



**Community Hospital of San Bernardino  
Community Health Needs Assessment**

**2019**

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## Executive Summary

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize 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 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 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. The service area encompasses 21 ZIP Codes representing 10 cities. Community Hospital San Bernardino shares this service area with St. Bernardine Medical Center. The service area was determined from the ZIP Codes that reflect 78% of patient admissions.

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. CNI scores range from 1.0 (lowest barriers) to 5.0 (highest barriers) for each ZIP Code in the hospital service area. The average CNI score by ZIP Code was 4.1, indicating a High Need service area.

### 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 a demographic profile, social determinants of health, health care access, birth indicators, leading causes of death, disability and disease, mental health, substance use and misuse, health behaviors, and preventive practices. The analysis of secondary data yielded a preliminary list of community health needs, which then informed primary data collection. The following criteria were used to identify community 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)

The following community health needs were determined:

- Access to health care
- Asthma/lung disease
- Birth indicators
- Cancer
- Cardiovascular disease
- Dental care
- Diabetes
- Economic insecurity
- Homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse
- Violence and injury prevention

Primary data were obtained through interviews with 13 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 potentially available to address needs and discover gaps in resources.

### **Prioritized Significant Needs**

Calculations from community stakeholders prioritized the community health needs. A brief description of the prioritized significant needs follows:

- **Access to health care** – Health insurance coverage is considered a key component to access health care. The service area insurance rate is 83.6%. Among children in the service area, 92.8% have insurance coverage, and 77.2% of non-senior adults are insured. Nearly all seniors are insured (97.4%). In San Bernardino County, 38.7% of the population has employment-based health insurance. 32.6% are covered by Medi-Cal and 7.8% of the population has coverage that includes Medicare. Several community stakeholders noted that the biggest challenge to accessing health care services is transportation.
- **Behavioral health (includes mental health and substance use and misuse)** – In San Bernardino County, 10.5% of adults experienced serious psychological

distress in the past year. 8.1% of teens needed help for an emotional or mental health problem and 1% received counseling. Stakeholders noted it is a gargantuan task to get mental health help if you are low income. It is very difficult to access mental health. Among adults, 66.4% of county adults had engaged in binge drinking in the past year. The rate of hospitalizations due to opioid overdose was 8.5 per 100,000 persons. This is equal to the state rate. The rate of opioid prescriptions in San Bernardino County was 657.7 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (507.6 per 1,000 persons). A community stakeholder commented on the over prescribing of opioids. “These drugs are plentiful, so the supply on the street is a problem. And it doesn’t seem to be easing.”

- **Housing and Homelessness** – The median household income for the service area is \$50,310. This is lower than the median income for the county (\$54,469) and state (\$77,952). A stakeholder noted, “We have an extreme housing cost burden in the area. And it has resulted in people being forced to live in environments they shouldn’t live in. We have a great number of people who have to work more than one job just to meet the cost of housing.” The number of homeless persons in San Bernardino County increased 13.5% over the previous year. The unsheltered homeless make up the majority of the homeless and the percentage of unsheltered homeless increased in 2018.
- **Chronic diseases (includes overweight and obesity)** – The top five leading causes of death in the service area are 1) heart disease, 2) cancer, 3) chronic lower respiratory disease, 4) diabetes, and 5) stroke. The cancer death rate in the service area is 189.8 per 100,000 persons, higher than the county rate (172.9), the state rate (158.4), and the Healthy People 2020 objective (161.4 per 100,000). For adults in San Bernardino County, 31.1% have been diagnosed with high blood pressure and 8.2% have been diagnosed with heart disease. 11.4% of adults in San Bernardino County have been diagnosed with diabetes, and 15.2% have been diagnosed as pre-diabetic.
- **Safety and Violence** – Crime statistics indicate that the rate of violent crime in the service area is 515.3 per 100,000 persons; higher than the rates for the county (485) or state (461.9). The homicide rate in the service area (7.4 per 100,000 persons) exceeded the Healthy People objective of 5.5 per 100,000 persons. Stakeholders commented that people cannot exercise freely in certain communities because they are afraid of getting mugged and getting hurt.

### **Resources Potentially Available**

The resources potentially available to address the community health needs are documented in this report. Resources are also available at 211 San Bernardino County at <https://211sb.org/>.

### **Report Adoption, Availability and Comments**

This CHNA report was adopted by the CHSB Community Board in May, 2019.

This report is widely 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, CA 92411 or by email through the website at <https://www.dignityhealth.org/socal/locations/san-bernardino/about-us/serving-the-community/community-health-needs-assessment-plan>.

## Assessment Purpose and Organizational Commitment

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize community health needs of the community served by Dignity Health – 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.

Rooted in Dignity Health’s mission, vision and values, Community Hospital of San Bernardino is dedicated to improving community health and delivering community benefit, with the engagement of its management team, Community Board and Community Benefit Initiative Committee. The board and committee are composed of community members who provide stewardship and direction for the hospital as a community resource. These parties review community benefit plans and program updates prepared by the hospital’s community health director and other staff. As a matter of Dignity Health policy, the hospital’s community health and community benefit programs are guided by five core principles. All of our initiatives relate to one or more of these principles:

- Focus on Disproportionate Unmet Health-Related Needs
- Emphasize Prevention
- Contribute to a Seamless Continuum of Care
- Build Community Capacity
- Demonstrate Collaboration

### 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.

## Community Definition

Community Hospital of San Bernardino (CHSB) is located at 1805 Medical Center Drive, San Bernardino, CA 92411. The service area encompasses 21 ZIP Codes representing 10 cities. Community Hospital of San Bernardino shares portions of this service area with St. Bernardine Medical Center. 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 78% of patient admissions.

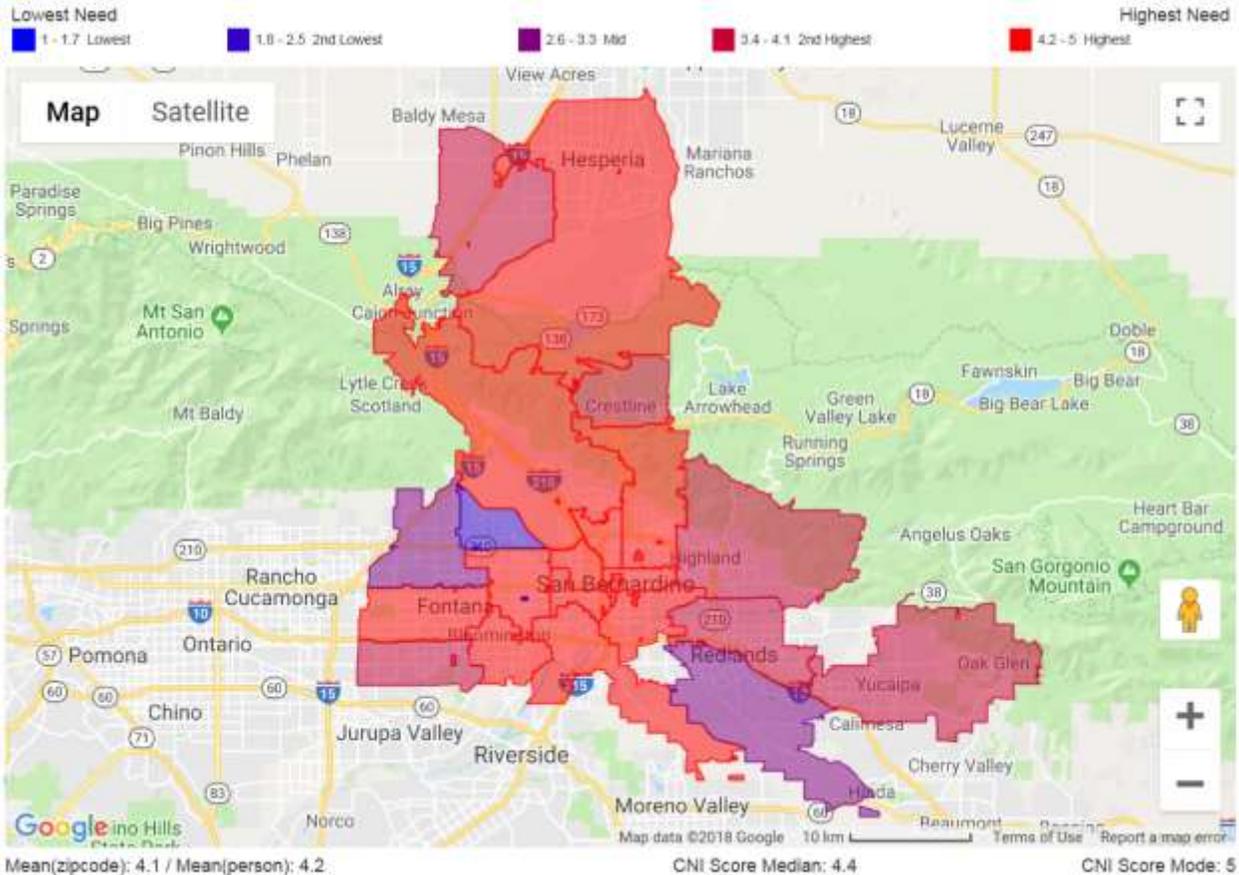
### Community Hospital of San Bernardino Service Area

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

### Community Need Index

One tool used to assess health need is the Community Need Index (CNI) created and made publicly available by Dignity Health and 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 following map of the service area has an overlay of the CNI scores, which illustrates the areas of high need. The average CNI is 4.1, which indicates a service area of high need.



Zip Code	CNI Score	Population	City	County	State
92316	4.2	33100	Bloomington	San Bernardino	California
92324	4.4	59288	Colton	San Bernardino	California
92325	3.4	9003	Crestline	San Bernardino	California
92335	4.6	98653	Fontana	San Bernardino	California
92336	3	99389	Fontana	San Bernardino	California
92337	3.4	38638	Fontana	San Bernardino	California
92344	3.4	23768	Hesperia	San Bernardino	California
92345	4.4	85866	Hesperia	San Bernardino	California
92346	4	57165	Highland	San Bernardino	California
92373	3.2	34081	Redlands	San Bernardino	California
92374	4	42781	Redlands	San Bernardino	California
92376	4.6	83537	Rialto	San Bernardino	California
92377	2.4	20221	Rialto	San Bernardino	California
92399	3.8	55707	Yucaipa	San Bernardino	California
92401	5	2124	San Bernardino	San Bernardino	California
92404	5	59884	San Bernardino	San Bernardino	California
92405	5	29701	San Bernardino	San Bernardino	California
92407	4.4	64553	San Bernardino	San Bernardino	California
92408	4.8	15195	San Bernardino	San Bernardino	California
92410	5	52171	San Bernardino	San Bernardino	California
92411	5	26733	San Bernardino	San Bernardino	California

## Population

The population of the hospital service area is 974,029.

### Population by ZIP Code

	Number
92316 – Bloomington	30,231
92324 – Colton	58,854
92325 – Crestline	8,019
92335 – Fontana	99,079
92336 – Fontana	92,306
92337 – Fontana	39,074
92344 – Hesperia	22,259
92345 – Hesperia	81,094
92346 – Highland	60,320
92373 – Redlands	35,149
92374 – Redlands	41,452
92376 – Rialto	85,857
92377 – Rialto	20,370
92399 – Yucaipa	54,335
92401 – San Bernardino	1,885
92404 – San Bernardino	58,738
92405 – San Bernardino	29,897
92407 – San Bernardino	64,225
92408 – San Bernardino	15,788
92410 – San Bernardino	48,660
92411 – San Bernardino	26,437
<b>CHSB Service Area</b>	<b>974,029</b>
<b>San Bernardino County</b>	<b>2,106,754</b>
<b>California</b>	<b>38,654,206</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

## Gender

In the service area, 50.6% of the population is female, 49.4% is male.

