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## Community Benefit Report

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**Annual Report and Plan for Community Benefit  
Fiscal Year 2017 (April 1, 2016 – March 31, 2017)**

**Submitted to:  
Office of Statewide Health Planning and Development  
Healthcare Information Division  
Accounting and Reporting Systems Section  
Sacramento, California**

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## About Casa Colina Hospital

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Casa Colina is a nonprofit, freestanding, community-governed organization based in Pomona, California. Founded in 1936, Casa Colina's first focus was on children recovering from polio and other crippling diseases. Our goal was to help these children find a way to build productive, satisfying lives. Casa Colina's mission is to *provide individuals the opportunity to maximize their medical recovery and rehabilitation potential in an environment that recognizes their uniqueness, dignity and self-esteem*. Historically, Casa Colina's mission and culture as a medical rehabilitation

provider has defined the way it serves the community with people who have disabilities or are at risk of a disability. In the broadest sense, this includes a large portion of the population that is at risk for a traumatic medical event or developing a long term medical condition that could lead to a permanent disability.

Casa Colina Hospital and Centers for Healthcare (CCH) is the core of a network of closely integrated services. The Hospital operates under the corporate umbrella of Casa Colina, Inc. (CCI). The Hospital provides services to patients through its acute rehabilitation unit, medical and surgical unit, intensive care unit, surgical suites, outpatient therapy services, physician specialty clinics, satellite outpatient clinic in Azusa, and the pediatric outpatient clinic. Other Casa Colina entities extend the continuum of care and include the Transitional Living Center, Adult Day Health Center, Apple Valley and Lucerne Valley residential services, Imaging Center, and the Outdoor Adventures program.

Casa Colina provides a broad range of medical services, and is highly renowned for specialized rehabilitation programs that address neurological and orthopedic conditions. Providing a full continuum of medical and rehabilitative care for patients diagnosed with traumatic brain injury, stroke, spinal cord injury, and orthopedic injury and diseases, Casa Colina is able to move patients to the appropriate level of care as their acuity and rehabilitation needs change. Further, Casa Colina has highly specialized teams of rehabilitation professionals from physicians and therapists to certified rehabilitation nurses and neuropsychologists on staff to support both patients and families as they move through the phases of their recovery and ultimately back to their communities.

A distinction of Casa Colina is the Research Institute, which conducts translational and clinical research studies to measure the impact of medical rehabilitation, identify novel interventions and to improve current treatment paradigms. Casa Colina partners with leading scientists and researchers at a number of academic facilities including the California Institute of Technology; Harvard Medical School; the University of California, Los Angeles; and the University of California, San Diego as well as local universities and innovative technology companies.

## **Mission, Vision, Values and Goals**

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### **Mission**

Casa Colina will provide individuals the opportunity to maximize their medical recovery and rehabilitation potential efficiently in an environment that recognizes their uniqueness, dignity and self-esteem.

### **Vision**

Leading and continuously redefining a patient-centered approach for those requiring highly specialized medically-driven levels of care.

### **Values**

It is our commitment to enhance the quality of life of every person we serve.

### **Goals**

The goal of Casa Colina is to provide exceptional clinical care through a multidisciplinary team approach that is focused on the delivery of highly specialized, customized care for our patients. This is accomplished through implementing outcome based protocols, with emphasis on continued performance improvement and the education of our staff. This emphasis on exceptional care is a commitment we make to both our patients and the community we serve. Health and wellness programs, outreach to reduce health disparities, education and partnering with local organizations are ways we work with our community. Casa Colina's service in the community addresses disability in three ways:

1. *Preventing disability*-Casa Colina provides education in the community focused on health and wellness to prevent disabling conditions. This includes education on a host of preventative topics such as, balance and fall, diabetes, stroke and weight management. Affordable health and fitness programs are a key strategy for keeping our community healthy by increasing their activity levels. Activities related to primary prevention are part of Casa Colina's on-going community benefit programs and engagement with our community.

2. *Treatment of the disability*-Casa Colina addresses treatment through specialized medical diagnosis, risk assessment, and proactive intervention, which may be at the personal, family, or community and environmental level. Early intervention is our goal as well as secondary prevention to reduce the risk of further exacerbation of a disabling condition, when risk has been identified. Outreach programs, support groups, screenings, and education are part of Casa Colina's community benefit effort.
3. *Maximizing the potential of people with disabilities*-Casa Colina provides a continuum of care through highly skilled medical interventions and rehabilitation therapies. Therapy includes physical and cognitive retraining, education/training in adaptation, and community re-intergration and modification. To improve an individual with disabilities overall quality of life, Casa Colina provides recreational activities through the Outdoor Adventures Program, Land Meets Sea Sports Camp, community fitness and exercise programs, support networks and patient navigation for high risk patients. The main components are the provision of medical and rehabilitation care to individuals, support services/training to family members and caregivers, training and development of staff, subsidizing particular programs that provide important functions to the health of the community, the provision of charity care, and subsidized or unreimbursed care, when needed.

## **Board of Directors Casa Colina, Inc. and Affiliates**

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### **CHAIRMAN**

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Jose L. Rodriguez, MD

Joseph Unis, MD

Kiana Webb

#### DIRECTORS EMERITI

Samuel Crowe

Mary Lou Jensen

Gary Lastinger

## Our Community

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Historically, Casa Colina has defined the community it serves as persons with or at risk of disability. These are persons who can benefit from medical and rehabilitation interventions to prevent, remediate, or delay progression of disabling conditions and the impact on function, independence, and quality of life. To reflect its regional draw, Casa Colina Hospital and Centers for Healthcare's ("Casa Colina" or the "Hospital") rehabilitation service area was defined by hospital management as the geographic area consisting of 37 ZIP Codes located in Pomona, Rancho Cucamonga, Chino, and surrounding areas. When combined, this geographic region made up 76.2 percent of Casa Colina's total inpatient rehabilitation discharges during the time period, April 1, 2016 through April 19, 2017.

