



# **Casa Colina Hospital and Centers for Healthcare**

## **Community Health Needs Assessment**

**2018**

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## Letter from the President and CEO

Since 1994, Casa Colina Hospital and Centers for Healthcare has been completing a Community Health Needs Assessments every three years pursuant to California legislation (SB697, Torres, 1994) and more recently, Federal requirements as set forth in the Patient Protection and Affordable Care Act, enacted March 23, 2010.

The Community Health Needs Assessment is an important process of Casa Colina as an independent nonprofit organization to “assume a social obligation to provide community benefits in the public interest” in exchange for its tax-exempt status. As a responsible corporate member of the community and the area health care network, it is in the best interest of Casa Colina to conduct these periodic community assessments. The Community Health Needs Assessment helps gain an understanding of the changing needs of the community, develop a plan to appropriately address the needs, and coordinate with area organizations and institutions to help build community capacity.

To appropriately address the growing medical needs of the community, in 2016 Casa Colina opened a 31-bed medical-surgical unit. This effectively changed Casa Colina Hospital from a free-standing specialized Inpatient Rehabilitation Facility (IRF) to a medical-surgical hospital with an inpatient rehabilitation unit that continues to operate at full standards. Casa Colina continues to expand its medical and rehabilitation services as part of the “continuum of care”, and continues to provide a high level of care to address the medical needs in our community.

For the past 80-plus years, Casa Colina has had a unique focus serving rehabilitation needs of persons with physical and neurological disabilities. Based on this focus, the Community Health Needs Assessment helps define the overall community of those persons with or at risk of disabilities who could benefit from medical and rehabilitative interventions provided through Casa Colina. Casa Colina will use the Community Health Needs Assessment to appropriately plan and implement key programs to better meet the health needs of this dynamic community.

Felice L. Loverso, Ph.D.  
President and CEO

## Introduction

### **Background and Purpose**

Casa Colina Hospital and Centers for Healthcare (CCH) is a non-profit 501(c)3, Los Angeles County based hospital and medical rehabilitation provider with its main campus in Pomona, CA. Founded in 1936, Casa Colina has a 80-plus year history in providing medical and rehabilitative services to individuals who have sustained catastrophic physical and neurological injuries such as brain injury, spinal cord injury, stroke or other medical conditions that lead to short and long term disability.

Casa Colina Hospital and Centers for Healthcare is the core of a network of closely integrated services. The Hospital operates under the corporate umbrella of Casa Colina, Inc. (CCI). Casa Colina Hospital is a licensed 99 bed inpatient hospital with 68 acute rehabilitation beds, 31 medical-surgical beds and 6 ICU beds. Other services provided include a 42 bed transitional living center, 78 long-term care beds, full service outpatient center, with two sites in Azusa and Pomona, full service imaging center, children's outpatient program, robust physicians clinic; amongst other programs. Casa Colina remains an independent non-profit hospital that provides an extensive "continuum of care" to the patients served.

Support from the community, vision of the Board, and strong leadership and financial capability has enabled Casa Colina to develop from a small rehabilitation center for children with polio to a leader in medical and rehabilitation treatment for all ages. 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 have 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 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 spinal cord injury, traumatic brain injury, stroke, 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.

Furthermore, 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.

As required by state and federal law, Casa Colina Hospital has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

## **Authors and Acknowledgements**

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### **Consultant**

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Casa Colina Hospital Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Sandra Humphrey, BBA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Please visit the website at [www.bielconsulting.com](http://www.bielconsulting.com) for further information.



## Executive Summary

Casa Colina Hospital and Centers for Healthcare is a nonprofit hospital that 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. Casa Colina Hospital has undertaken a Community Health Needs Assessment (CHNA). California's Senate Bill 697 and the Patient Protection and Affordable Care Act through the IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years.

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). 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, Children's Services Center, and the Outdoor Adventures program.

Casa Colina Hospital (CCH) is located at 255 E. Bonita Ave, Pomona, CA 91767. The service area encompasses 31 ZIP Codes representing 15 cities, in two counties (Los Angeles and San Bernardino). In Los Angeles County, the hospital is located in Service Planning Area (SPA) 3.

Data analyses for the CHNA were conducted at the most local level for the hospital service area, given the availability of the data. When possible, data were presented by ZIP Code and/or by city level. However, not all data sets provide ZIP Code level data. In Los Angeles County, the geographic area is divided into 8 Service Planning Areas (SPAs) to provide a regionalized way to examine public health information at a local level. For the purposes of this CHNA, when examining data in Los Angeles County by SPA (Service Planning Area), the SPA 3 geography was presented. It is important to note that SPA 3 is not an exact representation of the Casa Colina Hospital immediate catchment service area. SPA 3 is used as the closest regional geographic representation when presenting data where ZIP Code level data are not available.



### Casa Colina Hospital Service Area

Place	ZIP Code	County	Place	ZIP Code	County
Chino	91708	San Bernardino	Pomona	91766	Los Angeles
Chino	91710	San Bernardino	Pomona	91767	Los Angeles
Chino Hills	91709	San Bernardino	Pomona	91768	Los Angeles
Claremont	91711	Los Angeles	Rancho Cucamonga	91010	San Bernardino
Covina	91722	Los Angeles	Rancho Cucamonga	91701	San Bernardino
Covina	91723	Los Angeles	Rancho Cucamonga	91730	San Bernardino
Covina	91724	Los Angeles	Rancho Cucamonga	91737	San Bernardino
Diamond Bar	91765	Los Angeles	Rancho Cucamonga	91739	San Bernardino
Glendora	91740	Los Angeles	San Dimas	91773	Los Angeles
Glendora	91741	Los Angeles	Upland	91784	San Bernardino
La Verne	91750	Los Angeles	Upland	91786	San Bernardino
Montclair	91763	San Bernardino	Walnut	91789	Los Angeles
Ontario	91758	San Bernardino	West Covina	91790	Los Angeles
Ontario	91761	San Bernardino	West Covina	91791	Los Angeles
Ontario	91762	San Bernardino	West Covina	91792	Los Angeles
Ontario	91764	San Bernardino			

## Methodology

### Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community descriptions, social and economic factors, health access, birth indicators, leading causes of death, disabilities, health status and chronic disease, mental health, substance abuse, overweight and obesity, and preventive practices. For the purposes of the Community Health Needs Assessment, when examining data by SPA (Service Planning Area), the SPA 3 geography is presented. When pertinent, these data sets are presented in the context of Los Angeles County, San Bernardino County and California to help frame the scope of an issue as it relates to the broader community. The report also includes benchmark comparison data that measures Casa Colina Hospital data findings as compared to the Healthy People 2020 health objectives (see attachment).

### Primary Data Collection

Community stakeholder key informant interviews and a community survey were used to gather quantitative data (survey) and qualitative data (interviews) from persons who represent the broad interests of the community served by the hospital. Seventeen (17) interviews were completed in October and November, 2017. Casa Colina Hospital also

conducted a survey to gather data and opinions from community residents and persons from September 11 to December 4, 2017. There were 181 persons who responded to the survey.

### **Overview of Key Findings**

This overview summarizes significant findings drawn from an analysis of the data from each section of the Community Health Needs Assessment report. Full data descriptions, findings, and data sources follow in the tables provided and weblinks to data sources.

#### **Community Demographics**

- The population of the Casa Colina Hospital (CCH) service area is 1,248,576.
- Children and youth, ages 0-19, make up less than one-third of the population (29.2%); 35.4% are 20-44 years of age; 26.1% are 45-64; and 11.4% of the population are seniors, 65 years of age and older.
- 48.4% of the population in the service area is Hispanic or Latino (48.4%) and 27.5% of the population is White. Asians make up 16.1% of the population in the service area, while Blacks or African Americans are 5% of the population.
- 52.9% in the CCH service area speaks English only; 30.9% of the population speaks Spanish in the home and 12.6% speak an Asian/Pacific Islander language.

#### **Social and Economic Factors**

- In the service area, 12.7% of the residents are at or below 100% of the federal poverty level (FPL) and 31.4% of the population in the service area is considered low income, living at or below 200% of FPL.
- The median household income for the hospital service area is \$74,631.
- The 2016 the unemployment rate in the service area on average was 4.9%, compared to Los Angeles County's unemployment rate of 5.2% and San Bernardino County's unemployment rate of 5.7%.
- The average high school graduation rate in the service area is 91.5%, which is higher than either county or the state (83.2%). The service area rate exceeds the Healthy People 2020 Objective for high school graduation rate of 87%.
- Community input identified the stress that poverty has on families.
- Socioeconomic status impacts the health of a community.
- Low-income jobs may not provide health insurance and lack access to health care.

- The number of homeless persons is increasing in SPA 3 and Los Angeles County. The homeless numbers remain unchanged in San Bernardino County from 2016 to 2017.
- Community input noted that preventing or reducing homelessness will contribute to economic security. Affordable housing is needed to help address the issue of homelessness.

### Access to Health Care

- On average across zip codes, 85.9% of residents in the service area are insured. When adult insurance coverage in the area is examined by ZIP Code, there is a variation among communities. Claremont (91.7%) has the highest rate of insurance coverage and Pomona has the lowest rate of insurance coverage at 70.5%.
- Community stakeholders noted that residents still lack health insurance. Those who do have Medi-Cal or a Covered California policy may have limited provider choices.
- A majority of residents (84.6%) in the service area have a source of health care. This source of care is typically a doctor's office, community clinic or Health Maintenance Organization (HMO).
- Community input noted there is often a long wait to schedule an appointment and usually providers see patients during the day, Monday – Friday.
- Lack of transportation is also a barrier to accessing care.
- The lack of available health care services may result in residents going to the local Emergency Department for health care.
- 72.8% of adults in SPA 3 have been to a dentist in the past two years. Among children in SPA 3, 92.6% had been to the dentist in the last two years.

### Birth Indicators

- In 2012, there were 15,318 births in the service area.
- The majority of births were to mothers who are Hispanic or Latino (58.4%).
- Teen birth rates occurred at a rate of 62.5 per 1,000 births (or 6.2% of total births).
- Pregnant women in the hospital service area entered prenatal care within the first trimester at a rate of 88.8%. This rate exceeds the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester.
- The service area's rate of low birth weight babies was 68.3 per 1,000 live births and is slightly higher than the state (66.9 per 1,000 live births).
- In SPA 3, 97.8% of infants were breastfed at birth. This is higher than the county rate (93.1%).

### Leading Causes of Death

- The leading causes of death in the service area are heart disease and cancer, followed by chronic lower respiratory disease, stroke, and Alzheimer's disease.

### Disabilities

- In SPA 3, 30.7% of adults have been identified as having a physical, mental or emotional disability.
- Among adults in SPA 3, 0.5% are legally blind, this is slightly lower than the population in the state who are legally blind (0.7%).
- In SPA 3, 9.1% of children, ages 0-17, are identified as having special health care needs.
- Community stakeholders identified a number of barriers faced by persons with disabilities who have health issues. These include transportation to services, financial burdens for ongoing care, awareness of and the ability to access community resources, living arrangements, and job opportunities.

### Chronic Diseases

- Among the population in SPA 3, 21.2% reported being in fair or poor health.
- 10.6% of adults in SPA 3 have been diagnosed with diabetes, and 13.2% are pre-diabetic.
- 4.5% of adults in SPA 3 have been diagnosed with heart disease.
- A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 3, 28.1% of adults have been diagnosed with high blood pressure.
- In SPA 3, 14.2% of the population has been diagnosed with asthma.
- In San Bernardino County, the five-year, age-adjusted cancer incidence rate is 411.2 per 100,000 persons, higher than Los Angeles County (388.1) or the California average (409.2).
- The rate of chlamydia and gonorrhea in both counties is higher than the rates in the state.
- 19.9% of seniors in SPA 3 reported falling at least once in the past year and 8.4% of senior falls resulted in an injury.
- When asked about senior health issues, community stakeholders noted seniors face a number of barriers to care including lack of transportation, isolation, loss of physical and mental capacity, and fixed incomes.

### Mental Health

- In SPA 3, 11.3% of adults experienced serious psychological distress in the past year. This is higher than rates in either county or the state.

- Of adults who saw a health care provider for emotional, mental health, alcohol or drug issues, 44.1% of those in SPA 3 did not receive treatment.
- In SPA 3, 31.5% of teens needed help for emotional/mental health problems in the past year and 45.8% received counseling.
- 9.9% of adults in SPA 3, 9.5% in Los Angeles County and 8% in San Bernardino County had seriously considered suicide.
- Community stakeholders identified the stigma surrounding mental health. The stigma makes it more difficult for people to reach out for needed help.
- Another issue identified by stakeholders is the lack of mental health practitioners and the long wait time for care. It is a challenge to find care.

### Substance Abuse

- 11.8% of adults smoke cigarettes in SPA 3, lower than the rate in either county or the state.
- Among teens in SPA 3, 11.3% have smoked an electronic (vaporizer) cigarette.
- For adults in SPA 3, 27.1% had engaged in binge drinking in the past year.
- San Bernardino County experienced higher rates of opioid overdose Emergency Department visits and hospitalizations compared to Los Angeles County.
- Community stakeholders identified the growing issue of opioid use.
- Available substance abuse treatment options are insufficient to address the need.

### Overweight and Obesity

- In SPA 3, 35.9% of the adult population reported being overweight, while 1.8% of teens and 10.4% of children were reported as overweight.
- 27.2% of adults in SPA 3 are obese, and 30.2% of teens are obese.
- In SPA 3, 94.8% of African Americans and 78.6% of Latinos are either overweight or obese.
- In SPA 3, 41.7% of children and 31.3% of adults consume fast food three or more times a week.
- 83.8% of children in SPA 3 visited a park, playground or open space in the last month. This rate is lower than either county or the state.
- Community stakeholders noted that obesity results in other problems, such as chronic disease, joint damage and sleep deprivation.
- People may choose not to go outside and exercise because of safety concerns.
- Healthy, fresh foods often cost more than prepared fast foods.

### Preventive Practices

- The CCH service area has a 95.6% rate of compliance with childhood immunizations.
- 57.9% of seniors in SPA 3 have received the pneumonia vaccine and 44.9% of all SPA 3 residents obtained a flu vaccination.
- In SPA 3, 81.2% of women obtained a pap smear in the past three years and 82.1% of women have obtained a mammogram in the past two years.
- Community stakeholders felt that access to preventive services, screenings and vaccines was becoming more commonplace and easy to access; thus making it easy to obtain preventive services is a key to increasing compliance.

### Identification of Significant Health Needs

Significant 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 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 that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

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

### Significant Health Needs

The following significant community health needs were determined:

- Access to Health Care
- Chronic Diseases
- Disabilities
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Senior Health
- Substance Abuse

The stakeholders were asked to rank order the health needs according to highest level of importance in the community. Among the interviewees, access to care, substance abuse and mental health were ranked as the top priority needs in the service area.

Survey participants ranked access to care, chronic diseases, and mental health as the top priority health needs.