### Population by Gender

	CHSB Service Area	San Bernardino County	California
Male	49.4%	49.7%	49.7%
Female	50.6%	50.3%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

## Population by Age

Children and youth, ages 0-19, make up one-third (33.3%) of the population, 35.5% are 20-44 years of age, 22.2% are 45-64, and 9% of the population are seniors, 65 years of age and older. 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	75,950	7.8%	154,388	7.3%	2,499,561	6.5%
Age 5-19	240,512	27.4%	485,601	23.0%	7,709,213	19.9%
Age 20-24	84,192	8.6%	172,986	8.2%	2,891,020	7.5%
Age 25-44	266,835	27.4%	577,546	27.4%	10,860,198	28.1%
Age 45-64	217,494	22.3%	498,028	23.6%	9,717,232	25.1%
Age 65+	89,046	9.1%	218,205	10.4%	4,976,982	12.9%
Total	974,029	100.0%	2,106,754	100.0%	38,654,206	100.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

## Race/Ethnicity

Over half the population in the service area is Hispanic or Latino (60.5%) and 23.9% of the population is White. Black or African Americans make up 8.6% of the population in the service area, while Asians are 4.3% of the population. The percentage of Hispanics/Latinos and Black or African-Americans is higher in the hospital service area than found in the county and the state. The percentage of Whites and Asians in the service area population is lower than the county and the state.

## Race/Ethnicity

	CHSB Service Area		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	588,937	60.5%	1,089,104	51.7%	14,903,982	38.6%
White	232,768	23.9%	642,786	30.5%	14,837,242	38.4%
Black or African American	83,567	8.6%	170,376	8.1%	2,158,363	5.6%
Asian	42,448	4.3%	138,751	6.6%	5,280,818	13.7%
Other or multiple	19,902	2.0%	52,529	2.5%	1,198,263	3.1%
Native HI/Pacific Islander	3,543	0.4%	6,368	0.3%	139,956	0.4%
American Indian/AK Native	2,864	0.3%	6,840	0.3%	136,582	0.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. <http://factfinder.census.gov>

## Citizenship

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. In the service area, 23.2% of residents are foreign born and, of these, 13.1% are not citizens.

### Foreign Born Residents and Citizenship

	CHSB Service Area	San Bernardino County	California
Foreign born	23.2%	21.3%	27.0%
Of foreign born, not a U.S. citizen	13.1%	11.1%	13.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 DP02. <http://factfinder.census.gov>

## Language

In the hospital service area, 52% of the population speaks only English in the home. 42.4% speak Spanish in the home. Asian/Pacific Islander languages are spoken in 3.5% of the homes, lower than the percentage spoken in the county (5%) or state (9.8%).

### Language Spoken at Home, Population 5 Years and Older

	CHSB Service Area	San Bernardino County	California
Speaks only English	52.0%	58.5%	56.0%
Speaks Asian/Pacific Islander language	3.5%	5.0%	9.8%
Speaks Spanish	42.4%	33.9%	28.8%
Speaks other Indo-European language	1.1%	1.6%	4.4%
Speaks other language	1.0%	1.0%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. <http://factfinder.census.gov>

## English Learners

Among service area schools, the percentage of students who are English learners is 25.5%, which is greater than the rate of English learners in the county (17.2%).

### English Learners

	Percent
CHSB Service Area	25.5%
<b>San Bernardino County</b>	<b>17.2%</b>
<b>California</b>	<b>20.4%</b>

Source: California Department of Education DataQuest, 2017-2018 Language Group Data. <http://dq.cde.ca.gov/dataquest/>

## Assessment Process and Methods

### Collaborative Process

Community Hospital of San Bernardino participated in a collaborative process for the Community Health Needs Assessment, in partnership with St. Bernardine Medical Center. These hospitals share a service area. The collaborative effort reduced redundancies and increased data collection efficiency.

### Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present demographic profile, social determinants of health, health care access, birth indicators, leading causes of death, disability and disease, mental health, substance use and misuse, health behaviors, and preventive practices. When available, data sets are presented in the context of San Bernardino County and California to help frame the scope of an issue, as it relates to the broader community.

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, San Bernardino County Department of Public Health, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service 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 includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Appendix 1 compares Healthy People 2020 objectives with service area data.

### Primary Data Collection

Community Hospital of San Bernardino conducted targeted interviews to gather information and opinions from persons who represent the broad interests of the community served by the medical center. Thirteen (13) interviews were completed from December 2018 to January 2019. Community stakeholders, identified by the hospital, were contacted and asked to participate in the needs assessment. Interviewees

included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the San Bernardino County Department of Public Health.

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 needs assessment, was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

- Health issues in the community
- Challenges and barriers people face in addressing these issues
- Socioeconomic, behavioral, or environmental factors contributing to poor health in the community
- Potential resources to address the identified health needs, such as services, programs and/or community efforts
- Additional comments and concerns

A list of the stakeholder interview respondents, their titles and organizations can be found in Appendix 2.

### **Public Comment**

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <https://www.dignityhealth.org/socal/locations/san-bernardino/about-us/serving-the-community/community-health-needs-assessment-plan>. Public comment was solicited on the reports; however, to date, no comments have been received.

### **Project Oversight**

The Community Health Needs Assessment 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. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Dr. Melissa Biel conducted the Dignity Health Community Hospital of San Bernardino Community Health Needs Assessment. She was assisted by Sandra Humphrey, BBA and Sevanne Sarkis, JD, MHA, MEd. Biel Consulting's website is [www.bielconsulting.com](http://www.bielconsulting.com).

## Social Determinants of Health

### 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 2018, 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 2016, the federal poverty level (FPL) for one person was an annual income of \$12,228 and for a family of four was \$24,563. Among area residents, 21.5% are at or below 100% of the federal poverty level (FPL) and 46.6% are at 200% of FPL or below (low-income). These poverty levels are higher than county and state averages.

### Ratio of Income to Poverty Level

	Below 100% Poverty	Below 200% Poverty
CHSB Service Area	21.5%	46.6%
<b>San Bernardino County</b>	<b>19.1%</b>	<b>41.6%</b>
<b>California</b>	<b>15.8%</b>	<b>35.2%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016 S1701. <http://factfinder.census.gov>

Examining poverty levels by community and sub-populations paints an important picture of the population within the hospital service area. 29.5% of children in the service area live in poverty; these rates are higher than in the county and state. For seniors in the service area, 12.7% live in poverty; these rates are higher than county and state averages. San Bernardino (92401) has the highest rate of adults (52.1%) and seniors (54.9%) living in poverty. San Bernardino (92410) has the highest percentage of children in poverty (60.3%). Rialto (92377) has the lowest rate of children (2.5%) living in poverty. Fontana (92337) has the lowest rates of poverty for seniors at 4.1%.

### Poverty Levels of Adults, Ages 18-64, Children, under Age 18, and Seniors, Ages 65+

	Adults	Children	Seniors
92316 – Bloomington	15.9%	21.2%	13.3%
92324 – Colton	16.3%	28.4%	9.7%
92325 – Crestline	12.8%	27.3%	9.3%
92335 – Fontana	20.1%	28.7%	19.6%
92336 – Fontana	7.9%	14.4%	6.5%
92337 – Fontana	8.5%	13.8%	4.1%
92344 – Hesperia	12.4%	9.6%	8.3%
92345 – Hesperia	25.2%	33.4%	12.7%
92346 – Highland	16.6%	23.4%	9.3%
92373 – Redlands	13.8%	17.0%	9.4%
92374 – Redlands	15.6%	20.9%	13.6%
92376 – Rialto	19.4%	28.9%	13.2%
92377 – Rialto	7.8%	2.5%	10.2%
92399 – Yucaipa	15.9%	22.9%	13.2%
92401 – San Bernardino	52.1%	52.2%	54.9%
92404 – San Bernardino	28.2%	43.8%	12.6%
92405 – San Bernardino	27.5%	48.1%	13.8%
92407 – San Bernardino	20.5%	30.2%	7.1%
92408 – San Bernardino	33.2%	54.0%	21.4%
92410 – San Bernardino	38.1%	60.3%	30.2%
92411 – San Bernardino	29.3%	48.2%	16.0%
<b>CHSB Service Area</b>	<b>11.8%</b>	<b>29.5%</b>	<b>12.7%</b>
<b>San Bernardino County</b>	<b>17.0%</b>	<b>27.0%</b>	<b>10.9%</b>
<b>California</b>	<b>14.7%</b>	<b>21.9%</b>	<b>10.3%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. <http://factfinder.census.gov>

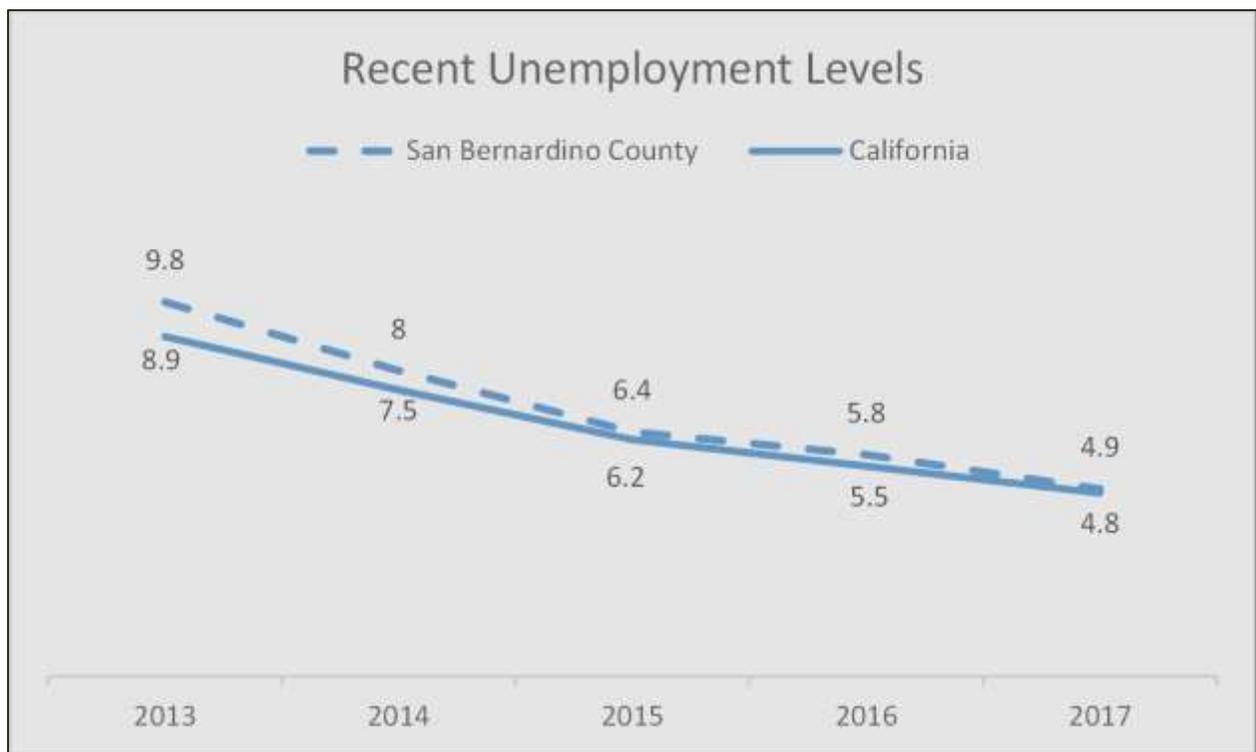
### Unemployment

Within the service area unemployment dropped to 5.2% in 2017. Areas with high unemployment were: San Bernardino (6.3%) and Hesperia (6.2%). Redlands (3.8%) and Crestline (2.5%) had the lowest unemployment rates.