## Rehabilitation Service Area Overview

### Casa Colina Hospital and Centers for Healthcare Inpatient Rehabilitation Service Area Definition April 1, 2016 through April 19, 2017

ZIP Code	Community Name	Total Inpatient Discharges	Percent of Total	Cumulative Percent
91786	Upland	92	6.0%	6.0%
91710	Chino	91	5.9%	11.9%
91701	Rancho Cucamonga	82	5.3%	17.3%
91730	Rancho Cucamonga	79	5.1%	22.4%
91784	Upland	71	4.6%	27.0%
91711	Claremont	58	3.8%	30.8%
91762	Ontario	57	3.7%	34.5%
91764	Ontario	56	3.6%	38.2%
91750	La Verne	55	3.6%	41.8%
91709	Chino Hills	50	3.3%	45.0%
91761	Ontario	41	2.7%	47.7%
91767	Pomona	39	2.5%	50.2%
91773	San Dimas	39	2.5%	52.8%
92336	Fontana	39	2.5%	55.3%
91737	Rancho Cucamonga	36	2.3%	57.7%
91739	Rancho Cucamonga	31	2.0%	59.7%
91766	Pomona	29	1.9%	61.6%
91763	Montclair	27	1.8%	63.3%
91741	Glendora	24	1.6%	64.9%
91765	Pomona	19	1.2%	66.1%
92335	Fontana	18	1.2%	67.3%
91740	Glendora	17	1.1%	68.4%
91702	Azusa	15	1.0%	69.4%
91752	Mira Loma	15	1.0%	70.4%
92880	Corona	15	1.0%	71.3%
91768	Pomona	13	0.8%	72.2%
91723	Covina	12	0.8%	73.0%
91724	Covina	12	0.8%	73.7%
92345	Hesperia	12	0.8%	74.5%
92337	Fontana	11	0.7%	75.2%
92407	San Bernardino*	6	0.4%	75.6%
92377	Rialto*	3	0.2%	75.8%
91759	Mount Baldy*	2	0.1%	76.0%
92344	Hesperia*	2	0.1%	76.1%
91708	Chino*	1	0.1%	76.2%
92358	Lytle Creek*	1	0.1%	76.2%
91743	Guasti*	0	0.0%	76.2%
Subtotal		1,170	76.2%	
All Other		365	23.8%	100.0%
<b>Total Inpatient Discharges</b>		<b>1,535</b>	<b>100.0%</b>	

Source: Casa Colina Hospital and Outpatient Centers, and Premier, Inc.

\* Indicates ZIP Code was added to create a contiguous geographic region.

Indicates ZIP Code overlaps with the medical/surgical service area.

[https://share.premierinc.com/sites/pccs/MCD/Folder/WestCoast\\_Advisory\\_Services/Clients/Casa\\_Colina\\_Hospital/Strategic\\_Plan/Analysis/Rehab\\_Service\\_Area.xlsx](https://share.premierinc.com/sites/pccs/MCD/Folder/WestCoast_Advisory_Services/Clients/Casa_Colina_Hospital/Strategic_Plan/Analysis/Rehab_Service_Area.xlsx)Summary

The service area represents 76.2% of Casa Colina's total inpatient rehabilitation discharges. 23.8% of the program's patients originate outside of the service area as follows:

- Patients who reside in California (outside of the service area): 22.2%
- Patients who reside out-of-state: 1.6%









## Population Profile: Rehabilitation Service Area

Within the rehabilitation service area, the population cohorts age 45-64 years and 65 years and older are projected to experience modest to rapid growth over the next five years. As the population ages, the community will likely experience an increased demand for services such as neurosciences, orthopedics, and rehabilitation.

**Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Population by Age Cohort  
Calendar Years 2017 to 2022**

Age Cohort	CAGR <sup>(1)</sup>	Estimated 2017		Projected 2022		Percent Change 2017 - 2022
		Number	Percent of Total	Number	Percent of Total	
Inpatient Rehabilitation Service Area						
0 - 14	-0.1%	311,968	20.4%	311,052	19.5%	-0.3%
15 - 44	0.4%	666,716	43.7%	680,104	42.7%	2.0%
45 - 64	0.7%	379,594	24.9%	392,821	24.7%	3.5%
65 +	4.3%	168,934	11.1%	208,591	13.1%	23.5%
Total	0.8%	1,527,212	100.0%	1,592,568	100.0%	4.3%
Women 15 - 44	0.3%	328,972	21.5%	333,975	21.0%	1.5%
Median Age	0.8%		34.4		35.8	4.1%
California						
0 - 14	0.3%	7,661,323	19.3%	7,791,726	18.7%	1.7%
15 - 44	0.4%	16,574,099	41.8%	16,925,251	40.7%	2.1%
45 - 64	0.8%	10,021,597	25.2%	10,407,103	25.0%	3.8%
65 +	3.5%	5,434,175	13.7%	6,450,191	15.5%	18.7%
Total	0.9%	39,691,194	100.0%	41,574,271	100.0%	4.7%
Women 15 - 44	0.4%	8,114,859	20.4%	8,260,212	19.9%	1.8%
Median Age	0.7%		36.7		38.0	3.5%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/[Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx]Pop\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year

## Ethnic Profile: Rehabilitation Service Area

A large portion of the population served by the hospital is Hispanic, and this ethnic cohort is projected to grow modestly over the next five years. Given that Hispanics tend to have higher incidence rates of diabetes and obesity, it is anticipated that there will be an increased demand for orthopedics and rehabilitation services in this geographic region.

**Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Ethnic Profile  
Calendar Years 2017 to 2022**

		Estimated 2017		Projected 2022	
Ethnicity	CAGR <sup>(1)</sup>	Number	Percent of Total	Number	Percent of Total
Inpatient Rehabilitation Service Area					
Hispanics	1.6%	833,765	54.6%	901,226	56.6%
Non-Hispanics					
White	-1.9%	377,194	24.7%	342,846	21.5%
Black	0.5%	89,584	5.9%	91,780	5.8%
American Indian/Alaskan/Aleutian	-0.1%	3,607	0.2%	3,596	0.2%
Asian/Hawaiian/Pacific Islander	2.7%	188,882	12.4%	215,981	13.6%
Other	1.7%	34,180	2.2%	37,139	2.3%
Subtotal	-0.1%	693,447	45.4%	691,342	43.4%
Total	0.8%	1,527,212	100.0%	1,592,568	100.0%
California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	39,691,194	100.0%	41,574,271	100.0%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/[Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx]Ethnicity\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year

## Socioeconomic Profile: Rehabilitation Service Area

A large portion of household incomes in the rehabilitation service area are estimated to be above \$50,000 (63.1 percent) in FY 2017. This is indicative of a favorable payer mix, and a lower bad debt expense for providers. Further, this population is likely to be insured, and will seek elective healthcare services even as healthcare costs increasingly shift to the consumer.

**Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Socioeconomic Profile  
Calendar Years 2017 to 2022**

Socioeconomic Indicator	CAGR <sup>(1)</sup>	Estimated 2017	Projected 2022	Percent Change 2017 - 2022
<b>Inpatient Rehabilitation Service Area</b>				
Population	0.8%	1,527,212	1,592,568	4.3%
Households	0.8%	439,597	457,686	4.1%
Median Household Income	1.1%	\$68,149	\$71,925	5.5%
Average Household Income	1.3%	\$87,981	\$94,000	6.8%
Income Distribution				
Under \$25,000	-0.7%	16.6%	15.4%	-3.2%
\$25,000 - \$49,999	-0.1%	20.3%	19.4%	-0.7%
\$50,000 - \$99,999	0.3%	31.8%	30.9%	1.4%
\$100,000 +	2.6%	31.3%	34.2%	13.9%
<b>California</b>				
Population	0.9%	39,691,194	41,574,271	4.7%
Households	0.9%	13,384,483	14,026,477	4.8%
Median Household Income	1.5%	\$66,091	\$71,203	7.7%
Average Household Income	1.8%	\$95,671	\$104,510	9.2%
Income Distribution				
Under \$25,000	-0.8%	19.3%	17.7%	-4.1%
\$25,000 - \$49,999	-0.2%	20.3%	19.2%	-0.9%
\$50,000 - \$99,999	0.4%	28.0%	27.2%	1.8%
\$100,000 +	3.1%	32.3%	35.8%	16.3%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/(Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx)Household\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year

## Medical/Surgical Service Area Overview

Casa Colina's medical/surgical service area was defined on the basis of a review of the hospital's total inpatient medical/surgical discharges by ZIP Code of patient origin.



Hospital management defined Casa Colina's medical/surgical service area as the geographic area consisting of 32 ZIP Codes across Pomona, Rancho Cucamonga, Chino, and surrounding communities that when combined, represent 80.7 percent of Casa Colina's total inpatient medical/surgical discharges. All ZIP Codes in this geographic region except one (ZIP Code 91722 – Covina) represent a subset of the rehabilitation service area.

**Casa Colina Hospital and Centers for Healthcare  
Inpatient Medical/Surgical (Excludes Rehabilitation) Service Area Definition  
April 1, 2016 through April 19, 2017**

ZIP Code	Community Name	Total Inpatient Discharges	Percent of Total	Cumulative Percent
91761	Ontario	74	6.3%	6.3%
91711	Claremont	60	5.1%	11.4%
91786	Upland	56	4.8%	16.2%
91710	Chino	53	4.5%	20.7%
91701	Rancho Cucamonga	49	4.2%	24.9%
92335	Fontana	49	4.2%	29.0%
91784	Upland	48	4.1%	33.1%
91730	Rancho Cucamonga	44	3.7%	36.9%
91764	Ontario	44	3.7%	40.6%
91750	La Verne	42	3.6%	44.2%
91767	Pomona	42	3.6%	47.8%
92336	Fontana	40	3.4%	51.2%
91773	San Dimas	38	3.2%	54.4%
91762	Ontario	37	3.2%	57.6%
91752	Mira Loma	35	3.0%	60.6%
91709	Chino Hills	33	2.8%	63.4%
91768	Pomona	29	2.5%	65.8%
92880	Corona	25	2.1%	68.0%
91739	Rancho Cucamonga	21	1.8%	69.8%
91766	Pomona	18	1.5%	71.3%
92337	Fontana	18	1.5%	72.8%
91702	Azusa	16	1.4%	74.2%
91737	Rancho Cucamonga	14	1.2%	75.4%
91741	Glendora*	14	1.2%	76.6%
91763	Montclair*	14	1.2%	77.8%
91722	Covina*	9	0.8%	78.5%
91740	Glendora*	9	0.8%	79.3%
91723	Covina*	7	0.6%	79.9%
91724	Covina*	7	0.6%	80.5%
91759	Mount Baldy*	2	0.2%	80.7%
91708	Chino*	1	0.1%	80.7%
91743	Guasti*	0	0.0%	80.7%
Subtotal		948	80.7%	
All Other		226	19.3%	100.0%
<b>Total Inpatient Discharges</b>		<b>1,174</b>	<b>100.0%</b>	