## **Description of the Service Area**

Casa Colina Hospital (CCH) is located at 255 E. Bonita Ave, Pomona, CA 91767. The service area encompasses 31 ZIP Codes representing 15 cities, in two counties (Los Angeles and San Bernardino). CCH tracks ZIP Codes of origin for all patient admissions. Since the hospital attracts patients regionally and nationally, the service area was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area. In Los Angeles County, the hospital is located in Service Planning Area (SPA) 3.

**Casa Colina Hospital Service Area**

Place	ZIP Code	County	Place	ZIP Code	County
Chino	91708	San Bernardino	Pomona	91766	Los Angeles
Chino	91710	San Bernardino	Pomona	91767	Los Angeles
Chino Hills	91709	San Bernardino	Pomona	91768	Los Angeles
Claremont	91711	Los Angeles	Rancho Cucamonga	91010	San Bernardino
Covina	91722	Los Angeles	Rancho Cucamonga	91701	San Bernardino
Covina	91723	Los Angeles	Rancho Cucamonga	91730	San Bernardino
Covina	91724	Los Angeles	Rancho Cucamonga	91737	San Bernardino
Diamond Bar	91765	Los Angeles	Rancho Cucamonga	91739	San Bernardino
Glendora	91740	Los Angeles	San Dimas	91773	Los Angeles
Glendora	91741	Los Angeles	Upland	91784	San Bernardino
La Verne	91750	Los Angeles	Upland	91786	San Bernardino
Montclair	91763	San Bernardino	Walnut	91789	Los Angeles
Ontario	91758	San Bernardino	West Covina	91790	Los Angeles
Ontario	91761	San Bernardino	West Covina	91791	Los Angeles
Ontario	91762	San Bernardino	West Covina	91792	Los Angeles
Ontario	91764	San Bernardino			



## **Data Collection Methodology**

To help inform the community health needs by identifying systemic trends to increase the understanding of barriers and effective techniques of reaching our community to address their health needs, both quantitative and qualitative best practices for data collection were used.

### **Secondary Data Collection**

Secondary data were collected from a variety of local, county, and state sources to present community description, social and economic factors, health access, birth indicators, leading causes of death, disabilities, health status and chronic disease, mental health, substance abuse, overweight and obesity, and preventive practices. Analyses were conducted at the most local level for the hospital service area, given the availability of the data. When possible, data were presented by ZIP Code and/or city. However, not all data sets provide ZIP Code level data. In Los Angeles County, the geographic area is divided into 8 Service Planning Areas (SPAs) to provide a regionalized way to examine public health information at a local level. For the purposes of this Needs Assessment, when examining data in Los Angeles County by SPA (Service Planning Area), the SPA 3 geography was presented. It is important to note that SPA 3 is not an exact representation of the Casa Colina Hospital service area. SPA 3 is used as the closest regional geographic representation when presenting data that are not available at ZIP Code level.

Sources of data include the Office of Statewide Health Planning and Development, accessed through the Healthy Communities Institute, U.S. Census American Community Survey, California Health Interview Survey, the California Department of Education, California Department of Public Health, California Employment Development Department, Los Angeles County Department of Public Health, Los Angeles County Health Survey, Los Angeles Homeless Services Authority, National Cancer Institute, California Department of Education, and others. When pertinent, these data sets are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the following data indicators: 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 measures Casa Colina Hospital data findings as 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.

### **Primary Data Collection**

Community stakeholder interviews and a community survey were used to gather data and opinions from persons who represent the broad interests of the community served by the hospital.

#### Interviews

Seventeen (17) interviews were completed in October and November, 2017. For the interviews, community stakeholders identified by Casa Colina Hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and 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 served by the hospital facility." Input was obtained from the Los Angeles County Department of Public Health.

The identified stakeholders were invited by mail 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 relative to the identified health needs (i.e. what makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?).
- Socioeconomic, behavioral, environmental or clinical 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 Attachment 1.

## Survey

Casa Colina Hospital also conducted a survey to gather data and opinions from community residents and persons who represent the broad interests of the community served by the hospital. From September 11 to December 4, 2017, 181 persons responded to the survey. The survey was available in an electronic format through a Survey Monkey link that was emailed to community members, and mailed to individuals to complete and return the hard copy to Casa Colina Hospital. Paper copies of the survey were made available at the hospital in places easily accessible to members of the community. The hospital distributed the survey link to community residents and to leaders and representatives of medically underserved, low-income, immigrant and minority populations. An introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and their responses would be anonymous.

Survey questions focused on the following topics:

- Health issues in the community.
- Where they accessed routine health care services.
- Barriers to care.
- Types of support or services needed in the community.
- Availability of preventive care services.
- Need for specialty care.

The summary of the survey findings are presented in Attachment 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 (2015) and Implementation Strategy were made widely available to the public on the website <http://www.casacolina.org/Community-Benefits-Report.aspx>. Public comment was solicited on the reports; however to date no written comments have been received.

## **Identification and Prioritization of Significant Health Needs**

### **Review of Primary and Secondary Data**

Significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews and the survey. Health needs were identified from the 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 identified in the secondary data were measured against benchmark data (county rates, state rates and/or Healthy People 2020 objectives). Indicators related to the health needs that performed poorly against one or more of these benchmarks met the criterion to be considered a health need.

Attachment 3 lists Healthy People 2020 objectives compared to Casa Colina Hospital service area data.

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process 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.

### **Significant Health Needs**

The following significant health needs were determined:

- Access to Health Care
- Chronic Diseases
- Disabilities
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Senior Health
- Substance Abuse

A multi-modal approach in the analyses of both primary and secondary data collection was implemented that included the “triangulation” of information that compares and combines responses to identify themes as it pertains to the significant community health needs. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

## Resources to Address Significant Needs

Through the interview process, community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

## Priority Health Needs

The identified significant health needs were prioritized with input from the community. Community stakeholder interviews and surveys were used to gather input on the significant 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 noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample size (n=17). Among the interviewees, chronic diseases, mental health and substance abuse had the highest scores for severe impact on the community. Survey participants felt overweight and obesity, mental health and chronic disease had the most impact on the community. Substance abuse, overweight and obesity, and mental health had the highest rankings for worsened over time with the interviewees and survey participants. Mental health, substance abuse, and overweight and obesity were rated highest on insufficient resources available to address the need among the survey participants. Interviewees identified insufficient resources for mental health, disabilities and substance abuse.

## Significant Health Needs Ranked by Importance Score

Significant Health Needs	Severe and Very Severe Impact on the Community		Worsened Over Time		Insufficient or Absent Resources	
	Interview	Survey	Interview	Survey	Interview	Survey
Access to Health Care	58.3%	54.3%	25.0%	30.4%	45.5%	44.6%
Chronic Diseases	100%	62.0%	37.5%	42.9%	62.5%	41.2%
Disabilities	70.0%	54.0%	40.0%	28.3%	87.5%	42.9%
Mental Health	90.9%	62.1%	45.5%	62.8%	100%	79.1%
Overweight and Obesity	63.6%	66.7%	45.5%	64.7%	60.0%	72.7%
Preventive Practices	55.6%	27.9%	11.1%	13.0%	37.5%	32.6%
Senior Health	36.4%	45.8%	30.0%	24.4%	33.3%	40.0%
Substance Abuse	80.0%	45.0%	60.0%	65.2%	70.0%	75.0%

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 significant 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 care, substance abuse and mental health were ranked as the top priority needs in the service area. Survey participants ranked access to care, chronic diseases, and mental health as the top priority health needs. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)	
	Interview	Survey
Access to Health Care	3.91	3.72
Chronic Diseases	3.62	3.70
Disabilities	3.55	3.58
Mental Health	3.69	3.66
Overweight and Obesity	3.54	3.56
Preventive Practices	3.23	3.57
Senior Health	3.45	3.61
Substance Abuse	3.85	3.42

Community input on these health needs is detailed throughout the CHNA report.

### Review of Progress

In 2015, Casa Colina Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2015 CHNA, Casa Colina Hospital chose to address access to the most appropriate level of health care. This included arthritis and osteoporosis, chronic or long-term disability, hearing loss, stroke/ brain injury, and preventive health care through a commitment of community benefit programs and resources.

The impact of the actions implemented to address access to services that Casa Colina Hospital used to address these significant health needs can be found in Attachment 5.

## Community Health Profile and Description

### Population

The population of the Casa Colina Hospital (CCH) service area is 1,248,576.

### Population by ZIP Code

Location	Number
91010 - Rancho Cucamonga	25,840
91701 - Rancho Cucamonga	40,546
91708 - Chino	3,445
91709 - Chino Hills	76,796
91710 - Chino	84,812
91711 - Claremont	36,651
91722 - Covina	35,798
91723 - Covina	19,428
91724 - Covina	26,479
91730 - Rancho Cucamonga	67,613
91737 - Rancho Cucamonga	25,619
91739 - Rancho Cucamonga	38,490
91740 - Glendora	26,745
91741 - Glendora	25,693
91750 - La Verne	34,052
91761 - Ontario	60,103
91762 - Ontario	57,402
91763 - Montclair	37,784
91764 - Ontario	53,820
91765 - Diamond Bar	47,598
91766 - Pomona	72,026
91767 - Pomona	49,099
91768 - Pomona	36,444
91773 - San Dimas	34,107
91784 - Upland	26,140
91786 - Upland	52,365
91789 - Walnut	43,805
91790 - West Covina	46,566
91791 - West Covina	33,247
91792 - West Covina	30,063
CCH Service Area *	1,248,576
Los Angeles County	10,038,388
San Bernardino County	2,094,769
California	38,421,464

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. \*No data available for Zip Code 91758.

<http://factfinder.census.gov>



## Gender

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

### Population by Gender

	CCH Service Area	Los Angeles County	San Bernardino County	California
Male	49.4%	49.3%	49.7%	49.7%
Female	50.6%	50.7%	50.3%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014, DP05. \*No data available for Zip Code 91758.

<http://factfinder.census.gov>

### Population by Age

Children and youth, ages 0-19, make up less than one-third of the population (29.2%); 35.4% are 20-44 years of age; 26.1% are 45-64; and 11.4% of the population are seniors, 65 years of age and older. The service area has a higher percentage of adults in the 45-64 year range than found in either county or the state.

### Population by Age

	CCH Service Area*		Los Angeles County		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age 0-4	75,580	6.1%	641,635	6.4%	155,215	7.4%	2,511,766	6.5%
Age 5-19	263,105	21.1%	1,965,937	19.6%	489,406	23.4%	7,745,662	20.2%
Age 20-24	101,701	8.1%	777,642	7.7%	172,993	8.3%	2,906,168	7.6%
Age 25-44	340,293	27.3%	2,960,843	29.5%	573,234	27.4%	10,792,267	28.1%
Age 45-64	325,311	26.1%	2,502,572	24.9%	494,993	23.6%	9,668,271	25.2%
Age 65+	142,586	11.4%	1,189,759	11.9%	208,928	10.0%	4,797,320	12.5%
Total	1,248,576	100.0%	10,038,388	100.0%	2,094,769	100.0%	38,421,464	100.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. \*No data available for Zip Code 91758.

<http://factfinder.census.gov>

### Race/Ethnicity

Almost half of the population in the CCH service area is Hispanic or Latino (48.4%) and 27.5% of the population is White. Asians make up 16.1% of the population in the service area, while Blacks or African Americans are 5% of the population. In the service area there is a higher percentage of Asians and a lower percentage of Blacks or African-Americans than found in the counties and the state.

## Race/Ethnicity

	CCH Service Area*		Los Angeles County		San Bernardino County		California	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Hispanic/Latino	603,729	48.4%	4,842,319	48.2%	1,070,262	51.1%	14,750,686	38.4%
White	343,441	27.5%	2,703,457	26.9%	652,920	31.2%	14,879,258	38.7%
Asian	200,744	16.1%	1,401,289	14.0%	136,830	6.5%	5,192,548	13.5%
Black/African American	62,898	5.0%	801,739	8.0%	169,547	8.1%	2,160,795	5.6%
Other or Multiple	32,051	2.6%	246,111	2.5%	50,983	2.4%	1,156,977	3.0%
American Indian/Alaskan Native	3,221	0.3%	18,726	0.2%	7,616	0.4%	142,191	0.4%
Native Hawaiian/Pacific Islander	2,492	0.2%	24,657	0.2%	6,611	0.3%	139,009	0.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. \*No data available for Zip Code 91758.  
<http://factfinder.census.gov>

## Citizenship

In the CCH service area, 27.5% of residents are foreign born and of these 12.3% are not citizens. This is a higher percentage of foreign born residents than in San Bernardino County but below the percentage in Los Angeles County.

## Foreign Born Residents and Citizenship

	CCH Service Area	Los Angeles County	San Bernardino County	California
Foreign born	27.5%	34.7%	21.3%	27.0%
Not a U.S. citizen	12.3%	17.7%	11.4%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

## Language

Over half of the population (52.9%) in the CCH service area speaks English only; 30.9% of the population speaks Spanish in the home and 12.6% speak an Asian/Pacific Islander language. The service area has a lower percentage of Spanish speakers (30.9%) than either county, and a higher percentage of those who speak Asian or Pacific Islander languages (12.6%) than either county or the state.

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

	CCH Service Area	Los Angeles County	San Bernardino County	California
Speaks only English	52.9%	43.2%	58.7%	56.1%
Speaks Spanish	30.9%	39.4%	33.8%	28.8%

	CCH Service Area	Los Angeles County	San Bernardino County	California
Speaks Asian/Pacific Islander language	12.6%	10.9%	5.0%	9.7%
Speaks other Indo-European language	2.3%	5.4%	1.7%	4.4%
Speaks other language	1.2%	1.1%	0.9%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

## English Learners

The percentage of students who are English learners in the service area is 17.2%, lower than the rate of English Learners in either county or state. When examining district level data it is important to note that within each district there are a number of schools with higher and lower rates of English Learners.

## English Learners

School District	Percent
Bonita Unified	6.0%
Chino Valley Unified	12.9%
Claremont Unified	5.6%
Covina-Valley Unified	10.4%
Cucamonga Elementary	20.7%
Glendora Unified	6.3%
Ontario-Montclair	37.1%
Pomona Unified	34.7%
Upland Unified	11.1%
Walnut Valley Unified	11.5%
West Covina Unified	7.7%
CCH Service Area	17.9%
Los Angeles County	22.7%
San Bernardino County	18.9%
California	22.1%

Source: California Department of Education DataQuest, 2015-2016 Language Group Data. <http://dq.cde.ca.gov/dataquest/>

## **Key Findings**

This section presents the key health needs presented in narrative form with supporting data tables. For each health need there is an overview of the health data and a brief discussion of community stakeholders' comments from the interviews and surveys.

### **A. Social and Economic Factors**

#### **Social and Economic Factors Ranking**

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. In 2016, San Bernardino County ranked 42, and Los Angeles County ranked 36, placing both counties in the third quartile of 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 2015, the federal poverty level (FPL) for one person was an annual income of \$11,770 and for a family of four was \$24,250. Among area residents, 12.7% are at or below 100% of the federal poverty level (FPL) and 31.4% are at 200% of FPL or below (low-income).