### Unemployment Rate, 2017 Average

	Percent
Bloomington	6.0%
Colton	5.3%
Crestline	2.5%
Fontana	4.7%
Hesperia	6.2%
Highland	5.0%
Redlands	3.8%
Rialto	5.6%
San Bernardino	6.3%
Yucaipa	4.3%
<b>CHSB Service Area</b>	<b>5.2%</b>
<b>San Bernardino County</b>	<b>4.9%</b>
<b>California</b>	<b>4.8%</b>

Source: California Employment Development Department, [Labor Market Information, 2017](#). Not seasonally adjusted.



Source: California Employment Development Department, [Labor Market Information, 2013-2017](#).

## Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments, quotes and opinions edited for clarity:

- We have an extreme housing cost burden in the area. And it has resulted in people being forced to live in environments they shouldn't live in. We have a great number of people who have to work more than one job just to meet the cost burden of housing. The stress of trying to manage that schedule and meet the demands of their employers is extreme. Couple that with the burden of transportation. We have limited public transportation around here. The cost of bus passes is burdensome, the time waiting to get a transfer to complete you route can throw off work and school schedules. To find alternatives like walking, Uber, Lyft, all creates financial burdens.
- The economy forces kids to move home at 20-30 years old, and they take their kids with them and move into mom's and dad's home and everyone is on a fixed income, and in the family home.
- People have job insecurity. People are moving for jobs or they don't have a job that gives them security and benefits.
- Families living in adverse conditions on the street and unstable housing has a profound impact on emotional and physical health,
- People don't have livable wage jobs that can pay enough to support themselves. The cost of housing and utilities are major barriers for those having housing issues. How many part time jobs and hours do you have to work a week to afford rent?
- We ask teens to be out in the community that has high crime at the worst times of the day to have their first job. It is hard to enter the world of work and do it safely as a young person. There is also a transportation issue. Families need income and kids need job experience, but they don't have a lot of options for getting a first job that is safe to be in, and to get to and from the job.
- Economic insecurity is a social and policy issue. How do we improve the economy to make sure people have a living wage?

## Households

The median household income for the service area is \$50,310. This is lower than the median income for the county (\$54,469) and state (\$77,952).

### Median Household Income

	Median Household Income
CHSB Service Area	\$50,310
<b>San Bernardino County</b>	<b>\$54,469</b>
<b>California</b>	<b>\$77,952</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. <http://factfinder.census.gov>

There are 267,209 occupied housing units in the service area. The service area percentage of 1- and 2-person households (17.1%) is lower than the county (19.4%) or state (24%). The service area has a higher percentage of 4-person households (41.8%) than the county (36.6%) or state (29.3%).

### Household Size

	CHSB Service Area	San Bernardino County	California
Households	267,209	618,922	12,807,387
1 person households	17.1%	19.4%	24.0%
2 person households	24.3%	26.6%	30.1%
3 person households	16.8%	17.4%	16.6%
4+ person households	41.8%	36.6%	29.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2501. <http://factfinder.census.gov>

In the service area, residents receive higher rates of supportive benefits than the county and state; 8.2% of service area households receive SSI benefits, 6.2% receives cash public assistance income and 19.4% of residents receive food stamp benefits.

### Household Supportive Benefits

	CHSB Service Area	San Bernardino County	California
Supplemental Security Income (SSI)	8.2%	7.4%	6.2%
Public Assistance	6.2%	5.6%	3.8%
Food stamps/SNAP	19.4%	15.9%	9.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, 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. This indicator was asked of adults ages 18+ with an income < 200% FPL. Among low-income adults in San Bernardino County, 55.1% reported food insecurity, which is higher than the state rate of 44.4%.

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

	Percent
San Bernardino County	55.1%
California	44.4%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Free and Reduced Price Meals

The number of students eligible for the free and reduced price meal program is one

indicator of the socioeconomic status within a region. The rate of student eligibility among area school districts was 79.3%, higher than the county (71.7%) and the state (60.1%) rate.

### Eligibility for Free and Reduced Price Meals (FRPM) Program

	Percent Eligible Students
CHSB Service Area	79.3%
<b>San Bernardino County</b>	<b>71.7%</b>
<b>California</b>	<b>60.1%</b>

Source: California Department of Education DataQuest, 2017-2018. <http://dq.cde.ca.gov/dataquest/>

### Educational Attainment

Of the service area population age 25 and over, 26.4% have not attained a high school diploma, a rate higher than the county (21.2%) and state (17.9%). 27% of adults are high school graduates. Less than one-quarter of the population in the service area has graduated college (22.7%), lower than the county (26.8%) and the state (38.8%).

### Educational Attainment of Adults, 25 Years and Older

	CHSB Service Area	San Bernardino County	California
<b>Population 25 years and older</b>	<b>573,375</b>	<b>1,293,779</b>	<b>25,554,412</b>
Less than 9 <sup>th</sup> grade	12.7%	9.7%	9.9%
Some high school, no diploma	13.7%	11.5%	8.0%
High school graduate	27.3%	26.2%	20.6%
Some college, no degree	23.6%	25.0%	21.7%
Associate degree	7.3%	8.2%	7.8%
Bachelor degree	10.0%	12.5%	20.1%
Graduate or professional degree	5.4%	6.8%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1501. <http://factfinder.census.gov>

High school graduation rates are the percentage of high school graduates that graduated four years after starting ninth grade. The high school graduation rates in all service area school districts surpassed the county graduation rate (83%) and state graduation rate (83.8%). The Healthy People 2020 objective for high school graduation is 87%. Fontana Unified, Hesperia Unified, Redlands Unified and Yucaipa-Calimesa Joint Unified met this graduation benchmark.

## High School Graduation Rates, 2015-2016

	Percent
Colton Joint Unified	86.5%
Fontana Unified	90.1%
Hesperia Unified	91.0%
Redlands Unified	93.0%
Rialto Unified	84.8%
Rim of the World Unified	85.1%
San Bernardino City Unified	86.2%
Yucaipa-Calimesa Joint Unified	90.7%
<b>San Bernardino County</b>	<b>83.0%</b>
<b>California</b>	<b>83.8%</b>

Source: California Department of Education DataQuest, Cohort Outcome Data for Class of 2015-2016.

<https://www.cde.ca.gov/ds/sd/sd/filescohort.asp>

## 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 25, 2018. 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.

The number of homeless persons in San Bernardino County increased 13.5% over the previous year. As in year's past, the unsheltered homeless make up the majority of the homeless and the percentage of unsheltered homeless increased in 2018.

## Homeless Count, San Bernardino County, 2016 – 2018

Year of Count	Total Homeless	Sheltered	Unsheltered
2016	1,887	36.9%	63.1%
2017	1,866	36.8%	63.2%
2018	2,118	31.9%	68.1%

Source: San Bernardino County 2018 Homeless Count and Subpopulation Survey, Table 1. <http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2018/04/SBC-2018-Homeless-Count-Final-Report.pdf>

Among the homeless subpopulations in San Bernardino County, 25.3% are chronically homeless; 27.6% have chronic health conditions; 22.3% are persons recently released from jail/prisons; and 24% have substance abuse issues.

## Homelessness by Subpopulations

	Percent
Chronically homeless adults	25.3%
Persons released from jail/prisons	22.3%
Persons with chronic health conditions	27.6%
Persons with HIV/AIDS	2.3%
Persons with mental health problems	16.6%
Seniors, ages 62+	6.8%
Substance abusers	24.0%
Veterans	9.1%
Victims of domestic violence	15.5%
Youth, ages 18-24	8.5%

Source: San Bernardino County 2018 Homeless Count and Subpopulation Survey, Tables 7 & 8. <http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2018/04/SBC-2018-Homeless-Count-Final-Report.pdf>

All sheltered homeless populations are represented in smaller percentages than found among the unsheltered homeless.

## Sheltered Homeless Subpopulations

	Percent
Chronically homeless individuals	5%
Persons with HIV/AIDS	1%
Persons with mental health problems	11%
Substance abusers	8%
Veterans	5%
Victims of domestic violence	12%
Youth, ages 18-24	6%

Source: San Bernardino County 2018 Homeless Count and Subpopulation Survey, Table 9. <http://wp.sbcounty.gov/dbh/sbchp/wp-content/uploads/sites/2/2018/04/SBC-2018-Homeless-Count-Final-Report.pdf>

## Community Input – Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to homelessness. Following are their comments, quotes and opinions edited for clarity:

- The biggest issue is lack of affordable housing to wages. We have helped people get into places where over 50% of their income is used for rent. By the time you count taxes and deductions, it may require 60-70% of a person's income to maintain some form of shelter.
- There is a lack of individual rooms as rental possibilities. There are unsheltered and illegal housing like a garage as a dwelling place, but it is better than being on the street. Those situations are subject to abuse. It is not a legal arrangement and there are no protections. You can be put out instantly and that contributes to homelessness in this area. And once you are homeless it is very difficult to come back from homelessness.

- There is a lack of affordable housing for individuals. When you rent an apartment and you have to have appliances and furniture to furnish the unit. Many people don't have any of that when they move and there are scarce resources to find a refrigerator. Another challenge is the transient nature of the population in our county. They are in San Bernardino one week and the high desert the next week. To keep track of them, to help them, is difficult. There is a lack of shelter and housing options that they will accept. Many want to stay together if they are couples and shelters do not accept couples and, with pets, many shelters won't take pets. There are different rules and guidelines and people will say no to them.
- The homeless population is probably one of the clearest examples of how a condition of life impacts health. I volunteer for a homeless program and it is clear how sick they are because of their poverty.
- Individuals who are homeless don't access services because a number of them seek to be hidden and they don't have the means or the abilities or motivation to move out of their encampments, to come out where services are located.
- I don't know why they are moving around, sometimes encampments come up, maybe because of community pressure to move them along. Sometimes they move to urban street areas and the danger element arises, so they move somewhere safer. We don't find its law enforcement moving them; it is either their own community and how dangerous it is, or how vulnerable they are. Sometimes they hear there are services in one community, like being able to get a hot meal and showers, so they move there.
- We have a significant problem with homelessness in this area. They are a hidden population. If we don't see them out walking on the street, they melt into the background.
- Encampments are still relatively small. Here you might find four or five people camped under the bridges or on the side of a hill. It is not like in LA with a big encampment.
- At an area school a large percentage of the student population is homeless. The principal drives to hotels to pick up the students to bring them to class. The only way they can come to school is if someone can give them a ride and then drop them back off at the end of the day. The only place they can get food is by going to school.
- There are more seniors who are experiencing homelessness.
- When we speak of the homeless, we speak as if they are all the same, when in fact there are different categories of homeless. There are people who are fragile and we need to take care of them. And there are homeless who with the help of intensive programs, could be helped. There is another group of homeless who are temporarily homeless. It was a misfortune that they became homeless and they can participate

in the market place and they can support themselves. With minimal intervention, they can be rehoused.

