Table	2/22/17	18 persons accessing free lunch	English/Spanish
Catholic Charities Homework Center	3/2/17	18 youth	English
Lutheran Mission	3/7/17	18 homeless men	English
El Sol Neighborhood Education Center	3/7/17	14 Promotoras	Spanish

Attachment 4. Glossary

Age-adjusted rate – The incidence or mortality rate of a disease can depend on the age distribution of a community. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Benchmark – A benchmark serves as a standard to compare specific health outcomes. Healthy People 2020 objectives and California averages are used to make comparisons with the hospital service area.

Hospitalization rate – Hospitalization rate refers to the number of patients being admitted to a hospital and discharged for a disease, as a proportion of total population.

Incidence rate – Incidence rate is the number of *new* cases for a specific disease or health problem within a given time period. It is expressed either as a percentage or a rate (e.g., *x* number of cases per 10,000 people).

Mortality rate – Mortality rate refers to the number of deaths in a population due to a disease. It is usually expressed as a rate (e.g. *x* number of cases per 10,000 people). It is also referred to as "death rate."

Prevalence rate – Prevalence rate is the proportion of total population that currently has a given disease or health problem. It is expressed either as a percentage or a rate (e.g., *x* number of cases per 10,000 people).

Primary data – Primary data are new data collected directly from first-hand experience. They are typically qualitative (not numerical) in nature. Primary data describe what is important to the people who provide the information.

Secondary data – Secondary data are data that have been previously collected and published by another entity. They are typically quantitative (numerical) in nature.