#### **Ratio of Income to Poverty Level (all ages)**

	<b>Below 100% Poverty</b>	<b>Below 200% Poverty</b>
CCH Service Area	12.7%	31.4%
Los Angeles County	18.2%	40.5%
San Bernardino County	19.5%	60.5%
California	16.3%	36.1%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1701. <http://factfinder.census.gov>

Examining poverty levels by community paints an important picture of the population within the hospital service area. 17.8% of children in the CCH service area live in poverty. For seniors in the service area, 8.9% live in poverty. These rates of poverty are not as severe as county or state averages. Pomona has the highest rate of individuals (19.4%), children (30.9%) and seniors (15.2%) living in poverty. Chino Hills has the lowest rate of adults (6.6%) and seniors (2.8%) living in poverty; San Dimas has the lowest rates of poverty for children at 5.3%.

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

	Adults	Children	Seniors
Chino	10.6%	14.2%	11.5%
Chino Hills	6.6%	7.6%	2.8%
Claremont	9.1%	9.5%	4.4%
Covina	9.8%	14.2%	9.6%
Diamond Bar	6.7%	7.8%	7.0%
Glendora	9.0%	11.2%	8.1%
La Verne	8.2%	11.3%	5.1%
Montclair	14.7%	24.5%	11.0%
Ontario	15.2%	25.8%	14.9%
Pomona	19.4%	30.9%	15.2%
Rancho Cucamonga	7.9%	11.9%	7.0%
San Dimas	7.1%	5.3%	7.4%
Upland	14.2%	23.6%	8.4%
Walnut	6.8%	6.5%	6.4%
West Covina	9.3%	14.7%	7.7%
CCH Service Area	11.4%	17.8%	8.9%
Los Angeles County	16.4%	25.8%	13.4%
San Bernardino County	17.4%	27.1%	11.1%
California	15.1%	22.5%	10.3%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1701. <http://factfinder.census.gov>

### Households

The median household income for the CCH service area is \$74,631. This is higher than the median income for both counties and the state (\$61,818).

### Median Household Income

	Median Household Income
CCH Service Area	\$74,631
Los Angeles County	\$56,196
San Bernardino County	\$53,433
California	\$61,818

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP03. <http://factfinder.census.gov>

There are 347,498 occupied housing units in the CCH service area. The percentage of 3-person households in the area (18.7%) is higher than either county or state (16.5%)

### Household Size

	CCH Service Area	Los Angeles County	San Bernardino County	California
1 person households	19.1%	25.7%	19.6%	24.1%
2 person households	26.7%	27.4%	26.7%	30.1%
3 person households	18.7%	16.7%	17.1%	16.5%
4+ person households	35.5%	30.2%	35.6%	29.3%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2501. <http://factfinder.census.gov>

In the CCH service area, 5.4% of service area households receive SSI benefits, 3.3% receives cash public assistance income and 7.8% of residents receive food stamp benefits.

### Household Supportive Benefits

	CCH Service Area	Los Angeles County	San Bernardino County	California
Households	347,498	3,263,069	614,325	12,717,801
Supplemental Security Income (SSI)	5.4%	6.9%	7.1%	6.2%
Public Assistance	3.3%	4.1%	5.8%	3.9%
Food stamps/SNAP	7.8%	8.8%	15.3%	9.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP03. <http://factfinder.census.gov>

Food insecurity is the lack of access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. Food security then is access to sufficient, safe and nutritious food. This indicator was asked of adults ages 18+ with an income < 200% FPL. Among low-income adults in SPA 3, 37.8% reported food insecurity. This is a lower rate than in Los Angeles County (44.2%), San Bernardino County (43.3%) and the state (41.7%).

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

	Percent
Service Planning Area 3 (SPA 3)	37.8%
Los Angeles County	44.2%
San Bernardino County	43.3%
California	41.7%

Source: California Health Interview Survey, 2015. <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 service area rate of eligibility was 57.1% in the 2015-2016 school year, higher than both counties but lower than the state rate (58.9%).

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

	Percent Eligible Students
Bonita Unified	35.5%
Chino Valley Unified	45.6%
Claremont Unified	37.3%
Covina-Valley Unified	70.3%
Cucamonga Elementary	76.2%
Glendora Unified	26.5%
Ontario-Montclair	85.6%
Pomona Unified	83.6%
Upland Unified	51.6%
Walnut Valley Unified	14.4%
West Covina Unified	66.0%
CCH Service Area	57.1%
Los Angeles County	67.6%
San Bernardino County	70.6%
California	58.9%

Source: California Department of Education DataQuest, 2015-2016. <http://dq.cde.ca.gov/dataquest/>

## Unemployment

Within the service area, cities with higher unemployment rates than Los Angeles County (5.2%) and San Bernardino County (5.7%) were West Covina (6.4%), Covina (6.3%) and Pomona (5.9%). Walnut (3.7%) and Diamond Bar (3.3%) had the lowest unemployment rates in the service area in 2016.

### Unemployment Rate, 2016 Average

	Percent
Chino	4.4%
Chino Hills	4.2%
Claremont	5.0%



	Percent
Covina	6.3%
Diamond Bar	3.3%
Glendora	4.5%
La Verne	4.0%
Montclair	4.8%
Ontario	5.7%
Pomona	5.9%
Rancho Cucamonga	4.2%
San Dimas	4.1%
Upland	4.2%
Walnut	3.7%
West Covina	6.4%
CCH Service Area	4.9%
Los Angeles County	5.2%
San Bernardino County	5.7%
California	5.4%

Source: California Employment Development Department, [Labor Market Information](#), 2016. Not seasonally adjusted.

## Educational Attainment

In the service area, 21.8% of adults are high school graduates, higher than the rate for the state (20.7%). 37.4% of the population in the service area has a college degree.

## Educational Attainment of Adults, 25 Years and Older

	CCH Service Area	Los Angeles County	San Bernardino County	California
Population 25 years and older	750,797	6,653,174	1,277,155	25,257,858
Less than 9 <sup>th</sup> grade	8.6%	13.3%	9.8%	10.0%
Some high school, no diploma	8.4%	9.4%	11.6%	8.2%
High school graduate	21.8%	20.7%	26.2%	20.7%
Some college, no degree	23.9%	19.5%	25.3%	21.8%
Associate degree	8.4%	6.9%	8.1%	7.8%
Bachelor degree	19.3%	19.8%	12.3%	19.8%
Graduate or professional degree	9.7%	10.5%	6.7%	11.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1501. <http://factfinder.census.gov>

Of the population age 25 and over, 17% in the CCH service area have not attained a high school diploma, a rate lower than both counties and the state (18.2%)

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

	Percent
CCH Service Area	17.0%
Los Angeles County	22.7%
San Bernardino County	21.4%
California	18.2%

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

High school graduation rates are the percentage of high school graduates that graduated four years after starting ninth grade. In the service area, the high school graduation rate is 91.5%, which is higher than either county or the state (83.2%). The service area rate exceeds the Healthy People 2020 Objective for high school graduation of 87%.

#### High School Graduation Rates, 2015-2016

	Percent
Bonita Unified	94.3%
Chino Valley Unified	91.0%
Claremont Unified	95.3%
Covina-Valley Unified	97.4%
Cucamonga Unified	Not Available
Glendora Unified	97.6%
Ontario-Montclair Unified	Not Available
Pomona Unified	79.4%
Upland Unified	92.5%
Walnut Valley Unified	97.5%
West Covina Unified	92.0%
CCH Service Area *	91.5%
Los Angeles County	81.3%
San Bernardino County	82.6%
California	83.2%

Source: California Department of Education DataQuest, Cohort Outcome Data for Class of 2015-2016. <http://dq.cohode.ca.gov/dataquest/> \*Ontario-Montclair and Cucamonga School Districts data not available.

### **Community Input – Socioeconomic Status**

While the poverty levels in the Casa Colina Hospital service area are not as low as county and state averages, some communities and cities within the service area have high rates of poverty. Unfortunately, children, under the age of 18, experience poverty at higher levels. Community input provided insights on issues related to poverty and its impact on the health of community residents. Following are the stakeholder comments summarized and edited for clarity:

- There are high rates of poverty in the community so there are a lot of people who don't have access to health care and mental health care.
- Socioeconomic stressors are a part of the inability to maintain appropriate lifestyle behaviors such as proper eating or maintenance of oral health.
- Individuals cannot focus on health or manage health conditions if they can't meet their basic needs.
- Educational attainment can break the cycle of poverty and ultimately; positively impact socioeconomic status.
- Poverty and tension over immigration is an issue in the community.
- Low-socioeconomic families experience stressors and the collateral impact of trauma on the families.
- Economic stressors on a household, such as a parent being laid off or having trouble finding work, creates trauma in a household. This produces a tremendous amount of stress on children and creates stress in the neighborhood.
- The unemployment rate doesn't account for people who have stopped looking because of the challenges they face in the job search.
- There is a correlation between a family's financial situation and their general health.
- Probably the number one community issue is the economy and the ability to have health insurance to pay for health care.
- Socioeconomics, the ease of transportation and its availability is an issue.

### **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 for San Bernardino County was undertaken on January 26, 2017. The Los Angeles Homeless Services Authority (LAHSA) conducted the Greater Los Angeles Homeless Count on January 24-26, 2017. The homeless counts determine how many individuals are homeless on a given day. A person was considered homeless; 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 is increasing in SPA 3 and Los Angeles County. The homeless numbers remained essentially unchanged in San Bernardino County.

Unsheltered homeless make up the majority of the homeless population.

#### Homeless Count, 2016 and 2017

	Year of Count	Total Homeless	Sheltered	Unsheltered
SPA 3	2016	2,612	36.4%	63.6%
SPA 3	2017	3,552	33.2%	66.8%
Los Angeles County	2016	43,845	25.3%	74.8%
Los Angeles County	2017	57,794	25.9%	74.1%
San Bernardino County	2016	1,887	36.9%	63.1%
San Bernardino County	2017	1,866	36.8%	63.2%

Source: Los Angeles Homeless Services Authority. 2017 Homeless Count. <https://www.lahsa.org/homeless-count/reports>  
 San Bernardino County 2017 Homeless Count and Subpopulation Survey: Preliminary Report.  
<http://wp.sbcounty.gov/dbh/sbchp/community-projects/point-in-time-count/>

Among the homeless subpopulations in SPA 3, 29% are chronically homeless; 28% have mental health problems; and 27% are victims of domestic violence.

#### SPA 3, Homelessness Breakdown by Subpopulations, 2017

	2017
Chronically homeless adults	29%
Persons with substance abuse disorder	17%
Persons with HIV/AIDS	2%
Persons with mental health problems	28%
Seniors, ages 62+	5%
Veterans	6%
Victims of domestic violence	27%
Youth, ages 18-24	18%

Source: Los Angeles Homeless Services Authority. 2017 Homeless Count. <https://www.lahsa.org/homeless-count/reports>

In San Bernardino County, 12% of the sheltered homeless are victims of domestic violence and 10% have substance abuse problems.

#### San Bernardino County, Sheltered Homeless Subpopulations, 2017

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

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

## Community Input – Homelessness

Data trends indicate that homelessness is increasing in SPA 3 in Los Angeles County and stabilizing in San Bernardino County. The unsheltered homeless make up the majority of the homeless population. Community input provided insights on issues related to homelessness. Following are the stakeholder comments summarized and edited for clarity:

- Preventing or reducing homelessness will contribute to economic security. There is limited affordable housing, but something that can be done is to provide rental assistance; housing first and stabilizing families.
- There is not a lot of access to housing for the homeless. There are some facilities outside the community, but there is nothing within the community.
- There is a rise in homelessness and people who have mental health issues who might refuse service.

## Crime and Safety

In SPA 3, 90.1% of adults report that they perceive their neighborhood to be safe from crime. This is higher than the rate reported for Los Angeles County (84%)

### Perceived Public Safety

	Percent
SPA 3	90.1%
Los Angeles County	84.0%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey.

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Physical violence among intimate partners occurs at a lower rate in SPA 3 than in Los Angeles County.

### Physical Violence

	Percent Reporting	
	Males	Females
SPA 3	7.6%	12.8%
Los Angeles County	9.1%	14.8%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey.

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Sexual violence among intimate partners occurs at a rate of 1.8% among males and 5% among females in SPA 3, which is lower than rates in Los Angeles County.

## Sexual Violence

	Percent Reporting	
	Males	Females
SPA 3	1.8%	5.0%
Los Angeles County	2.0%	7.0%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey.  
<http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm>

## B. Access to Health Care

### Health Insurance

Health insurance coverage is considered a key component to access health care. The service area insurance rate is 85.9%. Among children in the service area, 93.9% have insurance coverage, and 80.8% of non-senior adults are insured. Nearly all seniors are insured (97.8%). Insurance coverage rates for children and adults in the service area are above the rates for the county and state; coverage rates for seniors are slightly behind that of the state (98.4%).

### Insurance Coverage by Age Group

	Total Population	Children, 0-17	Adults, 18-64	Seniors, 65+
CCH Service Area	85.9%	93.9%	80.8%	97.8%
Los Angeles County	81.6%	92.8%	74.7%	97.7%
San Bernardino County	83.5%	92.5%	77.2%	97.6%
California	85.3%	93.6%	79.6%	98.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2701. <http://factfinder.census.gov>

In the Casa Colina Hospital service area, health insurance coverage ranges from a low of 73.5% of adults with insurance in Pomona to a high of 93.5% of adults with insurance in Claremont. On the whole, the CCH service area has a higher percentage of adults with insurance (80.8%) than either county or the state.

### Adult Insurance Coverage (ages 18-64)

	Percent
Chino	82.7%
Chino Hills	85.6%
Claremont	91.7%
Covina	82.7%
Diamond Bar	84.8%
Glendora	87.4%
La Verne	89.1%
Montclair	72.8%
Ontario	72.5%
Pomona	70.5%
Rancho Cucamonga	86.7%
San Dimas	87.9%



	Percent
Upland	82.9%
Walnut	87.5%
West Covina	79.6%
CCH Service Area	80.8%
Los Angeles County	74.7%
San Bernardino County	77.2%
California	79.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2701 <http://factfinder.census.gov>

In SPA 3, 42.5% of the population has employment-based insurance compared to 43% in the state. 23% of the service area residents are covered by Medi-Cal, a rate lower than either county but comparable to the state rate of 23.1%.

### Insurance Coverage by Type of Coverage

	SPA 3	Los Angeles County	San Bernardino County	California
Total Insured	89.4%	89.6%	88.4%	91.6%
Employment-based insurance only	42.5%	39.7%	35.3%	43.0%
Medi-Cal only	23.0%	25.5%	25.6%	23.1%
Medicare only	12.0%	10.4%	10.4%	11.3%
Medi-Cal and employment-based insurance	4.2%	4.5%	6.2%	3.9%
Privately purchased	3.6%	5.8%	5.5%	6.1%
Medicare and employment-based insurance	3.3%	2.6%	1.8%	2.7%
Other public insurance	0.9%	1.0%	3.6%	1.4%
No Insurance	10.6%	10.4%	11.6%	8.4%

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

### Community Input – Health Care Insurance

In the hospital service area, 85.9% of the population has health insurance. Children (93.9% insured) and seniors (97.8% insured) have higher rates of health insurance coverage. Over 40% of the population in the area has employment-based health insurance coverage. Among survey respondents, 52% were unable to pay health insurance co-pays and deductibles and 42.5% had no health insurance. This kept people from seeking medical treatment. 35% of survey respondents noted that having more job opportunities that included health insurance would improve the health of them and their families.