- There just are not enough facilities to take care of the homeless population.
- We have families who live double and triple up, they pay their share of rent and provide their food stamps for the household.
- Some families try to stay in the Emergency Department where it's warm and safe. Unless they are being very disruptive, most of the time they are not kicked out. The homeless live in parks, cars, libraries, abandoned buildings and houses, and recently, people are moving in as stores close, they have blankets and pillows in storefronts.
- It used to be we didn't see homeless children, but now we see a lot of children staying in the park.
- For the homeless, there is a need to provide wrap around supportive services like mental health and physical health services.

### 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 515.3 per 100,000 persons; higher than the rates for the county (485) or state (461.9).

#### Violent Crimes, per 100,000 Persons, 2017

	Number	Rate
CHSB Service Area*	5,017	515.3
<b>San Bernardino County</b>	<b>10,217</b>	<b>485.0</b>
<b>California</b>	<b>178,553</b>	<b>461.9</b>

Source: State of California Department of Justice, 2017. \*Data unavailable for Bloomington and Crestline.

<https://openjustice.doj.ca.gov/crime-statistics/crimes-clearances>

Calls for domestic violence are categorized as with or without a weapon. The majority of domestic violence calls in the service area involved a weapon (52%), which was higher than the county average (40.6%).

#### Domestic Violence Calls, 2017

	Total	Without Weapon	With Weapon
CHSB Service Area*	7,620	48.0%	52.0%
<b>San Bernardino County</b>	<b>12,012</b>	<b>59.4%</b>	<b>40.6%</b>
<b>California</b>	<b>169,362</b>	<b>55.7%</b>	<b>44.3%</b>

Source: State of California Department of Justice 2017. <https://openjustice.doj.ca.gov/crime-statistics/domestic-violence>

\*Data unavailable for Bloomington and Crestline.

## **Community Input – Violence and Injury Prevention**

Stakeholder interviews identified the following issues, challenges and barriers related to violence and injury prevention. Following are their comments, quotes and opinions edited for clarity:

- Some communities struggle with a level of crime and violence that makes residents reluctant to come to sites where services are located. Sometimes the gang culture is an issue. Clinics are located in safe areas, but people have to come to different gang areas and there is some reluctance to come to these areas.
- Mental health is an issue that leads to violence. The availability of guns in the hands of people who have mental problems continues to be a problem.
- Partner violence occurs across all incomes, it doesn't discriminate.
- We have high levels of domestic violence in this region. Domestic violence and dating violence is spreading to multiple generations. Poverty forces multiple generations to live in the same household with a one-person income. Multiple people live on one fixed income and that creates more stress, which results in an increased incidence of domestic violence.
- What we see is domestic violence. Often it is hidden. We also see abuse with children. If it is evident they are being abused, we are mandated reporters.
- In every community, violence is something to worry about. People cannot exercise freely in certain communities because they are afraid of getting mugged and getting hurt. If you go to some of the minority communities, poor communities, the use of guns and other types of violent behavior are more prevalent. Violence is more prevalent in minority communities. As a result of the 2015 shooting, security has been heightened at all institutions and most workplaces have injury prevention programs in place.

## Health Access

### Health Insurance

Health insurance coverage is considered a key component to access health care. The service area insurance rate is 83.6%. This is below the rate for the county (85.9%) and state (87.4%). Among children in the service area, 92.8% have insurance coverage, and 77.2% of non-senior adults are insured. Nearly all seniors are insured (97.4%).

### Insurance Coverage by Age Group

	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
CHSB Service Area	83.6%	92.8%	77.2%	97.4%
<b>San Bernardino County</b>	<b>85.9%</b>	<b>93.7%</b>	<b>80.3%</b>	<b>98.1%</b>
<b>California</b>	<b>87.4%</b>	<b>94.6%</b>	<b>82.4%</b>	<b>98.6%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. <http://factfinder.census.gov>

In the service area, health insurance coverage ranges from a low of 65.6% of adults with insurance in Fontana (92335) to a high of 89.5% of adults with insurance in Redlands (92373).

### Insurance Coverage

	Percent
92316 – Bloomington	69.7%
92324 – Colton	76.7%
92325 – Crestline	82.0%
92335 – Fontana	65.6%
92336 – Fontana	81.8%
92337 – Fontana	80.8%
92344 – Hesperia	86.1%
92345 – Hesperia	79.0%
92346 – Highland	82.7%
92373 – Redlands	89.5%
92374 – Redlands	86.8%
92376 – Rialto	72.9%
92377 – Rialto	83.5%
92399 – Yucaipa	85.4%
92401 – San Bernardino	66.5%

	Percent
92404 – San Bernardino	75.8%
92405 – San Bernardino	73.0%
92407 – San Bernardino	79.3%
92408 – San Bernardino	70.1%
92410 – San Bernardino	66.3%
92411 – San Bernardino	66.6%
<b>CHSB Service Area</b>	<b>77.2%</b>
<b>San Bernardino County</b>	<b>85.9%</b>
<b>California</b>	<b>87.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701 <http://factfinder.census.gov>

In San Bernardino County, 38.7% of the population has employment-based health insurance. 32.6% are covered by Medi-Cal and 7.8% of the population has coverage that includes Medicare. 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
Employment-based	38.7%	42.1%
Medi-Cal	32.6%	28.7%
Medicare and others	7.8%	8.5%
Private purchase	3.9%	6.0%
Medicare and Medi-Cal	3.3%	4.3%
Other public	1.5%	1.3%
Medicare	1.8%	1.6%
No Insurance	10.4%	7.4%

Source: California Health Interview Survey, 2016. <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. 87.7% of county residents reported a regular source for medical care. The source of care for 60.2% of San Bernardino County residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 22.2% in the county, while 12.3% 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	87.7%	85.4%
Dr. office/HMO/Kaiser Permanente	60.2%	58.7%
Community clinic/government clinic/community hospital	22.2%	23.7%
ER/Urgent Care	4.5%	1.8%
Other	0.8%	1.2%
No source of care	12.3%	14.6%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

Accessing health care can be affected by the number of available providers in a community. According to the 2018 County Health Rankings, San Bernardino County ranks 50 out of 57 California counties (Alpine County excluded) for clinical care, which includes ratios of population-to-care providers, preventive screening practices, and insurance coverage, among others.

The ratio of county population to health care providers indicates there are fewer primary care physicians, dentists and mental health providers 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 (90 <sup>th</sup> percentile)
Primary care physicians	1,750:1	1,280:1	1,030:1
Dentists	1,470:1	1,210:1	1,280:1
Mental health providers	510:1	320:1	330:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org/app/california/2018/measure/factors/4/map>

Delayed care may indicate reduced access to care; 11.2% of county residents reported delaying or not seeking medical care and 10.9% delayed or did not fill 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	11.2%	9.8%
Delayed or didn't get prescription medicine in last 12 months	10.9%	9.0%

Source: California Health Interview Survey, 2016. <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. 29.3% of residents in San Bernardino County visited an ER over the period of a year. Children (those younger than 18 years old) visited the emergency room at higher rates (34.9%) than other age groups.

### Use of Emergency Room

	San Bernardino County	California
Visited ER in last 12 months	29.3%	21.4%
0-17 years old	34.9%	19.7%
18-64 years old	28.4%	21.9%
65 and older	19.8%	22.0%
<100% of poverty level	34.3%	26.3%
<200% of poverty level	26.7%	24.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care. Following are their comments, quotes and opinions edited for clarity:

- The biggest challenge is transportation to be able to access health services. Medi-Cal, through the managed care program, has a transportation benefit. We've seen an improvement in show rates that we attribute to that transportation benefit. Public transportation remains a challenge.
- People cannot secure or access health care coverage. They cannot take time off from work to get treatment. They may be unable to arrange transportation to get treated before they have to be at home to pick up the kids. And there are a significant number of immigrants who are afraid to reach out to get the services they need.
- There is a lack of coordination among health care providers, especially with the Medi-Cal population. And there is a struggle to get whole person care implemented.
- We have populations who are coming to the Emergency Department seeking treatments that they could be getting elsewhere, more effectivity, and for a better cost for services. Establishment of neighborhood clinics that provide screening and care, that would allow people to access care, and more efficient care, and in an area that is closer to where they reside.
- For the uninsured, it is very challenging to find resources. The FQHC model was designed to incentivize centers to help the uninsured.

- People have bad experiences, getting what they need in a timely way with medical care.
- People are living day to day, barely getting by. They don't have cars, they try to use public transportation. If money is tight, they spend it on food, not health care. People will call 911 to be transported to a hospital because if they call, they know they will respond.
- For those that have health care, getting appointments are a challenge. It can take a couple of weeks and that is with consistent calls. Many places won't accept Medi-Cal, so they have to make an appointment far away and transportation may become an issue.

### Dental Care

In San Bernardino County, 2.9% of adults have never been to the dentist compared with 2.4% at the state level. 77.3% 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	77.3%	80.1%
More than 2 years to more than 5 years	19.8%	17.5%
Never been to dentist	2.9%	2.4%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

Among children (ages 2-11) in San Bernardino County, 83% had been to the dentist in the last two years. 16.9% of children in the county have never been to a dentist.

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

	San Bernardino County	California
Less than 6 months to 2 years ago	83.0%	86.0%
Never been to dentist	16.9%	13.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to Dental care. Following are their comments, quotes and opinions edited for clarity:

- Recent Medi-Cal changes now offer a Denti-Cal benefit.
- People need to have regularly scheduled dental care rather than waiting until the condition is advanced.
- There is a direct link with cavities and poor health outcomes. Preventive dental care is critical.

- There are a large number of adults who don't qualify for dental coverage and cannot afford to take off work or pay for services. Dental support programs are limited in number and often limited to extreme cases because there is such a shortage. Some provide only for those on public insurance, some cannot provide care on public insurance. There are many restrictions and too few providers.
- We are teaching doctors how to determine infections in the mouth so they can prescribe medications to reduce the pain because people can't get to dentists.
- For the homeless and the very poor, they get terrible infections in the mouth that can impact the rest of the body. Bad dental hygiene can lead to other physical problems if it is not treated.
- Less than 30% of pregnant women access dental care. Denti-Cal doesn't cover a lot. Most dentists are not interested in seeing patients with Denti-Cal.
- We have a dental clinic with Loma Linda University Dental School and people are very apprehensive to have their teeth worked on because they are in such bad shape. One child wouldn't smile the whole time he was waiting to go to the dentist, but after his teeth were clean, he walked out and smiled

## Birth Indicators

### Births

From 2013-2015, there were on average 30,200 births in San Bernardino County. The majority of births were to mothers who are Hispanic or Latino (58.5%), 24.4% of births were to Whites, 9.0% of births were to Blacks or African Americans, and 7.8% of births were to Asian/Pacific Islanders.