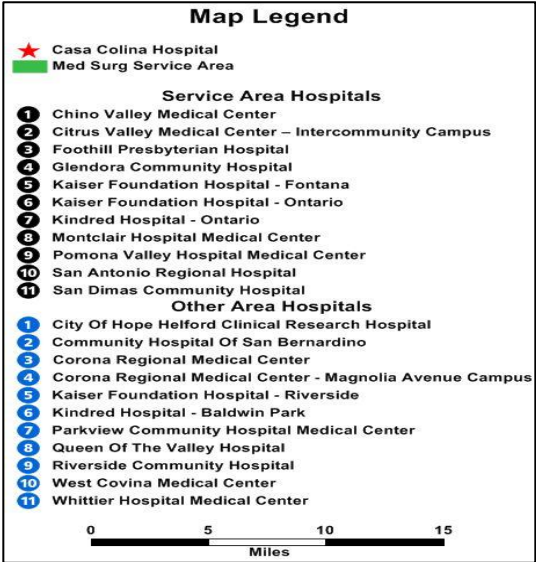
Source: Casa Colina Hospital and Outpatient Centers, and Premier, Inc.

\* Indicates ZIP Code was added to create a contiguous geographic region.

■ Indicates ZIP Code overlaps with the rehabilitation service area.

[https://share.premierinc.com/sites/pchs/CD/FdderWestCoast\\_Advisory\\_Services/Clients/Casa\\_Colina\\_Hospital/Strategic\\_Plan/Analysis\[Med\\_Surg\\_Service\\_Area.xlsx\]Summary](https://share.premierinc.com/sites/pchs/CD/FdderWestCoast_Advisory_Services/Clients/Casa_Colina_Hospital/Strategic_Plan/Analysis[Med_Surg_Service_Area.xlsx]Summary)





## Population Profile: Medical/Surgical Service Area

Within the medical/surgical service areas (a subset of the rehabilitation service area), the population cohorts age 45-64 years and 65 years and older are projected to experience modest to rapid growth over the next five years.

As the population ages, the community will likely experience an increased demand for elective sub-specialty care and services such as internal medicine, cardiovascular services, gastroenterology, neurosciences, oncology, orthopedics, pulmonary medicine, rehabilitation, and urology, and higher needs for chronic disease management.

**Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Population by Age Cohort  
Calendar Years 2017 to 2022**

Age Cohort	CAGR <sup>(1)</sup>	Estimated 2017		Projected 2022		Percent Change 2017 - 2022
		Number	Percent of Total	Number	Percent of Total	
Inpatient Medical/Surgical Service Area						
0 - 14	-0.1%	260,710	20.7%	259,472	19.8%	-0.5%
15 - 44	0.4%	555,137	44.2%	565,231	43.1%	1.8%
45 - 64	0.8%	309,198	24.6%	322,362	24.6%	4.3%
65 +	4.5%	131,869	10.5%	164,322	12.5%	24.6%
Total	0.9%	1,256,914	100.0%	1,311,387	100.0%	4.3%
Women 15 - 44	0.3%	273,755	21.8%	277,537	21.2%	1.4%
Median Age	0.8%		34.0		35.4	4.1%
California						
0 - 14	0.3%	7,661,323	19.3%	7,791,726	18.7%	1.7%
15 - 44	0.4%	16,574,099	41.8%	16,925,251	40.7%	2.1%
45 - 64	0.8%	10,021,597	25.2%	10,407,103	25.0%	3.8%
65 +	3.5%	5,434,175	13.7%	6,450,191	15.5%	18.7%
Total	0.9%	39,691,194	100.0%	41,574,271	100.0%	4.7%
Women 15 - 44	0.4%	8,114,859	20.4%	8,260,212	19.9%	1.8%
Median Age	0.7%		36.7		38.0	3.5%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/[Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx]Pop\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year



## Ethnic Profile: Medical/Surgical Service Area

A large portion of the population served by the hospital is Hispanic, and this ethnic cohort is projected to grow modestly over the next five years.

Given that Hispanics tend to have higher incidence rates of diabetes, heart disease, and obesity, it is anticipated that there will be an increased demand for cardiovascular services, endocrinology, gastroenterology, orthopedics, and rehabilitation services in these geographic regions.

Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Ethnic Profile  
Calendar Years 2017 to 2022

Ethnicity	CAGR <sup>(1)</sup>	Estimated 2017		Projected 2022	
		Number	Percent of Total	Number	Percent of Total
Inpatient Medical/Surgical Service Area					
Hispanics	1.4%	705,041	56.1%	757,540	57.8%
Non-Hispanics					
White	-1.7%	296,022	23.6%	271,037	20.7%
Black	0.4%	79,064	6.3%	80,823	6.2%
American Indian/Alaskan/Aleutian	0.2%	2,891	0.2%	2,923	0.2%
Asian/Hawaiian/Pacific Islander	2.9%	145,897	11.6%	168,598	12.9%
Other	1.7%	27,999	2.2%	30,466	2.3%
Subtotal	0.1%	551,873	43.9%	553,847	42.2%
Total	0.9%	1,256,914	100.0%	1,311,387	100.0%
California					
Hispanics	1.6%	15,591,299	39.3%	16,851,834	40.5%
Non-Hispanics					
White	-0.3%	14,732,040	37.1%	14,498,807	34.9%
Black	0.3%	2,209,998	5.6%	2,239,480	5.4%
American Indian/Alaskan/Aleutian	0.1%	163,451	0.4%	164,399	0.4%
Asian/Hawaiian/Pacific Islander	2.3%	5,758,801	14.5%	6,439,061	15.5%
Other	2.2%	1,235,605	3.1%	1,380,690	3.3%
Subtotal	0.5%	24,099,895	60.7%	24,722,437	59.5%
Total	0.9%	39,691,194	100.0%	41,574,271	100.0%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/[Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx]Ethnicity\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year

## Socioeconomic Profile: Medical/Surgical Service Area

A large portion of household incomes in the medical/surgical service area are estimated to be above \$50,000 (63.9 percent) in FY 2017. This is indicative of a favorable payer mix and a lower bad debt expense for providers. Further, this population is likely to be insured, and will seek elective healthcare services even as healthcare costs increasingly shift to the consumer.