Community input provided insights on issues related to health insurance. Following are the stakeholder comments summarized and edited for clarity:

- Even with increased access to health insurance, people continue to not have insurance.
- For people who do have insurance, there are a very limited number of providers who take Covered CA insurance policies or Medi-Cal.
- Even with insurance, people still can't get the services they need.
- There are few options for the uninsured individual to have access to health care. The low cost, sliding-fee scale model is not as prevalent as what is needed.

## 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. 84.6% of residents of SPA 3 have a regular source for care, compared to the state rate of 86%. In SPA 3, 2.6% of the population use the ER/Urgent Care as their primary source of care. 15.4% of residents of the service area have no usual source of care, compared to 14% of residents in the state.

### Sources of Care

	SPA 3	Los Angeles County	San Bernardino County	California
Have usual place to go when sick or need health advice	84.6%	84.7%	84.2%	86.0%
Dr. office/HMO/Kaiser Permanente	58.7%	57.0%	55.3%	58.8%
Community clinic/government clinic/community hospital	22.1%	24.2%	25.7%	24.5%
ER/Urgent Care	2.6%	2.4%	2.5%	1.8%
Other	1.2%	1.1%	0.6%	0.9%
No source of care	15.4%	15.3%	15.8%	14.0%

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

## Use of the Emergency Room

In SPA 3, 21.9% of residents visited the ER in the last 12 months, slightly less than the county rates (22.3%) but comparable with the state rate of 21.7%. In SPA 3, adults aged 18-64 years visited the emergency room at a rate higher than other age groups.

### Use of Emergency Room

	SPA 3	Los Angeles County	San Bernardino County	California
Visited ER in last 12 months	21.9%	22.3%	22.3%	21.7%
0-17 years old	21.9%	19.3%	23.0%	18.7%

	SPA 3	Los Angeles County	San Bernardino County	California
18-64 years old	22.0%	22.7%	21.1%	22.0%
65 and older	21.3%	26.2%	27.9%	25.3%
<100% of poverty level	19.7%	23.8%	39.2%	26.8%
<200% of poverty level	21.9%	24.7%	27.5%	26.0%

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

Accessing health care can be affected by the number of providers in a community. According to the 2017 County Health Rankings, Los Angeles County ranks 46 and San Bernardino County ranks 50 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices. The ratio of county population to health care providers indicates there are fewer primary care physicians for both county populations than compared to the state. San Bernardino County has fewer dentists and mental health providers for its population than does Los Angeles County and the state.

#### Ratio of Population to Health Care Providers

	Los Angeles County	San Bernardino County	California	National Top Performer (90 <sup>th</sup> percentile)
Primary Care Physicians	1,390:1	1,740:1	1,280:1	1,040:1
Dentists	1,240:1	1,500:1	1,250:1	1,320:1
Mental Health Providers	370:1	550:1	350:1	360:1

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

Delayed care may indicate reduced access to care. 13.3% of residents in SPA 3 reported delaying or not seeking medical care, a rate higher than the county or the state. However, 7.4% of SPA 3 residents reported delaying or not getting their prescription medication in the last 12 months, a rate lower than the county or the state.

#### Delay of Care

	SPA 3	Los Angeles County	San Bernardino County	California
Delayed or didn't get medical care in last 12 months	13.3%	13.0%	8.9%	11.5%
Delayed or didn't get prescription medicine in last 12 months	7.4%	9.3%	12.0%	9.6%

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

### **Community Input – Access to Care and Delayed Care**

A majority of residents (84.6%) in the service area have a source of health care. This source of care is typically a doctor's office, community clinic or Health Maintenance Organization (HMO). Among survey participants, 82% noted they would go a doctor's office to access care and 49% would go to Urgent Care. Nevertheless, issues remain in accessing health care services. For example, 31% of survey respondents noted that there was too long of a wait for an appointment or no appointment was available with a health care provider. And 10% could not afford to access health care because of the cost. Language barriers were a concern for 8.5% of survey respondents and transportation was a barrier to care for 12.4% of survey participants. Community input provided insights on issues related to access to care, including barriers to accessing health care. Following are the stakeholder comments summarized and edited for clarity:

- In SPA 3, health care access remains an issue. Access to care is not just making services available, but also ensuring the needs of the community or residents are met; including the hours of service and culturally and linguistically appropriate services.
- It is hard to access specialty care. It takes a long time to get specialty care appointments.
- There is often a long wait to obtain an appointment for health care. There is a long wait list at community clinics.
- One of the biggest challenges is transportation. Sometimes the clinics are far away and families don't have transportation, so it's hard to get there. As a result, they may end up not going for care or going to an Emergency Department that is closer to their homes.
- Transportation is also an issue for seniors who may no longer drive.
- A portion of the population is undocumented so paying for care is an ongoing concern. In general, there is a distrust of the health care system and limited resources for the undocumented.
- There are big delays to get care for those who are on a fixed income. For those with disabilities many doctor's offices are not accessible. The doctor's office is not accessible for someone who has low vision or has had a knee surgery.
- Typically, providers see patients from Monday through Friday. If a person is sick on the weekend or at night, urgent care may be an option. The patient will have to determine if he needs to go to the Emergency Department or if it can wait.

### **Dental Care**

6.4% of residents in SPA 3 have never been to the dentist, higher than the rate for either county or the state. 72.8% of adults in SPA 3 have been to a dentist in the past

two years, compared to 76.4% in Los Angeles County, 80.6% in San Bernardino County, and 79.7% in the state.

#### Time since Last Dental Visit, Adult

	SPA 3	Los Angeles County	San Bernardino County	California
Less than 6 months to 2 years ago	72.8%	76.4%	80.6%	79.7%
More than 2 years to more than 5 years	20.8%	19.5%	18.1%	18.1%
Never been to dentist	6.4%	4.1%	1.3%	2.2%

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

Among children in SPA 3, 92.6% had been to the dentist in the last two years, higher than the rate in either county or the state. 7.4% of children in SPA 3 have never been to the dentist, comparable to the state rate of 7.3%.

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

	SPA 3	Los Angeles County	San Bernardino County	California
Less than 6 months to 2 years ago	92.6%	89.3%	89.1%	91.4%
More than 2 years to more than 5 years	0.0%	1.8%	0.0%	1.2%
Never been to dentist	7.4%	6.4%	11.0%	7.3%

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

## C. Birth Indicators

In 2012, there were 15,318 births in the service area. The majority of births were to mothers who are Hispanic or Latino (58.4%); 18% of births were to Whites, and 12.2% of births were to Asian women.

### Births by ZIP Code

	Number
91010 - Rancho Cucamonga	352
91701 - Rancho Cucamonga	340
91708 - Chino	128
91709 - Chino Hills	829
91710 - Chino	923
91711 - Claremont	246
91722 - Covina	458
91723 - Covina	210
91724 - Covina	276
91730 - Rancho Cucamonga	970
91737 - Rancho Cucamonga	210
91739 - Rancho Cucamonga	431
91740 - Glendora	246
91741 - Glendora	207
91750 - La Verne	236
91761 - Ontario	796
91762 - Ontario	844
91763 - Montclair	598
91764 - Ontario	937
91765 - Diamond Bar	505
91766 - Pomona	1,191
91767 - Pomona	782
91768 - Pomona	523
91773 - San Dimas	296
91784 - Upland	216
91786 - Upland	757
91789 - Walnut	458
91790 - West Covina	570
91791 - West Covina	408
91792 - West Covina	375
CCH Service Area *	15,318
California	503,788

Source: California Department of Public Health, 2012 \*No data available for Zip Code 91758  
<https://archive.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

## Teen Birth Rate

Teen birth rates occurred at a rate of 62.5 per 1,000 births (or 6.2% of total births). This rate is lower than the teen birth rate found in the state.

## Births to Teenage Mothers (Under Age 20)

	Births to Teen Mothers	Live Births	Rate per 1,000 Live Births
CCH Service Area*	957	15,318	62.5
California	35,281	503,788	70.0

Source: California Department of Public Health, 2012 \*No data available for Zip Code 91758

<https://archive.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

## Prenatal Care

Pregnant women in the hospital service area entered prenatal care early – within the first trimester – at a rate of 88.8%. This rate of early entry translates to 11.2% of women entering prenatal care late or not at all, lower than the California rate of 16.2%. The service area 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)

	Early Prenatal Care	Live Births*	Percent
CCH Service Area *	13,261	14,937	88.8%
California	412,679	492,643	83.8%

Source: California Department of Public Health, 2012. \* No data available for Zip Code 91758

<https://archive.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

\*\*Births in which the first month of prenatal care is unknown are not included in the tabulation.

When prenatal care is examined by ZIP Code, rates ranged from a low of 80% receiving early prenatal care in Walnut (91789), to a high of 94.5% receiving early prenatal care in Chino (91761).

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

	Percent
91010 - Rancho Cucamonga	84.2%
91701 - Rancho Cucamonga	90.2%
91708 - Chino	94.5%
91709 - Chino Hills	92.0%
91710 - Chino	90.6%
91711 - Claremont	90.5%
91722 - Covina	89.1%
91723 - Covina	88.3%
91724 - Covina	90.4%

	Percent
91730 - Rancho Cucamonga	88.1%
91737 - Rancho Cucamonga	91.7%
91739 - Rancho Cucamonga	92.3%
91740 - Glendora	91.4%
91741 - Glendora	93.7%
91750 - La Verne	94.0%
91761 - Ontario	86.0%
91762 - Ontario	86.2%
91763 - Montclair	88.9%
91764 - Ontario	86.2%
91765 - Diamond Bar	91.1%
91766 - Pomona	86.9%
91767 - Pomona	89.4%
91768 - Pomona	87.4%
91773 - San Dimas	92.1%
91784 - Upland	93.4%
91786 - Upland	87.6%
91789 - Walnut	80.0%
91790 - West Covina	91.1%
91791 - West Covina	89.2%
91792 - West Covina	88.9%

Source: California Department of Public Health, 2012. \* No data available for Zip Code 91758

<https://archive.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>

## Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area's rate of low birth weight babies (68.3 per 1,000 live births) is slightly higher than the state (66.9 per 1,000 live births). The rate of low birth weight (6.8%) is lower than the Healthy People 2020 Objective of 7.8%

## Low Birth Weight (Under 2,500 g)

	Low Birth Weight	Live Births	Percent of Live Births
CCH Service Area*	1,046	15,318	6.8%
California	33,723	503,788	6.7%

Source: California Department of Public Health, 2012. \* No data available for Zip Code 91758

<https://archive.cdph.ca.gov/data/statistics/Pages/BirthProfilesbyZIPCode.aspx>



## Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the service area is 4.8 deaths per 1,000 live births. This rate is higher than the California rate of 4.5, and complies with the Healthy People 2020 Objective of 6.0 deaths per 1,000 live births.

### Infant Mortality Rate, 2012

	Infant Deaths	Live Births	Rate
CCH Service Area*	73	15,318	4.8
California	2,247	503,788	4.5

Source: California Department of Public Health, 2012 \*No data available for Zip Code 91758

<https://archive.cdph.ca.gov/data/statistics/Pages/DeathProfilesbyZIPCode.aspx>

## Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. The rates of breastfeeding in both counties and the state exceed the Healthy People 2020 Objective of 81.9% of mothers who breastfeed.

### Breastfeeding Initiation During Early Postpartum, 2013-2015

	Percent
Los Angeles County	93.5%
San Bernardino County	88.8%
California	93.5%

Source: California Department of Public Health, County Health Status Profiles, 2017

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

In SPA 3, 97.8% of infants were breastfed at birth. This is higher than the county rate (93.1%).

### Breastfeeding Initiation at Birth, 2015

	Percent
Service Planning Area 3	97.8%
Los Angeles County	93.1%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey.

<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

## D. Mortality/Leading Causes of Death

### Premature Death

The County Health Rankings examine the years of potential life lost before age 75 and ranks all counties according to their totals per 100,000 persons. California's 58 counties are ranked from 1 (lowest loss of potential life) to 58 (highest loss of potential life) based on the National Center of Health Statistics' Mortality Files. Los Angeles County has a ranking of 19, which puts it in the top one-third of counties. San Bernardino County had a ranking of 30, which puts it in the bottom 50% of counties statewide.

### Premature Death Ranking, by County

County	Years of Potential Life Lost per 100,000	County Ranking (out of 58)
Los Angeles	5,066	19
San Bernardino	6,379	30

Source: County Health Rankings, 2015. <http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/1>

In Los Angeles County, 59% of people in 2013 died before they reached age 75, with deaths prior to 75 years of age determined by the Los Angeles County Department of Public Health to be premature. In SPA 3, coronary heart disease was the leading cause of death and premature death.

### Leading Cause of Death and Premature Death, SPA 3, 2013

Leading Causes of Death	Leading Causes of Premature Death
1. Coronary Heart Disease	1. Coronary Heart Disease
2. Stroke	2. Liver Disease/Cirrhosis
3. Chronic Obstructive Pulmonary Disease	3. Lung Cancer
4. Lung Cancer	4. Suicide
5. Alzheimer's Disease	5. Homicide

Source: LA County Department of Public Health, Mortality in Los Angeles County, 2013. October 2016  
<http://publichealth.lacounty.gov/dca/dcarereportspubs.htm>

### Mortality Rates

The top five leading causes of death in Los Angeles County are 1) cancer, 2) heart disease, 3) stroke, 4) Alzheimer's disease and 5) chronic lower respiratory disease. The top five leading causes of death in San Bernardino County are 1) cancer, 2) heart disease, 3) chronic lower respiratory disease, 4) stroke and 5) Alzheimer's disease.

Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on

health event rates. Death counts and death rates are averages for the three-year period, 2013-2015.

The cancer death rate in San Bernardino County is 162.2 per 100,000 persons, higher than Los Angeles County, the state average and the Healthy People 2020 Objective target rate of 161.4. The heart disease mortality rate in both counties is higher than the Healthy People 2020 Objective of 103.4 deaths per 100,000 persons. The death rates in San Bernardino County due to stroke are 38.6 per 100,000 persons, higher than the Healthy People 2020 Objective of 34.8.

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

	Los Angeles County		San Bernardino County		California	Healthy People 2020
	Number	Rate	Number	Rate	Rate	Rate
Cancer	14,162	138.1	2,926	162.2	143.8	161.4
Heart disease	11,415	109.7	1,811	109.2	93.2	103.4
Stroke	3,389	33.1	639	38.6	34.7	34.8
Alzheimer's Disease	3,086	29.5	550	33.1	32.1	No Objective
Chronic Lower Respiratory Disease	2,914	28.8	888	53.4	33.3	No Objective
Diabetes	2,275	22.2	583	32.9	20.6	No Objective
Unintentional Injuries	2,199	21.2	525	26.5	29.1	36.4
Pneumonia and Influenza	2,146	20.9	239	14.2	15.2	No Objective
Liver Disease	1,390	13.0	308	15.2	12.1	8.2
Motor Vehicle Traffic Crashes	707	6.8	248	11.9	8.3	12.4

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

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

#### **Leading Causes of Death**

The leading causes of death in the service area are heart disease and cancer, followed by chronic lower respiratory disease, stroke, and Alzheimer's disease. The crude death rate ("Rate") is a ratio of the number of deaths to the entire population. Rates of death in the CCH service area are higher than county and state averages for heart disease, and lower for unintentional injuries, liver disease and suicide.