89.2% of mothers were in good to excellent health before pregnancy. During pregnancy, 48.7% of women experienced excessive weight gain and 14.8% were food insecure during pregnancy.

### Health Status Before and During Pregnancy

	San Bernardino County	California
Good to excellent health before pregnancy	89.2%	92.0%
Inadequate weight gain during pregnancy	16.0%	18.2%
Excessive weight gain during pregnancy	48.7%	41.2%
Food insecurity during pregnancy	14.8%	15.6%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2013-2015.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotBy>

### Teen Birth Rate

Births to teens in San Bernardino County occurred at a rate of 24.2 per 1,000 females ages 15-19. This rate is higher than the teen birth rate found in the state (17.6).

### Births to Teenage Mothers, Ages 15 - 19

	Live Births	Rate per 1,000 Females
San Bernardino County	2,037	24.2
California	24,179	17.6

Source: California Department of Public Health, Maternal, Child and Adolescent Health Division, California Adolescent Birth Report (2015), Adolescent Birth Rate by County (2015).

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Data/Adolescent-Health-Data.aspx>

### Prenatal Care

87.2% of pregnant women in San Bernardino County entered prenatal care within the first trimester. This rate translates to 12.8% of women entering prenatal care late or not at all, which is higher than the state rate of 10.6%. San Bernardino County exceeded the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.

## Early Entry into Prenatal Care (In First Trimester)

	Live Births	Percent
San Bernardino County	30,200	87.2%
California	487,900	89.4%

Source: California Department of Public Health, Maternal and Infant Health Assessment 2013-2015.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.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. San Bernardino County has a higher rate of low birth weight babies (7.3%) when compared to the state (6.8%). The rate of low birth weight (7.3%) is lower than the Healthy People 2020 objective of 7.8%

### Low Birth Weight (Under 2,500 g), 2014-2016

	Low Birth Weight	Live Births	Percent
San Bernardino County	2,249	31,013	7.3%
California	33,655	494,524	6.8%

Source: California Department of Public Health, County Health Profiles, 2018

<https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf>

## Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in San Bernardino County was 6.3 deaths per 1,000 live births. This rate is higher than the California rate of 4.6 and the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

### Infant Mortality Rate, 2013-2015

	Rate
San Bernardino County	6.3
California	4.6

Source: California Department of Public Health, County Health Profiles, 2018

<https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf>

## 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 2016, CHSB had 1,676 births. Breastfeeding rates at CHSB show 83.3% of new mothers breastfeed and 47.9% breastfeed exclusively. The rates of breastfeeding at CHSB exceed the Healthy People

2020 objective of 81.9% of mothers who breastfeed, but are less than county and state rates of breastfeeding.

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Community Hospital Medical Center	1,676	83.3%	736	47.9%
<b>San Bernardino County</b>	<b>21,558</b>	<b>89.1%</b>	<b>15,182</b>	<b>62.7%</b>
<b>California</b>	<b>397,434</b>	<b>94.0%</b>	<b>293,701</b>	<b>69.4%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2016

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

### Community Input – Birth Indicators

Stakeholder interviews identified the following issues, challenges and barriers related to birth indicators. Following are their comments, quotes and opinions edited for clarity:

- Pregnant women seem to be pretty dialed into getting care. Even when we go to units with a special needs child, the system seems to have identified them and brought them to care.
- Locally, we've have improved data in terms of teen pregnancies. However, we still have delayed access to care for pregnant women.
- We have a low breastfeeding population.
- We have tried to work specifically with African American women to reduce low birth weight and preterm delivery.

## Mortality/Leading Causes of Death

### Mortality Rates

The top five leading causes of death in the hospital service area are 1) heart disease, 2) cancer, 3) chronic lower respiratory disease, 4) diabetes, and 5) stroke.

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. Rates of death in the hospital service area exceed county and state rates for all listed causes of death except suicide.

The heart disease mortality rate is 201.3 per 100,000 persons, higher than county rates (196.3) and state rates (161.5). The rate of death in San Bernardino due to ischemic heart disease was 123.7 per 100.00 persons. This exceeds the Healthy People 2020 objective of 103.4 per 100,000 persons.

The cancer death rate in the service area is 189.8 per 100,000 persons, higher than the county rate (172.9), the state rate (158.4), and the Healthy People 2020 objective (161.4 per 100,000).

The rate of death due to stroke (45.6 per 100,000 persons) exceeded the Healthy People 2020 objective of 34.8 per 100,000 persons. The homicide rate in the service area (7.4 per 100,000 persons) exceeded the Healthy People objective of 5.5 per 100,000 persons.

### Mortality Rates, Age Adjusted, per 100,000 Persons, 2013-2015

	CHSB Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Heart disease	3,953	201.3	196.3	161.5
Ischemic heart disease	2,250	123.7	114.3	103.8
Cancer	3,772	189.8	172.9	158.4
Chronic lower respiratory disease	1,080	59.0	55.3	36.0
Diabetes	837	43.0	34.1	22.6
Stroke	827	45.6	40.1	38.2
Unintentional injuries	742	30.7	27.3	31.8
Alzheimer's disease	704	42.6	37.3	35.5
Liver disease	408	18.7	16.9	13.8

	CHSB Service Area		San Bernardino County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza	329	17.5	14.7	16.8
Kidney disease	262	14.0	11.8	8.5
Suicide	242	9.6	10.4	11.0
Homicide	212	7.4	5.6	4.9
HIV	61	2.5	1.9	1.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

### Cancer Mortality

The five-year average cancer death rate for all cancer sites in San Bernardino County was 163.2 per 100,000 persons. This rate is higher than the state rate (146.6 per 100,000) and the Healthy People 2020 objective (161.4 per 100,000). In San Bernardino County all listed cancers exceed the state rates except for lymphoma.

### Cancer Mortality Rates, per 100,000 Persons

	San Bernardino County		California
	Number	Rate	Rate
Cancer, all sites	14,372	163.2	146.6
Digestive system	3,977	44.7	40.8
Respiratory system	3,216	37.5	32.9
Breast	1,176	12.7	11.1
Female genital	867	17.4	14.8
Male genital	866	25.9	20.1
Urinary system	789	9.2	7.6
Leukemia	560	6.4	6.2
Lymphoma	478	5.6	5.8

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2011-2015.  
<http://www.cancer-rates.info/ca/>

## Disability and Disease

### Health Status

Among the San Bernardino County population, 19.3% reported being in fair or poor health. This rate is higher than the California rate of 17.3%.

#### Health Status, Fair or Poor Health

	San Bernardino County	California
Persons with fair or poor health	19.3%	17.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Disability

Among of adults in San Bernardino County, 40.6% had been identified as having a physical, mental or emotional disability. 11.3% 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	40.6%	29.7%
Couldn't work due to impairment	11.3%	7.0%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Diabetes

Diabetes is a growing concern in the community; 11.4% of adults in San Bernardino County have been diagnosed with diabetes, and 15.2% have been diagnosed as pre-diabetic. Among adults with diabetes, 32.2% are very confident they can control their diabetes; 16.6% of adults in San Bernardino County are not confident that they can control/manage their diabetes.

#### Adult Diabetes

	San Bernardino County	California
Diagnosed pre-diabetic	15.2%	13.4%
Diagnosed with diabetes	11.4%	9.1%
Very confident to control diabetes	32.2%	58.5%
Somewhat confident	51.2%	33.8%
Not confident	16.6%	7.7%

Source: California Health Interview Survey, 2016. <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 diabetes-related indicators, hospitalization rates were higher in San Bernardino County than in California.

**Diabetes Hospitalization Rates\* for Prevention Quality Indicators**

	San Bernardino County	California
Diabetes long term complications	111.8	79.8
Diabetes short term complications	75.9	54.4
Lower-extremity amputation among patients with diabetes	31.0	23.6
Uncontrolled diabetes	47.2	33.9

Source: California Office of Statewide Health Planning & Development, 2016. [http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)  
 \*Risk-adjusted (age-sex) annual rates per 100,000 persons.

**Heart Disease**

For adults in San Bernardino County, 8.2% have been diagnosed with heart disease. Among these adults, 66.5% are very confident they can manage their condition and 33.5% were somewhat confident they could control their heart disease. 48.1% have a disease management care plan developed by a health care professional.

**Adult Heart Disease**

	San Bernardino County	California
Diagnosed with heart disease	8.2%	6.2%
Has a disease management care plan	48.1%	70.2%
Very confident to control condition	66.5%	57.4%
Somewhat confident to control condition	33.5%	36.8%
Not confident to control condition	0.0%	5.8%

Source: California Health Interview Survey, 2016. <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 two PQIs related to heart disease are heart failure and hypertension. In 2016, rates of heart failure and hypertension were higher in the county than in the state.

## Hospitalization Rates\* for Prevention Quality Indicators – Heart Disease

	San Bernardino County	California
Heart failure	346.2	317.7
Hypertension	35.3	25.0

Source: California Office of Statewide Health Planning & Development, 2016.

[http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

\*Risk-adjusted (age-sex) annual rates per 100,000 persons.

## High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In San Bernardino County, 31.1% of adults have been diagnosed with high blood pressure, and of those, 56.4% 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	31.1%	28.4%
Takes medicine for hypertension	56.4%	65.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

## Cancer

In San Bernardino County, the five-year, age-adjusted cancer incidence rate is 391.9 per 100,000 persons, lower than the California average (395.2 per 100,000 persons). Rates for cancers of the male genitals, digestive system, female genitals, urinary systems and leukemia were all higher in San Bernardino County than in the state.

## Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	San Bernardino County	California
All sites	391.9	395.2
Male genital	110.9	103.9
Digestive system	79.4	75.8
Breast, either sex	59.9	64.2
Respiratory system	45.0	45.0
Female genital	52.2	47.4
Urinary system	32.4	31.4
Skin	17.4	23.7
Lymphoma	18.0	20.4

	San Bernardino County	California
Endocrine system/thyroid	13.0	13.5
Leukemia	12.5	12.2
Oral Cavity and pharynx	9.2	9.9
Brain and nervous system	5.8	5.9

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2011-2015. <http://www.cancer-rates.info/ca/>

## Asthma

In San Bernardino County, 13.9% of the population has been diagnosed with asthma; 94.9% have had symptoms in the past year and 40.2% take daily medication to control their asthma. Among county youth, 3.2% have been diagnosed with asthma, and 14.4% have visited the ER as a result of their asthma.

## Asthma

	San Bernardino County	California
Diagnosed with asthma, total population	13.9%	14.8%
Diagnosed with asthma, 0-17 years old	3.2%*	16.7%
Had asthma symptoms in the past 12 months	94.9%	90.3%
ER visit in past year due to asthma, total population	34.0%	13.1%
ER visit in past year due to asthma, 0-17 years old	14.4%*	10.5%
Takes daily medication to control asthma, total population	40.2%	45.1%
Takes daily medication to control asthma, 0-17 years old	3.2%	16.7%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu> \*Statistically unstable due to small sample size.

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 2016, 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	303.5	265.6
Asthma in younger adults	33.8	22.6

Source: California Office of Statewide Health Planning & Development, 2016. \*Risk-adjusted (age-sex) annual rates per 100,000 persons. [http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi\\_overview.html](http://www.oshpd.ca.gov/HID/Products/PatDischargeData/AHRQ/pqi_overview.html)

## Tuberculosis

The tuberculosis incidence rate in San Bernardino County was 2.9, which is lower than the state rate of 5.4. However, the TB rate exceeds the Healthy People 2020 objective of 1.0.