**Casa Colina Hospital and Centers for Healthcare  
Service Area vs. the State of California - Socioeconomic Profile  
Calendar Years 2017 to 2022**

Socioeconomic Indicator	CAGR <sup>(1)</sup>	Estimated 2017	Projected 2022	Percent Change 2017 - 2022
<b>Inpatient Medical/Surgical Service Area</b>				
Population	0.9%	1,256,914	1,311,387	4.3%
Households	0.8%	355,633	370,456	4.2%
Median Household Income	1.1%	\$69,238	\$73,061	5.5%
Average Household Income	1.3%	\$88,698	\$94,721	6.8%
Income Distribution				
Under \$25,000	-0.7%	16.1%	15.0%	-3.4%
\$25,000 - \$49,999	-0.2%	19.9%	19.0%	-0.8%
\$50,000 - \$99,999	0.3%	32.1%	31.3%	1.4%
\$100,000 +	2.6%	31.8%	34.8%	13.9%
<b>California</b>				
Population	0.9%	39,691,194	41,574,271	4.7%
Households	0.9%	13,384,483	14,026,477	4.8%
Median Household Income	1.5%	\$66,091	\$71,203	7.7%
Average Household Income	1.8%	\$95,671	\$104,510	9.2%
Income Distribution				
Under \$25,000	-0.8%	19.3%	17.7%	-4.1%
\$25,000 - \$49,999	-0.2%	20.3%	19.2%	-0.9%
\$50,000 - \$99,999	0.4%	28.0%	27.2%	1.8%
\$100,000 +	3.1%	32.3%	35.8%	16.3%

Casa\_Colina\_Hospital/Strategic\_Plan/Analysis/[Med\_Surg\_and\_Rehab\_Demographic\_Tables.xlsx]Household\_Table

Source: Nielsen, Inc.

(1) CAGR is the compound annual growth rate, or the percent change in each year

## Community Health Needs Assessment

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In 2015, Casa Colina conducted a Community Health Needs Assessment (CHNA) to comply with federal and state regulations guiding tax-exempt hospitals, and to inform the Board and leadership of community needs. The CHNA is posted on the hospital website and can be accessed at <http://www.casacolina.org/Community-Benefits-Report.aspx>. Public comment on the CHNA is encouraged.

The Community Health Needs Assessment incorporated demographic and health data for the communities served by the hospital. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. The needs were indicated by secondary data sources, key informant interviews, focus groups and community surveys. Health indicators were considered health needs when they exceeded benchmark data; specifically county or state rates or Healthy People 2020 objectives. The following health needs were identified:

- Aging population
- Alcohol and substance abuse
- Allergies
- Chronic diseases
- Communicable diseases
- Cultural and linguistic barriers
- Disability
- Disease management
- Environmental conditions
- Health care access
- Health care coordination
- Health education
- Healthy eating
- Hearing loss
- Mental health
- Oral health
- Physical activity
- Poverty
- Preventive health care
- Sleep disorders
- Social condition
- Specialty care
- Substance abuse
- Transportation
- Trauma
- Vision

A complete description of these health needs can be found in the 2015 CHNA report at <http://www.casacolina.org>.

### Priority Health Needs

A community forum was conducted to provide an opportunity for a diverse group of stakeholders to engage in a discussion of the data and participate in the prioritization process. The meeting included an overview of the CHNA data collection. Participants were provided a list of identified health needs and drivers in a scorecard form and a narrative document that included brief summary descriptions of the identified health needs.

Participants then engaged in a facilitated discussion about the findings as presented in the scorecard and the narrative summaries. Participants completed a survey and ranked each

health need according to scales for severity, change over time, resources available to address the needs and/or drivers, and the community's readiness to support initiatives to address the needs and/or drivers. The health needs and determinants of health (health drivers) in prioritized order can be found in the 2015 CHNA.

### **Priority Health Needs**

Casa Colina will address the following health needs through a commitment of community benefit programs and charitable resources.

- Access to the most appropriate level of health care
- Arthritis/Osteoporosis
- Chronic or long-term disability
- Hearing loss
- Stroke/ Brain injury
- Preventive health care

Goals have been established to address the community health needs and based on the feasibility, alignment with the mission, and the resources available through the Casa Colina Hospital Strategic Plan, the priority health needs were identified. Reporting can be accessed on the Implementation Strategy at <http://www.casacolina.org/Community-Benefits-Report.aspx>.

## Addressing Priority Health Needs

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In FY 2017, Casa Colina engaged in activities and programs that addressed the priority health needs identified in the 2016 Implementation Strategy. Selected activities and programs are detailed below that focus on the unique contribution Casa Colina made towards preventing and treating acute and chronic disabilities.

### **Access to Care/Preventive Care**

In response to these needs, Casa Colina provided financial assistance for patients who were uninsured or under-insured.

Casa Colina offered independent and assisted fitness programs for continued wellness of persons with disabilities, including neurological injuries. Participants accessed the outpatient fitness center and pool.