#### **Mortality Rates, per 100,000 Persons, 2013-2015**

	CCH Service Area *		Los Angeles County	San Bernardino County	California
	Annual Avg.	Rate	Rate	Rate	Rate
Heart Disease	1,785	143.0	113.2	86.4	99.0

	CCH Service Area *		Los Angeles County	San Bernardino County	California
	Annual Avg.	Rate	Rate	Rate	Rate
Cancer	1,775	142.1	140.5	139.6	151.3
Chronic Lower Respiratory Disease	437	35.0	28.9	42.3	34.4
Stroke	400	32.1	33.6	30.5	36.5
Alzheimer's Disease	392	31.4	30.6	26.2	34.1
Diabetes	321	25.7	22.6	27.8	21.6
Unintentional Injuries	226	18.1	21.8	25.0	30.3
Pneumonia and Influenza	161	12.9	21.3	11.4	16.1
Liver Disease	159	12.8	13.8	14.7	13.1
Suicide	98	7.8	7.9	9.7	10.6

Source: California Dept. of Public Health, 2017 County Health Status Profiles, 2013-2015.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>;

\* = California Department of Public Health, 2013-2015. <https://data.chhs.ca.gov/dataset>

## Cancer Mortality

The five-year average cancer death rate for all cancer sites in Los Angeles County was 144.5 per 100,000 persons. The rate for San Bernardino County was 164.5 per 100,000 persons. San Bernardino County's rate is higher than the state rate (149 per 100,000) and the Healthy People 2020 Objective (161.4 per 100,000).

## Cancer Mortality Rates, per 100,000 Persons, 2010-2014

	Los Angeles County		San Bernardino County		California
	Number	Rate	Number	Rate	Rate
Cancer, all sites	70,014	144.5	14,058	164.5	149.0
Digestive system	21,048	43.2	3,843	44.5	41.1
Respiratory system	14,433	30.3	3,241	38.9	34.3
Breast	5,829	11.7	1,163	12.9	11.2
Female genital	4,177	15.3	805	16.6	14.8
Male genital	3,489	20.1	814	25.3	20.4
Urinary system	3,267	6.8	773	9.3	7.6
Leukemia	3,059	6.4	589	6.7	6.4
Lymphoma	2,821	5.9	476	5.7	5.9

Source: California Cancer Registry, Cancer Surveillance Section, California Department of Public Health, 2010-2014.

<http://www.cancer-rates.info/ca/>

## E. Disabilities

The California Health Interview Survey used six questionnaire items that measure disability as a long-lasting physical, mental or emotional condition. Adapted from Census Bureau-American Community Survey, these questions measure disability status as a function of sensory, physical, mental, self-care, going-outside of home, and/or work limitations. In SPA 3, 30.7% of adults have been identified as having a physical, mental or emotional disability. 5.8% of these adults could not work for at least a year due to physical or mental impairment.

### Adult Population with a Disability

	SPA 3	Los Angeles County	San Bernardino County	California
Adults with a disability	30.7%	30.6%	31.5%	30.9%
Couldn't work due to impairment	5.8%	6.3%	9.0%	7.6%

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

From the LA County Health Survey, disability was defined as a positive response to any one of the following: 1) Limited activity because of physical, mental, or emotional problem(s), 2) Health problem requiring use of special equipment and 3) Self-perception of being disabled. In SPA 3, 21.0% of adults indicated they had a disability, compared to 22.6% of adults with a self-identified disability in Los Angeles County.

### Adults with a Disability

	SPA 3	Los Angeles County
Adults with a disability	21.0%	22.6%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

Among adults in SPA 3, 0.5% are legally blind, this is slightly lower than the population in the state who are legally blind (0.7%).

### Traumatic Brain Injury

Traumatic Brain Injury (TBI) is an acute injury of the brain. In 2014, there were 8,471 hospitalizations in Los Angeles County for non-fatal TBI. 61,913 persons were treated for TBI in an Emergency Department. These people were treated and released or transferred to another facility.

### Traumatic Brain Injury, Non-Fatal Hospitalizations and ED Visits

	Los Angeles County	California
Traumatic brain injury, non-fatal hospitalizations	8,471	32,838
Traumatic brain injury, non-fatal ED visit	61,913	251,028

Source: California Office of Statewide Health Planning & Development, 2014. California Department of Public Health.  
<http://epicenter.cdph.ca.gov/ReportMenus/TraumaticBrainInjury.aspx>.

### Ischemic Stroke, 30-Day Mortality and 30-Day Readmission

	Los Angeles County	California
Ischemic Stroke, 30-Day Mortality	10.05	9.81
Ischemic Stroke, 30-Day Readmission	11.8	11.68

Source: California Office of Statewide Health Planning & Development, 2014. California Department of Public Health.  
<https://data.chhs.ca.gov/dataset/ischemic-stroke-30-day-mortality-and-30-day-readmission-rates-and-quality-ratings-for-ca-hospitals/resource/90ef0ad0-9fc0-45ba-97da-509e0e4422b6>.

### Legally Blind Adults

	SPA 3	Los Angeles County	San Bernardino County	California
Legally blind adults	0.5%	0.5%	0.6%	0.7%

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

Children with Special Health Care Needs (CSHCN) were identified through a Screening Tool from the Foundation for Accountability. The CSHCN screener has three "definitional domains": 1) Dependency on prescription medications; 2) Service use above what is considered usual or routine; and 3) Functional limitations. Definitional domains are not mutually exclusive categories. A child meeting the CSHCN screener criteria for a chronic condition may qualify for one or more definitional domains. In SPA 3, 9.1% of children, ages 0-17, were identified as having special health care needs.

### Children, Ages 0-17, with Special Health Care Needs

	SPA 3	Los Angeles County
Children with special health care needs	9.1%	14.5%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey.  
<http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

### Community Input – Disabilities

In SPA 3, 21.0% of adults indicated they had a disability, compared to 22.6% of adults with a self-identified disability in Los Angeles County. 9% of children in SPA 3 have been screened to have a special health care need. Community input provided insights on issues related to disabilities. Following are the stakeholder comments summarized and edited for clarity:

- Although awareness of disabilities has improved, sometimes there remains a lack of awareness on how to advocate for those with disabilities. It is still a problem and language is often a barrier. Not all information is in Spanish and sometimes persons with disabilities are assigned to providers that don't speak their language.
- The disabled want to be independent and access to transportation remains an issue.
- People with disabilities have chronic long-term issues. They have very specialized health needs that may not be met by community practitioners.
- More education is needed for this chronic long-term population, including how they can better access services better.
- In home support services are very difficult to access for people with disabilities; especially when coming out of the hospital with traumatic brain injury and spinal cord injuries.
- There is a paucity of living arrangements and job or training opportunities for persons with autism. For autistic youth who age into adulthood, there are not a lot of resources to integrate these young adults and help them be productive members of the community.
- There may be a tendency for the disabled to be isolated, which prevents them from seeking resources.
- When youth with disabilities age out of the school system, there is insufficient planning for what happens after high school.
- Some places are getting better with communications with people who have verbal and audio difficulties.
- Spinal cord injuries have a multitude of secondary complications. Many people with spinal cord injuries suffer from bladder infections and UTI, bone density loss, upper body injuries from moving their wheelchairs, and overuse injuries and back pain because they can't move efficiently.
- For those who do not have the ability to take care of themselves, they are reliant on caregivers. This can be a financial burden.
- For some, people with physical incapacities may not pursue jobs or cannot perform jobs due to physical ailments. 60% of spinal cord injuries do not have a job at the 20-year mark and are not able to integrate back into society.
- Veterans may have chronic ongoing issues with PTSD, or what they call "signature conditions" from the latest wars. The VA is strict with appointments and it can take a long time to see someone. Veterans have access and insurance, but there are long delays to get the assistance that they need. Also, there is societal stigma surrounding any sort of condition that someone might perceive as making them "less than."

## F. Health Status and Chronic Disease

### Health Status

Among the population in SPA 3, 21.2% reported being in fair or poor health. This rate is higher than Los Angeles County (20.3%) and the state (18%), and lower than San Bernardino County (21.6%).

### Health Status, Fair or Poor Health

	SPA 3	Los Angeles County	San Bernardino County	California
Persons with fair or poor health	21.2%	20.3%	21.6%	18.0%

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

### Diabetes

Diabetes is a growing concern in the community; 10.6% of adults in SPA 3 have been diagnosed with diabetes, and 13.2% are pre-diabetic. Among adults with diabetes, 58.9% are confident that they can control/manage their diabetes – a higher confidence level than either county yet lower than the state rate of 59.7%.

### Adult Diabetes

	SPA 3	Los Angeles County	San Bernardino County	California
Diagnosed pre/borderline diabetic	13.2%	14.0%	14.2%	13.5%
Diagnosed with diabetes	10.6%	10.8%	10.2%	9.8%
Very confident to control diabetes	58.9%	54.1%	56.3%	59.7%
Somewhat confident	31.2%	31.9%	33.8%	30.6%
Not confident	9.9%	14.0%	4.9%	9.8%

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

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



## Diabetes Hospitalization Rates\* for Prevention Quality Indicators

	Los Angeles County	San Bernardino County	California
Diabetes long term complications	126.3	153.7	103.4
Diabetes short term complications	55.6	69.4	56.5
Lower-extremity amputation among patients with diabetes	16.1	20.1	15.5
Uncontrolled diabetes	12.9	11.0	8.0

Source: California Office of Statewide Health Planning & Development, 2014. <https://www.oshpd.ca.gov/HID/AHRQ-pqi-overview.html> \* Risk-adjusted (age-sex) annual rates per 100,000 population.

## Community Input – Diabetes

In SPA 3, 10.6% of adults have been diagnosed with diabetes, and 13.2% are pre-diabetic. Among survey participants, 54% of respondents felt diabetes was one of the biggest health issues facing the community. Community input provided insights on issues related to diabetes. Following are the stakeholder comments summarized and edited for clarity:

- Some don't know if they have diabetes. They don't do regular checkups.
- It requires a team approach with diabetes. Multiple medical problems need to be looked at longitudinally for care over a year-of-care lifecycle.
- With diabetes there is a lot of noncompliance. Persons with diabetes need a strict diet.

## Heart Disease

4.5% of adults in SPA 3 have been diagnosed with heart disease. This percentage is lower than rates in either county or the state. Among those that have been diagnosed in SPA 3, 60.7% are very confident they can manage their condition and 77.2% have a disease management care plan developed by a health care professional. The percentage of residents with a disease management plan is higher than the rate for either county or the state.

## Adult Heart Disease

	SPA 3	Los Angeles County	San Bernardino County	California
Diagnosed with heart disease	4.5%	5.4%	6.9%	6.6%
Very confident to control condition	60.7%	62.0%	63.9%	61.5%
Somewhat confident to control condition	39.1%	33.8%	35.3%	33.7%
Not confident to control condition	0.2%	4.2%	0.8%	4.8%
Has a disease management care plan	77.2%	75.7%	62.0%	74.8%

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

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

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

	Los Angeles County	San Bernardino County	California
Congestive Heart Failure	323.0	376.5	289.9
Hypertension	46.4	55.3	32.6
Angina without procedure	21.3	30.7	15.9

Source: California Office of Statewide Health Planning & Development, 2014.

<https://www.oshpd.ca.gov/HID/AHRQ-pqi-overview.html>

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

#### **High Blood Pressure**

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In SPA 3, 28.1% of adults have been diagnosed with high blood pressure, lower than the rate in either county or the state. Of those diagnosed in the SPA, 70.8% take medication for it, a rate higher than either county or the state. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%.

#### **High Blood Pressure**

	SPA 3	Los Angeles County	San Bernardino County	California
Ever diagnosed with hypertension	28.1%	29.3%	30.5%	28.8%
Takes medicine for hypertension	70.8%	66.0%	63.3%	68.0%

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

#### **Asthma**

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

#### **Asthma Hospitalization Rates\* for Prevention Quality Indicators (PQI)**

	Los Angeles County	San Bernardino County	California
COPD or asthma in older adults	346.7	354.3	296.0
Asthma in younger adults	29.4	32.0	25.2

Source: California Office of Statewide Health Planning & Development, 2014. <https://www.oshpd.ca.gov/HID/AHRQ-pqi-overview.html> \* Risk-adjusted (age-sex) annual rates per 100,000 population.

In SPA 3, 14.2% of the population has been diagnosed with asthma; 87.1% have had symptoms in the past year and 28.5% take daily medication to control their asthma. This is a lower rate of those who take daily medication than in Los Angeles County (47.1%), San Bernardino County (50.2%) or the state (46.8%). Among the youth in SPA 3, 10.6% have been diagnosed with asthma. Only 2% required a visit to the Emergency Department.

### Asthma

	SPA 3	Los Angeles County	San Bernardino County	California
Diagnosed with asthma, total population	14.2%	13.0%	18.3%	15.2%
Diagnosed with asthma, 0-17 years old	10.6%	9.1%	24.4%	13.8%
ER visit in past year due to asthma, total population	11.9%	17.0%	20.8%	12.6%
ER visit in past year due to asthma, 0-17 years old	2.0%	35.3%	27.3%	20.1%
Takes daily medication to control asthma, total population	28.5%	47.1%	50.2%	46.8%
Takes daily medication to control asthma, 0-17 years old	42.2%	52.7%	52.9%	48.2%
Had asthma symptoms in the past 12 months	87.1%	87.6%	89.6%	88.1%

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

### Community Input – Asthma

In SPA 3, 14.2% of the population has been diagnosed with asthma. Among the youth in SPA 3, 10.6% have been diagnosed with asthma. 17% of survey participants felt asthma/lung disease was one of the biggest health issues facing the community. Community input provided insights on issues related to asthma. Following are the stakeholder comments summarized and edited for clarity:

- Asthma is becoming more prevalent.
- Poor air quality contributes to asthma.
- There are certain neighborhoods built near industrial complexes and there is a high concentration of trucks coming in and out of these neighborhoods, disproportionate to other neighborhoods. And these neighborhoods are situated around many freeways so we experience a high concentration of vehicles as well. This contributes to some chronic diseases. The reality is it's often the very poorest who live out of necessity in these neighborhoods because housing is more affordable.

### Cancer

In San Bernardino County, the five-year, age-adjusted cancer incidence rate is 411.2 per 100,000 persons, higher than Los Angeles County (388.1) or the California average

(409.2). Both counties had higher rates for cancers of the digestive system, female genital and the endocrine system than the state average. San Bernardino County also had higher rates for cancers of male genitals, respiratory systems, urinary systems and leukemia than the state average.