### Tuberculosis Incidence, 2014-2016

	San Bernardino County	California
Tuberculosis incidence crude rate	2.9	5.4

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

### Community Input – Chronic Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to chronic diseases. Following are their comments, quotes and opinions edited for clarity:

- Major health issues with our population are chronic medical conditions such as high blood pressure, diabetes, heart disease, and complications in their treatment with their mental illness.
- A challenge is being able to effectively coordinate medical treatment for chronic conditions with the system we have for the Medi-Cal population. We may treat their mental health issue and they also have diabetes. The ability to try to get communication between the psychiatrist and the physician treating the chronic diseases is difficult. We need to realize that mental illness is a contributing factor of chronic disease treatment.
- Early diagnosis is problem area. We just had a patient with a diagnosis of cancer already at stage 4. It could have been caught earlier and made treatment easier. The availability of treatments for these conditions can be extremely expensive, which can be a problem for some people, depending on health insurance. Medicare will pick up some, but not everyone is of age, so that doesn't help.
- Hypertension should be added as a comorbid condition. It is one of the main conditions which people don't know they have. African Americans are at high risk for hypertension. It's called the silent killer.
- Obesity and asthma are significantly tied to environmental problems.
- We see a lot of clients with heart disease and diabetes that go untreated.
- A lot of food choices that are made available at the affordable rate with food banks are high carbohydrate foods. Diabetes and food insecurity walk hand in hand. People may not be able to create a meal because they don't have electricity or gas or appliances. Also, we have many people who have housing, but somewhere in their life skills education, they did not learn to cook nutritious foods. So, things that require cooking are not really available to them until they have the knowledge of how to make inexpensive meals.

- There are a lot of liquor stores and fast food places, but they do not have good food options to address chronic diseases. Those are socioeconomic barriers that hamper improvement in some chronic diseases.

## HIV/AIDS

In San Bernardino County the rate of persons living with HIV/AIDS infection was 196.9 per 100,000 persons, which is lower than the state rate of 391.7 per 100,000 persons.

### HIV/AIDS, 2013-2015

	San Bernardino County	California
HIV/AIDS infection ages 13 years and older	196.9	391.7

Source: California Department of Public Health, County Health Status Profiles 2018 Report <http://www.cdph.ca.gov/data/statistics/>

## Sexually Transmitted Infections

The rate of chlamydia in San Bernardino County is 607.9 per 100,000 persons, higher than the state rate of 552.2. The county rate of gonorrhea is 184.5 per 100,000 persons, lower than the state rate of 190.3. Rates of syphilis are lower than state rates.

### STI Cases, Rate per 100,000 Persons

	San Bernardino County		California
	Cases	Rate	Rate
Chlamydia	13,153	607.9	552.2
Gonorrhea	3,993	184.5	190.3
Primary and Secondary Syphilis	242	11.2	16.8
Total Early Syphilis*	473	21.9	34.6

Source: California Department of Public Health, 2017. \*Early Syphilis includes primary, secondary, and early latent syphilis. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

## Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections (STIs). Following are their comments, quotes and opinions edited for clarity:

- We see STIs with cases of domestic violence on a regular basis.
- Human trafficking, this is a problem among teens, even if they don't know it. We are aware and concerned about the other issue that has to do with becoming sexually active in inappropriate activities, like being manipulated into it when they are young.
- High school and junior high kids are largely unaware of risks and there is not enough education for them to make choices that are in their best self-interest.
- Unfortunately, in our county, STIs have skyrocketed.
- We see young girls with children. What is their knowledge level about like HIV? Are they being vaccinated for HPV?

## Mental Health

In San Bernardino County, 10.5% of adults experienced serious psychological distress in the past year. 15.2% of adults saw a health care provider for emotional, mental health, alcohol or drug issues; however, 48.8% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (27.7% who do not receive treatment). 13.8% 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	10.5%	8.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.2%	16.4%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	13.2%	13.4%
Adults who sought/needed help but did not receive treatment	48.8%	38.4%
Adults who took prescription medicine for emotional/mental health issue in past year	13.8%	11.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

In San Bernardino County, 8.1% of teens needed help for an emotional or mental health problem and 1% received counseling.

### Mental Health Indicators, Teens

	San Bernardino County	California
Teens who needed help for emotional/mental health problems in past year	8.1%	18.7%
Teens who received psychological/emotional counseling in past year	1.0%	10.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

In San Bernardino County, 6.9% of adults had seriously considered suicide. This is less than the state rate (9.3%).

### Thought about Committing Suicide

	San Bernardino County	California
Adults who ever seriously thought about committing suicide	6.9%	9.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

The ratio of county population to health care providers indicates there are fewer mental health providers compared to the overall (average) California ratio and the national top performance ratio.

### Ratio of Population to Mental Health Care Providers

	San Bernardino County	California	National Top Performer (90 <sup>th</sup> percentile)
Mental health providers	510:1	320:1	330:1

Source: County Health Rankings, 2018. <http://www.countyhealthrankings.org/app/california/2018/measure/factors/4/map>

### Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments, quotes and opinions edited for clarity:

- The biggest challenge is being able to get qualified mental health providers to work in our county. This impacts access.
- People that should receive treatment or be hospitalized for treatment are on the street or back in the community. And we have a growing problem with people returning from military action and having mental health issues and transition issues.
- It is a gargantuan task to get mental health help if you are low income. It is very difficult to access mental health. The system is broken, inadequate and lacking compassion.
- There is a lot of untreated mental health and a barrier is distance to services. We have some county mental health walk-in clinics and a couple emergency crisis centers. It is difficult for the low income and the homeless to go to these sites because they need to travel the distance of 10-15 miles to get the medicines and therapy they need.
- Serious mental illness requires intensive inpatient treatment to stabilize and there is a lack of facilities to care for the seriously mentally ill.
- We have an extreme shortage of behavioral health and mental health providers in this region. The majority of people in the region would qualify under Medi-Cal or Medicare, but the number of providers is small. We have more providers that will take private patients. But even then we don't have enough providers.
- We find there is a lack of understanding of what a mental health issue is. As a result, people don't recognize they have a need and it goes undiagnosed. Some people are in denial and some do not know how to access services.

## Substance Use and Misuse

### Cigarette Smoking

In San Bernardino County, 11.4% of adults smoke cigarettes, lower than the state rate of 11.7% and the Healthy People 2020 objective of 12%.

### Cigarette Smoking, Adults

	San Bernardino County	California
Current smoker	11.4%	11.7%
Former smoker	27.0%	21.7%
Never smoked	61.6%	66.6%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

Among current smokers in San Bernardino County, 27.2% of adults smoke 6-10 cigarettes a day, 12.5% smoke 11-19 per day, and 31.4% smoke 20 or more a day.

### Number of Cigarettes Smoked per Day

	San Bernardino County	California
One or less	2.4%	0.7%
2-5 cigarettes	26.5%	24.9%
6-10 cigarettes	27.2%	39.9%
11-19 cigarettes	12.5%	13.5%
20 or more cigarettes	31.4%	20.9%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

Among teens in San Bernardino County, 2.2% have smoked an electronic (vaporizer) cigarette.

### Smoking, Teens

	San Bernardino County	California
Ever smoked an e-cigarette	2.2%	9.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

11.9% of San Bernardino County women who became pregnant smoked in advance of their pregnancy and 7.7% smoked after their babies were born in the postpartum period. These rates of smoking are higher than found in the state.

## Smoking Before and After Pregnancy

	San Bernardino County	California
Any smoking, 3 months before pregnancy	11.9%	10.8%
Any smoking, postpartum	7.7%	5.4%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2013-2015.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotBy>

## 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, 66.4% 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	66.4%	65.3%

Source: California Health Interview Survey, 2015. <http://ask.chis.ucla.edu>

15.6% of San Bernardino County women who became pregnant engaged in binge drinking in advance of their pregnancy and 4.1% drank alcohol in the third trimester of their pregnancy.

### Alcohol Use Before and After Pregnancy

	San Bernardino County	California
Any binge drinking, 3 months before pregnancy	15.6%	15.1%
Any alcohol use, 3 <sup>rd</sup> trimester	4.1%	7.3%

Source: California Department of Public Health, Maternal Infant Health Assessment, 2013-2015.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/MIHA/Pages/Data-and-Reports.aspx?Name=SnapshotBy>

Among San Bernardino County teens, 5.8% reported having an alcoholic drink and less than 1% (0.4%) had engaged in binge drinking in the past month.

### Alcohol Consumption and Binge Drinking, Teens

	San Bernardino County	California
Ever had an alcoholic drink	5.8%*	22.5%
Reported binge drinking in the past month	0.4%*	5.2%*

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu> \*Statistically unstable.

The rate of hospitalizations due to opioid overdose was 8.5 per 100,000 persons. This is equal to the state rate. Opioid overdose deaths in San Bernardino County were 1.7 per 100,000 persons, which was a lower death rate than found in the state (4.5 per 100,000 persons). The rate of opioid prescriptions in San Bernardino County was 657.7 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (507.6 per

1,000 persons).

**Opioid Use**

	San Bernardino County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	8.5	8.5
Age-adjusted opioid overdose deaths, per 100,000 persons	1.7	4.5
Opioid prescriptions, per 1,000 persons	657.7	507.6

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

**Community Input – Substance Use and Misuse**

Stakeholder interviews identified the following issues, challenges and barriers related to Substance use and misuse. Following are their comments, quotes and opinions edited for clarity:

- One big challenge we have is engaging individuals who lack awareness that they have a substance use problem.
- There have been some recent changes in the legal system on how we adjudicate certain substance use offenses. It used to be the court would look at health and medical issues, and if you were willing to go into treatment to avoid a negative consequence, you could get treatment instead of time. That leverage it's not there anymore. There is a new package of laws – looking at competency to stand trial – it's pretrial, it's diversion of county jail and incarceration prior to having your trial set.
- There has been legislation that reduced drug offenses that used to be felonies to misdemeanors. This was a good move from the perspective of the issues, but there was not funding to build the infrastructure to engage these people.
- One issue is the over prescribing of opioids. These drugs are plentiful, so the supply on the street is a problem. And it doesn't seem to be easing.
- There is a lot of meth and heroin use in the high desert. It's very difficult to navigate and get into a treatment centers. You need to be sober to get into a living situation. There are not enough facilities compared to people who want help.
- A couple of years ago, under Proposition 47, California decreased the charge from felony to misdemeanor for drugs charge and possession, so there was a site release and no jail time. It used to be you'd go to rehab and get clean, but now it is a misdemeanor, and rehab is not an option, so people are abusing and using.
- We see people with substance use in their family and we don't provide substance use services. It can be a related factor for child abuse and domestic violence.
- One thing that frequently impacts homelessness is substance use. Particularly those who are dual diagnosis have addictions.
- We need to increase resources for the disabled, and services for people who don't meet a special condition. Particularly for men, sometimes, there are no resources for

them.

- We know the opioid epidemic has plagued this nation and San Bernardino is part of this epidemic. We need to find a way to reduce opioid use and prescriptions and we need to be able to have more substance use centers.
- We see parents who will self-medicate when they can't solve a problem. Even if they have been clean for months, they tend to self-medicate when things get difficult, when they have to solve their problems. We find the children are masking as well, using alcohol and drugs to mask their situations.