Casa Colina fostered an environment for clinicians to advance patient care, and learning from fellow therapists with advanced training and experience. This is accomplished through offering occupational and physical therapy residency programs in physical rehabilitation (OT), orthopedics (PT) and neurology (PT). The course work provided training in clinical examination, decision-making and treatment skills. It is designed to accelerate a therapists' professional development while allowing them to achieve clinical excellence in all aspects of patient care. Additionally, Casa Colina planned and implemented a Physical Medicine and Rehabilitation physician residency program. The residency is approved by the American Osteopathic Association.

Throughout the year, the hospital partnered with a number of community organizations at community events, expos, and health fairs to provide health information and access to resources. These community outreach efforts reached a large number of persons with information on prevention and treatment of disabilities as well as access to available community resources. Additionally, the hospital administered free flu shots to adults.

### **Arthritis/Osteoporosis/Disability/Brain Injury/Stroke**

In response to these needs, Casa Colina provided health education sessions and screenings offered to the broader community, the disabled community, and professionals. The educational sessions focused on topics related to disability and disease. Sports injury screenings were provided free of charge to athletes and community members on a weekly basis.

Focused programs provided in-depth support for persons with Multiple Sclerosis, Parkinson's disease, and strokes. These programs included:

- **Optimal Living with Multiple Sclerosis**

A 12-week program designed by the National MS Society to help people experiencing changes in their MS to take control, improve physical function, regain and maintain independence, and overcome challenges.

- **CogniFitness - Keeping the Mind Moving**

Improved focus and concentration, memory, organization, problem solving and critical thinking skills for persons with MS.

- **Parkinson's Disease Speech & Exercise Group**

Designed for those diagnosed with Parkinson's disease. Speech therapy, physical therapy, and occupational therapy are rotated throughout the sessions.

- **Speech Conversation Group**

Promoted expressive language skills by practicing strategies that enhanced daily conversations within the home and community. The group focused on individuals who have communication difficulties as a result of a stroke. Areas addressed include improved initiation in social contexts, problem-solving communication breakdowns, and accessing resources within the community. A speech-language pathologist led the group.

Casa Colina also offered a number of support groups that offered emotional support and important educational information. Support groups included: ALS, traumatic brain injury, stroke, fibromyalgia, fibromyalgia for teens, Parkinson's disease, post-polio, parenting special needs children, and spinal cord injury.

## **Hearing Loss**

In response to this need, licensed audiologists, certified by the American Speech & Hearing Association, conducted 708 hearing screenings in FY2017.

## Community Benefit Services Summary FY 2017

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Casa Colina is committed to our community by bridging the gap of medical and community program services that impact social wellness and health disparities. This is accomplished through the provision of Community Benefit services to promote health and healing by addressing the identified unmet health needs of our community. For a program or service to be considered a community benefit it must: improve access to health care, enhance the health of the community, advance medical or health care knowledge, or reduce the burden of government or other non-profit community efforts. In FY 2017, Casa Colina provided community benefit activities and programs within its service area. A summary of these activities follows.

### **Community Health Improvement Services**

Activities were carried out to improve community health available to the public. This included free/low cost screenings, support groups, health education, preventive care, and supportive services.

#### Community Health Education

- Casa Colina provides support groups available free of charge and open to the community. Support groups include those for brain injury, ALS, Parkinson's disease, post-polio, parents of children with disabilities, fibromyalgia, and spinal cord injury. In FY 2017, there were over 570 attendees at the support groups.
- Over 480 persons attended free education sessions on a variety of topics including: understanding disabilities, joint replacement, back care, nutrition and diet, multiple sclerosis, and microtia/atresia.
- Casa Colina provided low-cost opportunities for community members; particularly those with disabilities to participate in exercise health maintenance programs such as the Community Fitness programs.
- Casa Colina participated in community health fairs and informational booths. Over 3,500 community members, families of children with disabilities, and persons and caregivers of those with disabilities were reached and provided with education and resources.



### Community-Based Clinical Services

- Free sports injury clinics were offered in Pomona and Azusa's clinics. Initial diagnoses by a physician were given for sports related injuries and education to avoid exacerbating the injury and preventing re-injury. This service assisted 568 persons.
- Sophisticated audiology testing and hearing aid fitting were made available in the community. This service was provided to 708 persons receiving free audiology screenings.
- Flu shots were provided to 343 persons at no charge.

### Health Care Support Services

- Casa Colina assisted 3,900 community members with information and referrals to community health and social services.
- The Speech Conversation Group promoted expressive language skills by assisting 20 persons with communication difficulties as a result of a stroke and for individuals with speech difficulties (aphasia, dysphasia, word finding, etc.).
- CogniFit, which is a brain training program, assisted 30 persons who had been diagnosed with multiple sclerosis. The program sessions facilitated concentration and focus.

### **Health Professions Education**

Education programs for physicians, nurses, nursing students, physical therapists, occupational therapists, speech and language therapists, and other health professionals were offered by the hospital throughout the fiscal year.

### Continuing Education for Physicians, Nurses and Other Health Professionals

The health professionals at Casa Colina provide education and support to providers and health care students. With their expertise in rehabilitative medicine, they provided presentations and trainings throughout the region. Some of the education topics included:

- Breast cancer
- Understanding and recognizing disabilities
- Neurodegenerative disease
- Occupational therapy
- Audiology

### Physician Education

Casa Colina supported the development of a medical residency program for Physical Medicine and Rehabilitation. The residency program is approved by the American Osteopathic Association.



### Nursing Education

The hospital serves as a training site for nursing students from area universities. In FY2017, 114 nursing students participated in precepted clinical training at Casa Colina.

### Other Health Professions Education

The hospital also provided preceptors for students in various health care disciplines:

- 36 persons training as physical therapists or physical therapy assistants completed clinical internships.
- 57 occupational therapy or occupational therapy assistant students received precepted education.
- 14 speech language pathology students completed clinical internships.
- 6 neuropsychology students received mentoring and supervision in a clinical practice setting.
- 30 students from California State University, Los Angeles received clinical training in recreation therapy.