#### **Cancer Incidence, per 100,000 Persons, Age Adjusted, 2010-2014**

	<b>Los Angeles County</b>	<b>San Bernardino County</b>	<b>California</b>
All sites	388.1	411.2	409.2
Male genital	112.4	126.4	116.1
Digestive system	81.2	82.3	78.4
Breast, either sex	61.9	59.8	64.3
Respiratory system	41.3	50.0	47.7
Female genital	49.7	51.0	47.4
Urinary system	29.9	34.5	32.6
Skin	15.2	18.8	23.6
Lymphoma	20.6	18.5	21.0
Endocrine system/thyroid	14.1	12.3	13.4
Leukemia	11.9	12.9	12.6
Oral Cavity and pharynx	9.1	9.6	10.3
Brain and nervous system	5.2	6.0	6.0

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2010-2014. <http://www.cancer-rates.info/ca/>

#### **Sexually Transmitted Infections**

The rate of chlamydia and gonorrhea in both counties is higher than the rates in the state. Rates of syphilis in Los Angeles County are higher than the state rate, while rates of syphilis in San Bernardino County are lower than the state.

#### **STI Cases, Rate per 100,000 Persons, 2015**

	<b>Service Planning Area 3 *</b>	<b>Los Angeles County</b>		<b>San Bernardino County</b>		<b>California</b>
	<b>Rate</b>	<b>Cases</b>	<b>Rate</b>	<b>Cases</b>	<b>Rate</b>	<b>Rate</b>
Chlamydia	384.2	57,134	560.6	11,059	519.8	486.1
Gonorrhea	85.2	17,614	172.8	2,756	129.5	138.9
Primary & Secondary Syphilis	7.0	1,587	15.6	134	6.3	12.5
Early Latent Syphilis	N/A	1,867	18.3	110	5.2	11.4

Source: \* Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Key Indicators of Health by Service Planning Area; January 2017. [http://publichealth.lacounty.gov/ha/KeyIndicator/2017/PH-KIH\\_2017-sec\\_printing.pdf](http://publichealth.lacounty.gov/ha/KeyIndicator/2017/PH-KIH_2017-sec_printing.pdf). California Department of Public Health, 2015. <https://archive.cdpb.ca.gov/data/statistics/Pages/STDDData.aspx>

## HIV/AIDS

The HIV prevalence rate (the number of persons living with a diagnosis of Human Immunodeficiency Virus (HIV) per 100,000 persons) in San Bernardino County was 160.7; lower than the California rate of 327.5 and the Los Angeles County rate of 498.9. The HIV prevalence rate for SPA 3 was 192 per 100,000 persons.

### People Living with HIV/AIDS, Rate per 100,000 Persons, 2014

	Rate
SPA 3 *	192.0
Los Angeles County	498.9
San Bernardino County	160.7
California	327.5

Source: \* Los Angeles County Department of Public Health, 2014 Annual HIV/STD Surveillance Report <http://publichealth.lacounty.gov/dhsp/Reports/HIV-STDsurveillanceReport2014.pdf>. California Department of Public Health, Office of AIDS, California HIV Surveillance Report — 2014. [https://www.cdph.ca.gov/Programs/CID/DOA/CDPH Document Library/California HIV Surveillance Report - 2014 ADA.pdf](https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Library/California%20HIV%20Surveillance%20Report%20-%202014%20ADA.pdf)

## Senior Falls

Falls are the leading cause of injury among older adults. 19.9% of seniors in SPA 3 reported falling at least once in the past year, compared to 27.1% in Los Angeles County.

### Seniors who Reported Falling (One or More Times) in Past Year

	Percent
SPA 3	19.9%
Los Angeles County	27.1%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

In SPA 3, 8.4% of senior falls resulted in an injury, compared with 11.3% of senior falls resulting in an injury in Los Angeles County.

### Seniors Injured Due to a Fall in the Last Year

	Percent
SPA 3	8.4%
Los Angeles County	11.3%

Source: Department of Public Health, Los Angeles County, 2015. Los Angeles County Health Survey. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

### **Community Input – Senior Health**

19.9% of seniors in SPA 3 reported falling at least once in the past year and 8.4% were injured in a fall. Community input provided insights on issues related to senior health. Following are the stakeholder comments summarized and edited for clarity:

- For the elderly and chronically ill, the issues are lack of access of good home care. Home health care tends to be provided by the least qualified individuals. Service is there but it's inadequate.
- End-of-life services are under resourced in the Pomona region.
- Alzheimer's disease is such a devastating disease. For low-income residents, it becomes an issue of how to take care of them. Families can't afford to put them in an institution and it's hard to take care of them at home. There used to be Medi-Cal Alzheimer's centers. Funding for these agencies got cut several years ago.
- Older individuals have different issues. Starting to get doctors more involved in how to care for aging populations is a good idea.
- Seniors need to be evaluated prior to disability. Being proactive can result in seniors being able to stay in their homes. Services are needed that address how best to care for someone at home.
- An issue for seniors is transportation. Uber is a new concept, a bit overwhelming for seniors and costly. Transit services don't cross county lines.
- There is a lack of adult day care centers; people have to go to a skilled nursing center instead.
- People tend to isolate as they lose capacity because: 1) they can't drive; 2) they lose their ability to easily communicate by phone as their hearing diminishes; and 3) their economic power diminishes and they lose their options.
- Seniors struggle with the high cost of living and people feel that a majority of their Social Security check is going to pay rent.
- Advances in care and medicine result in people living longer. This means they need more services and it creates greater pressure on the health care system.
- The standard of living for some retirement homes and outpatient senior living centers is becoming better and more affordable and it's a government initiative that is helping cover the cost. It takes the burden off the family. They are finding a sense of comfort, finding people their age, and being motivated and having accessibility at these centers.
- Seniors who have lost their retirement income have lost access to good, quality health care. Medication costs are rising exponentially. Some seniors are choosing to eat versus take their medications.

- Some elderly patients are living by themselves. There is minimal support and that contributes to risk for their health and wellbeing. Seniors may experience depression and depression in the elderly often goes unnoticed.

## G. Mental Health

In SPA 3, 11.3% of adults experienced serious psychological distress in the past year. Of adults who saw a health care provider for emotional, mental health, alcohol or drug issues, 44.1% of those in SPA 3 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). 11.9% of adults SPA 3 took prescription medicine for emotional/mental health issues in the past year. This is comparable to 11.2% in Los Angeles County, 12.1% in San Bernardino County and 12% in the state.

### Mental Health Indicators, Adults

	SPA 3	Los Angeles County	San Bernardino County	California
Adults who have likely had serious psychological distress during past year	11.3%	9.7%	8.3%	8.6%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.8%	17.8%	15.7%	17.6%
Adults who saw a health care provider for emotional/mental health and/or alcohol-drug issues in past year	11.9%	13.9%	11.8%	14.0%
Adults who sought/needed help but did not receive treatment	44.1%	41.7%	44.3%	40.5%
Adults who took prescription medicine for emotional/mental health issue in past year	11.9%	11.2%	12.1%	12.0%

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

Poor physical or mental health can impact a person's level of activity. Adults in SPA 3 report two days of limited activity due to poor physical and/or mental health. Of those diagnosed with depression, 6.4% of adults in the SPA are being treated for or exhibit symptoms of depression; compared to 8.6% of adults in Los Angeles County. 64% of adults in Los Angeles County report they receive the social and emotional support they need, while only 55.5% report the same in SPA 3.

### Mental Health Impact, Adults

	SPA 3	Los Angeles County
Number of days in past month activity was limited due to poor physical and/or mental health	2.0	2.3
Percent diagnosed with depression and are being treated for or have symptoms of depression	6.4%	8.6%
Percent who always or usually receive the social and	55.5%	64.0%



	SPA 3	Los Angeles County
emotional support they need		

Source: Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology, Los Angeles County Health Survey 2015. <http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm>

In SPA 3, 31.5% of teens needed help for emotional/mental health problems in the past year and 45.8% received counseling. These rates are higher than either county or the state.

### Mental Health Indicators, Teens

	SPA 3	Los Angeles County	San Bernardino County	California
Teens who needed help for emotional/mental health problems in past year	31.5%	26.4%	7.2%	18.4%
Teens who received psychological/emotional counseling in past year	45.8%	15.2%	2.3%	13.5%

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

9.9% of adults in SPA 3, 9.5% in Los Angeles County and 8% in San Bernardino County had seriously considered suicide. The state rate is 9.6%.

### Thought about Committing Suicide

	SPA 3	Los Angeles County	San Bernardino County	California
Adults who ever seriously thought about committing suicide	9.9%	9.5%	8.0%	9.6%

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

### Community Input – Mental Health

6.4% of adults in SPA 3 are being treated for or exhibit symptoms of depression and 11.3% of adults experienced serious psychological distress in the past year. 9.9% of adults in SPA 3 had seriously considered suicide. 44% of survey participants felt that mental health, depression or suicide were some of the biggest health issues facing the community. Community input provided insights on issues related to mental health.

Following are the stakeholder comments summarized and edited for clarity:

- There is stigma in the community around mental health. A challenge is that a lot of people don't understand what it is.
- People may not know if they have a disability, mental health, or a dual diagnosis. Families don't know what the differences are.
- For families with kids over 3, it's hard to find mental health resources. Under 3 years

old they are under regional center protection. But once they transfer, that mental health connection is lost.

- There are not a lot of community health providers for mental health services. It is such a challenge to find care. Programs are expensive or non-existent.
- Community mental health resources are sorely lacking. It's a common call for these types of services and there are not good referral sources available. Even community psychiatric service doctors are backed up for months.
- General anxiety over the political climate and fear of deportation are common issues. For barriers, the main ones are stigma and a tendency to isolate.
- Mental health's biggest challenge is that a lot of the issues that emerge in adolescence are not identified early or understood by school systems. The extreme area is easy for anyone to recognize with no training. It's that messy middle that we don't do a good job with.
- Sometimes mental health issues arise with a lack of physical activity. Healthy behaviors or unhealthy behaviors may be related to mental health.
- Mental health is just as important as physical health and people don't realize it.
- For mental disability, there is a large prevalence of depression. There are not enough psychiatrists in the area to meet the need.
- There is a lack of psychiatry practitioners. There is not enough access for low-cost treatment. Medical schools just aren't graduating as many psychiatrists anymore so primary care providers are picking up the slack. But with more severe mental illness, individuals need help and it can take 3-4 weeks to see a mental health specialist. 3% of non-psychotropic drugs are prescribed by non-psychiatrists because of a lack of specialists.

## H. Substance Abuse

### Cigarette Smoking

11.8% of adults smoke cigarettes in SPA 3, lower than the rate in either county or the state. SPA 3 achieved the Healthy People 2020 Objective of 12%.

### Cigarette Smoking, Adults

	SPA 3	Los Angeles County	San Bernardino County	California
Current smoker	11.8%	12.2%	16.8%	12.8%
Former smoker	17.6%	20.7%	19.9%	21.6%
Never smoked	70.6%	67.2%	63.4%	65.6%

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

Among current adult smokers in SPA 3, 46.9% smoke 6-10 cigarettes a day. That quantity of cigarettes is smoked by the greatest percentage of adults in Los Angeles County and across the state, while in San Bernardino County the highest percentage of adults (32%) smoke 20 or more cigarettes a day.

### Number of Cigarettes Smoked per Day

	SPA 3	Los Angeles County	San Bernardino County	California
One or less	0.0%	2.3%	3.5%	1.0%
2-5 cigarettes	27.2%	25.4%	29.5%	24.6%
6-10 cigarettes	46.9%	41.3%	27.0%	39.1%
11-19 cigarettes	3.9%	13.1%	8.0%	13.5%
20 or more cigarettes	21.6%	17.9%	32.0%	21.8%

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

Among teens in SPA 3, 11.3% have smoked an electronic (vaporizer) cigarette. This is higher than in either the county or the state.

### Smoking, Teens

	SPA 3	Los Angeles County	San Bernardino County	California
Ever smoked an e-cigarette	11.3%	6.9%	1.3%	7.9%

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

### Alcohol 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 in SPA 3, 27.1% had engaged in binge drinking in the past year. This is lower than the rate in either county or the state.

#### Alcohol Consumption Binge Drinking, Adult

	SPA 3	Los Angeles County	San Bernardino County	California
Reported binge drinking in the past year	27.1%	33.8%	33.6%	34.7%

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

Among teens in SPA 3, 15% reported having an alcoholic drink, while 21.4% of teens in Los Angeles County, 20.4% in San Bernardino County, and 23.5% of teens in the state reported having an alcoholic drink.

#### Alcohol Consumption and Binge Drinking, Teens

	SPA 3	Los Angeles County	San Bernardino County	California
Ever had an alcoholic drink	15.0%	21.4%	20.4%	23.5%

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

#### Opioid Use

San Bernardino County experienced higher rates of opioid overdose ED visits and hospitalizations compared to Los Angeles County. The rate of opioid overdose deaths in Los Angeles County was 3 per 100,000 persons, age-adjusted. This is higher than the rate of deaths in San Bernardino County of 1.6 per 100,000 persons. San Bernardino County had a rate of 723.6 per 1,000 persons for opioid prescriptions. This is higher than the rate in Los Angeles County (429.0) and the state (562.3).

#### Opioid Use, Age-Adjusted Rates, per 100,000 Persons

	Los Angeles County	San Bernardino County	California
Opioid overdose deaths	3.0	1.6	4.6
Opioid overdose ED visits (excludes heroin)*	6.2	9.7	No Data
Opioid overdose hospitalizations*	7.0	8.2	No Data
Opioid prescriptions^	429.0	723.6	562.3

Source: California Opioid Overdose Surveillance Dashboard, 2016, \*2015. California Department of Public Health

^rate per 1,000 persons. [https://pdop.shinyapps.io/ODdash\\_v1/](https://pdop.shinyapps.io/ODdash_v1/)

### **Community Input – Substance Abuse**

Among adults in SPA 3, 27.1% had engaged in binge drinking in the past year, and 15% of teens have had an alcoholic drink. 11.8% of SPA 3 adults smoke cigarettes. 29% of survey participants felt substance abuse was one of the biggest health issues facing the community. Of the survey respondents, 10.6% needed substance abuse rehabilitation services to improve their health. Community input provided insights on issues related to substance abuse. Following are the stakeholder comments summarized and edited for clarity:

- There is a lack of resources to address substance abuse.
- Substance abuse services are very expensive. If the state mandates someone to care, the care is free of charge. However, there is a high level of recidivism.
- Opioid abuse is a big concern and it is tied to mental health.
- For people with stroke, TBI, and chronic neurologic pain, doctors are quick to prescribe opioids. People are already disabled, and they feel that they shouldn't have to be in pain. There are not a lot of alternatives in place. It's highly addictive.
- Substance abuse continues to be a growing issue and it is happening at earlier and earlier ages. Needs outstretch clinical availability and the consequences are huge. It impacts all areas of a functional individual. In the schools it hijacks a person's ability to function.
- There are people in the park dealing drugs, at home, and in their neighborhoods.
- Stress and life demands play into substance abuse. But there is a lack of availability for those who seek treatment. As with mental health, there is a lot of shame and stigma around it so people don't talk about it or seek out available resources.
- All medical professionals need to be more cognizant with prescribing medications. We need a social understanding that there are other options besides medications.
- Sometimes it is difficult to determine if someone has a mental health issue or a substance abuse issue or both. There is a stigma in identifying you have an issue and need to address it. A lot of people don't want to go that route, and many people will become homeless as a result.
- There is a lack of facilities to detox and for longer-term care. Also, there is a lack of insurance coverage for substance abuse treatment. There is no insurance coverage for smoking cessation. Also, there is no inpatient chemical dependency program within 15 miles of the hospital.