## Health Behaviors

### Health Behaviors Ranking

The County Health Rankings examines health behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine County 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 2018, San Bernardino County ranked 37, putting the county in the bottom third of all California counties on health behaviors. This is an improvement over the past three years at which time San Bernardino County ranked 41.

### Health Behaviors Ranking

	County Ranking (out of 57)
San Bernardino County	37

Source: County Health Rankings, 2018. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Overweight and Obesity

In San Bernardino County, 34.8% of the adult population reported being overweight. The county adult rate of overweight matches the state rate. 10.8% of teens and 20.8% of children in the county are overweight. Overweight children in the county exceed the state rate.

### Overweight

	San Bernardino County	California
Adult, ages 18+	34.8%	34.8%
Teen, ages 12-17	10.8%*	18.1%
Child	20.8%*	16.6%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu> \*Statistically unstable due to small sample size.

The Healthy People 2020 objective for obesity is 30.5% of adults aged 20 and over. In San Bernardino County, 36% of adults are obese.

### Obesity

	San Bernardino County	California
Adult (ages 18+ years)	36.0%	27.9%

Source: California Health Interview Survey, 2016. <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, 2011-2016

	2011	2012	2013	2014	2015	2016
San Bernardino County	33.5%	31.2%	35.9%	34.0%	27.5%	36.0%
California	25.1%	24.2%	24.7%	27.0%	27.9%	27.9%

Source: California Health Interview Survey, 2011, 2012, 2013, 2014, 2015, 2016. <http://ask.chis.ucla.edu>

Adult overweight and obesity by race and ethnicity indicate high rates among Latinos (84.1%) and African Americans (66%). Whites also report higher levels of overweight and obesity (59.9%) compared with state averages (58.1%). Asians in San Bernardino County have the lowest rates of overweight and obesity (44.4%), however, these rates are higher than the state average of 43.6%.

## Adult Overweight and Obesity by Race/Ethnicity

	San Bernardino County	California
Latino	84.1%	73.9%
African American	66.0%	71.7%
White	59.9%	58.1%
Asian	44.4%	43.6%
Total adult population	70.8%	62.7%

Source: California Health Interview Survey, 2016. <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 (overweight) or at high risk (obese). In the service area, 45.8% of 5<sup>th</sup> grade students and 42.5% of 9<sup>th</sup> graders tested as needing improvement or at high risk for body composition.

## 5<sup>th</sup> and 9<sup>th</sup> Graders, Body Composition, Needs Improvement + High Risk

	Fifth Grade	Ninth Grade
CHSB Service Area	45.8%	42.5%
San Bernardino County	42.7%	39.6%
California	40.7%	37.2%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/>

## Fast Food

In San Bernardino County, 46.3% of children and 39.9% 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	46.3%	20.0%
Adults who reported eating fast food 3 or more times a week	39.9%	25.4%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Soda Consumption

0.6% of children in San Bernardino County consume at least two sodas or sweetened drinks a day. Among county adults, 17.1% drank at least seven sodas or sweetened drinks weekly; 48.8% 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	0.6%	2.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly	17.1%	10.4%
Adults who reported drinking no soda or sweetened drinks weekly	48.8%	59.6%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Fresh Fruits and Vegetables

65% of children and teens in San Bernardino County consume two or more servings of fruit in a day. Adults (82.1%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. 75% 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	65.0%	70.4%
Adults who reported finding fresh fruits and vegetables in the neighborhood always or usually	82.1%	87.1%
Adults who reported fresh fruits and vegetables were always or usually affordable in the neighborhood	75.0%	78.9%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Physical Activity

For school-aged children in San Bernardino County, 29.9% engage in physical activity

for at least one hour a day, 7 days a week, which is lower than the state rate of 36.8%. 92.6% of San Bernardino County teens and children visited a park, playground or open space in the last month.

**Physical Activity, Children and Teens, Ages 5-17**

	San Bernardino County	California
Activity available one hour or more per day, 7 days per week	29.9%	36.8%
Visited a park, playground or open space in the last month	92.6%	84.4%

Source: California Health Interview Survey, 2016. <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. 50.7% of 5<sup>th</sup> grade students and 48.8% of 9<sup>th</sup> graders in the service area meet the Healthy Fitness Zone standards for aerobic capacity.

**5<sup>th</sup> and 9<sup>th</sup> Grade Students, Aerobic Capacity, Healthy Fitness Zone**

	Fifth Grade	Ninth Grade
CHSB Service Area	50.7%	48.8%
<b>San Bernardino County</b>	<b>55.1%</b>	<b>51.7%</b>
<b>California</b>	<b>62.0%</b>	<b>61.9%</b>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.

<http://data1.cde.ca.gov/dataquest/>

**Community Input – Overweight and Obesity**

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments, quotes and opinions edited for clarity:

- Individuals have a hard time getting to places and keeping appointments. So, the education system that is set up with exercises and healthy eating options is not accessible to them and it is a challenge for them to participate.
- In our communities that are impoverished, there are not many grocery stores that are close by. And some groceries stores try to go into the area, and they shut down because of the crime rate.
- Some communities don't have access to fresh fruits and vegetables but there is a lot of fast food.
- People hear they should eat more vegetables and reduce soda intake, but to actually change behavior, that is difficult.
- Obesity among children. It is alarming the extent of it and the amount of weight they have gained. When we go to people's homes, there is a high occurrence of diabetes

and high blood pressure that is going untreated. They don't seem to understand the correlation between their lifestyle and diet.

- We have a shortage of healthy and affordable foods. Transportation is part of the issue. Food stamps provide regular access to food. But if you do not have transportation to get to the store, you rely on the corner market. They do not carry fresh food; instead it is canned and salted. Residents have a limited supply of healthy environments where they can store and cook food. Many can't cook because of roaches around the kitchen counter. One client found vermin cooking in the oven with their dinner.
- If we get kids involved, we also may have success with the parents.
- Rich or poor, we all benefit from basic information about nutritional health that has an impact on our physical health.
- People don't know what a well-balanced meal is. Mom and dad didn't know, so now they cook food high in fat, and it passes down to the kids. Fatty foods always taste better.
- When you have families staying in a hotel, or cars, it is difficult to have meals without a lot of carbohydrates because they eat whatever they can, whatever is cheap. They are not thinking about healthy eating, just what they can get. They do not eat a lot of vegetables and fruit.
- Kids are so hooked on games and TV, they are not getting as much exercise as they used to.

## 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 (96.9%) higher than the state average (95.2%).

#### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

	Immunization Rate
Colton Unified School District	97.0%
Fontana Unified School District	98.4%
Hesperia Unified School District	97.3%
Redlands Unified School District	97.0%
Rialto Unified School District	97.5%
Rim of the World School District	90.6%
San Bernardino City Unified School District	97.3%
Yucaipa-Calimesa Joint Unified School District	94.9%
<b>San Bernardino County</b>	<b>95.7%</b>
<b>California</b>	<b>95.2%</b>

Source: California Department of Public Health, Immunization Branch, 2016-2017.  
<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

### Flu Vaccine

35.2% of San Bernardino County residents have received a flu shot. 28.8% of children, 0-17, and 66.9% 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, total population	35.2%	44.8%
Vaccinated for flu in past 12 months, 0-17	28.8%	49.6%
Vaccinated for flu in past 12 months, 18-64	32.7%	37.7%
Vaccinated for flu in past 12 months, 65+	66.9%	69.3%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Mammograms

In San Bernardino County, 71.6% 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	71.6%	76.1%

Source: California Health Interview Survey, 2016. <http://ask.chis.ucla.edu>

### Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments, quotes and opinions edited for clarity:

- Many of us aren't doing exactly what we should be doing to stay healthy or be healthier. If you live in an area with wide streets and it is relatively safe, you are more likely to see people walking versus an area that has more crime and narrow streets where you are more likely to get hit by a car. The environment is important to our health.
- We have a lot of people in this area in abject poverty where there are more pests living in the house than people. Substandard living creates health problems. Unfortunately, so many people have no other option, so they silently live in these conditions. Language barriers sometimes make it difficult to communicate what needs to be done to prevent diseases from progressing. Those with language barriers need more education classes to better understand diseases.
- Let's encourage clinic providers to more aggressively discuss preventive approaches with patients.
- We have many students who have heart disease, diabetes, and severe health issues. We need more education on healthy eating and lifestyles in general, which would include diet and exercise.

## Prioritized Description of Community Health Needs

### Review of Primary and Secondary Data

Community health needs were identified from secondary data, using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs, which performed poorly against one or more of these benchmarks, met this criterion to be considered a health need.

The following community health needs were determined:

- Access to health care
- Asthma/lung disease
- Birth indicators
- Cancer
- Cardiovascular disease
- Dental care
- Diabetes
- Economic insecurity
- Homelessness
- Mental health
- Overweight and obesity
- Preventive practices
- Sexually transmitted infections
- Substance use and misuse
- Violence and injury prevention

### Prioritized Significant Needs

The list of community health needs 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. Community stakeholder interviews were used to gather input and prioritize the community health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

The stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, economic insecurity, mental health, and overweight and obesity received a ranking of 100% for severe and significant impact on the community. Mental health and economic insecurity had the highest scores for worsened over time. Homelessness, mental health, and overweight and obesity received a ranking of 100% for insufficient resources available.

Community Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	66.7%	36.4%	90.9%
Birth indicators	66.7%	25%	50%
Chronic diseases (asthma/lung disease, cancer, cardiovascular disease, diabetes)	90%	50%	88.9%
Dental care	81.8%	12.5%	80%
Economic insecurity	100%	77.8%	88.9%
Homelessness	91.7%	63.6%	100%
Mental health	100%	90%	100%
Overweight and obesity	100%	57.1%	100%
Preventive practices	50%	0%	62.5%
Sexually transmitted infections	66.7%	66.7%	66.7%
Substance use and misuse	80%	66.7%	88.9%
Violence and injury prevention	70%	57.1%	75%

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each community health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Among the interviewees, access to health care, mental health and homelessness were ranked as the top three prioritized significant needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the community health needs.

Community Health Need	Rank Order Score (Total Possible Score of 4)
Access to health care	4.00

Community Health Need	Rank Order Score (Total Possible Score of 4)
Mental health	4.00
Homelessness	3.92
Substance use and misuse	3.83
Chronic diseases (asthma/lung disease, cancer, cardiovascular disease, diabetes)	3.75
Economic insecurity	3.75
Violence and injury prevention	3.64
Preventive practices	3.45
Overweight and obesity	3.36
Sexually transmitted infections	3.22
Birth indicators	3.00
Dental care	2.83

## Resources to Address Community Needs

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 San Bernardino County at <https://211sb.org/>.