- 87 psychiatric technician students and rehabilitation aides received clinical training at the hospital.
- 3 students focused on human resources in health care settings received mentoring and precepted training.

### **Subsidized Services**

Subsidized services are clinical programs that are provided to meet an identified community need and are provided despite a financial loss to the organization. The services meet a community need and if not offered, would be unavailable in the area or becomes the responsibility of the government or another non-profit organization. In compliance with regulations, subsidized health service expenses are reported after removing expenses for charity care, bad debt, and Medi-Cal shortfalls.

#### *The Senior Evaluation Program (SEP)*

SEP helps seniors define capabilities and target areas of disability that have potential for remediation. Seniors are provided with a thorough assessment of functional ability, psychological health, physical health and socio-environmental health.

#### *Children's Services Center*

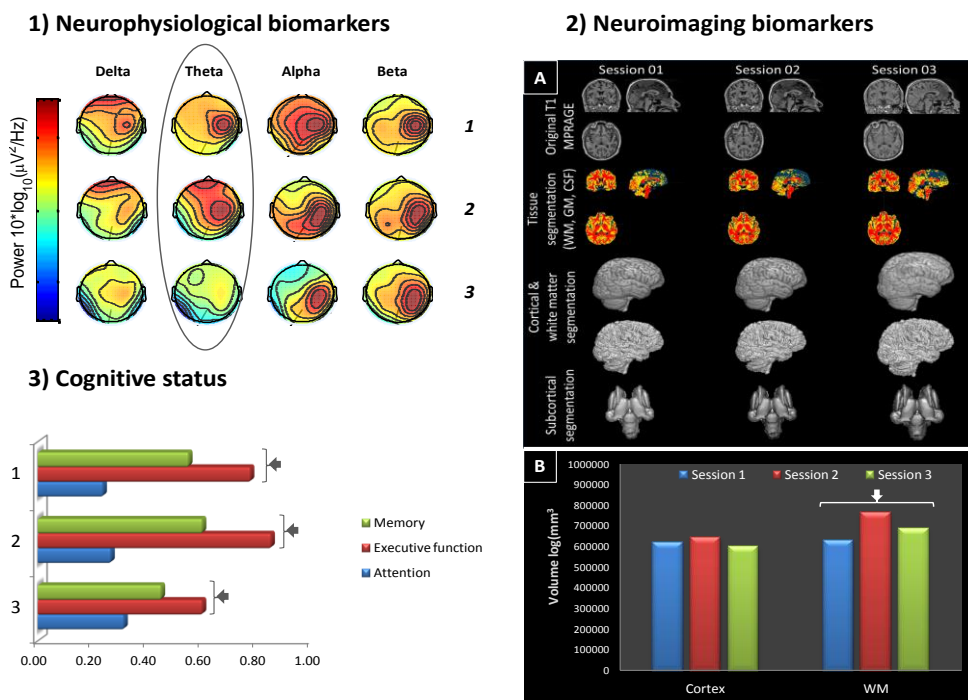
The Children's Services Center offers programs for children ages 1 month to 15 years with various disabilities or developmental disorders. A pediatric neurologist specializing in the area of autism spectrum disorders oversees the program. Physical, occupational and speech therapists, and early intervention specialists provide services.



## Research

Casa Colina sponsors an independent research program and collaborates with many medical and academic institutions, encouraging and sponsoring research on rehabilitation techniques, efficacy of models of care, outcomes measurement, and health policy research. The Research Institute at Casa Colina supports independent research, engages in multi-site research projects, serves as an incubator for young therapist-researchers, engages in evaluation of programs and innovations, and serves as a site for collaborative research projects.

The Casa Colina research program encompasses studies and investigations to create generalizable knowledge focused on rehabilitation outcomes, clinical and translational research, programs such as Patient Navigation, neuropsychology and biomarkers to name a few. Data and results from the research projects are presented at international conferences and publications through peer reviewed journals that are available to health care professionals and the public. Casa Colina maintains its own federally-sanctioned Institutional Review Board (IRB) to monitor and oversee the role of human subjects in research projects. Additionally in FY 2017, to support its commitment to research in the field, Casa Colina hosted a Research Fellowship in Neuroscience/Neurosurgery at UCLA for a junior faculty member.



## **Cash and In-Kind Contributions**

Funds and in-kind services were donated to community groups and nonprofit organizations. Casa Colina made contributions to organizations through cash and in-kind contributions and sponsorships of events. The support of these organizations furthered the hospital's mission and supported the health of the community.

## **Community Building Activities**

These activities support community assets by offering the expertise and resources of the hospital.

### Community Support

A number of hospital leadership and clinical staff supported community organizations through participation in coalitions, committees and networks of agencies addressing common issues. Employees also engaged in planning, education presentations, consortia, summits, and meetings with community groups.

### Coalition Building and Advocacy

Hospital representatives served on organizations and committees that address health improvement and community development. Casa Colina engaged in advocacy efforts that support access to health care, and improvement of the lives of those with disabilities and their families, and supported community efforts to address social issues and health disparities in the community.

### Economic Development

Casa Colina participated in local area Chambers of Commerce, economic partnerships, coalitions with city government and leaders, and advisory committees to address issues impacting health and safety.

### Workforce Development

Over 500 students from San Dimas High School learned about health care careers at Casa Colina. Casa Colina participated in community events focused on the health care professions to create remarkable opportunities for teaching, learning, and research with a focus on improving the care for our patient population. This included providing a learning environment for college students, international students (occupational and nursing students from China), student tours and educational sessions, opportunities for volunteering and mentoring as a requirement for school entrance (paraprofessionals, medical, nursing, etc.).