## I. Overweight and Obesity

Among adults in SPA 3, 35.9% of the population reported being overweight, while 1.8% of teens and 10.4% of children were reported as overweight. The percentage of teens reported as overweight in SPA 3 is lower than Los Angeles County (19.3%), San Bernardino County (11.6%) or the state (17.5%).

### Overweight

	SPA 3	Los Angeles County	San Bernardino County	California
Adult (ages 18+ years)	35.9%	34.4%	41.1%	34.7%
Teen (ages 12-17 years)	1.8%	19.3%	11.6%	17.5%
Child	10.4%	10.2%	13.3%	14.9%

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

The Healthy People 2020 Objectives for obesity are 30.5% of adults and 14.5% of teens. 27.2% of adults in SPA 3 are obese, and 30.2% of teens are obese.

### Obesity

	SPA 3	Los Angeles County	San Bernardino County	California
Adult (ages 18+ years)	27.2%	28.3%	27.6%	28.0%
Teen (ages 12-17 years)	30.2%	15.4%	29.4%	16.7%

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

When adult obesity levels are tracked over time, the state, Los Angeles County and SPA 3 show an increase in obesity rates since 2013. However, San Bernardino County has a decrease in obesity rates in that same timeframe.

### Adult Obesity, 2009-2015

	2009	2011	2012	2013	2014	2015
SPA 3	21.0%	20.4%	26.4%	21.8%	25.7%	27.2%
Los Angeles County	22.7%	24.6%	25.2%	24.8%	27.2%	28.3%
San Bernardino County	30.4%	33.5%	31.2%	35.9%	34.0%	27.6%
California	22.7%	25.1%	24.2%	24.7%	27.0%	28.0%

Source: California Health Interview Survey, 2009, 2011, 2012, 2013, 2014, 2015. <http://ask.chis.ucla.edu>

Adult overweight and obesity by race and ethnicity indicate high rates among African Americans and Latinos. In SPA 3, 94.8% of African Americans and 78.6% of Latinos are

either overweight or obese. Asians report the lowest levels of overweight and obese adults in SPA 3 (35.2%). 65.8% of Whites overweight or obese.

#### Adult Overweight and Obesity by Race/Ethnicity

	SPA 3	Los Angeles County	San Bernardino County	California
Latino	78.6%	72.7%	74.2%	72.7%
African American	94.8%	73.6%	74.3%	72.9%
White	65.8%	58.1%	67.8%	59.5%
Asian	35.2%	37.7%	30.0%	32.2%
Total Adult Population	63.1%	62.7%	68.7%	62.7%

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

The physical fitness test (PFT) for students in California schools is the *FitnessGram®*. One component of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at high risk (overweight/obese). In the service area, 22.3% of 5<sup>th</sup> grade students and 17.3% of 9<sup>th</sup> graders tested as needing improvement or 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
Bonita Unified	15.9%	14.0%
Chino Valley Unified	16.1%	15.9%
Claremont Unified	12.7%	11.2%
Covina-Valley Unified	27.3%	20.0%
Cucamonga Elementary	25.3%	N/A
Glendora Unified	11.8%	14.7%
Ontario-Montclair	27.7%	N/A
Pomona Unified	31.9%	25.1%
Upland Unified	19.2%	20.8%
Walnut Valley Unified	12.4%	8.0%
West Covina Unified	26.4%	20.8%
CCH Service Area *	22.3%	17.3%
Los Angeles County	24.2%	19.0%
San Bernardino County	22.1%	19.5%
California	20.7%	17.5%

Source: California Department of Education, *Fitnessgram Physical Fitness Testing Results, 2015-2016*.

<http://data1.cde.ca.gov/dataquest/> \*Ninth grade data not available for Cucamonga or Ontario-Montclair School Districts.

## Fast Food

In SPA 3, 41.7% of children and 31.3% of adults consume fast food three or more times a week. Both counties exceed the state's rate of fast food consumption.

### Fast Food Consumption

	SPA 3	Los Angeles County	San Bernardino County	California
Children who were reported to eat fast food 3 or more times a week	41.7%	23.4%	22.4%	20.5%
Adults who reported eating fast food 3 or more times a week	31.3%	28.2%	34.2%	23.9%

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

## Soda Consumption

18.3% of children and teens in SPA 3 reported consuming one glass of soda the previous day. 9% reported consuming two or more glasses. These numbers are higher than those reported by children and teens in either county, or the state.

### Soda Consumption Yesterday, Children and Teens

	SPA 3	Los Angeles County	San Bernardino County	California
No soda consumed	72.7%	80.4%	76.3%	79.4%
1 glass of soda consumed	18.3%	13.1%	14.7%	14.8%
2 or more glasses of soda consumed	9.0%	6.5%	9.0%	5.9%

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

When sugary drinks other than sodas are considered, consumption rates are different. 12.6% of children and teens in SPA 3 reported drinking two or more glasses the previous day, a rate higher than either county or the state.

### Sugary Drinks Consumed Yesterday (other than soda), Children and Teens

	SPA 3	Los Angeles County	San Bernardino County	California
No sugary drinks consumed	80.8%	76.0%	75.0%	79.4%
Drank one glass	6.7%	16.6%	19.1%	14.8%
Drank two or more glasses	12.6%	7.5%	5.9%	5.9%

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

In California, 59.3% of adults do not drink soda, compared to 56.9% of adults in SPA 3, 55.7% of adults in Los Angeles County and 50.9% in San Bernardino County. Adults in



San Bernardino County consume seven or more sodas a week at a rate higher than adults in SPA 3, Los Angeles County or the state.

### Weekly Soda Consumption, Adult

	SPA 3	Los Angeles County	San Bernardino County	California
No soda consumed	56.9%	55.7%	50.9%	59.3%
1 time	16.4%	15.4%	12.3%	13.9%
2 – 3 times	12.5%	14.1%	17.7%	11.7%
4 – 6 times	3.6%	3.6%	3.1%	3.5%
7 or more times	10.5%	11.2%	15.9%	11.6%

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

### Fresh Fruits and Vegetables

75.8% of children and teens in San Bernardino County consume two or more servings of fruit in a day, higher than the rate in SPA 3 (71.1%), Los Angeles County (67.7%) or the state (65.3%). In SPA 3, 85.6% of adults report that they could usually or always find fresh fruits and vegetables in the neighborhood, and 77.1% of adults reported the fruits and vegetables were always or usually affordable.

### Access to and Consumption of Fresh Fruits and Vegetables

	SPA 3	Los Angeles County	San Bernardino County	California
Children and teens who reported eating 2 or more servings of fruit in the previous day	71.1%	67.7%	75.8%	65.3%
Adults who reported finding fresh fruits and vegetables in the neighborhood always or usually	85.6%	86.5%	84.6%	86.9%
Adults who reported fresh fruits and vegetables were always or usually affordable in the neighborhood	77.1%	75.7%	74.4%	78.2%

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

### Physical Activity

83.8% of children in SPA 3 visited a park, playground or open space in the last month. This rate is lower than the county or the state. The rate for teens visiting a park, playground or open space in SPA 3 (78.1%) is higher than the county or the state.

### Visited park, playground or open space, Children and Teens, Ages 6-17

	SPA 3	Los Angeles County	San Bernardino County	California
Visited a park, playground or open space in the last month (age 6-12)	83.8%	89.6%	89.5%	91.0%
Visited a park, playground or open space in the last month (age 13-17)	78.1%	70.0%	57.1%	69.5%

Source: California Health Interview Survey, 2015. <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. 65.5% of 5<sup>th</sup> grade students and 65.4% 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
Bonita Unified	66.3%	68.1%
Chino Valley Unified	70.5%	65.4%
Claremont Unified	75.1%	86.5%
Covina-Valley Unified	52.5%	67.4%
Cucamonga Elementary	56.5%	N/A
Glendora Unified	80.5%	66.3%
Ontario-Montclair	60.8%	N/A
Pomona Unified	64.6%	59.2%
Upland Unified	62.5%	56.0%
Walnut Valley Unified	73.1%	76.1%
West Covina Unified	64.1%	50.9%
CCH Service Area	65.5%	65.4%
Los Angeles County	60.5%	58.3%
San Bernardino County	56.3%	54.1%
California	63.2%	63.5%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2015-2016.

<http://data1.cde.ca.gov/dataquest/> \*Ninth grade data not available for Cucamonga or Ontario-Montclair School Districts.

### Community Input – Overweight and Obesity

In SPA 3, 35.9% of the adult population reported being overweight, while 1.8% of teens and 10.4% of children were reported as overweight. 27.2% of adults in SPA 3 are obese, and 30.2% of teens are obese. Of the survey respondents, 68.2% felt that obesity was one of the biggest issues in the community. Of those who were surveyed

37.1% identified needing healthier food and 18.5% needed recreation facilities to improve their health. Community input provided insights on issues related to substance abuse. Following are the stakeholder comments summarized and edited for clarity:

- The environment we live in, access to healthy food and a place to exercise safety impacts overweight.
- Lack of safety precludes people from going outside and exercising.
- There is a lack of healthy food options at prices people can afford.
- More stores are needed where people can access fresh fruits and vegetables. There are a number of liquor stores and doughnut stores but not healthy options. It should be more societal - let's have more farmers' markets and stores that sell fruits and vegetables.
- Access to appropriate food is based on socioeconomic status; accessibility to the right food versus just food. There is a food desert in Pomona and people buy what they can afford.
- There is a lack of exercise areas. People can't walk around because of gang violence or other issues. This contributes to obesity and chronic diseases.
- There are a lot of services in the community but we fall short on education of prevention and wellness. The health pattern learned as a child is hard to unlearn as an adult. Preventive action needs to start in the family when people are younger.
- Fast food is the primary way people who are short on time and money get their food.
- Lack of exercise is often a safety issue. Kids are encouraged to stay home versus going out to play. Resources like community centers to exercise are limited.
- Some kids aren't getting the exercise they need and in high school they can opt out of physical education after a year. Schools have tried to change the food they provide and that is a good thing.
- It is cheaper to eat food that is not healthy. Access to food is getting better and there are mobile food trucks to assure fresh food is coming in. Family Service converts buses into little stores and goes to senior centers with fresh fruits and veggies at low cost. People don't want to go to the food pantry; they are too proud.
- Obesity is now an epidemic and it can interfere with activities of daily living, particularly sleep. People can identify being overweight, but they are unable to implement effective strategies. Obesity can contribute to more difficult medical problems like diabetes and sleep apnea.

## J. Preventive Practices

### Immunization of Children

The CCH service area has a higher rate of compliance with childhood immunizations upon entry into kindergarten than either county or the state.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten, 2015-2016

	Immunization Rate
Bonita Unified	96.1%
Chino Valley Unified	95.4%
Claremont Unified	94.9%
Covina-Valley Unified	92.8%
Cucamonga Elementary	90.2%
Glendora Unified	92.2%
Ontario-Montclair	97.0%
Pomona Unified	96.2%
Upland Unified	94.6%
Walnut Valley Unified	97.7%
West Covina Unified	96.5%
CCH Service Area	95.6%
Los Angeles County	90.4%
San Bernardino County	95.0%
California	93.3%

Source: California Department of Public Health, Immunization Branch, 2015-2016. <https://cdph.data.ca.gov/Healthcare/School-Immunizations-In-Kindergarten-2014-2015/4y8p-xn54>

### Pneumonia Vaccine

57.9% of seniors in SPA 3 have received the pneumonia vaccine, compared to 61.3% of seniors in Los Angeles County. The Healthy People 2020 Objective is for 90% of adults ages 65 and older to be vaccinated.

#### Pneumonia Vaccine, age 65+

	SPA 3	Los Angeles County
Ever received pneumonia vaccine	57.9%	61.3%

Source: County of Los Angeles Public Health, LA County Health Survey, 2015. [www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm](http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm)

## Flu Vaccine

44.9% of all SPA 3 residents obtained a flu vaccination; the Healthy People 2020 Objective is for 70% of the population to receive a flu shot. SPA 3 residents, ages 65 and older, exceeded that objective with 81.7% receiving a flu shot.

### Flu Vaccine in Past 12 months

	SPA 3	Los Angeles County	San Bernardino County	California
Vaccinated for flu in past 12 months	44.9%	39.8%	33.8%	43.5%
Vaccinated for flu in past 12 months, 0-17	45.9%	48.7%	35.1%	51.0%
Vaccinated for flu in past 12 months, 18-64	36.4%	30.6%	28.4%	35.3%
Vaccinated for flu in past 12 months, 65+	81.7%	70.9%	63.2%	69.2%

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

## Pap Smear

In SPA 3, 81.2% of women obtained a pap smear in the past three years. This is lower than the Los Angeles County rate of 84.4%. The Healthy People Objective is for 93% of women to be screened for cervical cancer.

### Pap Smear, Ages 18-65

	SPA 3	Los Angeles County
Received a pap smear in past 3 years	81.2%	84.4%

Source: County of Los Angeles Public Health, LA County Health Survey, 2015.

[www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm](http://www.publichealth.lacounty.gov/ha/LACHSDDataTopics2015.htm)

## Mammograms

In SPA 3, 82.1% of women have obtained a mammogram in the past two years. This rate exceeds the Healthy People Objective of 81.1% of women 50 to 74 years to have a mammogram within the past two years.

### Mammograms

	SPA 3	Los Angeles County	San Bernardino County	California
Women ages 50-74 who reported having a mammogram in the past 2 years	82.1%	84.6%	80.2%	82.5%

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

### **Community Input – Preventive Practices**

57.9% of seniors in SPA 3 have received the pneumonia vaccine and 44.9% of all SPA 3 residents obtained a flu vaccination. In SPA 3, 81.2% of women obtained a pap smear in the past three years and 82.1% of women have obtained a mammogram in the past two years. 35.8% of survey participants indicated that they needed wellness services to improve their health. Community input provided insights on issues related to substance abuse. Following are the stakeholder comments summarized and edited for clarity:

- The earlier in life people begin preventive care practices, the better off they are. The hard part is convincing people to advocate for themselves to use preventive services. People have to go to work, so they do not go to the clinic to do preventive screenings.
- Barriers to increasing access to preventive care are having access to materials translated into multiple languages.
- We have clinics that were purposely placed at the school so families can easily go there. Some families are afraid of the myth that links autism with vaccinations. As a result, there will be a few families that choose not to vaccinate their children because their first child was vaccinated and he/she is autistic.
- A person can get vaccinated almost anywhere right now. A person can obtain a flu shot at work, the local pharmacy, and at school.
- Public knowledge is the issue. There is so much access to vaccines. The issue is getting it to the public, getting them to read it, and understand it, and act on it.
- Preventive care is becoming better advertised, marketed and attainable. With the ability to search the web and social media, there are more avenues than ever before to get that information so people know it's right at their fingertips. The convenience factor is to find ways that are affordable and easy to walk in on a whim and get it done. Go take care of yourself, stay current on shots, bone density, mammogram, colon check; it's becoming expected these days.