Health Need	Community Resources
Access to health care	211 Al-Shifa Clinic Catholic Charities Community Action Partnership Community Vital Signs Initiative Cornerstone Free Health Clinic Goodwill Southern CA H Street Clinic Inland Empire HIV Planning Counsel Inland Family Community Health Lestonnac Clinic Red Cross Sachs Frazee Clinic San Bernardino County Public Health Department San Bernardino Free Clinic Step up on Second US Vets Whitney Young Family Health Clinic
Birth indicators	Community Clinics Community Vital Signs Initiative First 5 Planned Parenthood, San Bernardino Health Center San Bernardino County Public Health Department Sweet Success WIC
Chronic diseases	Al-Shifa Clinic Community Vital Signs Initiative Cornerstone Free Health Clinic H Street Clinic Inland Family Community Health Lestonnac Clinic Sachs Frazee Clinic San Bernardino County Public Health Department San Bernardino Free Clinic Whitney Young Family Health Clinic
Dental care	Al-Shifa Clinic Center for Oral Health Inland Family Dental Community Health Center Loma Linda Dental SAC Health System Downtown Clinic Whitney Young Family Health Clinic
Economic insecurity	Community Action Partnership Food Bank

Health Need	Community Resources
	Food Policy Advisory Council Helping Hands Pantry Salvation Army Second Harvest Food Bank Tiffany's House of Hope, Inc. USDA Foods Volunteers of America Workforce Development Board San Bernardino County
Homelessness	Arrowhead United Way ATLAS: Access to Learning for All Students Catholic Charities Central Lutheran Mission Children Deserve Success San Bernardino County Community Action Partnership Desert Manna Ministries Home of Neighborly Service Center Homeless Intensive Case Management and Outreach Services (HICMOS) Homeless Outreach and Proactive Enforcement (HOPE) Program Homeless Outreach Support Team (HOST) Interagency Commission on Homelessness Mary's Table New Hope Missionary Baptist Church Newman School for Homeless Children Operation Grace Path of Life Ministries Family Shelter Red Cross Salvation Army Hospitality House San Bernardino Unified School District Santa Claus, Incorporated Veronica's Home of Mercy Way World Outreach Ministry
Mental health	Behavioral Health Commissions Clubhouse Program Family Resource Centers Mental Health systems Inc. in San Diego San Bernardino Community Crisis Response Teams (CCRT) San Bernardino Crisis Intervention Training (CIT) San Bernardino Crisis Stabilization Continuum of Care (CSCC) San Bernardino Crisis Stabilization Unit (CSU) San Bernardino Crisis Walk in Centers San Bernardino Residential Treatment Centers (CRT) Tay Center, Transitional Age Youth Awareness Treatment, Engagement and Support Teams (TEST)
Overweight and obesity	Community clinics Marathon Kids School districts Weight Watchers

<b>Health Need</b>	<b>Community Resources</b>
Preventive practices	Al-Shifa Clinic Community Vital Signs Initiative Cornerstone Free Health Clinic CVS Pharmacy H Street Clinic Inland Family Community Health Lestonnac Clinic Sachs Frazee Clinic San Bernardino County Public Health Department Clinic San Bernardino Free Clinic Walgreens Whitney Young Family Health Clinic
Sexually transmitted infections	Al-Shifa Clinic Community Vital Signs Initiative Cornerstone Free Health Clinic H Street Clinic Inland Family Community Health Lestonnac Clinic Sachs Frazee Clinic San Bernardino County Public Health Department Clinic San Bernardino Free Clinic Whitney Young Family Health Clinic
Substance use and misuse	Crisis Walk-In Clinic (CWIC) Lighthouse Social Services Center NAMI Inland Valley Recovery Based Engagement and Support Team (RBEST)
Violence and injury prevention	Alternatives to Domestic Violence Camp Good Grief Gang Reduction Intervention Partnership (GRIP) Genesis House Juvenile Justice Crime Prevention Act (JJCPA) Let's End Truancy (LET) Project Option House Shelter Domestic Violence Shelter Time for Change Foundation Veronica's Home of Mercy

## Impact of Actions Taken

In 2017, Community Hospital of San Bernardino conducted its previous Community Health Needs Assessment (CHNA). Community 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 2017 CHNA, Community Hospital of San Bernardino chose to address access to health care, preventive practices, birth indicators, chronic diseases, overweight and obesity, homelessness, and youth development for at-risk youth, including safety and violence prevention 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 prioritized significant needs were identified and impact measures tracked. The following section outlines the impact made on the selected community health needs since the completion of the 2017 CHNA.

### Community Grants Program

One important way the hospital addressed community health needs was by awarding financial grants to non-profit organizations working together to improve health status and quality of life in the communities we serve. Grant funds were used to deliver services and strengthen service systems, to improve the health and well-being of vulnerable and underserved populations.

In order to maximize results, CHSB combined available grant dollars with St. Bernardine Medical Center to offer larger monetary awards. In FY17, five grants were awarded totaling \$301,350. In FY18, five grants were awarded totaling \$365,000.

Organizations	Year Funded	Funded Program	Alignment with CHNA Need
Family Assistance Program Collaborative	FY17, FY18	Supporting victims in the Emergency Department	Access to health care; homelessness
Legal Aid of San Bernardino Collaborative	FY17, FY18	From at-risk to resiliency via access	Access to health care
Lestonnac Free Clinic Collaborative	FY17, FY18	Access to care and community health and education	Access to health care
Lutheran Social Services Collaborative	FY17, FY18	Comprehensive homeless intervention	Access to health care; homelessness
Mary’s Mercy Center Collaborative	FY17, FY18	Better health through partnership	Access to health care; homelessness; substance abuse

### **Access to Health Care/Preventive Practices**

- Community Hospital of San Bernardino delivers compassionate, high quality, affordable health care and advocates for members of our community who are poor and disenfranchised. In furtherance of this mission, the hospital provided financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
- Community education was offered free of charge to community members and addressed a variety of health issues.
- Through the Coordinated Community Network Initiative (CCNI) hospital care coordination and community partner agencies worked together to identify vulnerable patients' health and health-related social needs, and electronically link health care providers to organizations that provide direct services.
- Free flu shots were offered to the community free of charge.

### **Birth Indicators**

- The Sweet Success program is housed at the Diabetes Wellness Center to focus on gestational diabetes. In FY18, there were a total of 695 visits to the Sweet Success program.
- Community education centering on lactation support, healthy pregnancies and pre/postnatal care was provided at the Health Education Center (HEC). The Breastfeeding Center, contained within the HEC, educated 299 new mothers in FY17 and 220 new mothers in FY18 on breastfeeding techniques and the benefits of breastfeeding.
- Community Hospital of San Bernardino maintained its Baby Friendly® designation.

### **Chronic Diseases/Overweight and Obesity**

- Chronic Disease Self-Management Program classes were offered in English and Spanish to community members free of charge.
- Diabetes Empowerment Education Program (DEEP) classes were offered in English and Spanish to community members free of charge.
- A support group focused on women with breast cancer met monthly at the Health Education Center.
- Community classes focused on healthy eating and active living were provided at the Health Education Center. 414 unduplicated individuals received education at the Health Education Center in FY17. An additional 1,026 individuals received information and referrals to social services agencies to assist them with a variety of needs. 649 unduplicated individuals received education at the Health

Education Center in FY18. An additional 1,287 individuals received information and referrals to social services agencies to assist them with a variety of needs.

### **Homelessness**

- The Community Health Navigator followed up with uninsured and homeless patients who were seen in the ED but not admitted. Uninsured patients were provided with community resources (English and Spanish), including the sites offering specialty care. Assistance was provided for enrolling in government sponsored plans as well as arranging referrals for needed services from local nonprofit agencies. In FY17, 2,626 uninsured patients were seen in the ED and not admitted. The Navigator made contact with 27.7%. Of the 729 contacted, 680 (93%) received a referral to Lestonnac Free Clinic. In FY18, 2,871 uninsured patients were seen in the ED and not admitted. The Navigator made contact with 30%. Of the 862 contacted by the Navigator, 824 (95.6%) received a referral to Lestonnac Free Clinic.

### **Youth Development for At-Risk Youth, Including Safety and Violence Prevention**

- The Stepping Stones Program provided an opportunity for teens and young adults to gain valuable hospital workplace experience through volunteer and mentor activities.
- Community Hospital of San Bernardino provided space free of charge for the Catholic Charities Community Homework Center.

## Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the CHSB service area and San Bernardino County were compared to the Healthy People 2020 objectives. The **bolded items in red** are indicators that did not meet the Healthy People 2020 objectives; non-bolded items in **green** meet or exceed the objectives.

Service Area Data	Healthy People 2020 Objectives
High school graduation rate <b>86.2%</b> - 93%	High school graduation rate 87%
<b>Child health insurance rate</b> <b>92.8%</b>	Child health insurance rate 100%
<b>Adult health insurance rate</b> <b>77.2%</b>	Adult health insurance rate 100%
<b>Persons unable to obtain medical care</b> <b>11.2%</b>	Persons unable to obtain medical care 4.2%
<b>Heart disease deaths</b> <b>123.7 per 100,000</b>	Heart disease deaths 103.4 per 100,000
<b>Cancer deaths</b> <b>189.8 per 100,000</b>	Cancer deaths 161.4 per 100,000
<b>Stroke deaths</b> <b>45.6 per 100,000</b>	Stroke deaths 34.8 per 100,000
Unintentional injury deaths 30.7 per 100,000	Unintentional injury deaths 36.4 per 100,000
<b>Liver disease deaths</b> <b>18.7 per 100,000</b>	Liver disease deaths 8.2 per 100,000
<b>Homicides</b> <b>7.4 per 100,000</b>	Homicides 5.5 per 100,000
Suicides 9.6 per 100,000	Suicides 10.2 per 100,000
On-time (1 <sup>st</sup> Trimester) prenatal care 87.2% of women	On-time (1 <sup>st</sup> Trimester) prenatal care 78% of women
Low birth weight infants 7.3% of live births	Low birth weight infants 7.8% of live births
<b>Infant death rate</b> <b>6.3 per 1,000 live births</b>	Infant death rate 6.0 per 1,000 live births
<b>Adult obese</b> <b>36%</b>	Adult obese 30.5%
<b>High blood pressure</b> <b>31.1%</b>	High blood pressure 26.9%
<b>Did receive needed mental health care</b> <b>51.2%</b>	Did receive needed mental health care 72.3%
<b>Annual adult influenza vaccination</b> <b>35.2%</b>	Annual adult influenza vaccination 70%
Cigarette smoking by adults 11.4%	Cigarette smoking by adults 12%
<b>Mammograms</b> <b>71.6%</b>	Mammograms 81.1%, 50-74 years, screened in the past 2 years

## Attachment 2. Stakeholder Interviewees

Name	Title	Organization
Robert Carlson, PhD.	Dean Emeritus, College of Natural Sciences	California State University, San Bernardino
Claudia M. Davis, PhD, RN, MN, CNS	Chair, Department of Health Science & Human Ecology, College of Natural Sciences	California State University, San Bernardino
Deborah Davis	Chief Administrator	Legal Aid Society of San Bernardino
Ed Gerber	Executive Director	Lestonnac Free Clinic
Andrew Gruchy, LCSW	Deputy Director, Adult and Juvenile Forensics Division and Substance Use Disorder Services	County of San Bernardino Department of Behavioral Health
Michael Hein	Vice President	Mary's Mercy Center
Mike Jones		HOPE Program
Marilyn Kraft, MBA	Volunteer	First Presbyterian Church of San Bernardino
Vicki Lee	Homeless Student Liaison	San Bernardino City Unified School District
Gretel Noble	Housing Manager	City of San Bernardino
Maxwell Ohikhuare, MD	Health Officer	San Bernardino County Public Health Department
Maria Razo	Executive Director	Housing Authority of the County of San Bernardino
Ken Sawa	Executive Director	Catholic Charities