## Financial Summary of Community Benefit

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### Community Benefit Summary FY2017 (April 1, 2016 - March 31, 2017)

Community Benefit Categories		Net Benefit
1.	Charity Care/Financial Assistance <sup>1</sup>	\$172,637
2.	Unpaid Costs of Medi-Cal <sup>2</sup>	\$1,713,622
3.	Subsidized Services <sup>3</sup>	\$1,260,023
4.	Education and Research <sup>4</sup>	\$2,176,339
5.	Other Benefits <sup>5</sup>	\$553,687
	<b>Total Quantifiable Community Benefit</b>	<b>\$5,876,308</b>

### Community Benefit Plan FY 2017

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Casa Colina Hospital continues to implement activities and programs to address the identified unmet health needs in our service area. There are two global areas of concern based on the needs of the population that Casa Colina has historically served:

**Access to health services.** People have concerns about having adequate health insurance and access to basic medical services and specialized medical/rehabilitation services. This “access” can be financial, geographic, and whether providers will be sustained over time; particularly when funding is challenged. Additionally, there is the question of whether health care providers are experienced and welcoming in working with individuals with disabilities.

**Access to quality of life.** People have concerns about preventive services, health support services, accessible recreation, transportation, employment, social integration and educational services.

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<sup>1</sup>Charity Care includes financial assistance to eligible patients for care at reduced or no cost based upon the individual patient's financial situation.

<sup>2</sup>Unpaid costs of public programs include the difference between costs to provide a service and the rate at which costs are determined and are based on the overall cost to charge ratio.

<sup>3</sup>Includes clinical programs that address an identified community need and where negative margins remain after removing financial assistance, bad debt and Medi-Cal shortfalls.

<sup>4</sup> Costs related to the health professions education programs and research that the hospital sponsors.

<sup>5</sup> Includes non-billed activities for vulnerable populations and the broader community such as community education, screenings, and health support services. Also included are cash and in-kind donations, and community benefit operations expense.

Although some needs go beyond Casa Colina's role and capacity as a service provider, these needs fall under the purview of the goals to ensure a continuum of care: 1) *Preventing disability*-Casa Colina provides education in the community focused on health and wellness. 2) *Treatment of the disability*-Casa Colina addresses treatment through specialized medical diagnosis, risk assessment, and proactive intervention. 3) *Maximizing the potential of people with disabilities*-Casa Colina provides a continuum of care through effectively pursuing medical recovery, rehabilitation therapies, and education/training in adaption.



As a result of the 2015 Community Health Needs Assessment process, Casa Colina chose to address the following health needs through a commitment of community benefit programs and charitable resources.

- Access to the most appropriate level of health care
- Arthritis/Osteoporosis
- Chronic or long-term disability
- Hearing loss
- Stroke/brain injury
- Preventive health care



### Addressing Health Needs

The Casa Colina Implementation Strategy was developed from the 2015 Community Health Needs Assessment, spanning the period of FY2016-2018. Casa Colina continues to meet the identified priority health needs through a commitment of resources with the following programs and services.

### Access to Care/Preventive Care

The hospital intends to address access to the most appropriate level of health care and improve community health through preventive practices:

1. Provide financial assistance through both free and discounted care for health care services, consistent with Casa Colina's financial assistance policy.
2. Identify and refer at-risk children with developmental disabilities for appropriate levels of care.
3. Provide free health screenings and balance screenings at community events.
4. Provide free community sports injury screening clinics.
5. Provide access to specialized exercise gyms through the community fitness program.
6. Provide support groups for individuals with disabilities and their families.
7. Advocate on a national and regional level for persons with disabilities.
8. Educate and train health care providers and allied health professionals to focus on disability care.
9. Communicate to service area residents on how to access health care services through established communication methods and social media.

### Arthritis/Osteoporosis/Disability/Brain Injury/Stroke

The hospital intends to address these conditions by taking the following actions:

1. Provide access to specialized exercise gyms through the community fitness program.
2. Provide aquatic exercise for persons with weight-bearing or joint issues, under the direction of certified athletic trainers.
3. Provide education on prevention and wellness.
4. Provide support groups for individuals with disabilities and their families.
5. Train physicians on specialized equipment to maximize recovery for patients with joint replacement.
6. Educate and train health care providers and allied health professionals to focus on disability care.
7. Advocate on a national and regional level for persons with disabilities.
8. Provide ongoing programs for exercise and skill acquisition.

### Hearing Loss

The hospital intends to address hearing loss by taking the following actions:

1. Offer free audiology screenings.
2. Provide education on hearing loss prevention and treatment.

### Measuring Impact

Casa Colina will monitor and evaluate the programs and activities outlined above. The hospital has implemented a system that tracks the implementation of the strategies and documents the anticipated impact. The Casa Colina reporting process includes the collection and documentation of tracking measures, such as the number of people reached/served, increases in knowledge or changes in behavior as a result of disease management measures, and collaborative efforts to address health needs.

### Engaging the Community

Casa Colina engages the community and obtains their feedback through multiple community events. The Community Health Needs Assessment (CHNA) can be accessed at: <http://www.casacolina.org/Community-Benefits-Report.aspx>. Feedback on the CHNA is welcomed. Casa Colina is committed to fostering partnerships with community members and community-based organizations. Our Community Benefit plan includes maintaining current partnerships and exploring opportunities to engage with new partners.

## Contact Information

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### **Address of Hospital Campus**

Casa Colina Hospital and Centers for Healthcare  
255 East Bonita Avenue  
Pomona, California 91767

### **Web Address**

[www.casacolina.org](http://www.casacolina.org)

### **Community Benefit Contact**

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