## **ATTACHMENTS**

### **Attachment 1. Community Interviewees**

Community input was obtained from public health professionals, representatives from organizations that represent medically underserved, low-income, or minority populations, and community residents.

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Bill Aguirre	Director of Community Services	City of La Verne
Chris Anzalone	Program Manager	Tri-City Mental Health System
Floy Biggs	Chief Executive Officer	Community Senior Services
Ernie Cruz	Director of Community Services	San Gabriel/Pomona Regional Center
Larry Grable	Executive Director	Service Center for Independent Life
Megan Granquist, PhD, ATC	Associate Professor of Kinesiology, Athletic Training Program Director	University of La Verne
Grace Hanson	Director Disabled Student Programs and Services	Mt. San Antonio College
Hal Hargrave	Chief Executive Officer	Be Perfect: Paralysis Awareness Foundation
Cristin Mondy, RN, MSN, MPH	Area Health Officer SPA 3	Los Angeles County Department of Public Health
David Morrison, EdD	ABA Works LLC Executive Director, Professor and Chair of Department of Counseling and School Psychology	Azusa Pacific University
Andrew Pumerantz, DO, FACP	Founder and Executive Director, WDI, Professor of Internal Medicine, Chief, Division of Infectious Disease, Assistant Provost for Strategic Initiatives	Western University of Health Sciences College of Osteopathic Medicine of the Pacific
Elena Sanchez	Interim Director	Parent's Place Family Resource Center
Tim Sandoval	Mayor	City of Pomona
Bonnie Scudder	Chief Planning and Development Officer	Casa Colina Hospital and Centers for Healthcare
Daniel Skenderian, PhD	Director of the Department of Neuropsychology and Psychology, Private Clinical and Medical Psychologist	Casa Colina Hospital and Centers for Healthcare
Ashley Ty	Nurse Navigator	Casa Colina Hospital and Centers for Healthcare
Martha Valencia	Community Benefit Manager	Kaiser Foundation Hospital – Ontario/Fontana

## Attachment 2. Community Survey Summary

A community survey was made available from September 11 – December 4, 2017. The survey was available in an electronic format through a Survey Monkey link and in paper form. An introduction to the survey explained the purpose of the survey, assured participants the survey was voluntary and that they would remain anonymous. The survey received 177 electronic and 4 paper responses for a total of 181 responses.

Female	Male
61.8%	38.2%

Age Range	Percent
20-29	12.3%
30-39	13.5%
40-49	14.6%
50-59	24.7%
60-79	29.8%
80 years and older	5.4%

Race/Ethnicity	Percent
White/Caucasian	62.9%
Hispanic or Latino	20.6%
Asian/Pacific Islander	6.9%
Black/African American	4.6%
Multiple Races	4.6%
Native American	<1%

Highest Education Level	Percent
Bachelor's degree	28.8%
Master's degree	21.5%
No college degree	19.2%
Associate's degree	15.3%
Doctoral degree	9.6%
Other	5.6%

Health Insurance Coverage	Percent
Private Insurance (includes HMO)	65.5%
Medicare	19.2%
Medicaid/Medi-Cal	5.7%
No Health Insurance	1.7%
Other	7.9%

Health Status	Percent
Excellent	30.9%
Good	56.0%
Fair	11.4%
Poor	1.7%



## Access to Care

### **Was there a time in the past 12 months when you needed to see a doctor or health professional but you could not afford to because of the cost?**

No	88.5%
Yes	10.3%
Don't Know	1.2%

### **What keeps people in your community from seeking medical treatment?**

Unable to pay health insurance co-pays/high deductibles	51.6%
Lack of health insurance	42.5%
Too long of a wait to get an appointment/no appointment available	30.7%
Fear (not ready to face the health problem)	28.8%
I am not experiencing any barriers to health care	28.8%
Don't understand the need to see a doctor	18.9%
Too long of a wait at the appointment	15.7%
Don't know how to find doctor/clinic	15.7%
Health services are located too far away/transportation problems	12.4%
Language barrier	8.5%
Cultural or religious beliefs	5.9%
Child care problems	5.9%

### **If you or someone in your family were ill (not an emergency) where would you go?**

Doctor's office	81.6%
Urgent Care/Walk-In Center	49.3%
Emergency Department	10.5%
Would not seek care	3.3%
Community clinic	2.6%
Public Health Department	0.0%
Other	VA, would wait to see if it resolves on its own.

### **If you are in need of a health care specialist, what type of support or specialist do you need?**

Cardiology	Orthopedics
Dermatology	Pain management
Endocrinology	Physical Therapy
Gastroenterology	Podiatry
Gynecology	Pulmonology
Infectious disease	Rheumatology
Mental health/psychology	Urology
Neurology	Weight management/bariatrics
Oncology	

Where do you and your family get most of your health information?	
Health professionals	77.8%
Internet	64.1%
Hospital/health department	25.5%
Family and friends	23.5%
Television	15.7%
Social Media	13.1%
Newspaper	10.5%
Radio	5.9%
School	3.9%
Library	2.6%
Religious organization	0.0%

What are the biggest health issues facing your community?	
Sexually transmitted infections/HIV/AIDS	6.6%
Asthma/lung disease	16.6%
Stroke	25.2%
Substance abuse	28.5%
Cancer	42.4%
Heart disease	43.1%
Mental health/depression/suicide	43.7%
Diabetes	53.6%
Overweight/obesity	68.2%
Don't know	9.9%
Other (please specify)	Chronic pain, Multiple Sclerosis, Parkinson's disease, Down Syndrome, autism, access to and cost of health care and medications, thyroid, lymphedema, brain injury, neuro, preventable disease, quadriplegia.

What is needed to improve your health and/or the health of your family and neighbors?	
Healthier food	37.1%
Wellness services	35.8%
Job opportunities that include health insurance	35.1%
Mental health services	31.1%
Specialty physicians (specialists)	19.9%
Recreation facilities/parks/playgrounds	18.5%
Transportation	13.3%
Substance abuse rehabilitation services	10.6%
None of the above	6.6%
Don't know	16.6%
Other	Coverage for medical equipment, work/life balance, health insurance, education, exercise, reduce stress, coverage for disability, community cooking classes, healthy food that is affordable, medical appointments available on weekends and after work.

### Attachment 3. Benchmark Comparisons

Where data were available, health and social indicators in the Casa Colina service area were compared to Healthy People 2020 objectives. The **bolded items** are indicators that do not meet established objectives; non-bolded items meet or exceed benchmarks.

Service Area Data	Healthy People 2020 Objectives
High school graduation rates 91.5%	High school graduation rates 87%
<b>Heart disease deaths</b> <b>LA County – 109.7 per 100,000</b> <b>San Bernardino County – 109.2 per 100,000</b>	Heart disease deaths 103.4 per 100,000 persons
<b>Cancer deaths</b> LA County – 144.5 per 100,000 <b>San Bernardino County – 164.5 per 100,000</b>	Cancer deaths 161.4 per 100,000 persons
<b>Stroke deaths</b> LA County – 33.1 per 100,000 <b>San Bernardino County – 38.6 per 100,000</b>	Stroke deaths 34.8 per 100,000 persons
<b>Liver disease deaths</b> <b>LA County – 13.0 per 100,000</b> <b>San Bernardino County – 15.2 per 100,000</b>	Liver disease deaths 8.2 per 100,000 persons
Motor vehicle traffic crash deaths LA County – 6.8 per 100,000 San Bernardino County – 11.9 per 100,000	Motor vehicle traffic crash deaths 12.4 per 100,000 persons
Unintentional injury deaths LA County – 21.2 per 100,000 San Bernardino County – 26.5 per 100,000	Unintentional injury deaths 36.4 per 100,000 persons
<b>Child health insurance rate</b> <b>93.9%</b>	Child health insurance rate 100%
<b>Adult health insurance rate</b> <b>85.9%</b>	Adult health insurance rate 100%
<b>Adults with an ongoing source of care</b> <b>SPA 3 – 84.6%</b>	Adults with an ongoing source of care 95%
<b>Adults delay in obtaining medical care</b> <b>SPA 3 – 13.3%</b>	Adults delay in obtaining medical care 4.2%
<b>Adults delay in obtaining prescription medications</b> <b>SPA 3 – 7.4%</b>	Adults delay in obtaining prescription medications 2.8%
Adult obese SPA 3 – 27.2%	Adult obese 30.5%
<b>Teen obese</b> <b>SPA 3 – 30.2%</b>	Teen obese 14.5%
<b>Adults with mental health disorder receive treatment</b> <b>SPA 3 – 55.9%</b>	Adults with mental health disorder receive treatment 72.3%
Cigarette smoking by adults SPA 3 – 11.8%	Cigarette smoking by adults 12%
<b>Flu vaccine</b> <b>SPA 3 – 44.9%</b>	Flu vaccine 70%
<b>Senior pneumonia vaccine</b> <b>SPA 3 – 57.9%</b>	Senior pneumonia vaccine 90%
<b>Adult women who have had a Pap smear</b> <b>SPA 3 – 81.2%</b>	Adult women who have had a Pap smear 93%
Women over 50 who have had a mammogram SPA 3 – 82.1%	Women who have had a mammogram 81.1%

## Attachment 4. Community Resources

Casa Colina Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Think Health LA at [www.thinkhealthla.org](http://www.thinkhealthla.org), 211 Los Angeles County at <https://www.211la.org/>, and 211 San Bernardino County at <https://211sb.org/>.

Significant Health Needs	Community Resources
Access to care	<ul style="list-style-type: none"> <li>• Access Rides</li> <li>• Be Perfect Foundation</li> <li>• Community Senior Services</li> <li>• Day One Pomona</li> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• House of Ruth</li> <li>• Los Angeles County Department of Public Health</li> <li>• Megan Medical Clinic</li> <li>• Parents' Place Family Resource Center</li> <li>• Planned Parenthood</li> <li>• Pomona Valley Transportation Authority (PVTa)</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• School District</li> <li>• Service Center for Independent Life</li> <li>• Tri-City Mental Health Services</li> <li>• Western University</li> </ul>
Chronic diseases	<ul style="list-style-type: none"> <li>• Be Perfect Foundation</li> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• La Verne Community Center</li> <li>• Parents' Place Family Resource Center</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• Service Center for Independent Life</li> <li>• University of La Verne</li> <li>• Western University Promotoras program</li> </ul>
Disabilities	<ul style="list-style-type: none"> <li>• Azusa Pacific University</li> <li>• Be Perfect Foundation</li> <li>• Citrus College</li> <li>• La Verne Community Center</li> <li>• Mt. San Antonio College</li> <li>• Parents' Place Family Resource Center</li> <li>• San Gabriel Disability Collaborative</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• Service Center for Independent Life</li> <li>• Tri-City Mental Health System</li> <li>• University of La Verne</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• 211 Directory</li> </ul>

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> <li>• Aurora Charter Oak Hospital</li> <li>• Azusa Pacific University</li> <li>• Day One Pomona</li> <li>• Five Acres</li> <li>• Los Angeles County Department of Mental Health</li> <li>• National Alliance of Mental Illness, NAMI</li> <li>• Pacific Clinics</li> <li>• Parents Anonymous</li> <li>• Parents' Place Family Resource Center</li> <li>• Pomona Valley Workshop</li> <li>• San Gabriel/Pomona Regional Center</li> <li>• Service Center for Independent Life</li> <li>• Tri -City Mental Health System</li> </ul>
Overweight and obesity	<ul style="list-style-type: none"> <li>• Claremont Club</li> <li>• Community Senior Services</li> <li>• LA County Department of Public Health</li> <li>• San Bernardino Aging Commission</li> </ul>
Preventive practices	<ul style="list-style-type: none"> <li>• Citrus College</li> <li>• CVS</li> <li>• East Valley Community Health Center</li> <li>• Health Consortium of the Greater San Gabriel Valley</li> <li>• Inter Valley Health Plan</li> <li>• Mt. Saint Antonio College</li> <li>• Walgreens</li> <li>• Western University</li> </ul>
Senior health	<ul style="list-style-type: none"> <li>• A Place for Mom</li> <li>• Access Rides</li> <li>• Alexander Hughes Community Center</li> <li>• Brethren Hillcrest Senior Living</li> <li>• Claremont Committee on Ageing</li> <li>• Community Senior Services</li> <li>• Dial-a-Ride</li> <li>• Meals on Wheels</li> <li>• REAL Connections Virtual Village</li> <li>• Uber</li> <li>• Volunteer Driver Ride Program</li> </ul>
Substance abuse	<ul style="list-style-type: none"> <li>• Alcoholics Anonymous</li> <li>• American Recovery Center</li> <li>• House of Ruth</li> <li>• Inland Valley Recovery Services (IVRS)</li> <li>• La Puente Drug Rehab</li> <li>• La Verne Youth and Family Action Committee</li> <li>• Los Angeles County Substance Abuse Prevention and Control (SAPC)</li> <li>• Narcotics Anonymous</li> <li>• National Council on Alcoholism and Drug Dependency (ECADD)</li> <li>• Parents Anonymous</li> </ul>

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> <li>• Police Department</li> <li>• Prototypes</li> <li>• School Districts</li> <li>• Tri-City Mental Health System</li> <li>• Youth 4 Partnership for a Positive Pomona</li> </ul>

## Attachment 5. Review of Progress

Casa Colina Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2015 Community Health Needs Assessment. Casa Colina chose to address: access to the most appropriate level of health care. This included addressing arthritis/osteoporosis; chronic or long-term disability; hearing loss; stroke/brain injury; and preventive health care.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2015 CHNA.

### Access to Care/Preventive Care

- The hospital provided financial assistance through free and discounted care for health care services, consistent with Casa Colina Hospital's policy.
- Casa Colina offered independent and assisted fitness programs for continued wellness of persons with disabilities, including neurological injuries. Casa Colina provided low-cost opportunities for community members, particularly those with disabilities, to participate in exercise health maintenance programs such as the Pool Exercise and Fitness programs that provided a total of 7,320 exercise visits in FY2016.
- 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.
- 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 over 5,500 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 343 adults in FY2017.

### **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 and reached 960 persons in FY2016 and FY2017.
- Free sports injury clinics were offered in the Pomona and Azusa clinics. A physician provided an initial diagnosis for sports related injuries, and education was provided to avoid exacerbating the injury and prevent re-injury. This service assisted 591 persons in FY2016 and 568 persons in FY2017.
- Lymphedema screening was provided to 26 persons and 90 persons were screened for stroke in FY2016.

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. This program assisted 30 persons in FY2017.
- **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. In FY2017, the group served 20 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, multiple sclerosis, and spinal cord injury. In FY2016, there were over 1,000 attendees at the support groups. In FY 2017, there were over 570 attendees at the support groups.



**Hearing Loss**

In response to this need, licensed audiologists, certified by the American Speech & Hearing Association, conducted 264 screenings in FY2016 and 708 hearing screenings in FY2017.